



### **Network Purpose**

Members of LeadingAge Indiana have established a specialized network, Indiana Health Services Network, whose vision is to maximize the health and well-being of seniors through innovation, cost-effective care management practices, quality improvement activities, and contracting relationships with managed care payors.

### **Network Member Services**

#### **Credentialing**

- ✓ New credentialing and recredentialing for network priority and MLTSS payors
- ✓ Complete payor applications and RFPs
- ✓ Troubleshoot provider load and provider setup issues
- ✓ Communicate provider composition updates

#### **Contracting**

- ✓ New contracting and renegotiation for network priority and MLTSS payors
- ✓ Value-based and alternative payment initiatives
- ✓ Evaluation of critical contract terms and production of contract summaries
- ✓ Develop and maintain operational relationships with managed care payors
- ✓ Represent network members with contractual issues
- ✓ Provide monthly contracting, market, and industry updates

#### **Quality**

- ✓ Quality monitoring and reporting using Ability Carewatch software
- ✓ Established IHSN Quality Program with benchmarks based on State and National measures
- ✓ Monthly quality meetings for best practice education and intervention model discussion
- ✓ Quarterly updates of 5-star reports with PIP/POC requests for facilities who do not meet at minimum 3-star rating

### **Network Member Benefits**

- ✓ Access to currently negotiated network and facility level agreements with seven health plans and 18 total product networks.
- ✓ Assistance with payor contract issues requiring intervention
- ✓ Network association to generate participation opportunities for innovative arrangements
- ✓ Peer mentoring to share best practices and quality improvement strategies
- ✓ Increased referrals and utilization resulting from contract opportunities and favorable terms
- ✓ Network management and committee leadership to direct quality and contracting functions
- ✓ Increased access to payors that may have been previously limited
- ✓ Optimization of reimbursement within current agreements
- ✓ Reduced administrative burden and costs through the use of the network member services
- ✓ Cost effective method to access a team of managed care experts for contracting, credentialing, and quality functions
- ✓ Knowledge gained from six networks and over 300 service providers

### **Network Member Responsibilities**

- ✓ Remain in good standing with LeadingAge
- ✓ Submit required credentialing information and documents as requested
- ✓ Participate in member and/or committee meetings
- ✓ Participate in the Quality Program by attending monthly meetings and contributing quality data
- ✓ Develop a quality improvement plan when performance falls below network standards

### **Network Membership Cost/Benefit (ROI)**

The network expenses are limited to the administration and support of activities that will directly benefit the member organization. The current annual fee structure seeks to proportionally distribute the expenses in a fair and equitable manner.

The list of services stated above is a high-level overview of everything that is provided to IHSN and its members each year. IHSN staff expends thousands of hours each year to make the IHSN network successful on all fronts. On average, the cost to the members to receive the services listed above is \$715 per month. This equates to \$8578 per year. Hiring staff to provide these services at each facility would be exponentially higher than the cost of each member's IHSN annual dues, and many of the benefits would be lost, as the payors have agreed to different rates and language changes due to the network level negotiations, which do not exist in one-on-one negotiations.

### **Network Accomplishments**

- ✓ Developed contracting priorities using enrollment, service area, contracting survey results, and network member feedback
- ✓ Negotiated network and individual agreements in accordance with the established priorities and parameters
- ✓ Renegotiated existing agreements to improve contract language, reimbursement structure, and initiate value-based discussions
- ✓ Provided support to members with contract and billing issues
- ✓ Implemented a quality monitoring program utilizing Ability Carewatch
- ✓ Completed all routine recredentialing

### **Network Priority Payors**

- ✓ Aetna
- ✓ Anthem
- ✓ Anthem Outpatient
- ✓ Cigna
- ✓ Humana
- ✓ United Health Care/Optum
- ✓ Tricare

### **MLTSS Payors (go live July 2024)**

- ✓ Anthem
- ✓ Humana
- ✓ United Health Care