

Prepared for :

**ANNIE E CASEY**



# THE ROLE OF \_\_\_\_\_ INTERMEDIARIES IN BUILDING SOCIAL NEEDS NETWORKS & INTEGRATING NEW PROVIDER TYPES

## OVERVIEW

This paper is a simple guide for community organizations and providers as they consider the role of intermediaries, including the essential elements of an intermediary and how to screen for and evaluate a partnership with one.



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# MEDICAID'S USE OF NEW PROVIDER TYPES

HAS LED TO THE RAPID EXPANSION OF SERVICE ORGANIZATIONS OR INTERMEDIARIES.

## THE ROAD LEADING TO THE NEED OF INTERMEDIARIES

- 1 Medicaid systems are exploring new methods to address social determinants of health and provider shortages.
- 2 Social Needs Networks are being established to incorporate Community-Based Organizations providing social services.
- 3 Community-Based Organizations (CBOs) lack experience contracting with managed care plans and often lack the necessary infrastructure for receiving third-party reimbursement.
- 4 New Medicaid provider classes, such as doulas and community health workers (CHWs), are also navigating the process of contracting with managed care plans for the first time.

## THE ROLE OF INTERMEDIARIES

This gap has given rise to a new class of administrative service organizations or intermediaries that aggregate community-based providers and support them in accessing health plan reimbursement.

While this model is common in healthcare, its application to new provider types and new social needs providers is new, and the field is exploding.





# ESSENTIAL FUNCTIONS OF AN INTERMEDIARY

## MCP Contracting

Key to implementation speed is whether the intermediary has contractual standing with the managed care plan in your county.



1

## Training & Capacity Building

Intermediary staff assist in workflow implementation and provide tools for efficient, effective, and compliant service adoption.

2



3



## Clinical Documentation

Assisting with data collection, reporting, and compliance for clinical documentation through pre-configured systems or provider assistance.

4



5



6



## Credentialing & Onboarding

The intermediary has efficient processes for supporting credentialing and onboarding with MCPs.

## Authorization

Intermediary has processes established to efficiently submit and track authorizations.

## Payment Processing

Intermediary has systems and processes to submit and reconcile payment to the MCP and to the Service Providers.

## Quality Improvement

Intermediary has collaborative processes with easy to use data that helps providers understand their performance and implement improvement strategies.



7

## Creating Payor Agnostic Systems.

Intermediary has strategies to help providers deliver the same service regardless of health coverage or MCP enrollment.

8



9



10



## Reasonable Administrative Fees

Intermediary charges providers a reasonable administrative fee such that the provider can still have a positive margin from delivering the service.

## Advocacy

Advocate at the state and health plan level for enhanced reimbursement and administrative streamlining.



## KEY CONSIDERATIONS

# WHEN EXPLORING INTERMEDIARIES

These can serve as guideposts when deciding whether working with an intermediary is the right path for your organization.

	DESCRIPTION	KEY QUESTION
<b>Speed to Market/ Access to MCP Contracts</b>	Key to implementation speed is whether the intermediary has contractual standing with the managed care plan in your county.	<ul style="list-style-type: none"> <li>Which MCPs does the intermediary have contracts with? Which is it pursuing and what is the timeline?</li> <li>If you have multiple MCPs in your county, does the intermediary have contracts with all of the MCPs or at least the larger ones?</li> <li>Does intermediary have strategies to help providers deliver the same service regardless of MCP enrollment?</li> </ul>
<b>Access to Start-up Funding</b>	Some MCPs offer start-up funding to CBOs via various grant mechanisms. This may or not flow through the intermediary.	<ul style="list-style-type: none"> <li>Has the intermediary applied for Incentive Payment Program (IPP) start-up funding on behalf of providers?</li> <li>Is this available for new/future providers? How much?</li> </ul>
<b>Costs</b>	Most intermediaries charge providers a percentage of revenue collected to cover their administrative costs.	<ul style="list-style-type: none"> <li>What percentage of revenue does the intermediary keep?</li> <li>What services does this include?</li> <li>Would the cost of doing these services directly be more or less expensive than what the intermediary is charging?</li> </ul>
<b>Services Available</b>	Providers should make sure they are getting services from an intermediary that would be difficult or cost-prohibitive to stand-up on their own, as well as expertise and experience in each service area.	<p><u>Credentialing and onboarding</u></p> <ul style="list-style-type: none"> <li>Does the intermediary have efficient processes for supporting credentialing and onboarding with MCPs?</li> </ul> <p><u>Training &amp; Capacity Building</u></p> <ul style="list-style-type: none"> <li>Does the intermediary have knowledgeable staff who can help your organization plan workflow implementation and provide useful tools to implement the new services efficiently, effectively, and compliantly?</li> </ul> <p><u>Authorization Tracking</u></p> <ul style="list-style-type: none"> <li>Does the intermediary have processes established to efficiently submit and track authorizations?</li> </ul> <p><u>Clinical Documentation, Data Collection &amp; Reporting</u></p> <ul style="list-style-type: none"> <li>Does the intermediary offer a pre-configured care management / electronic health record system or help providers configure their systems?</li> <li>Does it support compliant clinical documentation and reporting requirements?</li> </ul> <p><u>Payment Processing</u></p> <ul style="list-style-type: none"> <li>Are there systems and processes to submit and reconcile payments between the MCP and service providers?</li> <li>What are expected turnaround times?</li> </ul> <p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> <li>Does the intermediary have collaborative processes with easy-to-use data that helps providers understand their performance and implement improvement strategies?</li> </ul>
<b>Advocacy</b>	By combining voices of multiple providers, intermediaries may be able to influence MCPs and DHCS by lifting up challenges and promoting solutions that work for providers and clients	<ul style="list-style-type: none"> <li>Does the intermediary elevate the voice of providers with MCPs and DHCS to help improve collaboration and service delivery?</li> </ul>



## KEY CONSIDERATIONS

# WHEN **EVALUATING** INTERMEDIARIES

Organizations should ask these questions.

1

Do they **have contractual standing** with the Manage Care Plan you want **reimbursement** from?

2

Do they have a **history of supporting** CBOs, and **accessing** third-party reimbursement from Manage Care Plans?

3

Do they help CBOs, submit conforming claims and work through any issues that come from denial?

4

Do they **help** with provider credentialing and paneling?

5

Do they take no more than 10% of the claim to fund their own infrastructure or margins?



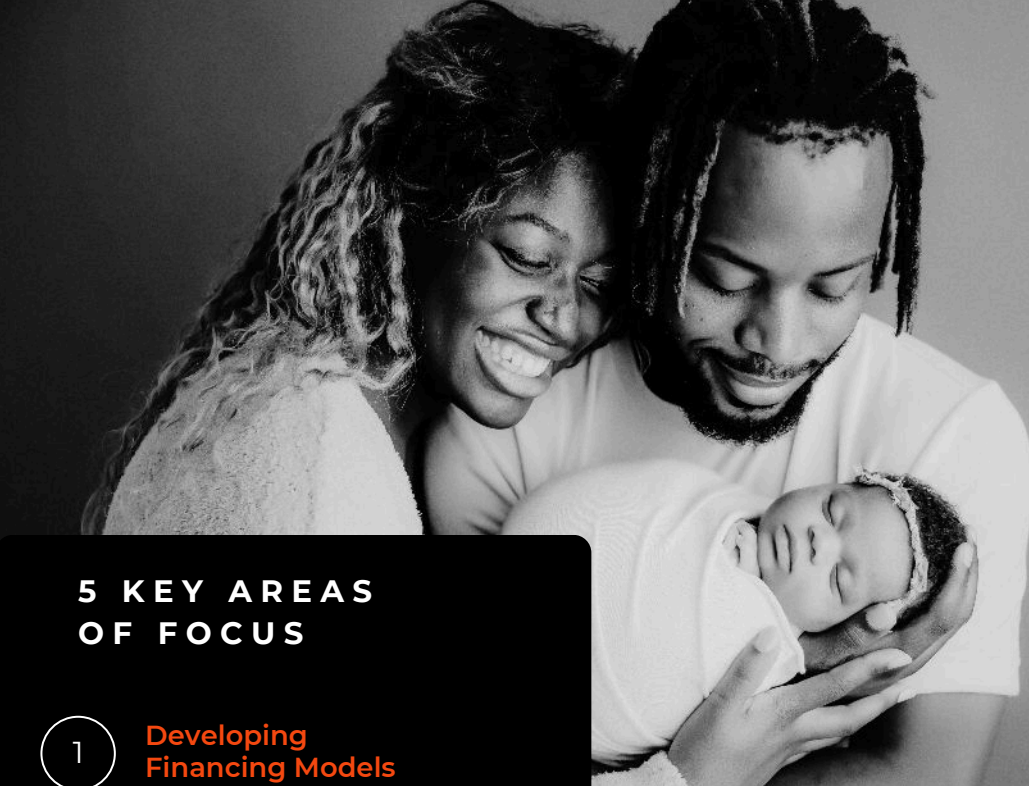
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# PERINATAL EQUITY AND JUSTICE INITIATIVES

AUGUST 2024



## ABOUT US

The Public Works Alliance (PWA) changes the economic future of marginalized communities by building equitable public systems that take action with and for people. PWA opens new career pathways for youth, increases healthcare access for families, and leverages the power of Medicaid to sustain positive community impact.

## 5 KEY AREAS OF FOCUS

1

### Developing Financing Models

Enhance home visits for expectant mothers by integrating behavioral health support to improve program reach and quality while reducing care barriers.

2

### Maternal Health & Child Outcomes

Strategic planning is essential for improving maternal health and child outcomes to track progress in addressing the crisis.

3

### Navigating the Reform Landscape

Enhance public health outcomes by assisting stakeholders in accessing new funding for Enhanced Care Management, Community Supports, Community Health Worker, and Doula Benefits.

4

### Preventive Behavioral Health Services

Scaling the dyadic benefit and promoting the integration of culturally congruent behavioral health services in pediatric primary care.

5

### Implementing Best Practices & Research

Supporting research and best practice integration, so that we're directing resources towards proven interventions.

## PERINATAL EQUITY AND JUSTICE INITIATIVES

PWA has a collaborative model to advance perinatal equity and justice in California through partnership with communities experiencing the worst perinatal outcomes and facing structural resource shortages. Using Medicaid as a backbone, we aim to improve perinatal outcomes for birthing persons across the state.

## OUR LEADERS



### DR. RHEA BOYD, MPH

Boyd leads PWA's Prenatal Equity and Justice Initiatives, focusing on perinatal equity. She is a pediatrician, public health advocate, and scholar with a research focus on structural inequality's impact on child and public health. Outside PWA, she collaborates with various organizations and academic centers to address social inequality affecting health outcomes.



### DR. ZEA MALAWA, MPH

Malawa leads Expecting Justice, a program aiming to address racial disparities in birth outcomes through systems change. She directs the Abundant Birth Project, the first pregnancy Guaranteed Income program in the US. Dr. Malawa holds positions at the San Francisco Department of Public Health, UC Berkeley School of Public Health, and UCSF School of Medicine. She also sees patients at Zuckerberg San Francisco General Hospital and serves as Vice Chair of San Francisco's First 5 Commission.



### ALEX BRISCOE

Alex is the Principal of the Public Works Alliance and the California Children's Trust. Previously, he was the Chief Executive of the Alameda County Health Care Services Agency and worked as a mental health practitioner focusing on adolescent services. He has collaborated with various foundations such as The Atlantic Philanthropies, The Robert Wood Johnson Foundation, and Tipping Point Community.





# OUR PROGRAMS

## DOULA PROJECTS

- Launching the new doula Medicaid benefit in California poses incredible opportunities and challenges for the state's doula workforce. To enable doulas—especially doulas of color—to capitalize on the Medicaid opportunity and address numerous challenges that have led to low rates of implementation, doulas across the state and colleagues at Public Works Alliance are embarking on a year-long process to develop a set of statewide recommendations and best practices to share our collective learning regarding doula integration into Medicaid.
- To address the root causes of the shortage of doulas, we have also partnered with the Roots of Labor Birth Collective to develop strategies that ensure doulas are effectively trained in ancestral healing practices, appropriately matched to clients, and adequately compensated for their work, all while fostering the doulas' own dignity and health.

## COLLABORATING STRATEGICALLY TO ENHANCE BASIC INCOME AND SUPPORT FOR BIRTHING POPULATIONS

- In this country, racism is so pervasive that protection from discrimination must begin before a child is even born. For many mothers—especially Black women and child-bearing people—birth is a scary event. Black mothers in California experience premature births at 1.5 times the rate of white birthing Californians, and despite \$50 million in state funding to address the problem, that rate is worse today than it was a decade ago.
- Important work is underway in California to create a world where birth is recast from a potentially traumatic and terrifying moment into a time of renewal and transformation for Black families, Black finances, and Black futures. PWA seeks to learn from this existing work across the state and work alongside key stakeholders to co-design policy and sustainable funding solutions that support California's birthing populations.
- PWA's work in this space will include public sector financing and strategy support from Expecting Justice, The Whole Child Equity Partnership, PWA Child Welfare, and PWA Justice Serving Network initiatives.

## GOVERNMENT PARTNERSHIP

- PWA believes in building deep relationships with the California Department of Public Health, California Health and Human Services, and other relevant state and local agencies to create genuine reform for the maternal health crisis.