

## Health Plan Joint Venture Improves Network Insights



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### **Problem to Solve**

Over the past half-decade, joint venture health plans, combining a health system with an insurance partner, have become an increasingly popular way of maximizing the efficiency and effectiveness of the joint venture partners and allowing them to make patient care more streamlined and affordable.

While combining a health system with a health plan expands the potential for both organizations, as with any joint venture, it also brings inherent challenges – such as the fact that the partners’ core businesses and success metrics are completely different. A health system, which in a joint venture typically oversees network design, provider contracting and care management, primarily focuses on measures of utilization and capacity. A health plan, responsible for product design, underwriting, enrollment and claims processing, speaks more fluently in metrics such as revenue per enrollee and medical loss ratios.

For the greatest chance of success, a joint venture health plan needs its partners to develop a shared language and agree on reporting standards and measures of success. That was the basis for an initiative between two joint venture partners – a premier regional health system and a market-leading health plan – for analyzing and reporting

on their provider network data. This work would be vital for prioritizing internal business needs, as well as enabling the partners' sales and marketing teams to externally communicate the value of their product to the market.

Lacking the bandwidth or objectivity needed to properly assess its provider network data needs, the joint venture health plan turned to Freed Associates (Freed) to oversee this effort and provide future-state recommendations. Freed had previously worked independently with both of the health plan partners, and also offered considerable joint venture consulting experience.

## **Strategy and Tactics**

Based on client input, Freed divided the provider network data project into three principal phases:

- **Phase 1:** Defining the features, functions and related attributes of the provider network data
- **Phase 2:** Assessing the optimal tool (or application) to support data-handling and presentation
- **Phase 3:** Determining a plan for procuring, configuring, loading and utilizing the data tool selected, and developing a long-term roadmap for enhancing analytical capabilities

Phase 1 activities involved interviewing key stakeholders within the joint venture health plan, as well as its partner parents, to determine their preferences for the provider network data features they most wanted to see. This process included a rigorous review of existing datasets, tools and systems between the two partner organizations to determine the precise location and owner of each. It also included a review of provider composition attributes. Based on this information, Freed was able to create a "wish list" of desired features, functions and attributes for a future provider network data tool.

Building on a natural segue from Phase 1, in Phase 2, Freed assessed the best tools for gathering and showcasing the provider network data based on key stakeholder input. Here, important considerations included not only developing a tool that would best meet users' immediate data interests, but also one that provided optimal long-term value and usability. The consensus view was to employ a tool offering vast data visualization capabilities.

Functionality and usage drove Phase 3 activities, which centered on developing data visualizations to fulfill high-level and long-term business milestones for the joint venture health plan. This phase also included outlining and developing future provider network data features, by priority, as well as documenting major dependencies.

## **Results and Conclusion**

All three distinct phases of the provider network data initiative were successfully completed as intended. Throughout this work, Freed paid particularly close attention to gathering, analyzing and assimilating key stakeholder input from the two partner organizations. Freed's ability to seamlessly synthesize data specifications and preferences from the partners proved invaluable to the project workflow, both in terms of the final outcome as

well as the efficiency and effectiveness of the project process.

Senior leaders with the joint venture health plan, as well as its parent partners, expressed their appreciation for the efforts that led them to select the optimal provider network data tool. Equipped with an improved ability to track and analyze provider network data, the health plan is poised to better capitalize on its market opportunities.