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Community Health Centers

### **Important Content Note:**

This technical assistance resource was developed prior to the August 2017 release of the Health Center Compliance Manual by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). The BPHC Compliance Manual, issued August 2017, indicates where PINS, PALs and other program guidance are now superseded or subsumed by the BPHC Compliance Manual.

See: <https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>



## Successful Practices in Accountable Care: Provider HealthLink, LLC

### IPA Profile

**Name:** Provider HealthLink, LLC

**Location:** Georgia

**Partners:** Georgia Primary Care Association, Kearny Street Consulting, 27 Health Centers

**Year Established:** 2008

**Approximate Number of Members:** 60,000

**Managed Care Organization Contracts:** Amerigroup, WellCare of Georgia, Inc, Peach State Health Plan, CareSource (Starting July 2017)

### The Early Discussions – An Emphasis on Expertise

In 2008, David Smith (President, Kearny Street Consulting) began a conversation with the Georgia Primary Care Association (GAPHC) about how their members could maximize their reimbursements. His proposal, based on his over 35 years of experience working with plans in the Medicaid market, was for the members of the GAPHC to come together to form an Independent Practice Association (IPA) that would be called Provider Health Link (PHL). In doing so, member health centers would be able to join with other health centers to create a larger system and negotiate better rates and contracts. To date, 27 of the 34 members of GAPHC have joined PHL, which has contracts with three Medicaid Managed Care Organizations (MCOs).

The discussion with Dave came at a time when many of the GAPHC members were looking to come together to deliver quality care in a cost-efficient manner. IPAs were something that many members were familiar with as other states began developing them. Some of the members of the GAPHC had previously attempted to form an IPA,

invested in the process and without the guidance or structure needed, lost money. This was in mind as the Georgia PCA approached key individuals and then the larger group about the possibility. Unlike the previous experience, PHL required no financial outlay from the health centers and came with both guidance and structure. David Smith, having worked with the PCA and other health centers previously, was a known commodity and his relationships with the members and the plans made him an ideal partner in this endeavor. Dave and his consulting firm, Kearny Street Consulting, not only had relationships with MCOs but also had knowledge of reinsurance and state insurance regulation. The expertise of Dave and his partners was a key factor in the decision-making process.

After much discussion, all of the members came to a decision that PHL, with help from Kearny Consulting, was a benefit that the PCA should offer its members. Once the decision was made, 18 health centers decided to join PHL, with additional centers joining each year after. Kearny Consulting provided the administrative functions for the IPA and helped in the development. The decision to join was also based on the landscape in Georgia at the time. In 2008, when these discussions were ongoing, Georgia was

providing grants to help grow and improve the Medicaid system. The relationship between health centers and both the state Medicaid office and plans were challenges that the members also considered.

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## The Benefits of an IPA – The Importance of Partnership

### Financial

1. Uniform contracts
2. Unique terms for unique services
3. Negotiating power
4. Pharmacy cost improvements

### Quality

1. Faster credentialing of providers
2. New ideas on reducing ER costs
3. Committees to improve quality/HEDIS/STAR score
4. Education for members

As an IPA, PHL utilizes their relationships with the MCOs to negotiate a uniform contract which all members then have the ability to sign individually with the MCO at more favorable terms than if they attempted to negotiate as a single entity. By joining together, the health centers are able to negotiate for the inclusion of terms in the uniform contract that are unique to health center services and challenges. There is also greater leverage in working as a group to address issues that arise. The IPA has worked to assist in pharmacy cost improvements and to advocate favorable terms for dual eligibles (patients covered by both Medicare and Medicaid). The financial relationships and partnerships have led to the IPA disbursing over \$6 million dollars in the past nine years to health center members. In

partnering to reduce costs, the IPA's members were able to participate in the savings through incentive payments.

In addition to financial benefits, the IPA has seen improvements in quality as well. PHL and GAPHC have collectively looked at clinical programs and partnered to provide education to their members. Together they work to generate ideas on reducing emergency room costs, establish quality committees, and achieve clinical integration. The IPA requires any partnering MCO to commit to monthly meetings to review performance and develop joint strategies to improve performance. By working together, the members benefit from shared knowledge and best practices.

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## Keys to Successful Participation

- Commitment
- Consistency
- Cooperation

The incentives for health centers that participate in the IPA are a mix of financial and quality improvement. As a result, the health centers that became part of the IPA early on in 2008 have gained the most experience to be successful in their efforts. The lessons they have learned by participating in an IPA, such as ways to address preventable costs and information technology infrastructure changes, have also made IPA members comfortable in the process of forming an MSSP Accountable Care Organization (ACO). There is a level of trust and an understanding of accountable care by those who were willing to commit to trying something new.

Instead of working with distinct MCOs with conflicting policies, members of the IPA were able to work with PHL to increase consistency across the board. PHL has uniform communication with each MCO. Members are able to identify larger issues to resolve that effect more than one center. By being clinically integrated, health

centers are able to utilize consistency to provide better quality care.

The greatest benefits are also seen as a result of those who were willing to work together. By cooperating with other health centers and forming partnerships, members of the IPA are able to advocate for contracts and policies that benefit them and recognize the unique challenges health centers face. The cooperation is also key when members of the IPA began to consider forming an MSSP ACO because they had already learned how to work together as peers to implement change. As a result of the changes an IPA requires, health centers in Georgia have come together to help one another out.

## Going Forward

By ensuring commitment, consistency, and cooperation, the IPA, and its members have been successful over the past nine years. The next step for the IPA is to obtain additional health center members. They are also at the beginning of a new contract period for MCOs and will be soon implementing a contract with a fourth Medicaid MCO. The IPA, utilizing their experience, has learned to be more specific in the expectations of both the members and the MCOs. As the CEO of GAPHC stated, “the goals of an IPA are consistent, it is the tools that they use to achieve the financial and clinical benefits that are our main concerns now.” How primary care is practiced is changing, health centers that are able to learn and partner with one another (such as through an IPA) are most likely to be able to keep up with the changes.

This document was produced by the National Association of Community Health Centers.

For more information contact:

Julie Bindelglass, Specialist, Provider Networks,  
[JBindelglass@nachc.com](mailto:JBindelglass@nachc.com)

Special Thanks to:

Duane Kavka, Executive Director, Georgia Primary Care Association  
[dkavka@gaphc.org](mailto:dkavka@gaphc.org)

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