The red and green flags of value-based care contracts

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Educational Webinar Series

Presenters



Kelly Kolepp Manager, VBC Team

DataLink



Logan Steel Chief Operating Officer Physician Care Centers





Objectives

- Discuss VBC contract components you can't ignore
- Review pitfalls to avoid
- Provide real-world strategies to implement into your contracting process

Polling Question

What VBC contracts do you participate in? Select all that apply.

- a. Pay for performance
- b. Shared savings upside only
- c. Shared savings upside and downside risk
- d. Partial or Full Capitated
- e. None

Reconciliation Terms



- Reconciliation frequency
- Claims run out period
- Final settlement date
- Dispute resolution terms



Patient Attribution



- PCP selected/attributed
- Plurality of primary care services
- Retrospective and/or prospective
- Panel size requirements
- Baseline date
- Attribution disputes

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Data Sharing

- Key component of VBC contract management
- Payers flat files/ccd/EMR access
- Providers quality/utilization/claims
- Frequency of reporting
- Mechanism for data analytics





Polling Question

How are you currently managing payer data?

- a. Internal team/technology
- b. Third party vendor
- c. Combination of both a & b
- d. Receive data, but don't manage it
- e. Not currently receiving data

Financial Considerations

- Revenue/cost inclusions
- Carve outs
- MLR/MCF Medical Loss Ratio/Medical Cost Fund Thresholds
- Shared savings/loss percentage
- Deficit carry forward
- Evergreen Contracts





Polling Question

My organization is prepared to manage VBC contracts with downside risk. a. Agree b. Somewhat Agree c. Somewhat Disagree d. Disagree

Quality and Performance Metrics



- Alignment with internal initiatives
- Total number of measures
- Measure weights
- Measure targets/thresholds
- Methodology
- Payer provided support through staffing or care coordination / technology payments



Key Takeaways

- Ensure reconciliation terms align with organization's needs i.e. frequency of payouts, final settlement
- Be aware of reconciliation dispute submission deadlines
- Consider the impact of attribution methodology and ensure there is a way to address attribution disputes
- Note any requirements of patient panel size and how it impacts potential incentives/rewards
- Be prepared to share and manage contract data
 - Ensure responsibilities are clear, how data will be delivered, and if any support will be provided
 - Ensure the type of data and frequency that you want to receive it is addressed
- Carefully review what is included/excluded from revenue and cost address any concerns
- Understand the implications of contracts that carry forward a deficit
- If you are in an evergreen contract review terms before it auto renews and consider asking for a new contract
- Try to negotiate quality metrics that align to your internal initiatives and can be managed across contracts



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to enable more meaningful insights and better care



Improve quality performance

Use actionable data that increases the opportunity for optimal health outcomes.

Ensure risk accuracy

Capture more complete diagnoses, document care, and ensure more appropriate reimbursement.

Enhance provider collaboration

Enable your network to capture the right data at the point of care to close gaps and improve care.





Questions?





Thank you for joining us

Contact us

info@datalinksoftware.com

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www.datalinksoftware.com

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