

46th Annual
Addiction Leadership
Conference



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Welcome
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Maximizing Revenue through Provider-Payer Relations and Contracting



Moderator

Carl Kester

Chief Executive Officer
*Lakeside-Milam Recovery
Center*



Debra Nussbaum

Sr. Director Behavioral Health
Evidence Based Services
Optum/UHC



Lee Peterson

Executive Director
Revenue Strategy
*Caron Treatment
Centers*



Jaime Vinck

President
*Meadows Behavioral
Healthcare*

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Maximizing Revenue through Provider-Payer Relations and Contracting



Lee Peterson

Executive Director, Revenue Strategy
Caron Treatment Center

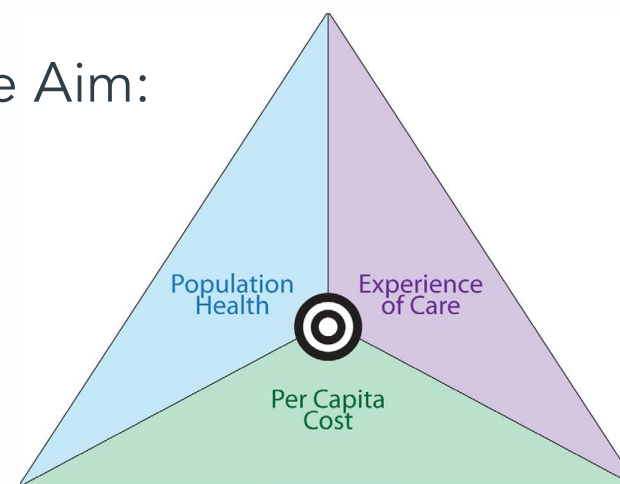
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What is a “Value-Based” Contract?

- Many different definitions based on:
 - Provider-Type
 - Industry Segment
 - Provider/Payer Relationship Maturation Level



- Ultimate goal is the IHI Triple Aim:
 - Population Health
 - Experience of Care
 - Per Capita Cost



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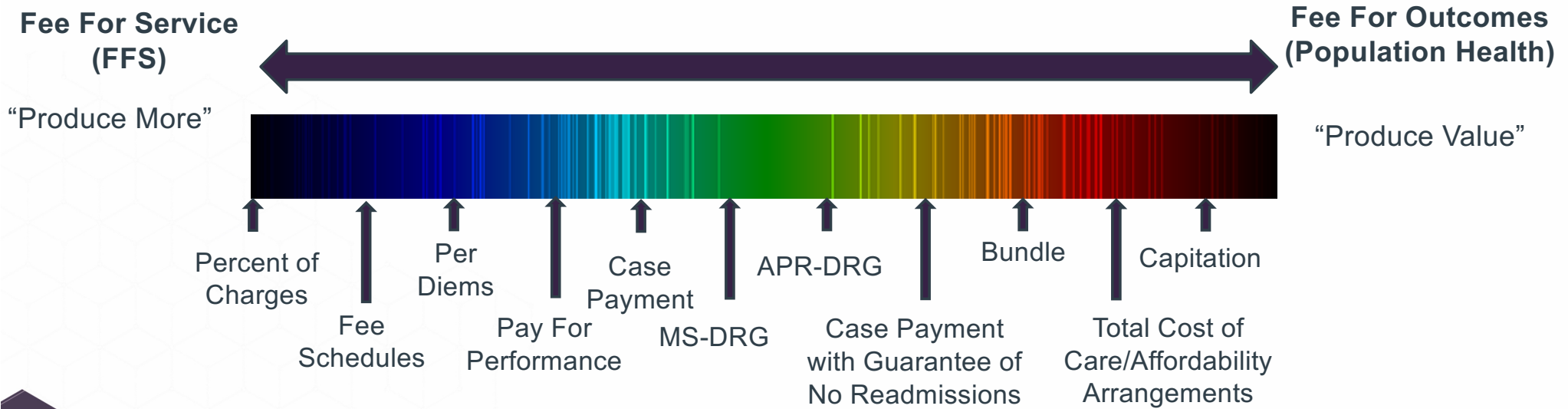
What is a “Value-Based” Contract?

- General Characteristics of Value-Based Contract:
 - Payment is not given for just doing more
 - Reimbursement depends on the quality of care
 - Providers are incentivized for producing positive outcomes
 - There are incentives for reducing cost through efficiency gains
 - Increased administrative burden (both sides)



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Payment Methodology Spectrum

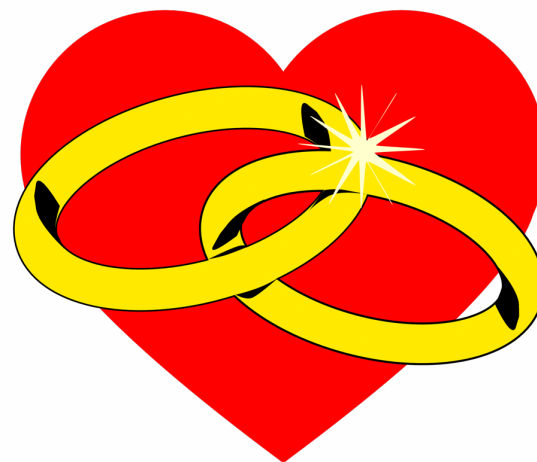


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Recognizing the Importance of the Payer-Provider Relationship

- It's a marriage
- Recognize all the factors:
 - Reimbursement rates
 - Methodology
 - Volume
 - Speed of payments
- Find what's achievable now, where can you grow, and be patient as you move there



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Debra Nussbaum

Sr. Director Behavioral Health Evidence
Based Services

Optum/UHC

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NAATP slides

Value Based and Network Contracts

D. Nussbaum

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Optum wants to pay for value

Value is broadly defined as helping to build a high-performing health system by:



**Expanding
access to care**



**Improving
health care
affordability**



**Enhancing
the health care
experience**

for consumers,
their families,
caregivers and
providers



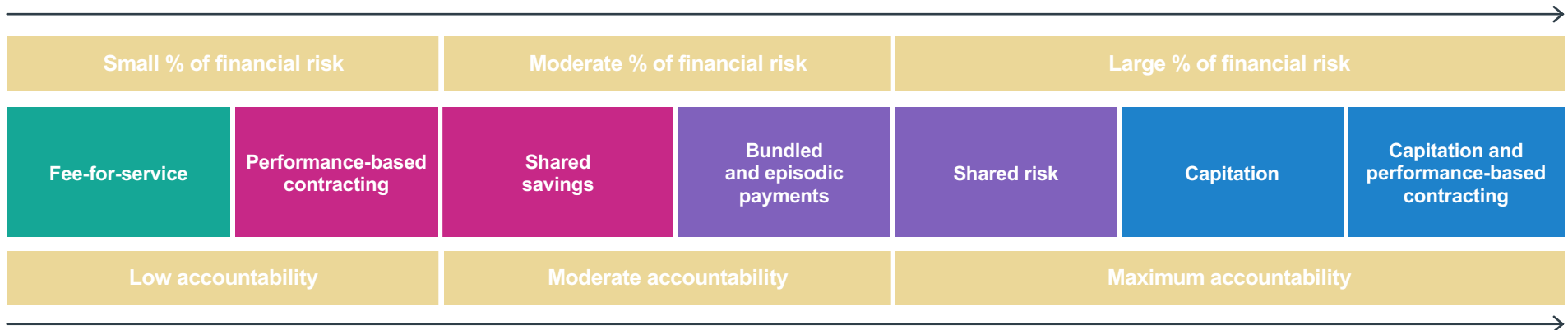
**Achieving
better health
outcomes**



**Making
health care
more equitable**

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Risk reward continuum



Greater financial risk provides greater control, relevance and opportunity to create value for everyone

Building blocks to succeed in large risk relationships:

- Adequate capital to meet regulatory requirements and provide business partners comfort that you can operate as a going concern
- Reasonable payment rates for covered health care services, administrative infrastructure and other responsibilities and risks assumed
- Large enough member base to spread risk and administrative costs
- Participation of providers who have aligned incentives to provided timely access to covered services to achieve quality and efficiency metrics
- Experienced staff, proven IT systems, processes and policies to meet operational, management and regulatory requirements

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Platinum Recognition Program

Platinum
Recognition

Platinum Recognized Programs are those that demonstrate both quality and efficiency in the care they provide

The methodology used to identify Platinum Programs align to Center of Excellence methodology for medical disease treatment

The program is designed around a specific group of performance metrics and provides data access via Provider Express for programs to track their progress on those metrics. Quarterly outreach is also provided for those showing a decline in their metric scores.

To qualify, facilities must be In Network with Optum, and must have a minimum of 12 months of claims data in order to inform the annual metrics.

They must have at least 20 qualified admits to one of the following levels of care: Inpatient, Residential, or Partial hospitalization, within the annual look back period.



The performance metrics include a readmission rates, 7 & 30-Day follow-up post-discharge rates, outlier length of stay, and outlier episode cost rate.

Each facility level of care must meet or exceed the targets for least 4 out of 5 metrics to achieve Platinum Designation.

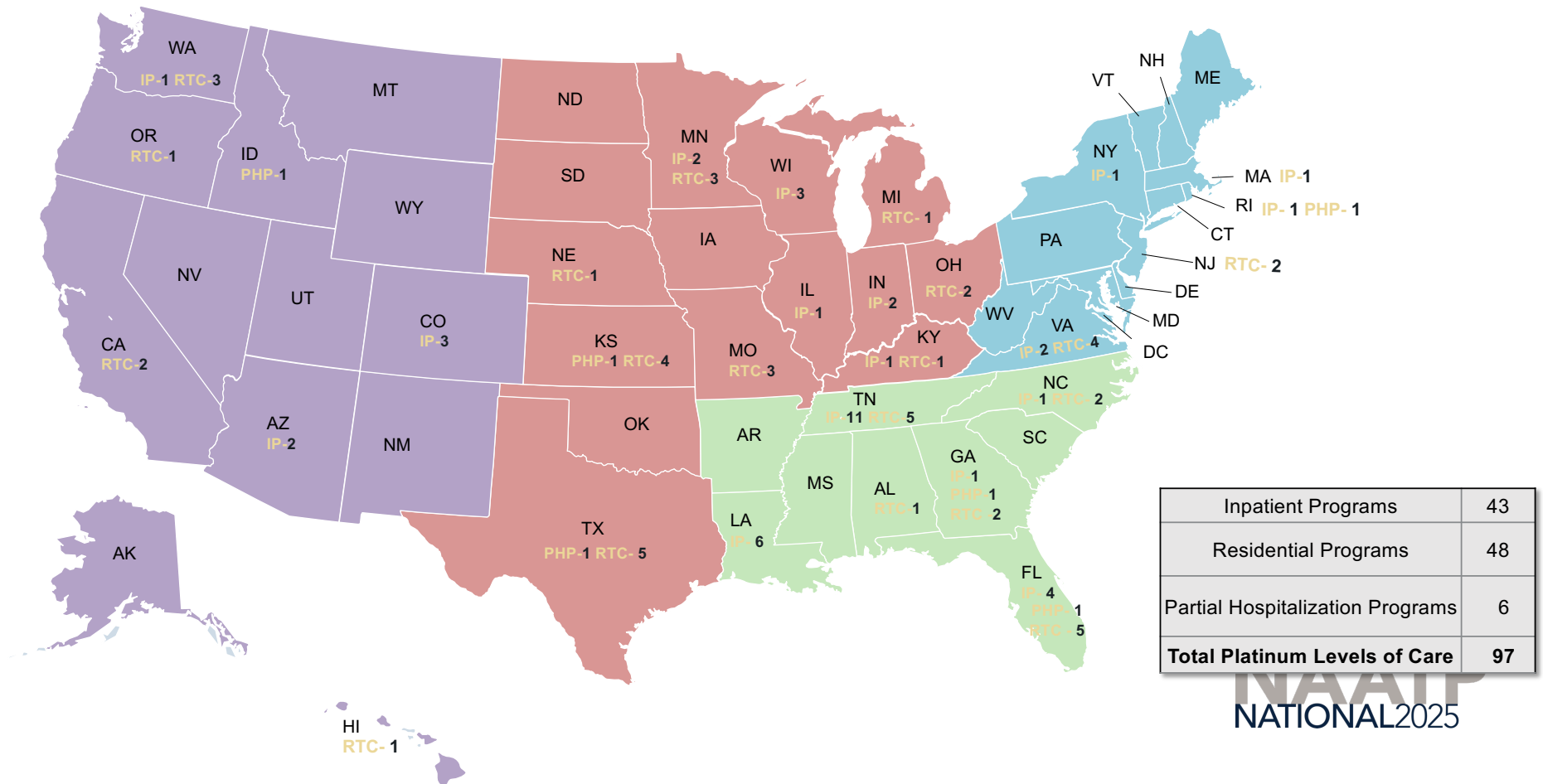
Facility specialties include: Acute mental health, eating disorder, substance use disorder.

Once recognized as Platinum, the program is awarded with a modified utilization management oversight.

For additional information visit:
[Platinum Recognition \(providerexpress.com\)](https://providerexpress.com)

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SUD CY-2024 Platinum Levels Of Care By State



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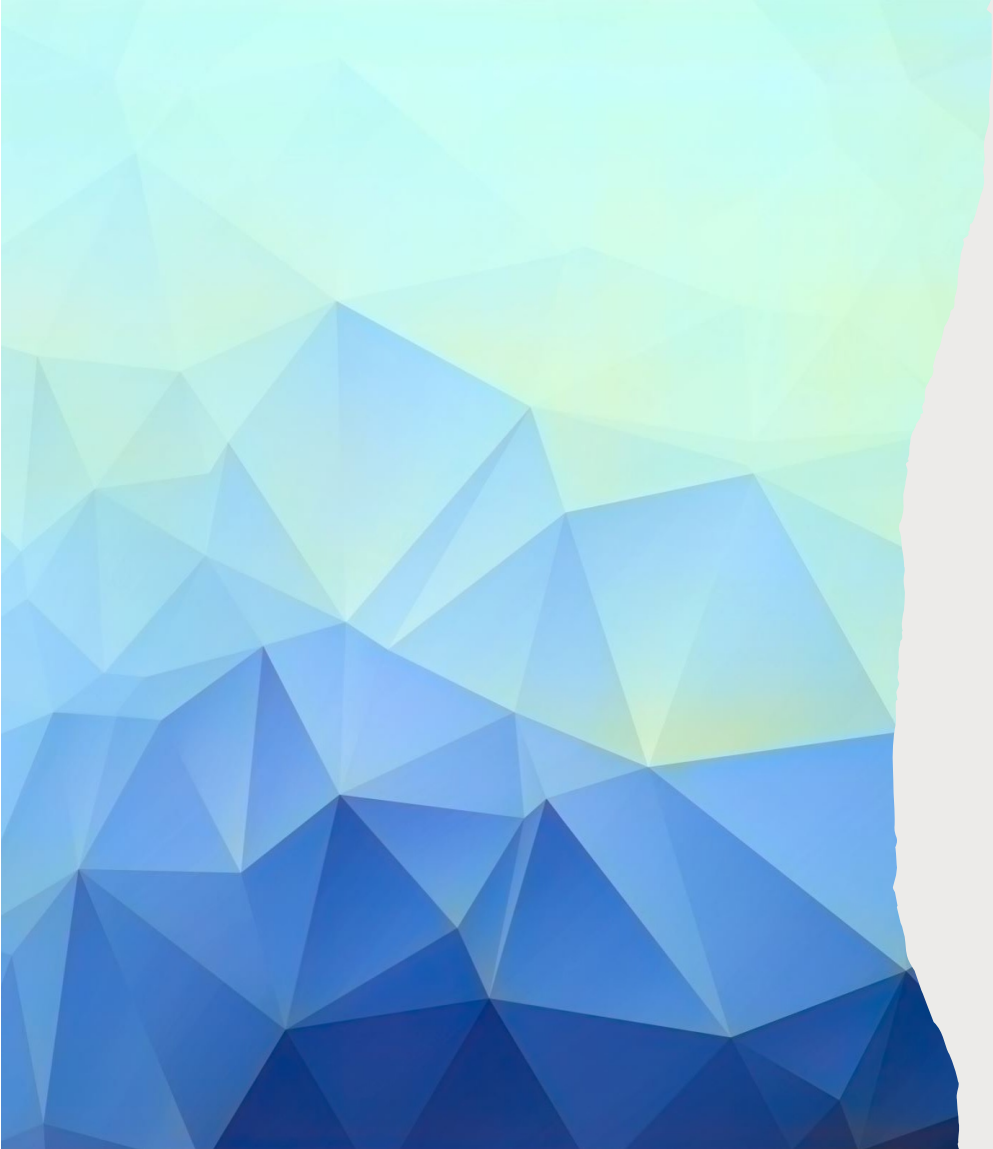
Jaime Vinck

President

Meadows Behavioral Healthcare

NAATP Board Vice Chair

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The Meadows Contract Experience

- Buy in for Payer Provider Agreement
- Organizational Preparedness
 - Workflows and Workgroups
- Importance of Data
 - Before During and After
- Documenting for Managed Care Environment
- Managing Denials from a patient experience and staff morale standpoint
- Increase in unplanned discharges
- Impact on LOS
- Program modifications
- Readmissions



Buy in for Payer Provider Agreement

Organizational Preparedness

- Workflows & Workgroups





Importance of Data

Before During and After



Documenting for Managed Care Environment



Managing Denials from a patient experience and staff morale standpoint



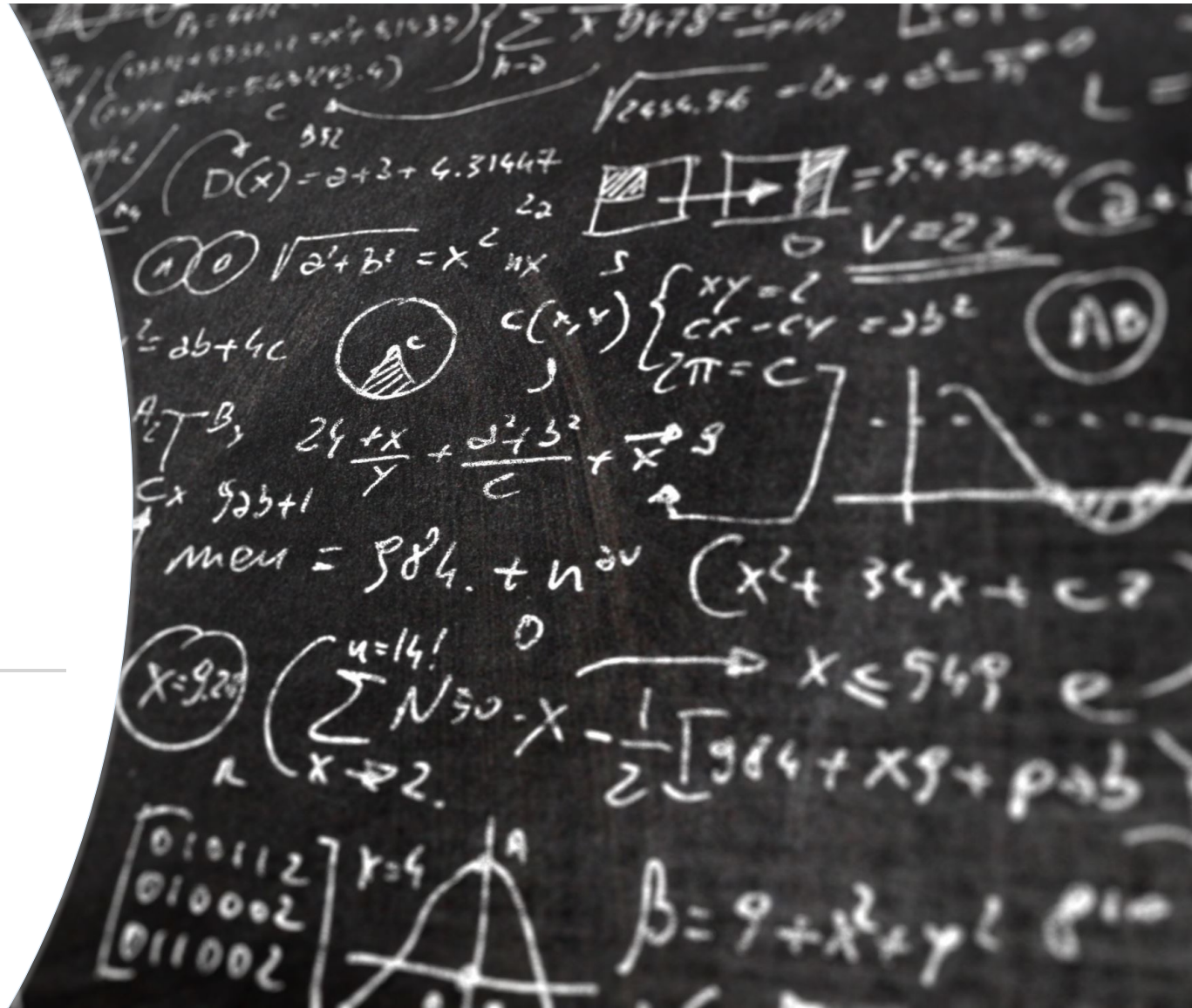
Increase in unplanned discharges

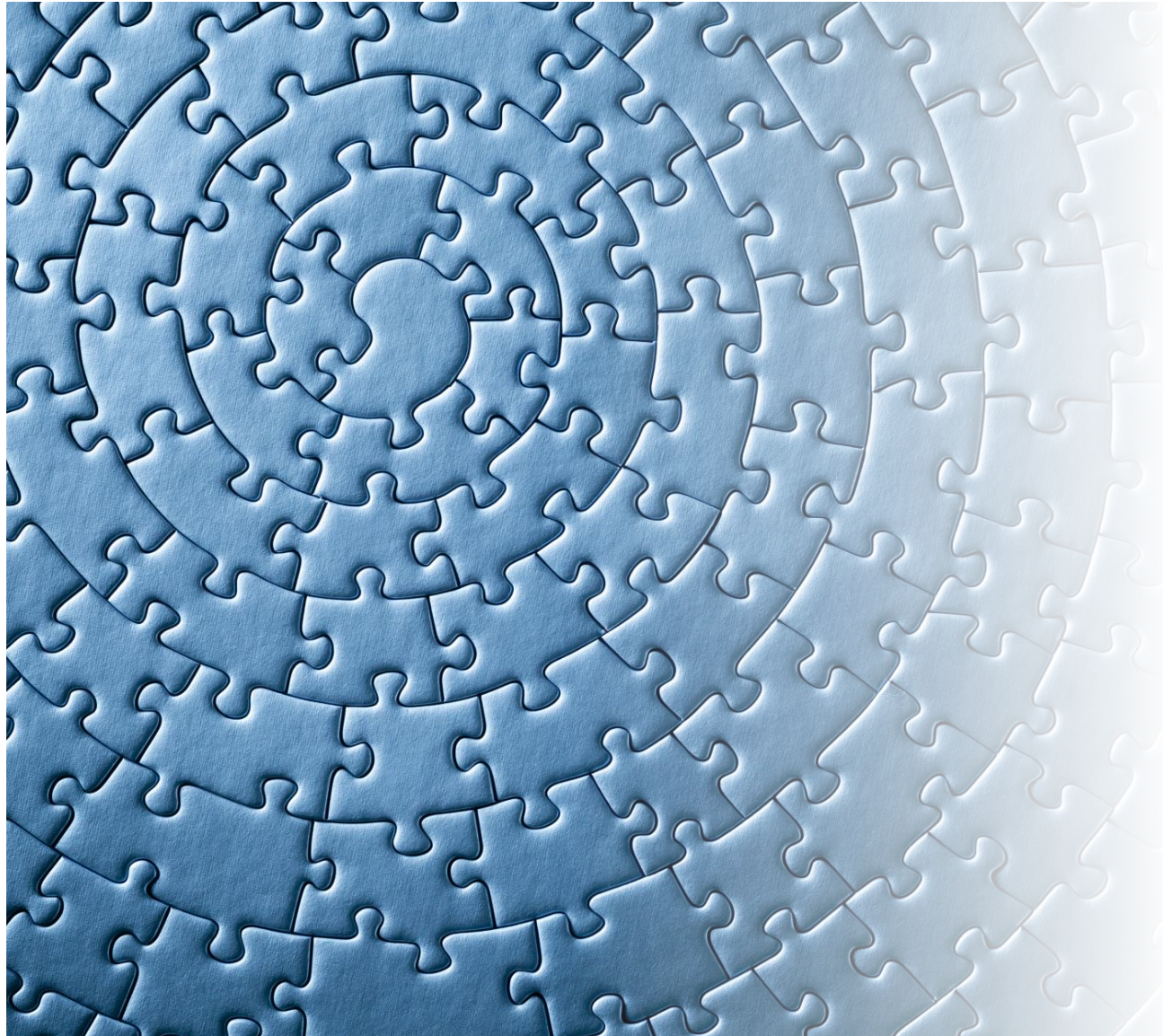




Impact on LOS

Program Modifications





Readmissions



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Questions for the Panel



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Upcoming Sessions

4:45-5:30pm

Open Reception: Empowering Your Organization Through NAATP Membership Offerings

Location: Willow Foyer

Sponsored By



Tuesday, May 20th

7:00-8:00am

Open Recovery Meeting: (12 Step Format – All are Welcome)

Location: Aspen

8:00-9:00am

Exhibitor Appreciation Breakfast

Sponsored By NAATP Board of Directors

9:00-9:30am

**Data-Driven Leadership:
The Foundation for Recovery Science and Education (FoRSE)**

Location: Willow AB

9:30-10:30am

**A Critical Analysis of the Use of Existing and Emerging
Technology in SUD Treatment**

Location: Willow AB

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