# Government Relations

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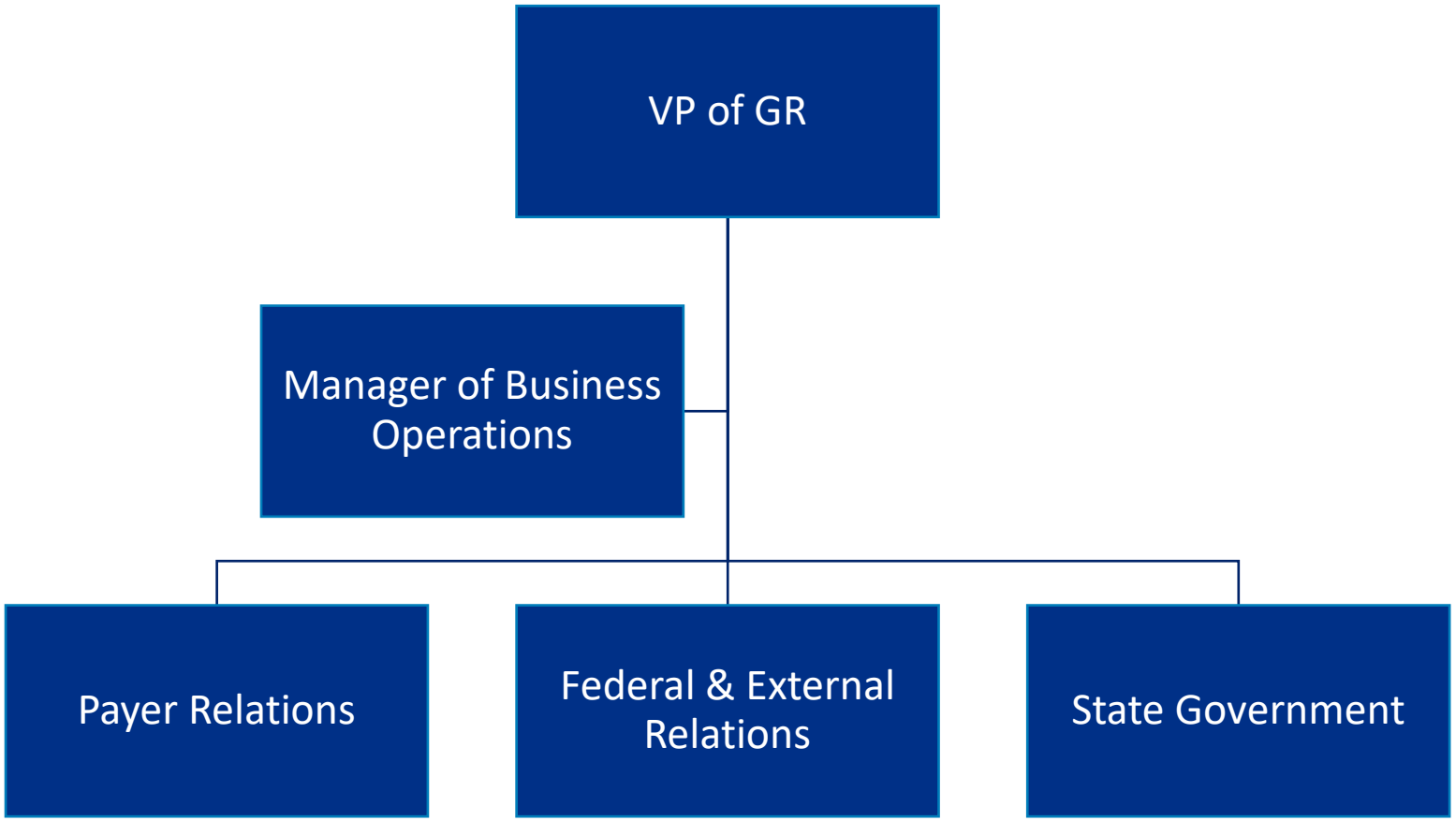
# Government Relations

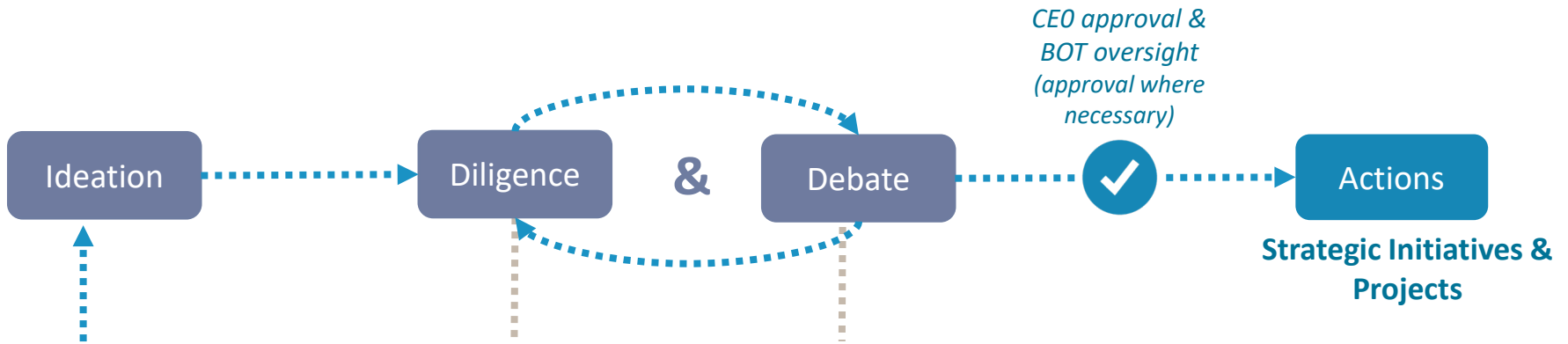



**Focus Areas**:

- Community Health Programs
- Public, Private Sector Coverage
- Access to Care
- Regulatory Environment
- Research
- Workforce

# *Office of Strategic Initiatives (OSI): Organizing Documents*

# Strategy Process




***Key Inputs***
- CEO & BOT Vision
- Sourced from within (e.g. Visioning Sessions)
- Environmental/Market scan (e.g. network, digital disruptors)
- Identified priority partners (e.g. Health systems, Payers/aggregators)
- Lessons Learned

***Preliminary analysis on:***
- Value/Risk
- Resources required
- Investment
- Leadership effort & focus
- BCH capabilities
- Key questions and issue framing

*Idea deprioritized*

***Discussion that is:***
- Inclusive: BCH leaders (EVPs, Chiefs, EC, ad hoc BoT/EC of Board)
- Data-driven: leveraging analysis completed
- Realistic: weighing relative priority against existing strategic questions/ opportunities
- Time-stamped

*Idea deprioritized*

***Will require:***
- Program development
- Resource allocation
- Clear definition of success (metrics, timeline and monitoring)
- Monitoring & evaluation
- Lessons learned



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Chief Executive Officer
K. Churchwell, M.D.

Sets Strategic Direction

Executive Committee
(Expanded Membership – TBD)

Advises CEO on Strategic Priorities and Initiative Feasibility

Office of Strategic Initiatives
D. Vanderslice, Ex. Sponsor
(C. Haines, D. Casey, J. Magaziner)
Ad Hoc: Scientist, Physician, Innovator advisors, OGC, Contracting, Access, etc)

Oversees Initiative Management from Development through Execution; Prioritizes Initiatives across Enterprise; Advises on Resource Allocation; Sets EC Agenda

Channel Leaders:
(S. Alesina, M. Gutsche, J. Santimauro)

Strategic Business Planning & Analysis
(J. Dempsey)

IDHA
(J. Zhang, A. Gatowski, P. Jordan, S. Lindenauer, H. Meyers)

Lead responsibility for developing new initiatives and supporting business cases; Leads implementation and management of new initiatives

Business & Market Analytics
SME Analysts

Data Analytics, Business Planning

# Office of Strategic Initiatives

**Scope:**

- Identifies, evaluates, recommends and prioritizes ***large scale new business and growth opportunities*** – both organic and inorganic
- Performs ongoing environmental scans to identify growth opportunities as well as threats to existing revenue streams
- Oversees development of business cases supporting new initiatives including analytics and implementation plan
- Organizes and frames strategic discussions at various senior internal committees such as Executive Committee, Chiefs, SEOG etc.
- Coordinates with appropriate teams to oversee implementation of new initiatives
- Facilitates communication as needed to EMG and other leadership constituencies on strategic themes and initiatives
- Monitors performance of new initiatives against business plans
- Manages external consultants advising Enterprise on Strategy
- Engages with Departments on patient acquisition strategies and opportunities
- Ensures new initiatives are incorporated into Long Term Plan

**Not in Scope:**

- Research initiatives remain with CSO and SCIBIEC
- Business initiatives for BCH Hospital Operations
- Early-stage innovation pilots

# Out of State Medicaid Contracting Process Improvement

## CHA Big 5 CFO Conference

August 1, 2024

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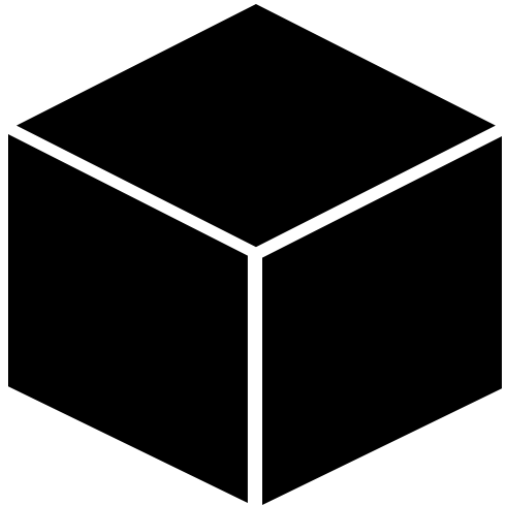
# Out of State Medicaid Contracting Process Improvement

## Where we began (Fall 2017)

- No consistent approach to OOS Medicaid contracting
- No formal policy for OOS Medicaid contracting
- Unable to perform financial analysis
- No staff dedicated to OOS Medicaid contracting



# Out of State Medicaid Contracting Process Improvement

## Step 1: Determine Project Ownership

Senior leadership tasked the VPs of Government Relations and Enterprise Contracting with building consensus in the organization on how to improve this process and executing on that plan

- Hired two people on a consulting basis to assist with the work, each reporting to one of the VPs.
- Worked closely with physician leadership for over a year to build consensus and ensure that everyone had input.
- Established a steering committee of stakeholders – PFS, PO, Credentialing, OGC, etc.

# Out of State Medicaid Contracting Process Improvement

## Step 2: Establishing Physician Buy In

The President of the PO led several meetings establishing why change was needed to this process and engaging in discussions about what our policy should be. His credibility with this group was critical to our success.

- It was clear that any policy would be consistent with our mission and values and access to services would be determined by physicians.
- Established contracting standards for inside and outside our service area.
- Ensured that physicians had the final word by creating the Health Affairs Review Process (HARP).



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# Out of State Medicaid Contracting Process Improvement

## Step 3: Create an Accurate and Timely Data Base

Most of OOS Medicaid payers who accessed us were unidentified in our system. They were put in an "all other payer" category. This made it impossible to identify the performance of our SCAs.

- Every payer needed to be identified in the system.
- Data base allowed us to see the financial impact of each individual case, down to the claims line level.
- Data was updated monthly and could be sorted by payer, geography, department, etc.
- This gave the process credibility with the physicians.

# Out of State Medicaid Contracting Process Improvement

## Step 4: Formalize the Policy

Working with the Office of General Counsel, we put this policy in writing.

- Helps ensure consistency in the future.
- Gives us supporting documentation, if the process is questioned.
- Helps address audit questions.
- OGC helped establish desired contract template language.



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# Out of State Medicaid Contracting Process Improvement

## Step 5: Iterate for Continuous Process Improvement

- Moved SCA team from Enterprise Contracting to PFS.
- Hired someone with a nursing background onto the SCA team.
- Put in place full contracts with high volume payers – e.g. Centene.
- Identified that lack of credentialing resources often prevented physician payments. Moved to Hospital only payments whenever possible to lessen the credentialing burden. Payments are then shared with physicians.



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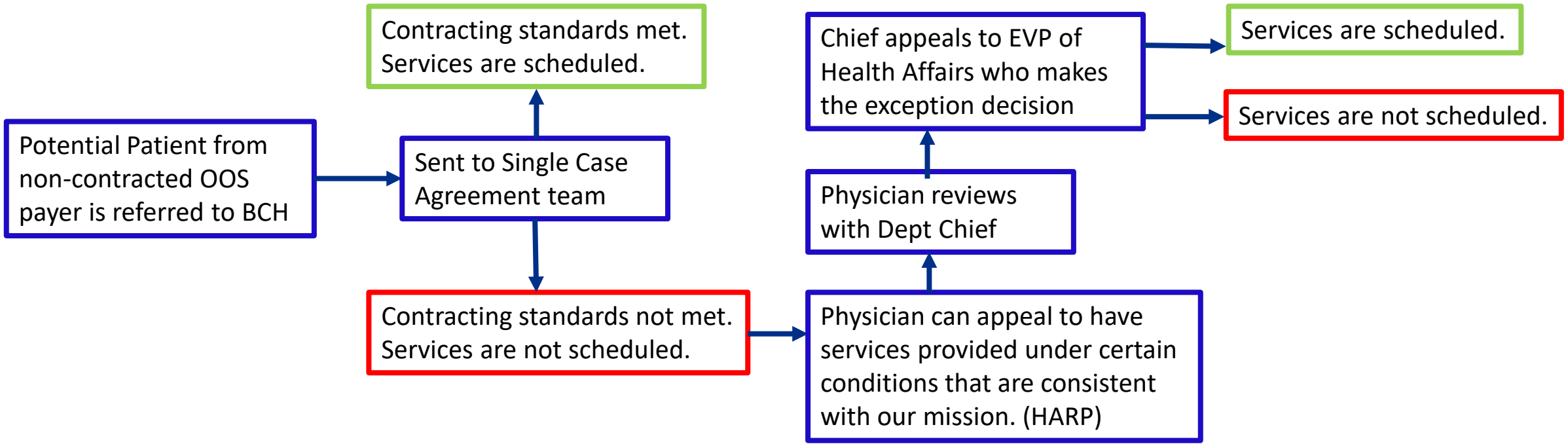
# Out of State Medicaid Contracting Process Improvement

## *A simplified view of the workflow & HARP*



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# Out of State Medicaid Contracting Process Improvement

## Results

- Doubled the income as a percent of charges
- Clearly understand our performance
- Bring meaningful data to decision making
- Consistency in the process for who accesses BCH

**Questions?**