


Navigating Managed Care (MCOs):
A Road Map to Protecting Revenue.

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WHO WE ARE

- ⊙ founded in 2004
- ⊙ work in over 44 states
- ⊙ now representing providers, facilities, third-party fiscal agents, healthcare associations, and related entities nationwide

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"We cannot be satisfied merely with makeshift arrangements which will tide us over the present emergencies. We must devise plans that will not merely alleviate the ills of today, but will prevent, as far as it is humanly possible to do so, their recurrence in the future."
—Frances Perkins.

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REFERRALS & WINS.

- ☑ Regional provider hires sb2 to upend MCO recoupments, failure to pass along the CMS market-basket rate increases and review all MCO contracts for training & education purposes.
- ☑ sb2 successfully fends off MCO's attempt to unilaterally change daily rate for skilled nursing care, saving client approximately \$11,000 per day.
- ☑ sb2 uses proprietary strategy to recover \$917,194.00 from MCO for long time client.
- ☑ After commencing dispute resolution and preparing to file litigation, MCO agrees to pay nearly \$400k to provider and stop including certain prescriptions in global rate.

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THE PROBLEM.

In a relationship with a bad MCO that refuses to renegotiate a contract, comply with federal and state regulations or statutes, etc.? In this session, we'll take an inside look at the internal business drivers of Managed Care Organizations and learn how to utilize readily available tools to leverage those drivers to secure a better agreement (or fix a bad one).

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THE SOLUTION.


Knowing what MCOs fear—federal and state sanctions that include significant monetary fines and suspension of marketing & member enrollment—is an important first step. The crucial step, though, is learning how to stoke that fear to effectuate a better relationship, i.e., increased revenue and a better provider agreement.

Below are 4 real case studies that illustrate the above.

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CASE STUDY #1.

Despite missed appeal deadlines, etc., MCO agrees to pay nearly \$2 mm and negotiate a new contract after provider leverages potential regulatory violations.

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THE ANALYSIS.

The role of CMS and DOBI--knowing & applying the federal and state regulations that govern MCOs.

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CASE STUDY #2.

MCO agrees to pay pharmacy charges going back several years and renegotiate contract after provider leverages noncompliance with state regulations.

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THE ANALYSIS.

Having a VP of Revenue Cycle who knows the regulations that MCOs must comply with and how to apply them is essential.

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CASE STUDY #3.

Provider utilizes MCO's failure to comply with state mandated single case agreements not only to stop pending recoupments & recover \$1.4 mm, but to obtain a provider agreement—something the MCO had steadfastly refused to do.

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THE ANALYSIS.

Like with each of the earlier case studies, success starts with knowing what MCOs fear, how to make that fear a reality, and having VP of Revenue Cycle to do it.

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CASE STUDY #4.

After contesting (and winning) daily rate reduction by MCO, large provider realizes unintended benefit.


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THE ANALYSIS.

Pursuing MCO noncompliance through dispute resolution, provider complaints, and arbitration triggers CMS anti-retaliation regulations.

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ADMISSIONS. SECURING REAL LEVERAGE.

The importance of a properly executed MCO DAR.

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STATE ADMINISTRATIVE APPEALS.

Level of Cares (LOCs.)

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DISENROLLMENT.

This is a very big hammer.

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SUMMARY TOOLBOX.

- ⊙ VP of Revenue Cycle.
- ⊙ Knowing the role of state and federal agencies—creating a library one book at a time.
- ⊙ Knowing, inside and out, CMS approved state master MCO contracts.
- ⊙ Identifying which federal and state regulations give providers the most protection and knowing how to apply them.
- ⊙ The importance of securing MCO DARs at admission.

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KEY TAKEAWAYS.

- ☑ CMS controls what MCOs are allowed to do and not do. MCOs are highly regulated and subject to severe financial sanctions for bad behavior.
- ☑ Appointing a VP Revenue Cycle to manage MCO relationships at the SNF level is key to increasing revenue and avoiding massive write-offs.
- ☑ Know your states' MCO approved contracts and cite to them during the negotiation process.
- ☑ Concerted efforts by providers and their health care associations will result in better MCO contracts.

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SB2 WORK MODELS | 2022

12 Cases for \$9.5/Month or 6 Cases for \$5.5K/Month

This payment model enables you to have 12 or 6 open cases at any given time, yet still pay a consistent flat monthly fee. When a case is concluded, or you decide to drop the issue, add a new case to fill the void and still pay the same amount.

You'll always know what your bill will be each month, and you'll know exactly when the billing period will end. It's just the thing to add further stability to your Accounts Payable environment. If a new case is added to the mix—no problem. We'll send you a statement outlining how the additional case will impact your payments. Our goal with this approach is to eliminate surprises and worries.

Simple. Clear. Fair. No hidden charges.


Why are we doing this? Because your business needs a partner to ensure that you are being compensated fairly. We want to build a relationship with trust as the foundation, and we hope this fee structure is a step in that direction.

Sixty-two clients over the last year—including both the largest non-profit and for-profit care providers in the nation—have used our fee model with great success to protect their interests. Our goal is that this system works well for your organization, and builds your comfort level in our services. If you have any questions or concerns, please don't hesitate to contact us, as we want this fee structure to be transparent and stress-free.

Standalone Services

Letters of Administration	\$5.5K	State Court Appeal	\$15K-\$20K
MAR	\$5.5K	CMS Complaint	\$4K/mo
Writs of Mandamus	\$4K	DOBI Complaint	\$4K/mo
Guardianship (removal)	\$4K	Motion to Compel	\$6.5K

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SB2 WORK MODELS | 2022

Consulting, Education, & Training: \$4-6k/Month

A Solid Foundation to Protect and Grow Your Business.

Our Policies and Procedures Consulting delivers a full-spectrum of support to help you develop a systemic program to cover every aspect of your Medicare/Medicaid Eligibility and Reimbursement. It's a simple fact that every facility needs a dynamic policies and procedures program if they want to thrive in the regulatory and reimbursement uncertainty of the 21st century.

Our Policies and Procedures Consulting is more than just forms and admission agreements—it's a continual educational process to make sure you're ready for any reimbursement situation you may face.

sb2 Policies and Procedures Consulting includes:

- Onsite or virtual audit of a clients' current policies and procedures
- Strategic and tactical recommendations on improvements needed based on client-centered goals for the new program
- Implementation of the correct forms and admissions agreements
- Bi-monthly webcasts to keep clients current on the latest state regulations and new developments from Medicare/Medicaid
- Onsite and virtual training to keep clients self-sustaining in the ongoing management of their policies and procedures program

Group Litigation Projects:


We're also effective in group litigation projects involving 5 or more clients. This type of litigation helps not only these clients, but can bring about real, needed change in the industry as a whole.

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PLEASE DO NOT HESITATE
TO CONTACT US IF YOU HAVE ANY
QUESTIONS.

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