

healthAlign's Model Connects Providers and Payers Easing Processes

While the home care industry faces some significant challenges, there are great opportunities as well.

Andy Friedell, healthAlign's founder and CEO, began the company within a national home care organization to help both providers and payers address issues in fulfillment of care and reimbursement. His model has successfully solved problems, attracting a growing number of payers and providers, as well as an acquiring partner to drive aging-in-place innovation.

In this article, Friedell shares more about changes in Medicare Advantage plans that may benefit home care providers, healthAlign's positive impact on the home care landscape, why home care providers should consider working with third party payers and how agencies can loosen the purse strings of payers by collecting simple home care data points.



Andy Friedell | Founder and Chief Executive Officer | healthAlign™

Andy provides strategic focus to healthAlign™, ensuring that the work of the team is properly aligned with the goals of payers, patients and caregivers. He brings over 20 years of healthcare experience to the job. As Senior Vice President of Strategic Solutions at Maxim Healthcare Services, Andy oversaw the company's nationwide Business Development across strategic accounts as well as program implementation and management for large-scale strategic engagements. His work driving the Product Development function there brought about a Community Based Care Management offering that has been shown to reduce readmissions by over 65% while also driving a 35% reduction in in-patient spending.

Andy came to Maxim from Medco Health Solutions where he worked on the development of the Medicare Part D drug benefit, the early launch of the internet pharmacy marketplace and the regulatory environment for mail service pharmacies. Andy began his career as an aide to former New Jersey Governor Christine Todd Whitman.





Fulfillment of home and community-based services is a challenge for health insurance plans. Their goal is to provide quality services to members, but the ordeal of finding a home care provider, contracting and credentialing them and ensuring service fulfillment are time-consuming tasks—especially when members require service in multiple locations around the country.

Health plans recognized that working with one large, national provider who would handle all of these tasks could provide sizable cost savings. They approached a national home care provider requesting a solution and healthAlign was formed.

Changes in Medicare Advantage Open the Door for In-Home Services

Founder and CEO Andy Friedell and his team made healthAlign into a single point of contact for health plans by building a tech platform to convene multiple providers in 2018. Their efforts could not have happened at a better time.

“In 2019/2020, Centers for Medicare & Medicaid Services (CMS) was loosening up things for Medicare Advantage (MA) plans about the services they can provide in the home, giving them a lot more flexibility,” Friedell explained. “Some [plans] were hesitant and some jumped right in. At healthAlign, we saw it as opening the door to allowing members to access some of the services needed for aging in place.”

Receiving one of the first MA nationwide contracts to start up home care visits in nine states built healthAlign’s credibility in the industry. After branching out as an independent company in 2020, and a recent acquisition by The Helper Bees earlier this year, healthAlign is well-positioned and growing.

Relationships with Insurers Based on Fulfillment of Services

Today, MA plans contract with healthAlign as a convener to bring home care into the home in 33 states.

The appeal of MA plans is growing. In the past year, the number of beneficiaries has increased by nearly 10 percent. Friedell believes the supplemental services that plans offer are the biggest attraction.

“Home care providers should realize that the [MA] plan is looking to build infrastructure support around the [health plan] member and [see] where there can be gaps in areas that they cover and how they can make sure those get covered,” Friedell shared. “There is often a misperception that more utilization is bad, but when [MA plans] look at home care services and choose to cover them, it is because they see the value of the service and they absolutely want the service fulfilled.”

Fulfillment is a main goal of healthAlign. As MA plans continue to grow, the marketplace becomes more and more competitive. If providers are not fulfilling visits under one MA plan, members may become frustrated and choose to move to another plan.

“The plans are actively choosing to cover [home care] benefits,” Friedell emphasized. “They think about home care as an investment and want to see the return on that investment in the form of fulfilled services.”

The Changing Landscape – Acknowledging the Value of Home Care

Other health insurance plans have observed the role healthAlign fills and have hired the organization to take a similar approach.

healthAlign's Referral Growth

2019	150
2020	1,000
2021	2,000
JAN–APR 2022	5,000

This is likely due to insurers' growing acknowledgement of the value of home care.

"We see it from two sides—public growth in plans offering services and beginning to offer more of them . . . [and] a behind-the-scenes growth rate that is actually faster and steeper," he shared. "It is similar to Medicaid's adoption of home care services."

"Since Medicaid launched home and community-based services waivers roughly 40 years ago, the in-home share of all long-term spending has grown from nothing to roughly 60 percent," Friedell said. "During that same period, long-term care spending shrank from half to roughly one-third. That was a 'quiet earthquake.' In 2019, Medicare started allowing plans greater flexibility to cover services in the home. Is this another quiet earthquake?"

The changing landscape can be observed in healthAlign's referral numbers over the past 4 years.

Connecting Health Plans and Home Care Providers

Home care providers have taken notice as well. While some agencies are reticent to work with third-party payers due to past experiences with the onerous process of credentialing, submitting claims or concern about low rates, healthAlign's approach is changing minds.

"healthAlign created the business around making it easier for health plans to connect with in-home providers and making it easier for in-home providers to do work for health plans," Friedell shared. "We are basically a big network of providers—6,500+ providers—with a custom-built technology platform that brings all those providers into one common environment."

healthAlign's technology platform allows home care providers to access multiple health insurance plans with one common workflow—one credentialing environment, one encounter documentation, one invoicing system and one check covering multiple health plan invoices. Friedell says their rates are better than Medicare rates and providers are paid within 14 days by healthAlign, who handles submission of claims to the health plans.

"It benefits both sides. healthAlign works with the plan on their own terms and obtains payment from the plan. If healthAlign doesn't get paid by the plan, we absorb that and the provider doesn't have to," said Friedell. "This approach gives providers a level of safety. They don't have to worry that they won't get paid or have the headache of dealing with payers."

The safety for health care plans comes in the form of fulfillment of services through healthAlign's large network of home care providers. This prevents problems, like staffing issues, from having an impact on the services health plan members receive.

"In healthAlign's system, this is a big part of what we have tackled in our software. Our system watches fulfillment . . . and escalates situations when care is not happening. Then healthAlign team members drill down to find out what happened, getting ahead of turbulence that could exist if the member doesn't get service started when they need it," explained Friedell. "Without fulfillment monitoring, the normal reality is that there are factors that affect receiving care and the health plan may not know what is going on until the member is frustrated and unhappy with the health plan."



healthAlign's common platform also aggregates data collected from all the systems into one common report for health plans—a helpful benefit.



Data Makes a Difference

Friedell strongly believes the collection of data points on the services home care organizations provide will drive the growth of home care reimbursement.

"[Lack of data is] probably one of the biggest barriers preventing plans from more rapidly growing the level of coverage and services in the home. [Health plans] have to associate it with a return on those dollars," shared Friedell. "Intuitively, we know it's there. As an industry, home care has done a phenomenal job of telling the story of our value. We all believe the value, but more needs to be done to empirically demonstrate that. Good work is being done, but more work needs to be done there."



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In conversations with health plans, Friedell finds that insurers want more access to home care data.



Starting with Data that Matters

Adding the job of data collection to all the work a home care agency already does may feel overwhelming, but it could be easier than agencies think, according to Friedell.

"When I was inside of a home care company, my initial belief was that the most important information to a plan was avoidable utilization—like what's the impact we are having on bringing down your costs, readmission rates and things like that," shared Friedell. "Those are important data points, but what was surprising to me was that plans are also interested in data points that sometimes are much easier for providers to gather—like fulfillment rates."

Fulfillment rates are very important to health plans, so Friedell advises beginning there.

Start tracking data by collecting and tallying information on the following:

- How many referrals does your agency accept?
- How quickly do you accept referrals?
- How promptly do you have your first visit?
- Of the referrals you accept, how many of the total number of visits do you fulfill?

"All of that data is very valuable to payers and it resides in the systems of home care agencies," stated Friedell. "Outcomes and clinical data, readmission rates and cost of care are important too, but [fulfillment data] is an easier starting point."

Friedell shared, "I think HCAOA members could absolutely improve their positioning with payers simply by packaging [their fulfillment data] up better and positioning themselves to a payer, saying, 'When you give me referrals, I will accept X percent of them or fulfill X percent.' That is really meaningful to a payer. They really don't want to assign stuff to providers who can't or don't fulfill it."

As home care agencies adjust to the changing landscape, consider how your organization will navigate new health care plan relationships and the collection of data.