Post-Pandemic Payer Relations

Rebuilding and Maintaining Critical Connections

University Health

Thinking beyond

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What we will cover today:

- Overview of University Health - Managed Care Services
- Prioritization of Payer Relationships
- Identification of key Contacts
- Establishment of Open Communication
- Allocation of Team Resources
- Formalization of Joint Operations Committees (JOC)
- Purposeful Collaboration with Peer Groups

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- **Bexar County Hospital District (1917)**
  - University Hospital
    - 1,000 Licensed, 650 Staffed
    - 8,000 Employees
    - 20+ Payer COE Designations
    - South Texas Medical Center
    - East, South, West Campuses under Development
    - Level 1 Trauma (Adult and Peds)
    - Level IV NICU
    - $3.5 Million Gross Revenue
  - University Medicine Associates
    - 25+ Clinic Locations
    - Primary and Specialty Care
    - Hospitalists

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Women's & Children's Hospital

Opening Fall 2023

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University Health - Managed Care Services

- Facility and Professional Services
  - 150 agreements – Commercial, Managed Medicaid, Medicare Advantage
  - $2 Billion+ Gross Revenue
- Single Case Agreements for Facility Services
- Laboratory Client Agreements for Facility Services
- High Dollar Claims (> $50K / 7 Mos.; $120K per claim)
- Epic Contract Modeling, Builds, and Maintenance
- Epic WQ Management / Variance Investigation
- New Service and Product Evaluation
- COE Designations and Maintenance
- Facility Credentialing and other related services

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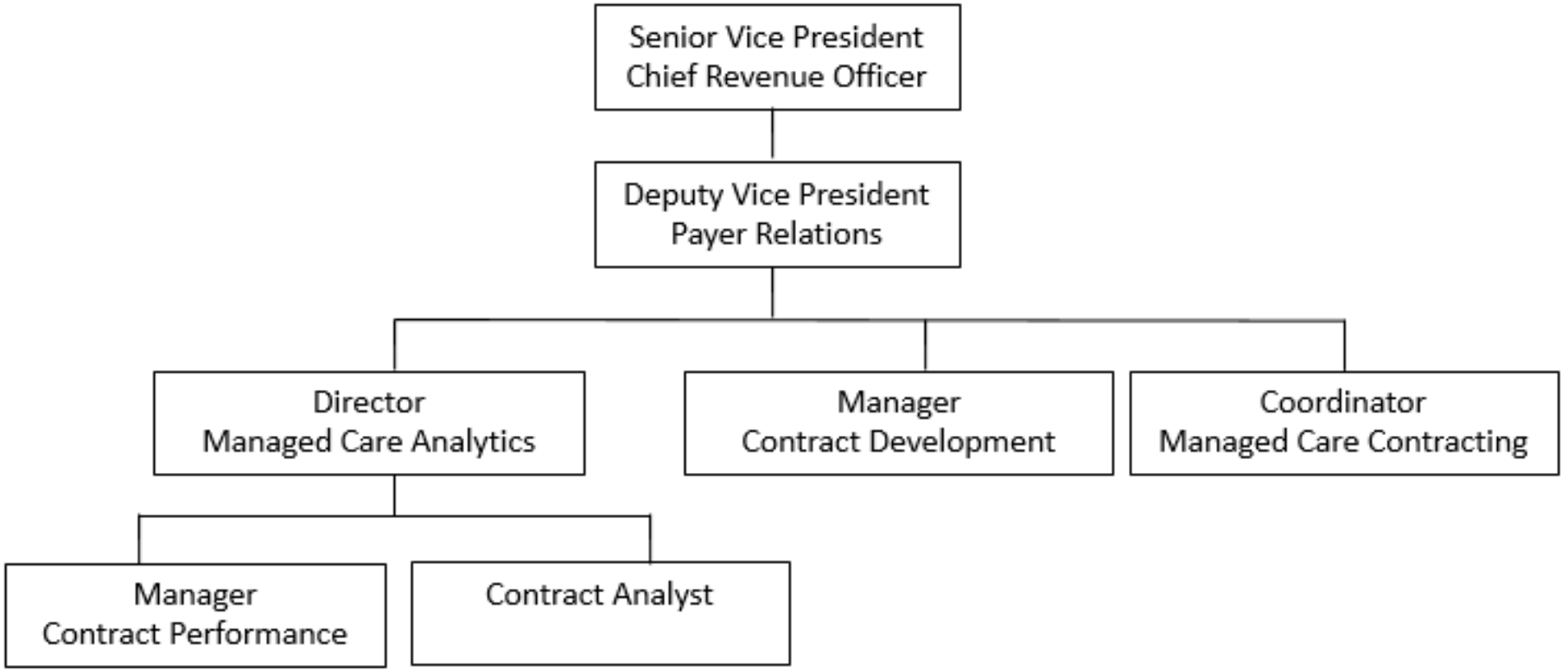
University Health - Managed Care Services



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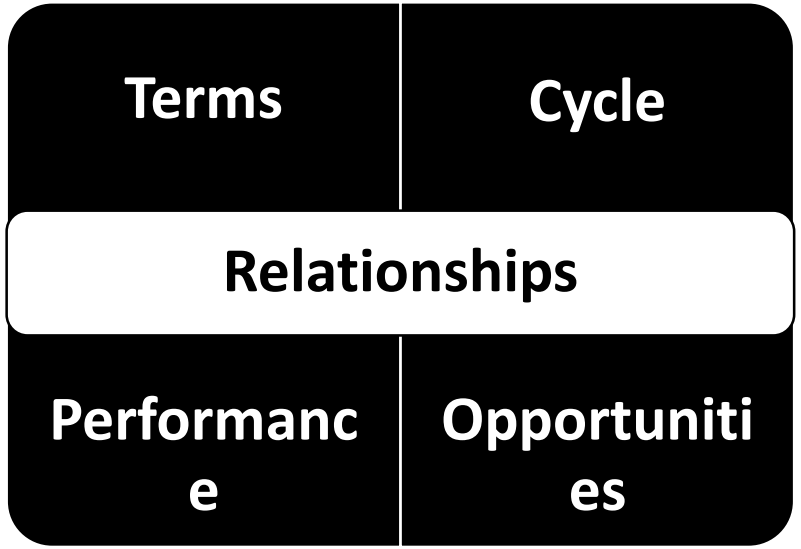
Prioritization of Payer Relationships

- **Multiple Factors to Consider**
  - Current Terms
    - Rates, Language, District Requirements
  - Contract Cycle
    - Notice Period
    - Anticipated Timeline
    - Other Priorities
  - Performance
    - Escalation or Structural Changes
    - Auths, Payment Accuracy, Denials Trends
  - Opportunities
    - Market Conditions
    - New Services, Locations, Providers
    - Partnerships
  - *Relationships with Key Contacts*



Create Matrix or Calendar and update regularly.

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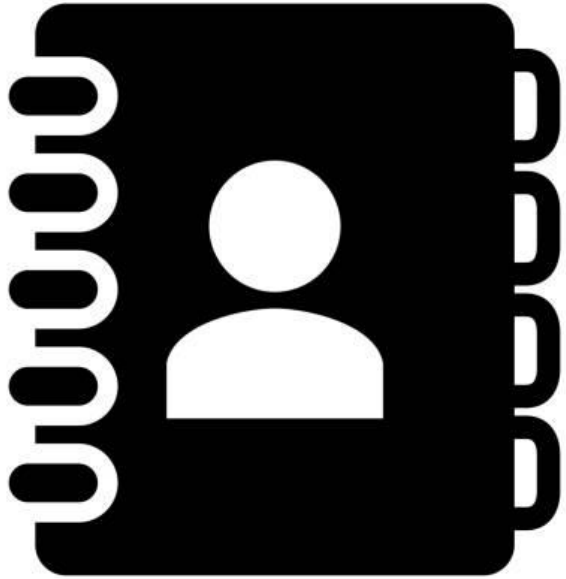
Identification of Key Contacts

- **Payer Representatives**
  - Network Development
    - Primary Negotiator and Market Leader
  - Provider Relations
    - Representative & Director
  - Claims Management
    - Representative & Director
  - Utilization Management
    - Representative & Director
  - Medical Director



Create Matrix or Directory. Assess current relationship and prioritize relationship development.

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Establishment of Open Communication

- **Open Communication**
  - Phone Calls (Schedule)
    - “Is this a bad time?”
    - Introductions
    - Key Initiatives
    - 1:1 Cadence
  - Emails
    - Good New
    - Press Releases
    - Single Issue Requests for Assistance
  - Text Messages
    - Urgent Matters
  - Onsite Visits
    - New Service Development
    - Key Quality Initiatives
    - Facility Tours
    - Partnership Development
  - Data Sharing

Develop a Managed Care Partners program including distribution lists in collaboration with Corporate Communications team.

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Allocation of Team Resources

- Evaluate Resources Available
  - Roles and Responsibilities
  - Personalities, Experience, and Strengths
  - Priorities and Availability
- Match with Payer Counterparts
  - Negotiation History
  - Work History
  - Temperament
- Initiate Open Communication

Develop a Staff Allocation Matrix and share with all Team Members. Update as needed.

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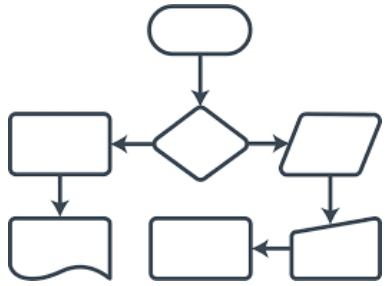
Formalization of Joint Operations Committees

1) Poll Revenue Cycle Leaders for Pain Points
2) Poll Key Payer Contacts for Pain Points
3) Identify Roles, Responsibilities, and Key Follow-up Activities and Timelines using Pain Points as ways to Prioritize Revisions to Current Process
4) Draft a JOC Policy & Procedure using Poll Data
5) Share Draft JOC P&P
6) Obtain Feedback and Revise Draft JOC P&P
7) Finalize JOC P&P, Distribute, and Educate Staff
8) Hold Accountable for Follow-up Activities & Timelines



Flowchart the Process for Clear Understanding by Constituents

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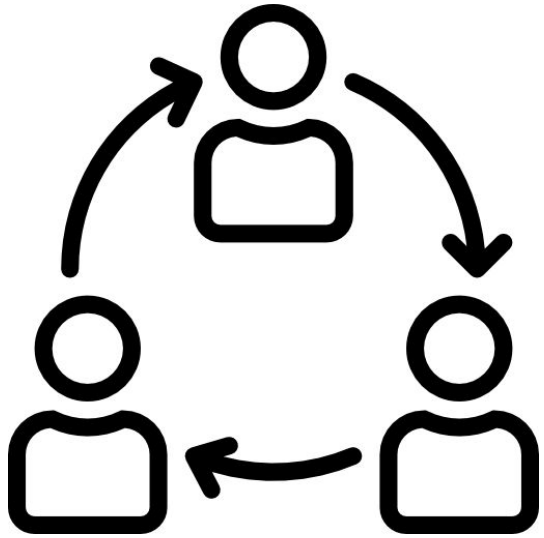
Purposeful Collaboration with Peer Groups

- Internal
  - Administrative
    - Active Committee Participation
    - Quality Improvement Projects
    - Revenue Cycle Rounding
    - Open Communication
  - Clinical
    - Lunch & Learns
    - Service Line Development
    - New Product Evaluations



Develop a Internal Event/Meeting Calendar and Distribute it to Leadership.

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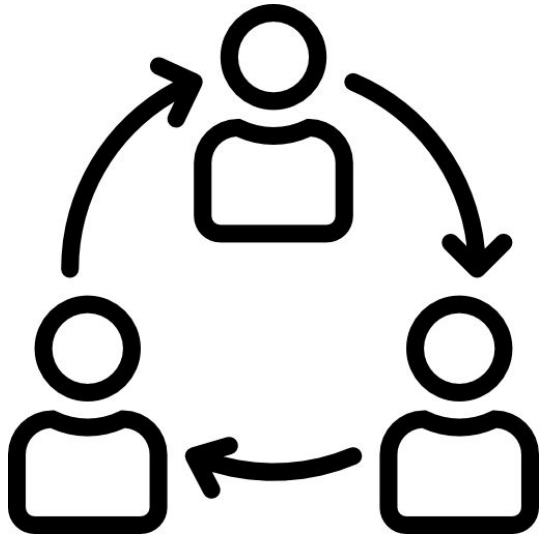
Purposeful Collaboration with Peer Groups

- External
  - Payers
    - Managed Care Partners Program Events
    - Partnership Opportunities
    - Open Communication
  - Providers
    - National Peer Groups
    - THA Hospital Contracting & Payment
    - THA Policy Development
    - HFMA Chapter
    - ACHE Chapter



Develop an External MCP Event Calendar and Distribute it to Leadership.

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Thank You.

What questions may I answer?

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