

Quickstart Guide to Partnerships between V1C Providers & Health Insurance Companies (Payors)

Are you a virtual-first-care (V1C) provider seeking to build relationships with payors? If so, this quickstart guide will support your efforts to establish successful relationships with payors.

Key Partners: Health Insurance Providers (Payors)

What are They?

- Health Insurance Providers (Payors) are the organizations that set service rates, determine benefits and eligibility, collect payments, process claims, and pay providers.
- The U.S. healthcare system has two major payor categories:
 - Public- or governmental-funded programs, including the Federal government programs such as Medicare and the Veterans Health Administration, as well as state-administered programs including Medicaid
 - Private or commercial payors insure populations (take the risk) or administer health benefit plans for self-funded employers.
- The commercial insurance market is somewhat fragmented, with five large national-scale organizations [covering 46%](#) of lives through their network-based care offerings to large and small businesses, individuals, and Medicaid and Medicare markets.
- Payors vary in the sophistication of their actuarial and population health analytics, scale and leverage for negotiating prices, and appetite and ability to advance risk-sharing and other value-based payment models.

Trends

The emergence of virtual-first health plans:

- Commercial payors, including UnitedHealthcare (with Optum), Cigna (with MDLive), Trustmark (with Teladoc), and Firefly Health, are partnering with telehealth providers to offer plans where the first point of contact to the medical system is virtual.

The largest insurers (United, Anthem, CVS, Cigna, Humana) are steadily increasing their capabilities as providers.

- ~10% of U.S. physicians are [employed by United](#), making it the largest employer of physicians in the U.S.

Investing in and acquiring tech-forward in-home and home visit providers to address the “last mile of care” problem and provide alternatives to emergency services, hospitalization, and skilled nursing post-acute care.

- E.g., [Humana and DispatchHealth](#); [Anthem and MyNexus](#).

“In the next ten years, I also see employers driving the de-fragmentation of digital healthcare to optimize patient care and cost savings. Employers will get out of that game and get carriers to become the conveners of these different digital health companies for all these different solutions. Employers will change the narrative and ask these carriers to build the infrastructure to integrate patient data flow so that the user experience from a healthcare perspective is as comprehensive and easy as possible rather than having HR teams across the country try to do this same work over and over again.”

- Kate Brown, head of Mercer's Center for Health Innovation ([Source](#))

Major Insurance Companies Launching V1C Services:

UnitedHealthcare

[NavigateNOW](#)

Kaiser

[Virtual Plus in some states](#)

Cigna

[MDLive](#)

Anthem

[K Health through Hydrogen Health](#)

CVS-Aetna

[Aetna Virtual Primary Care](#)

Partnership Motivations

Commercial payors are beginning to realize the value of V1C, adding primary and specialty V1C providers to complement their care networks or launching their own V1C delivery services featuring \$0 copays to incentivize members to use the services. This creates value for patients when these new programs and partnerships deliver an integrated, outcomes-focused experience for individuals. Value-based relationships built on meaningful performance metrics and powered by technology-enabled platforms show the most promise for achieving these goals. Payors that bring curated, high-value hybrid virtual bricks-and-mortar care networks that have explicit, embedded pathways for transitions of care across the patient journey will be a strong force for positive transformation.

- Employer plan sponsors will increasingly push payors to curate solutions that meet the needs of all their employees and build the infrastructure required for seamless coordination and transitions between providers in their networks.
- Payors invest heavily in building provider networks and will seek partnerships that optimize the leverage and value of their high-value networks.
- Patient experience will become an increasing driver for partnering with V1C companies as incumbent payors seek to attract and keep members in the face of increasing competition from new ‘Insurtech’ startups.

V1C - Payor Partnering Considerations

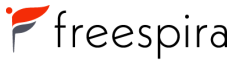
- Position V1C entities as healthcare providers:
 - Educate, educate, educate. Ensure that potential partners comprehend that V1C is clinical care, meeting and exceeding all the baseline standards of accreditation, quality, and evidence-based medicine and providing continuity of care for patients.
 - Open discussions with a solid understanding of how the V1C offering aligns with

various payor business domains and financial risk-bearing mechanisms in order to streamline contracting, e.g., managed care vs preferred provider networks.

- Favor value-based contracts:
 - Use accurate real-time, real-world patient outcomes data to power value-based contracts that showcase meaningful, goal-directed performance. This requires a strong understanding of specific outcomes the V1C provider can influence, data from a relevant benchmark group, and evidence that attributes savings to the intervention.
 - Leverage the V1C data science capabilities to enhance payor abilities to manage populations; mining payor claims data to identify and triage at-risk patients into V1C programs and improve the accuracy of risk adjustment factor (RAF) scoring.
 - Set regular partner meetings to review dashboards that include member engagement, costs, and outcomes data to rapidly and continuously improve outreach and clinical deployment.
- Set the standard for interoperability as a foundational capability for effective transitions of care and integration with other providers in the payor network:
 - V1C companies should demonstrate a modern technology stack built on FHIR standards that prioritizes interoperability and creates efficiencies for communication across a member's care team, both virtual and brick-and-mortar.
 - Collaborate to share real-time patient data to generate holistic views of members' treatment and conditions that can be used to direct services and close the loop with comanaging providers.
- Define a role for V1C solutions within hybrid value-based networks:
 - Avoid abrading existing payor networks by explicitly addressing the needs of unaffiliated or underserved members.
 - Demonstrate willingness and ability to collaborate and share information with in-person providers whenever clinically appropriate.
 - Show that you can provide consistent quality, access, and member experience across broad geographies and around the clock. Showcase proprietary data science that enables the efficient and scalable use of evidence-based multidisciplinary care teams.
 - Guide patients to high-value downstream services with preferred provider status in payor networks, including labs, imaging, procedures, and in-home healthcare providers.

Case Studies and Additional Resources

See how others are using these recommendations in practice:



Visit the [V1C Care Transitions Toolkit](#) to view additional helpful resources.