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PROVIDER NETWORK STRATEGY
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MAKE YOUR BIGGEST ASSET YOUR BEST ASSET
AGENDA

- What Is Network Strategy?
- Partnerships and Building Blocks and Local Sourcing
- Internal Needs and Pain Points
- External Needs and Pain Points
- Designing a Network Strategy That Will Work for Each Local Market
- MACRA
- Do I Want to Play Offense or Defense?
- Questions & Answers
WHAT IS NETWORK STRATEGY?

- Common Denominators
- Building on the Basics
- And a Whole Lot of Local Sourcing
COMMON DENOMINATORS

LEADERSHIP: Physician and Administrative leadership, accountability, transparency, reporting, and commitment to outcome

SHARED GOALS: Aligning clinical and financial goals

CONSISTENCY: Sticking with the goals (re-evaluation is part of the plan)

STRONG PARTNERSHIPS: Batman & Robin, Laverne & Shirley, John Gorman & Jeff Fox (brownie points)
BUILDING ON THE BASICS

QUALITY/FINANCIAL OUTCOMES REPORTING

- Aligned network of specialists/ancillary providers/hospitals
- Effective clinical care integration and coordination mechanisms
- Network is accountable for outcomes and expenditures
- Flexible payer/provider reimbursement models which support/reward high-value, cost-efficient services
- Patient health information infrastructure including electronic health records, centralized data banks to support community-wide care coordination and benchmark performance reporting
AND A WHOLE LOT OF LOCAL SOURCING

KEY POINTS

- Knowing *All* of the Players
- Reviewing *All* of the Options
- Putting the Puzzle Together *Your* Way
INTERNAL NEEDS / PAIN POINTS

- Are your clinical and financial goals aligned?
- What is the initial financial investment?
- What is the initial human resources investment?
Now your provider agreements align with your plan’s clinical and financial goals...but do they align with the clinical and financial goals of the provider’s practice?

How do the needs of the integrated delivery system with a CEO at the helm...

Differ from Dr. Jones and his rural practice?
DESIGNING A NETWORK STRATEGY THAT WILL WORK FOR EACH LOCAL MARKET

- Consumer Advocate
- Bridge Connector
- Lean Operator
- Analytic Sensor
- Care Integrator
OVERTURNING THE APPLE CART

MACRA & ALTERNATIVE PAYMENT MODELS

- Provide Physicians the Resources Needed to Deliver Higher Value Care
- Hold Physicians Accountable Only for the Aspects of Cost and Quality They Can Control
- Improve Payment for Specialty Care, Primary Care, and Inpatient Procedures
- Allow Flexibility to Customize Service; Deliver Approaches to LOCAL Resources
- Minimize Administrative Burden
DO YOU WANT TO PLAY OFFENSE OR DEFENSE?

Equal But Different

- Understanding your local community providers, their needs, and the best way to support and come together

- Competition with the integrated delivery system that just became a provider-sponsored plan
BROAD SERVICES

Our clients have one-stop access to expert advice, guidance, and support, in every strategic and operational area for government-sponsored programs, across seven verticals

CLINICAL
Changing how you approach Medical Management, Quality, and Star Ratings

PHARMACY
Leading experts in Part D, Pharmacy Benefit Manager, formulary, and pharmacy programs

HEALTHCARE ANALYTICS & RISK ADJUSTMENT SOLUTIONS
Implementing cross-functional risk adjustment programs for medical trend management and quality improvement

PROVIDER INNOVATIONS
Supporting network design and medical cost control implementation

COMPLIANCE
Offering guidance and support in every strategic and operational area to ensure alignment with CMS

OPERATIONS
Bringing excellence to every aspect of your implementation — from enrollment to claims payment

SALES, MARKETING & STRATEGY
Driving profitable growth and member retention through strategic marketing, sales, and product development
PRODUCT SERVICES
Software solutions to stay compliant, maximize revenues and manage complex processes

Sentinel Elite™ is a module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly.

Valencia™ provides rigorous, compliant, and transparent workflow controls that ensure your operational processes — and the resulting payment — are as accurate as possible.

OMT™ is a complete compliance toolkit that supports the complete organization by bringing a new level of transparency to performance monitoring, including the required oversight of delegated entities.

CaselQ™ not only captures all of the data points needed to categorize, work, and report MA and Part D appeals and grievances, it also guides case processors through each case to minimize the risk of non-compliance due to user error.

Gorman University™ provides training sessions on a variety of industry topics, each designed to meet the unique needs of your organization.

The Insider provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization and the future of Medicare, Medicaid, and the Health Insurance Marketplace.
WHO IS GORMAN HEALTH GROUP?

Gorman Health Group is the leading solutions and consulting firm for government-sponsored health programs

**Government Programs**
Leading enterprise of national consulting services and software solutions for payers and providers

**Our Mission**
Our mission, as the industry’s most active professional services consultancy and provider of technology-based solutions, is to empower health plans and providers to deliver higher quality care to beneficiaries at lower costs, while serving as valued, trusted partners to government health agencies

**Washington, DC**
Headquartered in Washington, DC, with more than 200 staff and contractors nationwide with over 2,000 combined years of Government Programs experience

**Leadership**
Deep payer and provider knowledge coupled with Centers for Medicare & Medicaid Services (CMS) regulatory expertise

**Privately Owned**
Founded in 1996
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Gorman Health Group, LLC (GHG) is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid and Health Insurance Exchange opportunities. Since 1996, our unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs. Our mission is to empower health plans and providers, through a compliant, member-centric focus, to deliver higher quality care to members at lower costs while serving as valued, trusted partners.

Further, our software solutions have continued to place efficient and compliant operations within our clients’ reach. Our Valencia™ software provides rigorous, compliant, and transparent workflow controls that ensure your operational processes – and the resulting payment – are as accurate as possible. Sentinel Elite™ is our module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly. Our Online Monitoring Tool™ (OMT) is the complete Medicare Advantage and Part D compliance toolkit, designed to perform ongoing monitoring and auditing, manage regulatory notices, document corrective actions, and streamline member material review. CaseIQ™ brings clarity to appeals and grievances and offers a new way to ensure your cases come to a compliant resolution. We also offer training courses on a variety of industry topics designed to meet the unique needs of your organization through Gorman University™, and our exclusive daily digest, The Insider, provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization.

Stay connected to industry news and gain perspective on how to navigate the latest issues by subscribing to our weekly newsletter, and follow us on LinkedIn, Facebook, and Twitter.

We are your partner in government-sponsored health programs.