

Copy of PHO Implementation Plan 102716

WBS	Task	Responsible	Start Date	Finish Date	% Complete
1	Finalize Provider Network Agreement between Facilities and PHO	HMA	6/20/2016	8/26/2016	100%
1.1	Review PHO's current provider agreements with 16 CMHCs for consistency and make changes to standardize the contracts.	HMA	6/20/2016	7/8/2016	100%
1.2	Identify open items in provider agreements that need to be finalized prior to signature.	HMA	6/20/2016	7/8/2016	100%
1.3	Review redline version of contracts with information from Task 1.1 and Task 1.2 with PHO and Board leadership and incorporate changes.	HMA	7/11/2016	7/15/2016	100%
1.4	Finalize contracts and submit to PHO leadership	HMA	8/1/2016	8/26/2016	100%
2	Bright Health Contracting		8/1/2016	9/30/2016	96%
2.1	Identify open items in Bright Health contract with PHO that need to be finalized prior to signature.	HMA	8/1/2016	8/5/2016	100%
2.2	Identify opportunities to close open items and review with PHO leadership.	HMA	8/1/2016	8/5/2016	100%
2.3	Review proposed network access fees and FFS rate structure to determine if they are financially acceptable.	HMA	8/1/2016	8/5/2016	100%
2.4	If necessary, request data to complete financial modeling to ensure proposed Bright Health access fees and FFS rates are acceptable.	HMA	8/1/2016	8/12/2016	100%
2.5	Review contract analysis with PHO and Board leadership, incorporate feedback and finalize Bright Health contract.	HMA	8/8/2016	8/26/2016	100%
2.6	Assist with additional contract and reimbursement negotiations with Bright Health.	HMA	9/2/2016	9/30/2016	75%
3	Bright Health Provider Rosters	HMA and PHO Facilities	8/19/2016	9/9/2016	100%
3.1	Meet with Bright Health to determine fields needed on provider roster.	HMA	8/19/2016	8/22/2016	100%
3.2	Submit roster template to PHO facilities to review and confirm as final.	HMA	8/23/2016	8/23/2016	100%
3.3	PHO Facilities to review and confirm provider rosters and submit back to HMA as final.	PHO Facilities	8/23/2016	8/26/2016	100%
3.4	Submit combined PHO provider roster to Bright Health.	HMA	8/26/2016	9/9/2016	100%
4	Bright Health Delegated Credentialing Agreements	HMA and PHO Facilities	10/20/2016	11/4/2016	67%
4.1	Received delegated credentialing agreement from Bright Health	HMA	10/20/2016	10/21/2016	100%
4.2	Submit credentialing agreement to PHO Facilities for execution.	HMA	10/24/2016	10/24/2016	100%
4.3	PHO Facilities to review and execute the credentialing agreement. Agreements are to be submitted to HMA.	PHO Facilities	10/24/2016	11/4/2016	0%
5	Bright Health Claims Testing	HMA, PHO Facilities, and Bright Health	9/30/2016	12/9/2016	50%
5.1	Meet with Bright Health to determine parameters, process, and timeline for PHO Claims Testing.	HMA	9/16/2016	9/16/2016	100%

Copy of PHO Implementation Plan 102716

WBS	Task	Responsible	Start Date	Finish Date	% Complete
5.2	Receive test member information from Bright Health.	HMA	10/11/2016	10/21/2016	100%
5.3	Provide PHO Facilities with billing codes, test member information, and instructions for completing the Bright Health claims testing.	HMA	10/21/2016	10/24/2016	100%
5.4	PHO Facilities to take the test member information and Bright Health allowable billing codes and create test paper claims.	PHO Facilities	10/24/2016	11/16/2016	0%
5.5	Bright Health to process the test claims.	Bright Health	11/17/2016	11/30/2016	0%
5.6	Bright Health to provide results of test claim processing to PHO Facilities.	Bright Health	12/1/2016	12/9/2016	0%
6	Ongoing Monthly Provider Roster Updates	PHO Facilities	11/9/2016	Ongoing	0%
6.1	PHO Facilities will need to provide updates to HMA if there are location changes or updates for their facility so the Bright Health provider directory can be current.	PHO Facilities	11/9/2016	Ongoing	0%
7	Implementation of Bright Health Product	Bright Health and PHO Facilities	1/1/2017	1/1/2017	0%
7.1	PHO Facilities to conduct education to facility staff regarding the implementation of Bright Health Product.	PHO Facilities	12/15/2016	12/31/2016	0%
7.2	PHO Facilities to begin accepting Bright Health members.	PHO Facilities	1/1/2017	1/1/2017	0%
8	Development of Common Work Flow	HMA and PHO Facilities	11/15/2016	12/15/2106	0%
8.1	Meet with 8 PHO facilities in BH service area to start process for work flow	HMA PHO Facilities	11/15/2016	11/22/2016	0%
8.2	Create 1st draft of common work flow		11/15/2016	12/1/2016	0%
8.3	Review with PHO Centers and revise		12/2/2016	12/2/2016	0%
8.4	Finalize work flow and develop corollary instructions		12/5/2016	12/15/2106	0%
9	Invoicing/Payment of Monthly Network Access Fee	HMA	11/15/2016	12/15/2106	50%
9.1	Contact BH on method for payment	HMA	10/25/2016	10/25/2016	100%
9.2	Set up structure for invoicing (if needed) and receiving electronic payments	HMA	11/1/2016	11/30/2016	0%
9.3	Determine if the accounting firm needs to be engaged or if it is done via an eligibility	HMA	TBD	TBD	0%
9.4	Finalize process flow	HMA	12/1/2016	12/15/2106	25%

PROGRESSIVE HEALTH OPTIONS, LLC

MEMBERS' RESOLUTION #9

2016

Defined terms used herein but not defined in the Resolution shall have the same meanings ascribed to them in the Operating Agreement unless the context clearly otherwise requires. Progressive Health Options, LLC shall be referred to as PHO, LLC going forward.

Purpose: TO PROVIDE A RESOLUTION to accept the Rules of Engagement for Commercial Payer Contracting as outlined below:

Progressive Health Options (PHO) was created to ensure that member Community Mental Health Centers (CMHCs) are able to broaden their payer mix through providing centralized services to both PHO members and payers.

Early conversations with commercial payers have ultimately led to the payer's desire for a single contract. Payers also stated a desire to consolidate existing contractual relationships under an umbrella contract held by PHO.

The following summarizes some of the "rules of engagement" that PHO members have discussed previously. It is critical that PHO has firm consensus before entering into deeper discussions with commercial payers.

1. Migrating current contracts will mean changing the business dynamics in current contract including common policies and procedures, work flows, and operational processing. Each CMHC will assign a PHO Liaison to work with the BOM on operational systems to assure one system is created for each Commercial contract. The BOM will have authority to define operating process and all PHO Members will adhere.
2. Centers may have different services that they provide. Options must be developed for a) preserving the current services offered through Center specific addenda and b) supporting other Centers in developing capabilities for specialized services in the event the payer wants a consistent statewide benefit.
3. Payers are interested in alternative payment models and shared savings. Center best practices are expected to be shared and replicated. It is not acceptable for one CMHC who offers a best practice to simply expand that offering into another CMHC area, unless there is agreement to do so.
4. In some contracts, significant payment modeling will need to occur to ensure each center's reimbursement is budget neutral at worst and increased at best. This is the responsibility of the BOM.

5. The current provider agreement between PHO and members has an opt-out provision. Additionally one CMHC has already opted out of PHO. PHO has determined that gaps in statewide coverage will be addressed by offering the opted out CMHC a FFS arrangement and/or another CMHC providing services in the opted out CMHC area.

PHO members agree to the above statements and delegate all operational aspects to the BOM for execution.

Effective Date: November 11, 2016

Resolution:

BE IT RESOLVED, that this Resolution is adopted by the Members solely for the purpose of accepting the Rules of Engagement for Commercial Payer Contracting as outline above.

FURTHER RESOLVED, that the Members hereby approve such Resolution.

Dated this 11th day of November, 2016

Attest

Chairperson of PHO, LLC Members

Progressive Health Options
Mission Statement and Tag Lines for Review
November 11, 2016

Proposed Mission Statement:

Progressive Health Options provides health care payers a seamless network of providers who bring new innovative solutions that lower costs and improve the patient experience.

Tagline Options:

1. *Connecting you to the right network in the right way.*
2. *Your access point to a network of possibilities (or solutions).*
3. *Creating a seamless, integrated experience for payers and patients.*
4. *One network with one goal: moving healthcare forward.*
5. *Providing unmatched access to unmatched care*