

# Medicaid Collaborations

The Rural Collaborative Medicaid  
Administrative Simplification Initiative

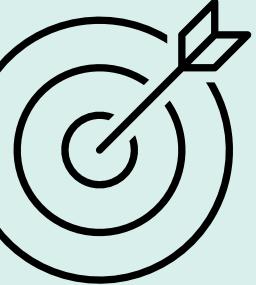


# Why We're Here – The Rural Collaborative (TRC)



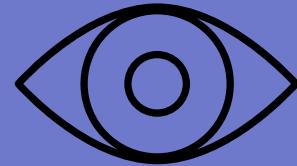
## Purpose:

To support Collaborative members to better serve their communities, overcome the challenges, take advantage of the opportunities that a collective provides, and to speak with one rural voice.



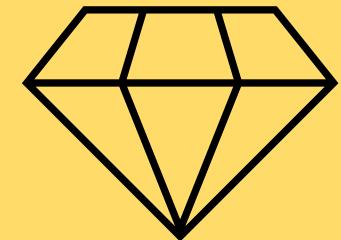
## Mission:

We defend, create and design the future of rural health care through collective strategy and action.



## Vision:

To accelerate the advancement of rural healthcare.



## Values:

Integrity

Synergy

Commitment

Innovation

# The Rural Collaborative (TRC) at a Glance

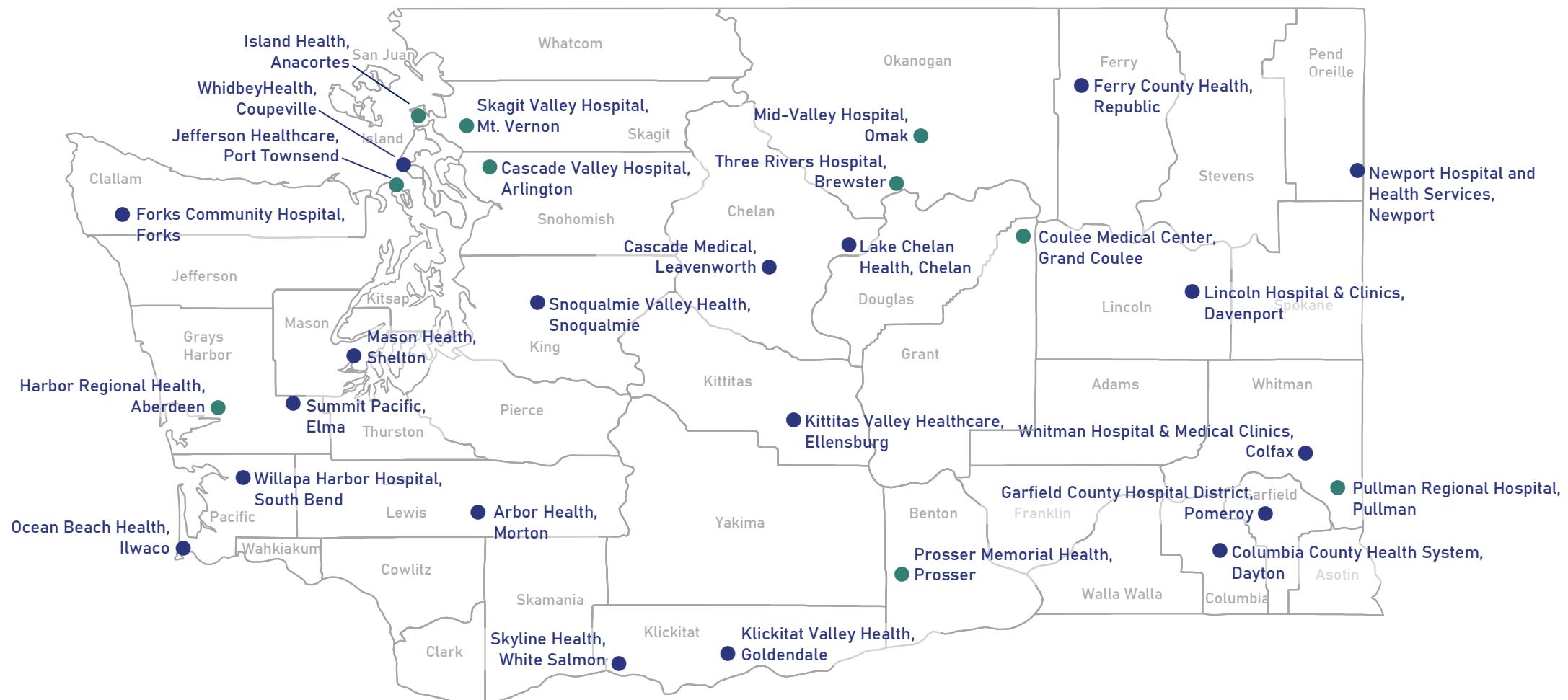
Formed in 2003 with eight members, originally focusing on payer contracting, The Rural Collaborative (TRC) now has 28 members (29 hospitals) across the state of Washington. All tax-supported rural Public Hospital Districts, we serve over 500,000 patients annually. We are allowed to collectively negotiate payer agreements and are not subject to anti-trust. In addition to payer contracting, TRC offers its members 25 different business partner products and services, with another ten in progress.

## Organization Facts and Figures:

- Member Counties – 24
- Total Medicaid population in our counties – over 300,000
  - Acute Care Hospitals – 4
  - Critical Access Hospitals – 25



28 members | 24 counties | 500,000 lives



# What TRC Does

Acts like a system without being a system



Joins forces where it makes sense



Continuous evaluation and discussion

# Rural Collaborative Strategic Plan

Interdependence	Rural Payer Contracting	Access to High Quality Care
<p><u>Goal</u></p> <p>Members regularly participate in initiatives to achieve financial savings, increased operational efficiencies, and mitigate external threats.</p>	<p><u>Goal</u></p> <p>Establish fair and sustainable agreements between healthcare payers and rural providers, reducing' administrative burdens for both parties, creating value and financial viability for members.</p>	<p><u>Goal</u></p> <p>A strong, well-trained, quality rural workforce enhances access to care and improves patient outcomes.</p>

# Establishing the Public Message

- Universal agreement that healthcare is too expensive
- No magic pill exists individually to address the issue
- TRC is focusing on several initiatives to chip away at the high cost of care
- Expense drivers for hospitals and our clinics must be reduced

# TRC Services

## 1. Accumen - HC1

- Lab Optimization, lab supply chain optimization, lab stewardship and lab software

## 2. Agile Consulting

- Sales & use tax and B&O tax refund assessment and consultation

## 3. Allevant Transitional Care Consulting

- Swing bed optimization and transitional care planning program design

## 4. AP Professionals

- IT staffing recruitment, contract and interim labor
- Financial staffing (CFO, Controller level staff) recruitment, contract and interim

## 5. Comprehensive Pharmacy Services

- Full support pharmacy, telepharmacy, 340B, audit, management, consultation and programs (all things pharmacy)
- Supply chain optimization consultation, management and support
- Rehabilitation and therapy services optimization, management and consultation support

## 6. CorroHealth - Xtend

- RCM and price transparency

## 7. Eagle Telemedicine

- In-patient and ambulatory telehealth services

## 8. Ethico

- Compliance program, vendor and staff sanction checks, AI tools and hotlines

## 9. LegalOn

- Pre-negotiation AI assistive contract tool

## 10. Mindray

- Ultrasound, patient monitoring and Anesthesia medical devices

## 11. MultiMedical Systems

- Biomedical maintenance, repair and management
- Device cybersecurity program
- Discounted service contracts with high-end systems

## 12. Novarad

- PACS system

## 13. Microsoft/Nuance

- AI-assisted scribe

## 14. Omnicure

- Teleintensivist services, Telesitting services, Telenursing services



# TRC Services continued

## 15. Organon/JADA

- Discounted access to intrauterine medical device to prevent postpartum hemorrhage
- Also partnered with DOH for grants for all TRC members to receive access to the device

## 16. Restorix

- Comprehensive wound care program

## 17. Stryker

- Medical supply furniture, beds, etc.

## 18. Trek Health

- Payer transparency data

## 19. TruBridge

- RCM
- Self-pay management

## 20. Rater8

- Online provider reputation management software

## 21. Valify

- Purchased services analytics platform
- Supply chain and hospital improvement through contract consolidation and optimization
- Visible at TRC level to identify shared opportunities

## 22. Employee WHIT Dental Program

- Access to employee dental benefits
- Aggregate program

## 23. Employee VSP & WHIT Vision Program

- Access to employee vision benefits
- Aggregate program

## 24. Group Property Insurance Program

- Access to hospital property insurance benefits
- Aggregate program

## 25. Employee Life & Disability Program

- Access to employee life and disability benefits
- Aggregate program



### Parker Smith and Feek

RC Insurance Program which includes medical malpractice, group property, cyber risk, life and disability management and risk advisor.



### Credentialing Program

A full-service delegation program that will handle payer enrollment for a growing list of insurers including all five MCOs. Also available for a flat/per file fee are our Provider source verification services (CVO).



### Multnomah-Nationwide

Multi-employer retirement plan combining the member retirement plan assets while maintaining plan independence, resulting in significant fee reductions for Plan Participants.

### LabCorp

Leveraging Collaborative-wide test volumes, provides clinical laboratory services at a significant savings.

# Delegated Credentialing and CVO

- **725** total providers delegated across 19 hospitals
- **108** Providers in the CVO program
- 30-day average turnaround time



## Current Delegation With:

1. Aetna
2. Cigna
3. Community Health Plan WA (CHPW)
4. Coordinated Care
5. First Choice Health Network
6. Humana Health Plan
7. Molina WA
8. Optum Care Network
9. United Healthcare
10. US Family Health Plans/Pac Med
11. Wellpoint (formerly Amerigroup WA)
12. PacificSource
13. Health Net Federal Services/Tricare
14. Kaiser

In Discussions With: L & I, Premera, Regence





## What is it?

The Washington Healthcare Staffing Network, a complete staffing solution with a comprehensive VMS.



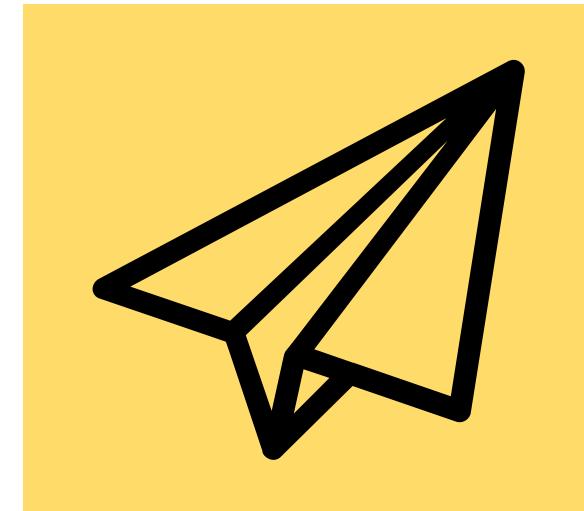
## Why we're here?

To streamline, strengthen and support your temporary hiring efforts.



## The benefits for you?

Increased access to a broader network, a dedicated rural talent pool, cost savings, and more!



## Where can I go to learn more?

[wahealthcarestaffing.net](http://wahealthcarestaffing.net)

or

[staffing@ruralenterprise.com](mailto:staffing@ruralenterprise.com)

# TRC Rural Health Administrative Simplification Initiative (ASI)



This initiative provides a unique opportunity to improve efficiency, reduce administrative costs for all parties, and positively impact the delivery of care in Washington's rural communities.



This new delivery model and provider/plan relationship has the potential to deliver significant operational cost savings and administrative benefits to MCOs and rural providers, and to influence policymakers who are seeking solutions for a sustainable rural healthcare system.



With its selected partner(s), TRC believes that through reducing the administrative burdens, TRC members can reallocate resources to further improve delivery systems such as closing care gaps.

# ASI Overview

- **Tactics:**

- Identify key drivers of administrative burdens
- Develop a shared template defining shared expectations for payers interested in rural health
- Initially identify one managed Medicaid payer (MCO) to improve operational performance with TRC, then expand as appropriate

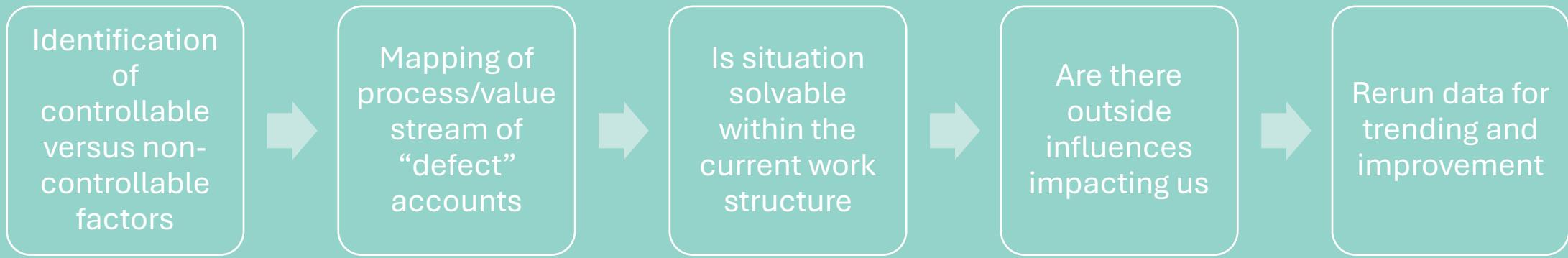
- **Timeline:**

- June – August 2023: RFI distributed and reviewed for five MCOs
- September 2023: Initial MCO selected (Molina Healthcare of Washington)
- October 2023 – Present: Steering Committee oversight and ongoing PDSAs
- March 2025: Expansion to additional MCOs



# Administrative Process Improvement

## Analysis of account denials across TRC



# Administrative Process Improvement Initial Challenges

- Individual member data was disparate and challenging to obtain. Payer aggregate data was critical to project
- Data sharing with TRC required additional due diligence and legal approval



# Large Dollar Account Denials

## Baseline Data & Results

### Large Dollar Account Denials (>\$50K) - 2023

- Top Denial Reasons (40% of total 405 accounts) Across TRC:

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Service not covered by this payer

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Prior authorization/notification absent

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Missing/incomplete/invalid provider attending number

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Missing consent form

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Primary carrier paid date required on COB claim



## Updated Data & Results

### Large Dollar Account Denials (>\$50K) – Jan to Mar 2024

- Top Denial Reasons (45% of total 58 accounts) Across TRC:

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Service not covered by this payer

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Prior authorization/notification absent

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Missing/incomplete payer claim control number

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Missing/incomplete/invalid National Drug Code

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Exact duplicate claim/service



## Current Data & Results

### Large Dollar Account Denials (>\$50K) – Oct to Dec 2024

- Top Denial Reasons (76% of total 21 accounts) Across TRC:

Coordination of benefits

Prior authorization/notification absent

Service not covered by this payer

# Creation of Dashboard

Monthly Extract of 25-top denials, aggregated for TRC and by member

# ASI Dashboard

## Dashboard Selection Criteria

- Aggregated data over defined number of months
- Line of Business
  - Medicaid
  - Medicare
  - Commercial
- Report Breakouts
  - All TRC aggregation
  - Individual TRC Members
  - TRC Member Detail by Entity (facility, clinics, etc.)

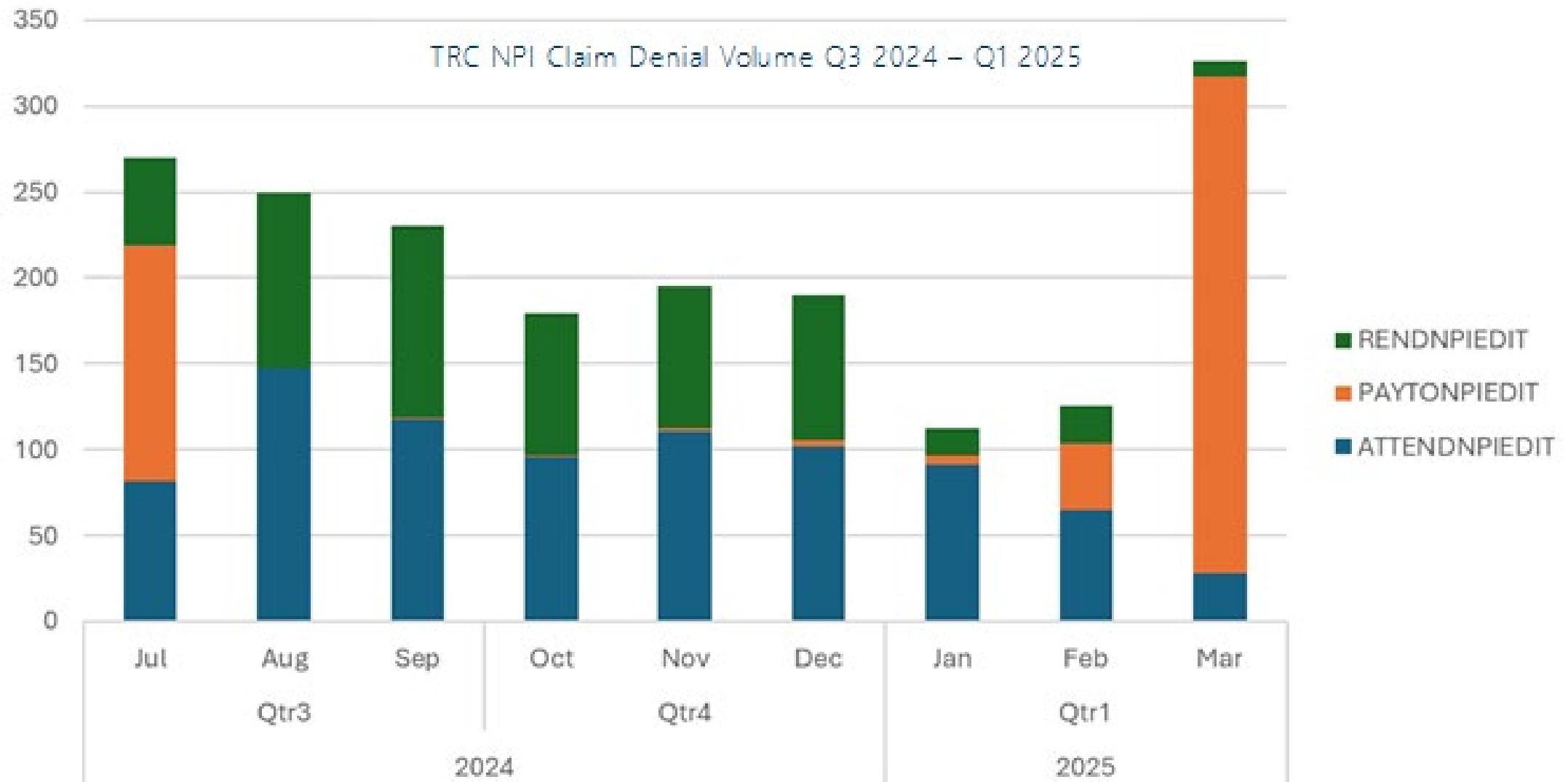


## Dashboard Results

- Top 25-Denial Reasons
- Claim Payment Distribution
- High Dollar Claims Denials

# NPI Claim/Revalidation Denials

# TRC NPI Claim Denial Trend



# Missing/Incomplete/Invalid Attending Provider Identifier

TRC Member	July - Sept 2024		Dec 2024 - Feb 2025	
	Claims	Dollars	Claims	Dollars
A	654	\$1.8 M	503	\$1.1M
B	250	\$306K	245	\$366K
C	90	\$110K	45	\$53K
D	72	\$69K	2	\$1.5K

# Administrative Process Improvement Outside Influencers

- State Health Care Authority (HCA) initiating retrospective eligibility changes, sometimes going back two or more years
- Frequent account denial reason for outside referring providers not enrolled in state Medicaid
- Providers not enrolled or NPI not revalidated timely



# ASI Benefits

Improved relationship  
with initial MCO  
partner – data sharing



Measured  
improvement in initial  
focus areas



Greater  
understanding and  
appreciation of  
respective challenges  
and identification of  
mutual concerns

# ASI Is Not

A focus on contract language negotiations

A vehicle for complaining or “finger pointing”

A quick fix, as process improvement does take time



**Thank you!**

**Brad Becker  
Senior Director Payer Strategy**

Brad has over 30 years' experience in healthcare, on both the payer and provider side of the industry. He has worked for a variety of organizations throughout Washington state, from Critical Access Hospitals to a multi-state system; with an emphasis on revenue cycle and payer contracting. He is Senior Director Payer Strategy for The Rural Collaborative and Mason Health.

Brad's volunteer passion is reflected in his 40 plus years participating at Seattle Children's Stanley Stamm Summer Camp. He has also been an active volunteer with the Healthcare Financial Management Association (HFMA) for nearly 20 years, having held various chapter, regional and national positions. He currently serves on the Board for the Rural Health Clinic Association of Washington (RHCAW) and on the Advisory Committee for Washington's Health Benefit Exchange. You may contact him at [brad@ruralcollaborative.com](mailto:brad@ruralcollaborative.com).