

How to Help Partners Build Affordable Access to Care

Collaborative efforts and lower costs in the long term



From established to evolving or emerging, Nova meets clients where they are. Having the right guide by your side can help you make wiser choices when it comes to managing risk, cost, and care outcomes. How do you find the most appropriate network solution for a plan's unique population? **Let's dive in.**

The Right Care, at the Right Time, in the Right Setting

There are no right or wrong choices on the spectrum of network solutions. A client's approach to selecting a network for plan participants should be based on the unique needs of their population, and their comfort with change and/or adjusting the plan design.

It is important to understand business goals and identify solutions that provide affordable access to care to meet their needs. The solutions Nova can support run the spectrum. Client-specific solutions are identified in collaboration with a client and/or broker partner to help manage costs related to provider access in the long term. **Options include:**



STRUCTURED

In a more "structured" environment plans prefer to maintain a more traditional network solution with in-and-out-of-network coverage. Most often this option features a regional primary network with a national wrap network for out-of-area coverage or a national network with a traditional in and out-of-network plan design. Alternatively, a client may elect a regional primary network and opt to negotiate out of area claims as they are incurred. With a traditional, or structured, solution there are still a variety of options open to balance access and cost.



HYBRID

Clients in this space are open to a mix of traditional and alternative pricing methodologies. One example is to maintain a more traditional regional or national network for in-network claims and leverage RBP (reference-based pricing) for out-of-network. This slow step is one option to manage employee education, get a feel for an RBP product and manage cost. Alternatively, a DPC (direct primary care) solution offers plans and their enrollees with access to providers and cost management.



OPEN CHOICE

Replacing a traditional network solution with RBP offers members flexibility to visit providers of choice and allows clients an opportunity to manage cost. While member education is key, many clients have found this approach to be a win-win solution.

Finding the most appropriate network solution for a client's plan is only the first layer of cost savings; network solutions are optimized by several additional areas such as telehealth, medical management, and benefit design tiers. TPA partners should highlight these areas, help a client navigate the choices, and continually review the solution to ensure it is working for the plan's population. With all of these choices, how do you decide which approach might be best?

What Type of Network Arrangement Works for You?

Keys to identifying a population-specific network arrangement include understanding geography, demographics, plan goals, and appetite for change. When these details are examined, you achieve greater clarity to determine which direction best fits the plan's goals. Below we've outlined some examples to help self-funded plans identify where they might find a fit.

It's important to understand the plan sponsor (company profile) – what is important to you and where do your enrollees live and work. Evaluating geography, demographics and current network utilization provides the network insight to hone in on a network solution. It is critical that this conversation and analysis is ongoing for a plan through network utilization and claims analysis. Finally, with any network, education for enrollees is key and varies by solution. Ask questions of your TPA or vendor partner to understand the depth and type of support they can provide your members.



STRUCTURED

Company Profile

- New to self-funding
- Employees may/may not be scattered throughout U.S. and/or travel for work
- Wants zero disruption to current network access
- Brand recognition/familiarity is important

Network Insight

- Identify best fit for client (ongoing)
- Assure client has high percentage of network utilization
- Implement process for claims that fall outside network arrangement (wrap network, RBP, etc.)

Care Navigator Support

- Engage in conversations to maximize in-network utilization
- Connect plan participants with PCPs in network
- Provide support for utilization outside of network
- Identify areas of opportunity to redirect members



Company Profile

- Employees in one area
- Interested in an alternative to national network solution
- Interested in a tailored network, e.g. a health system looking to drive domestic utilization

Network Insight

- Alignment of physicians and hospital systems
 - Physician network only
 - Facility RBP
- DPC solution (Broker and TPA recommendations and/or experience)
- Ongoing review to analyze claims outside of DPC solution
- Access to Centers of Excellence for highly specialized, complex care such as transplants

Care Navigator Support

- Maximizes hybrid solution by bridging gaps in care that may exist between providers and payors
- Identify areas of opportunity to redirect members



OPEN CHOICE

Company Profile

- Currently in a self-funded arrangement
- Employees may/may not be scattered throughout U.S. and/or travel for work
- Wants zero/limited disruption to preferred primary care physicians
- Looking for alternative to national solution

Network Insight

- Identify best fit for client (ongoing)
- Offer secured network with out-of-network negotiation, utilizing RBP for highest cost claims
- Use RBP as a network replacement for facility-only claims (inpatient/ outpatient services)
- Use RBP as a full network replacement (facility claims and professional claims, such as doctor's office visits)

Care Navigator Support

- Balance bill advocacy
- Acceptance Rate

Success Story

This client example below demonstrates year-over-year experience with a client who moved into an RBP arrangement.

2018

Industry: Technology Integration Company

Number of Employees: 979

2018 Claims Data

Billed charges (IP, OP, Professional):

\$20,167,340

Allowed: \$10,083,670



2019 Claims Data

Billed Charges: \$20,568,091 Allowed Charges: \$5,855,854

2020 Claims Data

Billed Charges: \$19,951,693 Allowed Charges: \$6,709,026

2020 Claims Stats

2019

Total Claims: 18,403
Total Balance Bills: 244

Balance Bill Percentage: 1.33%

Open: 52Closed: 192

Total Payments to Settle BB: \$282,266

Access issues: 90 - all closed

Summary

\$7,602,460

(2-year savings)

37.65%

(reduction compared to network)

Bottom Line

Plan sponsors understand their tolerance for change. They know their population best. Wherever a client falls on the Network Solutions spectrum, they need an experienced partner with demonstrated success that understands all the nuances associated with their specific plan population and has the ability to support their needs across a spectrum of solutions. With the right partner to engage in conversations, each opportunity for data review provides another opportunity for conversation around improving plan performance and health outcomes.