

Glenridge Case Study

Deployment of Network Analytics, Targeted Contracting and Data Management to Meet Aggressive Filing Deadline for Medicare Advantage Application Using Glenridge Experience and Tools

For healthplans seeking Medicare Advantage (MA) expansion, it is essential to have the right tools and expertise at your disposal. The application process and HPMS requirements demand comprehensive knowledge of deliverables and real-time access to provider network composition.

The Challenge

A regional plan with 2.5 million beneficiaries in commercial and government programs must plan for the transition of its Medicare Cost Plan enrollees as that product is scheduled to "sunset" in 2013. The objective: Replace the existing Cost Plan product with a similar MA product in all or most of the current Cost Plan Geography on a very ambitious schedule.

Plan executives realized that they didn't have the necessary staff or tools for a short-term labor-intensive endeavor such as this, so they turned to Glenridge for support.

Our Solution

Glenridge's depth of industry knowledge uniquely positions us to support MA application projects. We understand the depth and level of detail required for provider network submission. Our HPMS experience with multiple plans and provider networks gives us unique insight into the rapidly changing requirements related to CMS and the HPMS processes.

After assessing the plans existing network, we began auditing the current contracts and put in motion our plans for re-contracting, amending and where necessary, recruiting new providers. Glenridge employs a staff of well-seasoned contracting experts and operates a call/document processing center able to handle multi-state or national initiatives. All paperwork flowed to and through our service-center allowing us to update vital provider information as it was received.

Using our innovative online provider tracking tools, Glenridge leveraged the information necessary to produce real-time network adequacy results giving the executive team the piece-of-mind they needed each week. Our partnership with Quest Analytics gives us extraordinary insight into how well the provider network will stand up to CMS criteria. The reporting capabilities in the Quest Suite tells us exactly how well our network development activities are progressing in terms of the same pass/fail criteria the CMS uses in the HPMS system.

Most healthplans are not sufficiently staffed for "surges" such as those needed for provider network expansion

At any point in time, we knew exactly where we stood in terms of the CMS pass/fail criteria

That reporting power, along with our tracking tool, WebTRACK gives us up-to-the-minute status reports allowing the team to shift focus where and when it is needed.

Knowing your pass/fail status in advance is critical to a successful MA expansion initiative. In this project, we always knew which counties and/or specialties were complete, which one's needed additional work and which one's needed to be deferred. We also knew well in advance of our HPMS results where we needed to work on narratives for exception requests. This information kept the team focused at all times and allowed us to keep the executive well informed every step of the way.

CMS approved the application as submitted

Conclusion and Observations

During the six month engagement, many provider contracts were "re-papered" or amended, and new providers were recruited. Detailed provider data was collected and ultimately transferred back to the plan. Existing provider data was "scrubbed" and mined from legacy systems and optimized for project purposes. A thorough "knowledge transfer" was conducted at the close of the engagement so that the processes can be replicated in the future. CMS approved the application as submitted and the contract was subsequently awarded to the plan.

The Glenridge team, working with internal staff and using our established tools and processes gave the plan the edge it needed to succeed. It is often the case, as demonstrated in this example, that it can be cost-effective to utilize outside resources for short-term projects or periodic "surges" in activity. Network readiness for Medicaid RFP and Medicare Advantage Applications are just two such scenarios that are ideal for this mode.. The alternative is typically costly investment in staff hiring, training and development, software licensing and programming, technology development and other infrastructure investment. Existing staff is generally fully engaged in daily operations and does not have the capacity to absorb such a high visibility endeavor though that fact is often underestimated or minimized.

About Glenridge

Glenridge HealthCare Solutions is a professional services and data management firm specializing in provider network development, managed care contracting and health plan operations. Current engagements include regional and national network development initiatives, financial modeling, Medical Home and ACO development. In addition to an impressive team of managed care professionals, we have proprietary project and data management systems specifically developed to manage projects and data for medium and large scale network development projects. We have offices in the DC/Baltimore area, a team of managed care contractors throughout the country, as well as a call center and document processing center to support the administrative needs of national initiatives.