

BUSINESS ACUMEN CASE STUDY

Florida Network Evolves from Regional Collaborative to Statewide Network

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About the Network

Florida Health Networks (FHN) is a nonprofit limited liability corporation (LLC) and management services organization (MSO) that develops, delivers, and manages wellness and prevention services for Medicare, Medicaid, and dual-eligible beneficiaries across the state of Florida.

FHN contracts with a third-party administrator (TPA) to deliver management support services for its network members. TPA services include health information technology and the clinical infrastructure needs that are required to bill Medicare for services. The services FHN provides include:

Stanford Chronic Disease Self-Management Program: a six-week workshop offered in community settings (senior centers, churches, libraries, hospitals). Participants with various chronic health problems are led by trained facilitators, one or both of whom are non-health professionals with chronic diseases.

EnhanceFitness: a low-cost, evidence-based group exercise program that helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives.

EnhanceWellness: a motivational behavior change intervention targeting those with chronic conditions. It encourages older adults to take on health challenges and maintain control of their lives through a participant-centered approach.

A Matter of Balance: a program designed to reduce the fear of falling and increase activity levels among older adults. It includes eight two-hour sessions for a small group led by a trained facilitator.

PEARLS: a national evidence-based depression treatment program.

ACL Business Acumen Initiative

To enhance the readiness of community-based aging and disability organizations for contracting with integrated care entities, and prepare them for partnering to develop and implement integrated care systems, the Administration for Community Living (ACL) established its Business Acumen Initiative. As part of this initiative, learning collaboratives of well-organized networks of aging and disability organizations received technical assistance in marketing, contracting, service pricing, and other business areas. In addition, members of each collaborative shared relevant experiences, lessons learned, innovative ideas, and best practices for providing integrated care in a variety of community settings. Case studies such as this further ACL's aim to share models and information with communities and local agencies facing similar challenges.

Forming the Network

The Healthy Aging Regional Collaborative (Collaborative), a regional interagency collaborative of the Aging and Disability Resource Centers (ADRCs) and the Area Agencies on Aging (AAAs) in South Florida, was the predecessor to FHN. Consisting of 18 local community-based organizations (CBOs), the Collaborative received a total of \$8 million from the Health Foundation of South Florida beginning in 2008. Collaborative members provided low-cost, evidence-based health promotion programs in a three-county area. Foundation funding covered business functions that were in line with an MSO, such as access to training on evidence-based programs, program licenses, and technical assistance. Service providers in the network used a central data management system and participated in an intensive quality improvement and learning system infrastructure.

With this funding, the Collaborative was able not only to expand its membership and services, but also to expand and diversify its funding streams. Securing a sustainable source of funding was an overarching goal for the Collaborative and a clear expectation from the Health Foundation of South Florida. By capitalizing on incentives related to the Patient Protection and Affordable Care Act (ACA) and interagency collaboration, the Collaborative secured funding to provide community services statewide.

The Healthy Aging Regional Collaborative expanded its reach statewide, collaborating with AAAs, ADRCs, and other CBOs throughout 11 planning and service areas

in Florida. This new statewide network now offered a broader menu of evidence-based programs and community services. Expanded services meant expanded billing opportunities.

The Collaborative learned that by contracting with health plans to provide a menu of billable, preventative health and wellness services (falls prevention, diabetes self-management, etc.) for Medicare fee-for-service beneficiaries, members could generate more stable means of funding, rather than variable grant funding.

In May 2014, the Board of Directors of the Health Foundation of South Florida agreed to transform the Healthy Aging Regional Collaborative into FHN. It charged FHN with seeking a TPA to provide health information technology, billing, and clinical functions to the network. By doing so, FHN is becoming a leading provider of wellness services to older adults and persons with disabilities from programs like falls prevention, diabetes self-management, depression counseling, care transitions, and care management for persons with complex medical conditions.

Forming a Legal Network

Transitioning to a sustainable business model meant that FHN needed significant infrastructure development. With technical assistance from ACL in 2013 and 2014, FHN undertook an extensive needs assessment of its existing infrastructure. The 18-month-long assessment allowed FHN to identify five critical infrastructure functions necessary for supporting long-term sustainability.

Infrastructure Functions for Sustainability

1. Information technology certified by the National Committee for Quality Assurance to report health care performance measures (i.e., Healthcare Effectiveness Data and Information Set or HEDIS);
2. Development of an interagency care coordination platform that was user-friendly to the community and to the contracted clinics;
3. Development of a Medicare claims and billing capability;
4. Development of risk management, quality assurance, and data analytics; and
5. Hiring and training of licensed clinical providers and community-based staff to provide and/or oversee service delivery across a combined menu of services.

Financial Investment

Both the ACA and ACL's Business Acumen Learning Collaborative offered opportunities and support for FHN's efforts to achieve sustainability. The ACA was a prime vehicle to innovate and test how the network of CBOs could improve health in the community for Floridians. However, as FHN interacted with health plans who were potential payers for evidence-based services such as diabetes self-management programs, it identified a key barrier: health plan payers were unaware of the role and functions that CBOs play in enhancing clinical and community health. In

other words, they were not informed about how community-based programs could be an asset for their members. Network members realized the importance of engaging with payers in a bi-directional learning process concerning each other's roles, contributions, and expectations.

Another identified barrier was FHN's inability to bill Medicare for services, specifically for the diabetes self-management program, which was the first evidence-based program provided in their service menu. However, through contracts with health plans, FHN was able to begin billing more broadly for its services.

Lessons Learned

Doing it all. Although the intent was to build the infrastructure in-house to address the five factors identified in the needs assessment, FHN found that it was too costly and too foreign to the operation of the Health Foundation (i.e., high financial risk; cultural shift) "to build it all by ourselves....so, we began looking at third parties that could actually provide us with those particular services."

Achieving volume. With the backing from the Health Foundation of South Florida, and by negotiating with a third-party entity for Medicare billing and clinical infrastructure, FHN arrived at a new discovery: to achieve volume, the network must expand to the entire state. Because of its members' existing relationships in the field, FHN was positioned to approach the Florida Association of Area Agencies on Aging to join its network and to promote funding opportunities for the first statewide

initiative in falls prevention. Fortunately, FHN members already had a solid track record and history working with other AAA programs in the state that could vouch for them as trusted partners. FHN's first statewide project was ACL's Evidence-based Falls Prevention programming. Once FHN had statewide contracts for this programming in place, it was well positioned to expand contracts to include other services. As part of the ACL Evidence-based Falls Prevention programming, FHN created a Planning, Management, and Evaluation team comprised of representatives from all ADRCs in Florida to develop pilots in different areas of the state. In fact, FHN designated 11 areas where laboratories of innovation could be built to serve diverse populations across the state.

Expert advice. The main challenge faced by FHN was to ensure that a billing infrastructure was in place; however, there were unforeseen circumstances, such as the longer-than-expected board due diligence process for TPA selection. This lengthy process necessitated increased legal resources to review a variety

of contract agreements, thus delaying FHN's ability to move forward with contracts with health plans and business agreements with accountable care organizations (ACOs). As a result, retaining quality professional services such as legal counsel is a must to ensure a thorough review of contracts, agreements, etc.

Build on relationships with community partners. FHN built on an already-existing partnership of community service providers with strong backing from a foundation. By working together on the delivery of evidence-based programs with central data management and quality improvement systems, network members learned how to work together, and more efficiently—reaching 38,000 clients in five years. By leveraging organizational resources and standardizing fidelity monitoring and quality improvement standards, the network members learned to work with each other in better ways than expected. The trust and process of working together opened new ways of doing business which emanated from collective efforts rather than individual providers.

To learn more about business acumen and find tools to get started, visit the [Aging and Disability Business Institute](#) and the [Disability Network Business Acumen Resource Center](#).