

# **VBP Bootcamp Finance Course, Class 2 Provider Led Presentation**

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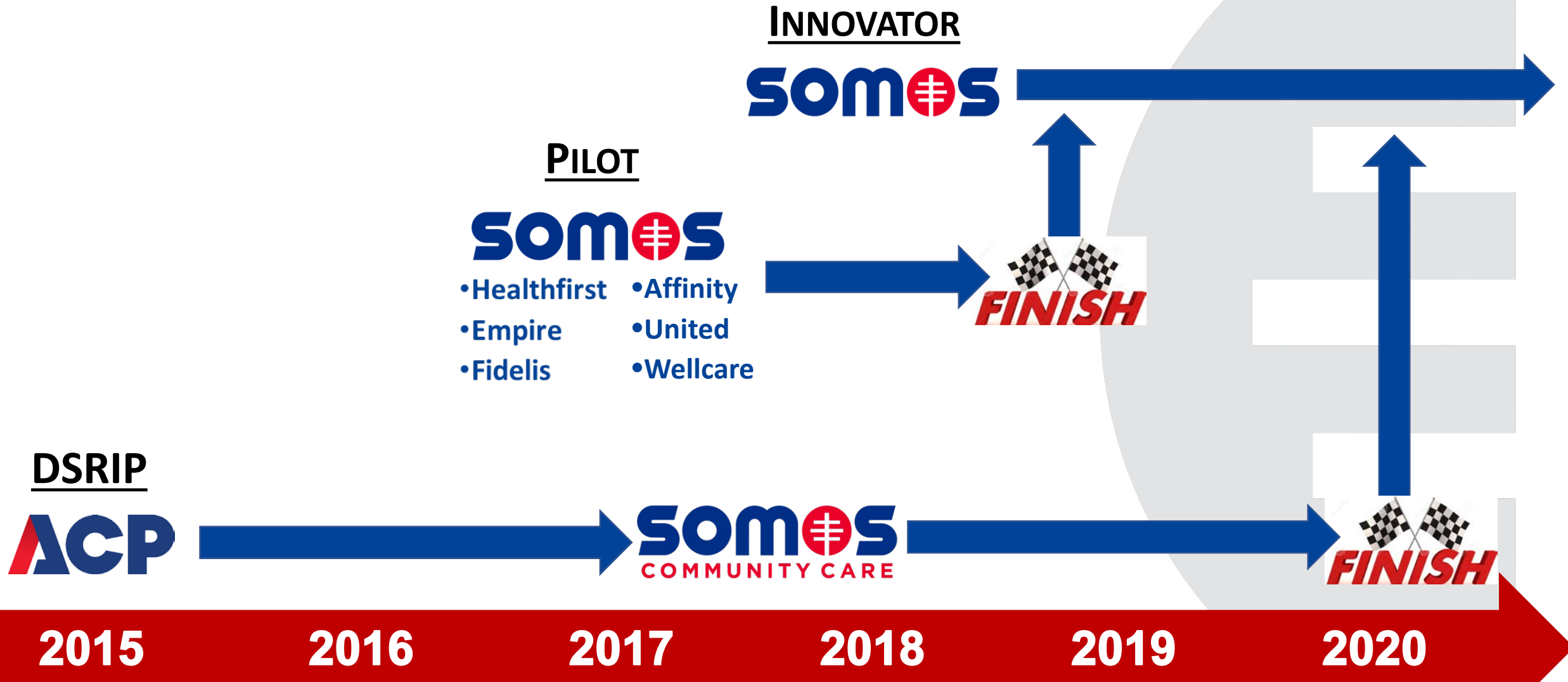
# Class Objectives

- Share updates around restructuring for Value Based Payment success
- Review and highlight how providers and payers are able to move forward to successfully negotiate a VBP agreement
- Practical example from external party related to risk mitigation strategies
  - Reinsurance
  - Stop loss agreements
  - Risk corridors
  - Contracting two arrangements at different levels

# Who are we?

- A provider network of more than 2,500 diverse, community-based primary care physicians, specialists and other service providers
- Providing care to more than 650,000 Medicaid beneficiaries
  - Most vulnerable and under-served communities
- Objectives
  - Transform physicians' practices into Value Based Payment (VBP)
  - Integrate provider networks to improve efficiency and quality of care
- Formerly known as Advocate Community Providers (ACP)

# Where are we?



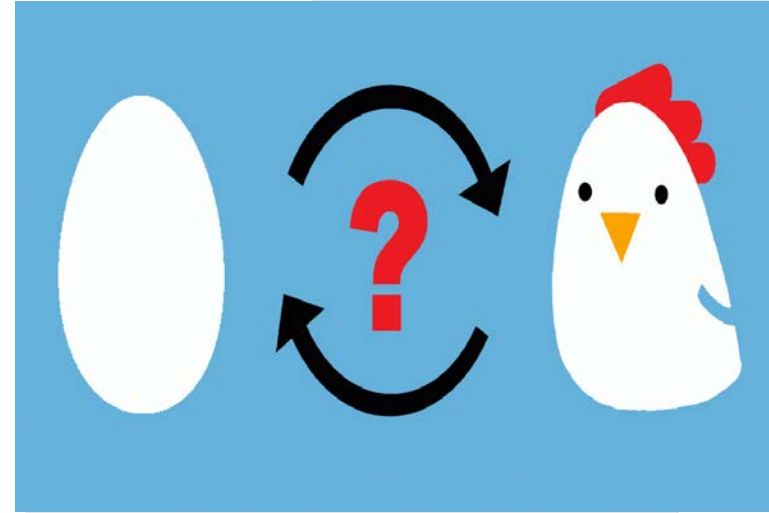
# What have we learned so far?

- Clear vision of your objectives
- Dedicate resources for VBP initiative
  - DSRIP/Pilot/Innovator
- Re-align our approach to downstream providers
  - Functional to Multi-functional
    - Single Point of Contact supported by a multi-functional team
- Recognize our strengths and weaknesses (sought expertise/strong partners)
  - Actuarial
  - Information Technology Infrastructure and Systems
    - Utilization Management
    - Predictive Models
  - Financial Backing



# What have we learned so far?

- Brake the data conundrum
  - Which one is first in financial negotiations?
    - Detailed utilization data or setting target budget/shared savings
- Navigate through the approval dilemma
  - Approval -> MCO\* contract setup -> Data -> Performance Measurement
- “How” is as important as the “what”
  - NY Department of Health delineated the “what”
  - Negotiations with MCOs delineated the “how”





# Thank You!

Open Q&A

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