

ACO RISK ASSESSMENT TOOL

RELIANCE CONSULTING GROUP -- ACO CONSULTING SERVICES

CRITERIA	Development Required	Limited Capabilities	In-Place: Performance Evident
Governance/Leadership			
· Requisite industry knowledge and experience			
· Risk Tolerance			
· Financial strength & other resources			
· Access to capital to make investments in necessary infrastructure.			
· Keeps ahead of organizational change to ensure performance does not lag during membership expansion			
Organizational Culture - Communication			
· Quality improvement mechanisms and staff development resources to sustain and spread best practices.			
· Champions & Commitment to integrated care			
· Committed to organizational mission and goals - stakeholders & staff			
· Clear accountability and emphasis on continuous quality improvement			
· Capacity to Attract and Retain Membership, Expand Enrollment and Increase Retention			
Relationships with Providers			
· Experience in selecting networks and providers that have demonstrated successful service provision, care coordination, positive outcomes, etc.			
· Care Continuum Facilities - Network encompass a range of providers, especially for specialty, secondary and tertiary care			
· Contract Arrangements with Providers			
· What % are referred out of network?			
· Regular communication of contract changes to Finance & Reinsurer			
· Assistance by Reinsurer for contract negotiations with Providers out of network or out of state.			
Claims Access			
· Real-time Claim Processing - Data Integrity			
· Electronic data capture & care management reporting systems			
· Claim Payment, Explanation of Benefits, Explanation of Payments			
IT System			
· Robust information technology to support risk management, care coordination, and quality and performance improvement.			
· Demonstrates commitment to and experience with health information exchange (preferably electronic) to facilitate coordination and quality.			
· Strong informatics function exists to analyze and feedback data for program planning, performance improvement and individual care planning.			
· ACO uses data for provider accountability and motivation (e.g., targets, "report cards", etc.)			
· ACO provides or shows intent to provide member access to provider performance measures, member's personal records, and care plans.			
Clinical Med Management System			
· Clinical quality outcomes & reporting capabilities "real time"			
· Multi-level care management programs & staff			
· Clinical pathways for best practices monitoring			
· Tracking of high-cost members - transplants, catastrophic diagnosis, preemies, etc.			
· Weekly/Monthly communication meetings between Finance, Medical Management, Provider Relations & Claims of high-cost members.			
Financial Risk Management			
· Medical service expense (MSE) management capabilities			
· Processes to assess financial risk			
· Cost accounting capabilities across episodes			
· Provider-health plan partnerships			
Ability to Risk-Share with Providers			
· Knowledge about quality incentive payment models			
· Multi-provider agreements to distribute payments			
· Access to actuarial support for payment distributions			
· Financial reporting systems specific to risk payments			

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