

VBID PALLIATIVE CARE CONTRACTING BEST PRACTICES



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In community-based palliative care [CBPC], it is essential for providers to pursue partnerships not just with payers, but other providers of care in the home. This is especially important for organizations that only provide CBPC, compared to programs that are under the same ownership of a hospice, hospital, or other non-palliative specific entity. One area that CBPC programs can explore is being a third-party contractor for hospice programs participating in the Value-Based Insurance Design (VBID) program.

In managing such a relationship, and really all non-traditional Medicare relationships, there are some key areas that palliative care providers should focus on.

DO THE RESEARCH	<ul style="list-style-type: none"> • Assess what insurers and hospice providers are participating in VBID in your service area. • Do an in-depth financial analysis <ul style="list-style-type: none"> ◦ Use a specialized analyst that has industry knowledge and can predict outlier risks, not just someone who can “crunch the numbers”
BE A RESOURCE	<ul style="list-style-type: none"> • Ensure you have a solid pipeline of community resources as an extension of your palliative program. This can include providers for mental health, substance use disorders, spiritual care, bereavement, integrative therapies, home care providers and caregiver support.
HIRE THE RIGHT PEOPLE	<ul style="list-style-type: none"> • Use an attorney specializing in care at home, and/or payer agreements, and contract law.
START SMALL AND DON'T LOOK FAR	<ul style="list-style-type: none"> • Leverage pre-existing relationships. • Leverage your reputation, track record, and value you bring to the community. • Start with a pilot (small panel of patients).
CUSTOMER SERVICE BASICS	<ul style="list-style-type: none"> • Know your customer is the payer and be clear about their expectations. • Do not over-promise and under deliver. • Obtain agreement for co-branding.
ENSURE A WIN-WIN-WIN	<ul style="list-style-type: none"> • Have a firm definition of eligible patients. • Have a firm definition of covered services. • Have a firm agreement of panel sizes.
PROTECT YOURSELF	<ul style="list-style-type: none"> • Ensure your contract has termination options. • Make sure payments can be prorated. • Ensure firm payment timelines. • Have a firm definition of measurement periods. • Ensure that quality measure expectations can change. • Have a performance dispute clause, and clearly defined dispute resolution process. • Demand that reassignment must be mutual.

REFERENCE: CAPC.ORG