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TAPR II
TECHNICAL ASSISTANCE FOR POLICY REFORM

MANAGED CARE

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GOALS OF TRAINING

- COVER BASICS OF MANAGED CARE
- DISCUSS ALTERNATIVE APPROACHES
- DEVELOP PRIORITIES FOR FUTURE TRAINING
- DISCUSS SPECIFIC MANAGED CARE TECHNIQUES
- DO ALL OF THIS IN AN ENJOYABLE WAY

MODULE 1

- ORGANIZATION OF COURSE
  - SEVERAL MODULES
  - ROLE OF TRAINER
  - ROLE OF PARTICIPANTS
  - OBJECTIVES OF MODULE 1

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1
BASICS OF MANAGED CARE

WHY MANAGED CARE?

- THE NATURE OF INSURANCE
- A COMPETITIVE EDGE
- SERVICE AND AFFORDABILITY FOR MEMBERS

BASICS

WHAT IS MANAGED CARE?

- BASIC HEALTH CARE INSURANCE EQUATION
  - Premium = Price x Use + Administration
- MANAGED CARE IS MODIFIED BY
  - Reasonable payment for useful services
  - Insuring that appropriate services are delivered at the correct level of care in the time needed
- GOAL: AN AFFORDABLE PRODUCT OF GOOD QUALITY CARE

TRADITIONAL INSURANCE vs MANAGED CARE

Traditional Insurance

- Carrier assumes only financial risk
- Generally high co-payments and deductibles; fee schedules
- No utilization management
- Limited benefits for prevention and primary care
- Free choice of provider
- Providers charges paid

Managed Care

- Carrier contracts with providers to deliver services
- Minimal co-payments; generally no deductibles
- Utilization control by physicians or third parties
- Emphasis on benefit design, prevention and early detection of illness
- Provider choice limited by managed care organization
- Payments determined by contract

ADVANTAGES: INDEMNITY vs. MANAGED CARE

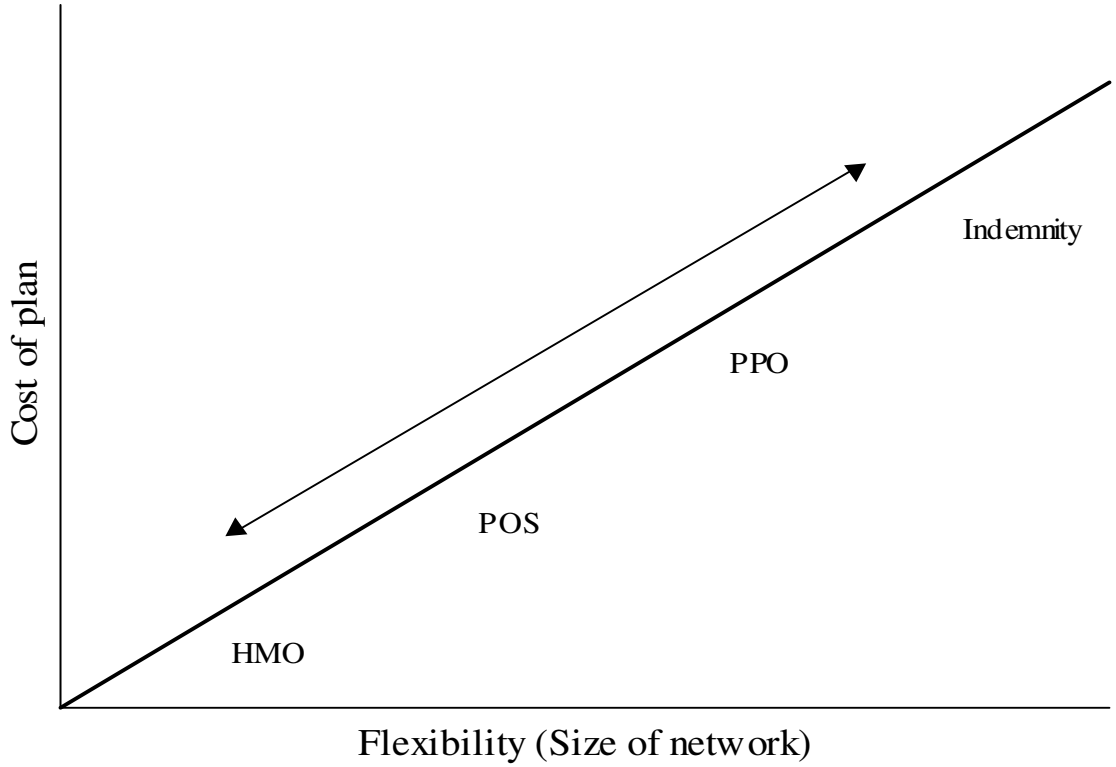
INDEMNITY

- Pays all covered medical events
- Simple to administer
- Insurance skills only
- High cost
- No quality control

MANAGED CARE

- Pays for necessary care
- Difficult
- Requires special health management skills
- Extensive dealings with providers
- Outcompetes indemnity

THE TRADE-OFF: COST VERSUS FLEXIBILITY



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EXTERNAL MANAGEMENT

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KEY POINTS FROM THE PREVIOUS DAY

- TRAINING SHOULD BE INTERACTIVE
- MANAGED CARE ATTEMPTS TO DELIVER:
  - LOWER COST
  - HIGHER QUALITY
- MANAGED CARE IS NOT EASY

APPROACHES TO MANAGED CARE

- NOT A MAGIC BULLET: WILL NOT SOLVE ALL PROBLEMS
- EXPECT RESISTANCE
- COMPLETE SYSTEM TAKES TIME
- APPROACH SHOULD MATCH ENVIRONMENT

MANAGED CARE LIGHT

- picks low-hanging fruit
- does not need sophisticated information systems
- prepares providers, members and organization for next steps
- can be effective for many years and remain an important choice for many
- is a competitive advantage over indemnity insurance

MANAGED CARE LIGHT

USUALLY INCLUDES

- Contracts with providers
- Simple utilization review and analysis
- Medical necessity requirements
- Some payment restrictions
- Simple benefit design incentives

ADVANCED MANAGED CARE

PRESENT STAGE OF DEVELOPMENT

- Lower cost and better quality
- Freedom of choice much more restricted
- Spreading from USA and West into other parts of the world
- Requires significant provider and member commitment

ADVANCED MANAGED CARE

- Closed systems of care
- Heavy credentialing of providers
- Sophisticated utilization review
- Sophisticated pricing
- Comprehensive benefit design
- Efforts to monitor quality
- Research-based information systems
- Emphasis on prevention

MANAGED CARE —THE FUTURE

- Closed systems
- Providers fully committed and compensated
- Research-oriented monitoring of utilization
- Major focus is quality of care
- Practice standards and evidence-based medicine are the norm
- GOAL: GOOD HEALTH + GOOD MEDICAL CARE

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3
EXTERNAL MANAGEMENT
CONTINUED

KEY POINTS FROM THE PREVIOUS DAY

MANAGED CARE IS:

- NOT EASY
- TYPICALLY HAS RESISTANCE FROM SOME PROVIDERS AND MEMBERS
- DOESN'T HAPPEN OVERNIGHT
- USUALLY FOLLOWS SEVERAL DEVELOPMENTAL STAGES

MANAGING CARE: DEVELOPING YOUR PUBLICS

- Managed care cannot be done in a vacuum
- There are natural allies of managed care
- There are potential allies to be educated
- There will always be opposition which will attempt to sway your publics

MISSTATEMENTS MADE ABOUT MANAGED CARE

- Limits choice
- Lowers quality of care
- Overrides doctors' decisions
- Limits needed medical care
- Enrolls only healthy people
- Limits access to necessary specialist care

STRATEGY TO COUNTER MISSTATEMENTS

- Go to Publics first and often
- Act responsibly
- Show that managed care is designed to assure proper use, quality and cost of medical care
- Involve them in the decision processes

PUBLICS: CUSTOMERS

- INTERNATIONAL BUSINESS & ORGANIZATION
  - Likely to be receptive to managed care
  - Must be able to deliver value

- LARGE DOMESTIC ORGANIZATIONS
  - Need to educate
  - Usually a large network of providers is the key

- SMALL BUSINESS
  - Cost critical
  - Opportunity with associations and brokers

- INDIVIDUALS
  - High cost of marketing
  - Adverse selection is key issue

PUBLICS: PROVIDERS

- Managed care a threat to autonomy
- Managed care a threat to income
- Goal is to create a win/win situation
  - guaranteed payment
  - incentives to reward performance
  - new patients
  - important information on quality
  - participation in process

PUBLICS: GOVERNMENT

- REGULATION FUNCTIONS
  - EISA
  - Ministry Of Health
- STANDARDS FUNCTIONS
  - Ministry Of Health
- COMPANION FUNCTIONS
  - Health Insurance Organization
  - Ministry Of Health

PUBLICS: REPRESENTATIONAL ORGANIZATIONS

- Business associations
- Provider organizations
- Community organizations
- Association of private health providers

PUBLICS: MEDICAL SCHOOLS, UNIVERSITIES & COLLEGES

- Teachers and academics are often opinion leaders
- Educators will play an important role in providing managed care and training needs

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EXTERNAL MANAGEMENT
PROVIDER MANAGEMENT

KEY POINTS FROM PREVIOUS DAY

- OUTSIDE GROUPS ARE VERY IMPORTANT TO MANAGED CARE
- PRESURES TO RESIST MANAGED CARE ARE USUALLY INTENSE
- REPRESENTATIVE ORGANIZATIONS CAN BE VERY HELPFUL

EXTERNAL MANAGEMENT: PROVIDER MANAGEMENT

PROVIDER RELATIONS

- Typically includes physicians, hospitals & other medical suppliers
- Advisory Groups are an important component
- Three basic relationships
  - Partnership
  - Business Like
  - Adversary

EXTERNAL MANAGEMENT: NEGOTIATING & CONTRACTING WITH PROVIDERS

- Separate approaches are needed with different types of providers
- Negotiating approaches:
  - Collective
    a) ease of process
    b) collusion of providers more likely
  - Individual
    a) time consuming
    b) greater leverage over individuals

NEGOTIATING & CONTRACTING WITH PROVIDERS (cont)

- Role of information
- Successful approaches result in
  - proper incentives for providers
  - win/win

EXTERNAL MANAGEMENT: WIN/WIN CONTRACTING

- **INSUROR**
  - access to provider's services
  - agreement on pricing, utilization, quality & billing standards
  - ability to review performance
  - ability to hold patient harmless for provider performance

- **PROVIDER**
  - guaranteed payment
  - access to insured members
  - accelerated payment
  - ease of billing
  - technical assistance

EXTERNAL MANAGEMENT: CREATING NETWORKS

- Most managed care plans have contracting networks
- Networks needs to be sized to the type of product being sold
- Restrictive networks need to have a special focus on cost, quality and balanced providers
- Network size often determines marketing opportunities

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EXTERNAL MANAGEMENT
SALES AND MARKETING

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KEY POINTS FROM PREVIOUS DAY

- MAINTAINING POSITIVE RELATIONSHIPS WITH PROVIDERS IS CRITICAL SINCE IT IS THEIR EFFORTS THAT PRODUCE THE PRODUCT YOU ARE SELLING
- YOU MAY HAVE DIFFERENT TYPES OF RELATIONSHIPS WITH DIFFERENT PROVIDERS
- EFFECTIVE CONTRACTING ENDS IN WIN/WIN FOR BOTH PARTIES
- INFORMATION IS CRITICAL TO SUCESS

EXTERNAL MANAGEMENT: SALES & MARKETING

- Sales are the most important access to, and voice of, customers
- In managed care, providers can also be critical
- Managed care requires a much more sophisticated knowledge of product than does indemnity insurance
- Managed care often exists in a “dual choice” environment

SALES & MARKETING

SIMILARITIES BETWEEN INDEMNITY & MANAGED CARE

- reputation of an organization is important
- efficiency of claims & administration is important
- price & value to customer is important
- knowledge of product is important

SALES & MARKETING
DIFFERENCES BETWEEN INDEMNITY & MANAGED CARE

INDEMNITY PRODUCTS

- freedom of choice
- little interference with doctors & hospitals
- deductibles & co-payments main weapon to contain costs

MANAGED CARE PRODUCTS

- value from active involvement with providers
- medically necessary care at good prices
- broader benefits and focused use of co-payments
- providers must meet standards
- expertise in health delivery

SALES & MARKETING

SKILL DIFFERENCES

INDEMNITY

- knowledge is limited to insurance & service
- complementary sales are often important

MANAGED CARE

- knowledge of insurance & service is important
- requires ability to explain value of managed care
- sales must have access to health delivery expertise of organization
- sales must be able to deal with consumer concerns about managed care

SALES & MARKETING
REQUIRED BREADTH OF KNOWLEDGE

In addition to selling price, a managed care sales force may be marketing

- **Client consumer services:** reporting, pricing alternatives, etc.
- **Product mix:** design flexibility that meets client needs (HMO, PPO, etc.)
- **Provider networks:** quality & comprehensiveness of the network
- **Network capabilities:** ability to cover multisites for some clients
- **Preventive programs:** disease prevention, prenatal care, etc.
- **Care management:** chronic disease management
- **Utilization management:** effective, consistent approaches to reduce unnecessary care
- **Value added products:** 24-hour nurse access, international coverage, discounts for health related products
- **Integrated services:** dental, mental health, laboratory, etc.

SALES & DISTRIBUTION CHANNELS

SALES FORCE:

- How big should it be?
- With what information?
- With what training?

BROKERS AND OTHER INTERMEDIARIES:

- How should they be compensated?
- Is there competition with own sales force?

SALES & MARKETING

TARGETING MARKETS: POTENTIAL OPPORTUNITIES

- International business & organizations: may have experience with managed care
- Employees of contracting providers: may want to keep business in-house
- Progressive organizations

SALES & MARKETING
COMPENSATION

Most sales organizations have highly incentivized programs of compensation

- Small base salary + volume incentives
- Retention is a critical element in such a program

Incentives are very effective but monitoring their effects on behavior is very important.

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EXTERNAL MANAGEMENT
COMMUNICATIONS AND MEMBER SERVICES

KEY POINTS FROM THE PREVIOUS DAY

- INDEMNITY SALES & MARKETING
  - Selling coverage for losses associated with medical events.
- MANAGED CARE SALES & MARKETING
  - Selling products on which the insurance plan takes actions on behalf of the insured to make sure that medical services delivered are appropriate and at a reasonable cost.
- SALES SKILLS REQUIRED ARE VERY DIFFERENT FOR INDEMNITY AND MANAGED CARE

EXTERNAL MANAGEMENT: COMMUNICATIONS

- All insurers require communications programs with all their publics.
- Indemnity insurers have similar needs for all lines of business.
- Managed care has more complex requirements because of special relationships with providers and members.

EXTERNAL MANAGEMENT: MEMBER SERVICES

- **KEY FUNCTIONS**
  - MEMBERSHIP SERVICES: INTERNAL OPERATIONS
    - provide enrollment applications
    - issue membership cards
    - maintain lists of active members
  - MEMBER SERVICES: EXTERNAL ACTIVITIES
    - provide general information to members
    - guide members through the system
    - solve member issues & questions
    - act as the eyes & ears of plan

EXTERNAL MANAGEMENT:MEMBER SERVICES

- **GENERAL INFORMATION**
  - mass mailings
  - plan newsletters
  - group information sessions
  - websites
  - one-on-one individual sessions
  - toll-free telephone services
  - kiosks

EXTERNAL MANAGEMENT: MEMBER SERVICES

- **GUIDING MEMBERS THROUGH THE SYSTEM**
  - assist in choice of primary physician
  - obtain authorizations for referrals
  - understand complex benefit structures such as using non-member providers

EXTERNAL MANAGEMENT: MEMBER SERVICES

- **SOLVING MEMBERS ISSUES AND QUESTIONS**
  - Is my present physician a contracting provider?
  - Lists of all contracting providers
  - Claims issues
  - Appeals and denials of payment
  - Are there different rules when emergency care is needed?

EXTERNAL MANAGEMENT: MEMBER SERVICES

- **DATA COLLECTION & ANALYSIS**
  - SATISFACTION DATA CONCERNING GENERAL LEVELS OF SATISFACTION & MEDICAL & ADMINISTRATIVE PROBLEMS
    - surveys of current members
    - surveys of members who leave
    - telephone response and waiting time surveys
    - surveys of clients & accounts

EXTERNAL MANAGEMENT: MEMBER SERVICES

- **DATA COLLECTION & ANALYSIS (Cont.)**
  - TRENDS ANALYSIS OF MEMBER CONTACTS
    - are provider problems increasing?
    - are claims problems increasing?
    - are member complaints increasing?

- **POTENTIAL ROLE OF BUSINESS & MANAGED CARE ASSOCIATIONS & CONSUMER GROUPS**

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INTERNAL MANAGEMENT

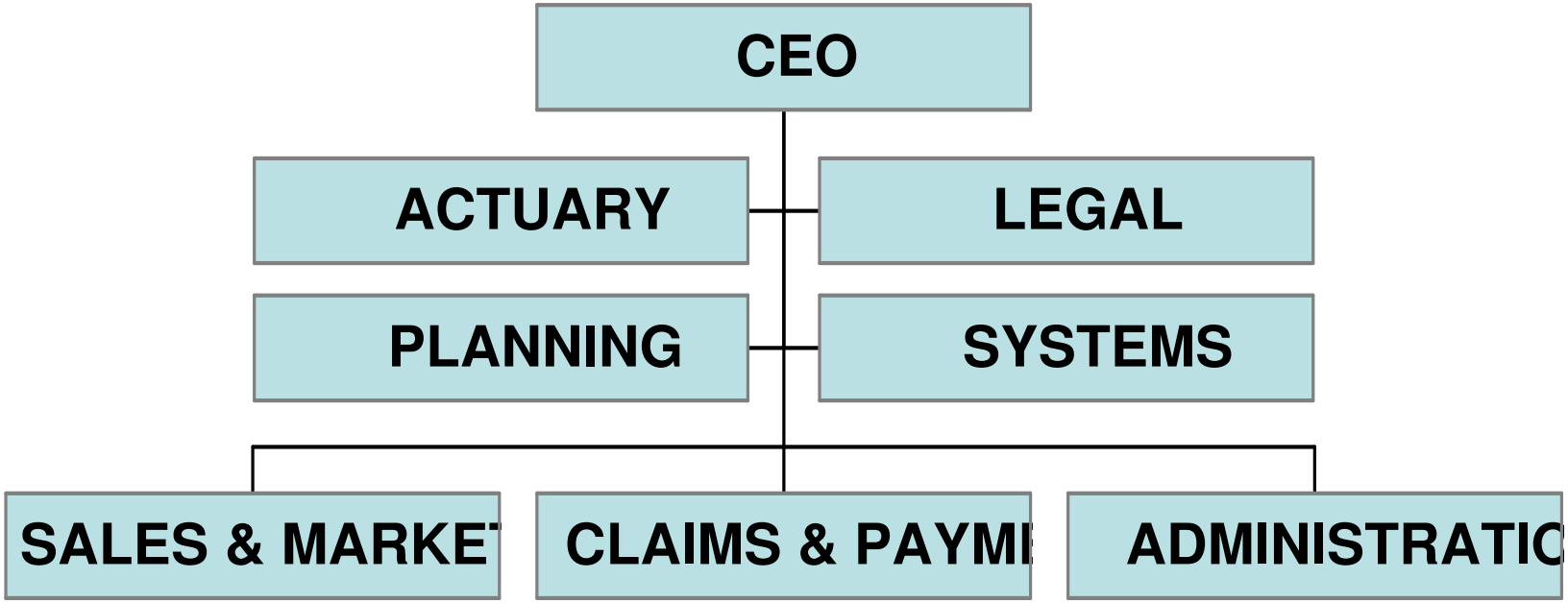
KEY POINTS FROM THE PREVIOUS DAY

- MANAGED CARE REQUIRES CLOSE RELATIONSHIPS WITH MEMBERS
- MEASURING PLAN PERFORMANCE WITH ITS MEMBERS IS AN IMPORTANT TOOL FOR SUCCESS

ORGANIZING & MANAGING FOR MANAGED CARE

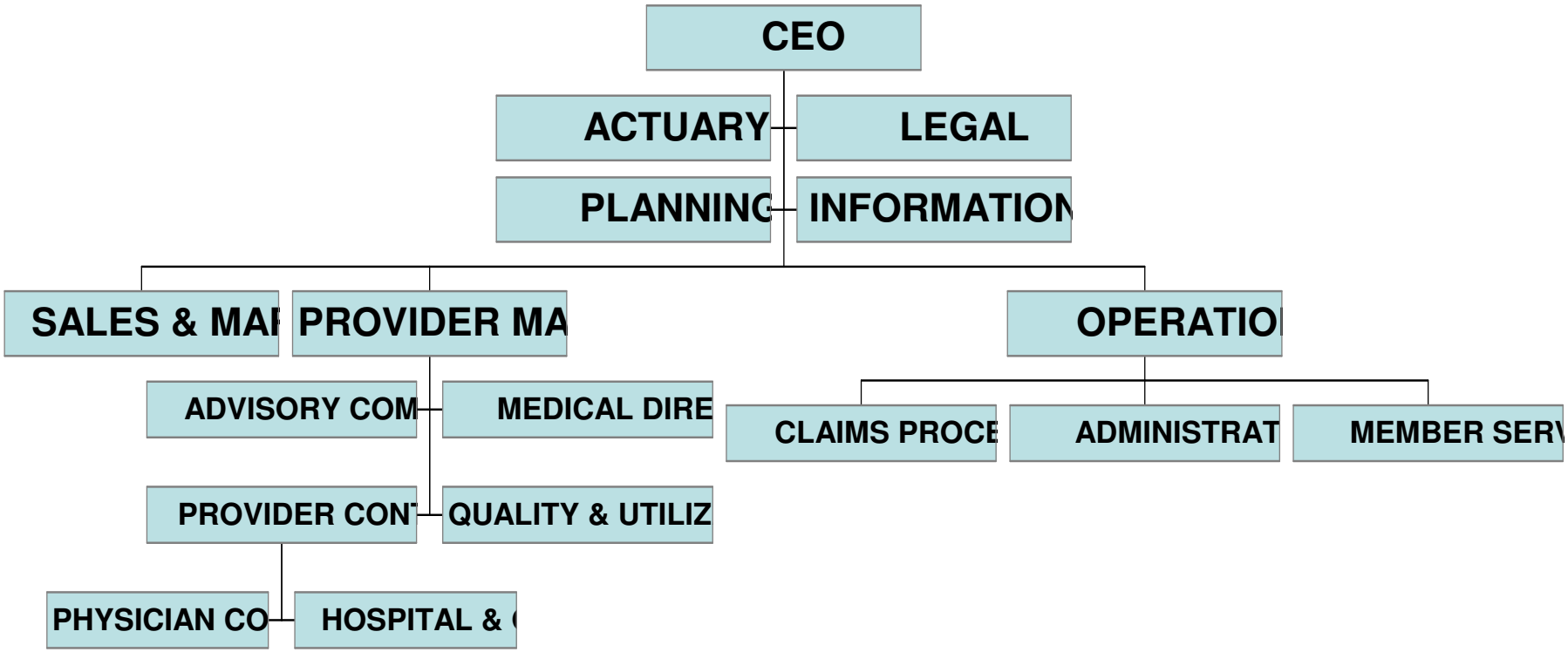
TYPICAL INDEMNITY INSURER

ABC CORPORATION



TYPICAL MANAGED CARE INSURER

ABC CORPORATION



INTERNAL MANAGEMENT: HUMAN RESOURCES

SKILL NEEDS OF AN INDEMNITY INSURER

- executive managers
- actuaries & medical underwriters
- marketing & sales
- claims processors
- administrators & other business services
- membership enrollers

INTERNAL MANAGEMENT: HUMAN RESOURCES

SKILL NEEDS OF MANAGED CARE INSURERS

- the same as for indemnity staffing
- experts in payment systems
- experts in provider relations & negotiation
- experts in utilization review and quality assurance
- member services experts
- experts in health care information systems

INTERNAL MANAGEMENT: MANAGED CARE INFORMATION SYSTEMS

KEY POINTS

- The level of sophistication of systems is related to complexity of the managed care approach.
- New technologies are increasing dramatically the capability to manage care.
- The quality of information is paramount.
- There are many outside information sources becoming available.
- In managed care systems are needed to serve purchasers (employers & members) and providers as well as internal management.

INTERNAL MANAGEMENT: MANAGED CARE INFORMATION SYSTEMS

CORE INFORMATION SYSTEM FUNCTIONS

- enrollment of members, providers & employers
- claims processing
- premium billing
- member service activities
- managed care information
  - utilization review & quality assurance
  - provider reimbursement
  - data warehouse for special studies

INTERNAL MANAGEMENT: MANAGED CARE INFORMATION SYSTEMS

ENHANCEMENTS

- direct electronic processing for providers
- web sites with
  - information for members & providers
  - enrollment and other forms
  - interactive purchase of medical supplies & drugs
- automatic monitoring of member service information

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8
INTERNAL MANAGEMENT
continued

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KEY POINTS FROM PREVIOUS DAY

- MANAGED CARE REQUIRES PEOPLE WITH HEALTH CARE TRAINING & EXPERTISE
- ACCURATE INFORMATION IS CRITICAL TO MANAGED CARE
- COMPUTER AND SOFTWARE TECHNOLOGY ALLOW FOR MORE SOPHISTICATED MANAGED CARE

INTERNAL MANAGEMENT: RISK & UNDERWRITING

- RISK MANAGEMENT IS USUALLY A BALANCING ACT
  - safety versus growth
  - size versus profitability
- IT IS IMPORTANT TO KNOW YOUR RISK PROFILE AND MANAGE TO IT

INTERNAL MANAGEMENT: RISK & UNDERWRITING (CONTINUED)

- UNDERWRITING IS THE PROCESS OF ESTABLISHING RATES FOR INDIVIDUAL ACCOUNTS CONSISTANT WITH YOUR RISK PROFILE. IT COMBINES BALANCING:
  - adequate rates: generating sufficient revenue to cover expenses and planned profit
  - competitive rates: low enough to sell enough coverage to allow the insurance plan to grow
  - equitable rates: covering a specific group's costs with appropriate cross subsidization

INTERNAL MANAGEMENT: RISK & UNDERWRITING

- METHODS OF RATING
  - community
  - experience
  - combinations
- FACTORS IN RATING
  - geography
  - medical and cost trends
  - benefits purchased
  - provider payment differences
  - tiers: age, sex, medical experience, etc.

INTERNAL MANAGEMENT: RISK & UNDERWRITING

- SPECIAL ISSUES FOR MANAGED CARE
  - adverse selection
  - multiple choice
  - retention
- REGULATION OF RATING
  - effect of regulation on growth of an industry
  - however tough equal treatment & constant enforcement can sustain the credibility and growth of and industry

INTERNAL MANAGEMENT: FINANCIALS

- ACCURATE AND DETAILED FINANCIAL REPORTING & BUDGETING IS CRITICAL FOR ALL TYPES OF HEALTH INSURANCE FOR BOTH REVENUE AND COSTS
  - in-patient costs per member per month
  - outpatient costs per member per month
  - medical costs per member per month

INTERNAL MANAGEMENT: FINANCIALS

- DETERMINING FUTURE FINANCIAL NEEDS IS AN IMPORTANT RESPONSIBILITY TO SERVE THE NEEDS OF THE WHOLE PLAN
  - prior medical experience remains best predictor of future costs
  - medical and retention trends must also be predicted

INTERNAL MANAGEMENT: FINANCIALS

- FINANCIALS OF MANAGED CARE PLANS CAN BE MORE ACCURATE THAN INDEMNITY PLANS
  - managed care traditionally keeps more detailed records
  - contracts with providers allow for better understanding of future experience, such as price changes
  - managed care provides information to predict of future plan costs and utilization

INTERNAL MANAGEMENT: BENEFITS & CLAIMS ADMINISTRATION

- POINT WHERE THE "RUBBER HITS THE ROAD"
  - typically 75-93% of funds flow through claims department
  - where most plan contract administration takes place
  - where benefit administration takes place
  - where medical management policy is implemented
  - where members are served through efficient, prompt and effective processing of claims

INTERNAL MANAGEMENT: BENEFIT & CLAIMS ADMINISTRATION

- COORDINATION OF BENEFITS & OTHER PARTY LIABILITY
  - determining liability for payment when two different insurers are involved
  - how to agree on rules
  - some situations
    - two policies
    - husband and wife have policies
  - some examples of rules
    - who was born first
    - who was issued policy first
    - who was ill

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STRATEGIC SUCCESS & FAILURE

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KEY POINTS FROM THE PREVIOUS DAY

- RATING & UNDERWRITING IN MANAGED CARE ARE MORE DETAILED, PRECISE AND EFFECTIVE
- AS FOR ANY HEALTH INSURER, EFFICIENT BENEFITS & CLAIMS MANAGEMENT IS PARAMOUNT
- WITH MULTIPLE CHOICE AND INCREASED INSURANCE COVERAGE, DECIDING WHO IS RESPONSIBLE FOR MEDICAL EVENTS BECOMES MORE COMPLEX

STRATEGIC QUESTIONS A POTENTIAL MANAGED CARE COMPANY MUST ASK

- What type of products can it develop and in what time frames?
- Can it meet legal requirements (e.g., mandated benefits)?
- What is its potential market?
- What does its market want and what can it afford?
- Is it capable of developing appropriate cost controls and predictability?
- If multiline, what will be the relationship of its managed care to other products?

CRITICAL SUCCESS FACTORS FOR A MANAGED CARE COMPANY

- a strong primary care network
- a strong specialty network
- sophisticated information systems
- aligned incentives with providers
- appropriate allocation of capital
- effective cost, quality & utilization management
- a well-managed sales & marketing program
- efficient administration & leadership

STRATEGIC SUCCESS & FAILURE

MAJOR CAUSES OF PROBLEMS & PLAN FAILURES

- External Issues
  - — Government Policy & Regulation
  - — Economy
- Individual Issues
  - — Management
  - — Type of Business

STRATEGIC SUCCESS & FAILURE

MAJOR CAUSES OF PROBLEMS & PLAN FAILURE

- undercapitalization
- unrealistic projections
- predatory pricing or low-balling
- overpricing
- uncontrolled growth
- failure to manage a reduction in growth
- failure to use underwriting
- adverse selection
- improper IBNR and accrual methods

STRATEGIC SUCCESS & FAILURE

- MAJOR CAUSES OF PROBLEMS AND FAILURE (continued)
  - overextended management
  - failure to produce & understand reports
  - failure to track correctly medical utilization & costs
  - system's inability to manage the business
  - failure to educate & reeducate providers
  - failure to deal with difficult or noncompliant providers

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10
FUTURE TRAINING & MANAGED CARE TECHNIQUES

FUTURE TRAINING

- **APPROACHES TO MANAGING CARE**
  - reducing demand for health services
  - changing the supply of services
  - closed delivery systems

- **QUALITY & EVIDENCE-BASED MEDICINE**
  - basic approaches
  - evidence-based medicine
  - centers of excellence

FUTURE TRAINING

- **REDUCING DEMAND FOR SERVICES**
  - benefit design
  - health education
  - healthy lifestyles

FUTURE TRAINING

- **CHANGING THE SUPPLY OF SERVICES**
  - accreditation & licensure
  - capacity controls
  - utilization controls
  - provider reimbursement methods
  - fraud & abuse controls
  - drug formularies
  - financial incentives

FUTURE TRAINING

- **CLOSED SYSTEMS OF CARE**
  - health maintenance organizations
  - preferred provider organizations
  - point-of-service plans
  - integrated delivery systems

FUTURE TRAINING

- **QUALITY OF CARE**
  - quality assurance versus quality control
  - certification & accreditation
  - Insurer-driven quality assurance
- **EVIDENCE BASED MEDICINE**
  - sources of information
  - private sector approaches
  - centers of excellence