



Toolkit

**Making Health Plan Partnerships Work:
The 2025 *OPEN MINDS* Executive Seminar
On Current Contract Optimization &
Creating New Opportunities**



www.openminds.com



info@openminds.com



717-334-1329



Making Health Plan Partnerships Work: Current Contract Optimization & Creating New Opportunities: Seminar Toolkit



Monica E. Oss, Chief Executive Officer, *OPEN MINDS*

Thank you for downloading The *OPEN MINDS* Seminar Toolkit, a supplemental guide to Making Health Plan Partnerships Work: The 2025 *OPEN MINDS* Executive Seminar On Current Contract Optimization & Creating New Opportunities, a signature part of The 2025 *OPEN MINDS* Service Excellence Institute.

Throughout the toolkit, you will discover a curated selection of articles covering each aspect of how to build and succeed with value-based partnerships. The articles collectively highlight the significance of strategic partnerships with health plans, adapting to value-based reimbursement models, implementing effective revenue growth strategies, conducting thorough market research, and optimizing contract management for sustained success in the health care industry.

Join us for the in-person seminar on August 12, 2025, as part of the The 2025 *OPEN MINDS* Service Excellence Institute. This session will feature our esteemed presenters, Michael Allen, Executive Vice President and Margaret Mays, Senior Associate at *OPEN MINDS*. They will present on how to start a strategic conversation with health plans, confirm the foundational components of infrastructure needed for VBR, and demonstrate your organization's value in a way that will capture health plan's interest. Additionally, insights will be shared on securing and optimizing service agreements with health plans, as well as adopt strategies to realign your service delivery models for success in a value-focused health care landscape.

We encourage you to maximize the insights provided in this toolkit and accompanying seminar. If you have any questions on how to start the conversation with health plans, please feel free to contact mallen@openminds.com or mmays@openminds.com.



Table Of Contents

- Preparing For The Health Plan Shift Page 4
- Preparing Your Board For Value-Based Contracting Page 5
- Six More Tips For Working With Health Plans Page 6
- Four Executive Relationship Building Skills For VBR Success Page 7
- Establishing The Right Set Of Health Plan Contracts – The Right Plans, The Right Services, The Right Rates Page 8
- How To Incorporate Health Plan Partnership Preparedness Into Your Strategic Plan: A To-Do List For Value-Based Reimbursement & Risk-Based Contracts Page 9
- Evolving Health Plan Relationships To Financially Aligned Partnerships Page 10
- Health Plan Enrollment Of Consumers With Serious Mental Illnesses: An *OPEN MINDS* Market Intelligence Report Page 11
- Becoming A Center Of Excellence Page 12
- Uncovering The Challenges & Opportunities For Reimbursement: A Payer Panel Page 13



Preparing For The Health Plan Shift

By Monica E. Oss, Chief Executive Officer

For most specialty and primary care provider organizations, contracts with health plans are a strategic necessity. Health plan enrollment has grown across the commercial, Medicare, and Medicaid sectors. They control the majority of provider reimbursement for health care services—and their reach in long-term care, I/DD, foster care, and social services has extended with that expanded footprint.

But that is not the end of the strategy story. Almost 19% of health plan reimbursement to provider organizations is now in contractual arrangements with downside financial risk—with only 40% of reimbursement in traditional fee-for-service contracts with no performance requirements (see [Ten Trends You Can't Ignore](#)

[– The Sustainability Challenge & The Emerging Market Opportunities For Behavioral Health](#)).

And there is new competition for these health plan contracts that incorporate behavioral health services...


Previously Published – Newsletter Article, March 10, 2023 — openminds.com/market-intelligence/editorials/preparing-for-the-health-plan-shift/

Read More

The Growing CVS/Aetna/ Oak Street Footprint

Behavioral health conditions we treat, but are not limited to:

- Anxiety
- Depression
- Substance abuse
- Schizophrenia
- Bipolar disorder



Value Based Care Feb 20, 2023

42% of Oak Street Health Medicare Beneficiaries are Dually Eligible For Medicare and Medicaid. We Shared How to Deliver Exceptional Care For This Population

As a critical part of its mission to rebuild healthcare as it should be, Oak Street Health makes it a priority to bring high-quality primary care to all, regardless of income, background or zip code. Because we are focused on delivering...



Preparing Your Board For Value-Based Contracting

By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

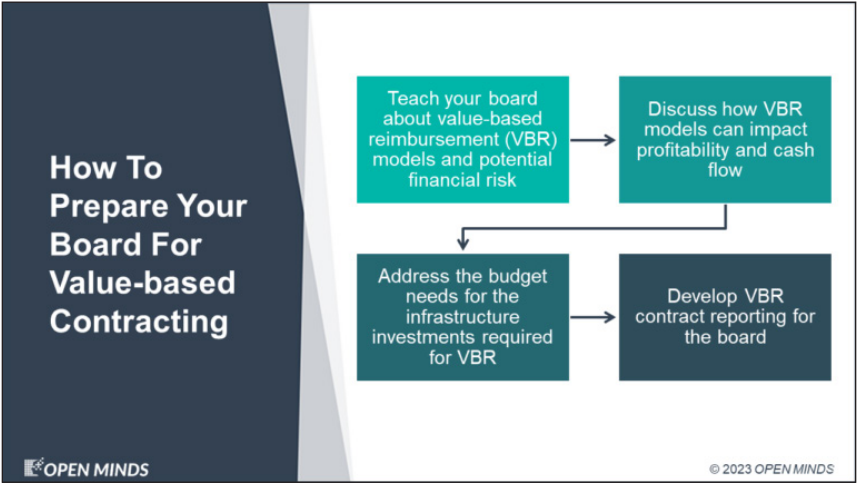
Discussions about organizational strategy can easily take a negative turn, especially when talking about whether boards of directors at specialty provider organizations are up for the challenge of governance in a value-based market. Admittedly, the focus on value and increasing financial risk in contracts is testing the limits of board governance, particularly for non-profit organizations that are often financially risk averse.

This is mostly the result of how boards have traditionally functioned. The role of board members is often focused on financial controls and financial sustainability—defined as a “positive bottom line.” For non-profit organizations, this also means seeking financial

donations to support the organization’s mission. But many of these financial management systems and practices were developed in an era of cost- or volume-based reimbursement and aren’t up to the task when reimbursement is based on performance or when those reimbursements can include downside financial liabilities.

Previously Published – Newsletter Article, March 10, 2023 — openminds.com/market-intelligence/editorials/preparing-your-board-for-value-based-contracting/

Read More





Six More Tips For Working With Health Plans

By Cory Thornton, MS, MFA, Senior Editor

The relationship between specialty provider organizations and health plans has changed dramatically over the last 10 years. At present, not-for-profit organizations increasingly rely on their relationships with health plans, accountable care organizations, or specialty benefit management companies, making the ability to obtain and retain contracts with health plans an essential element for success.

As a result of this shift, provider organizations need to invest significantly in marketing to and contracting with health plans. We cover the “how-to’s” to developing successful and sustainable health plan partnerships in our July 2023 Management Newsletter, but here I’d like to focus on six additional tips for helping you manage your health plan relationships:

1. Make certain that health plan relationship development is part of your strategy.
2. Continue to build your performance culture and capabilities.
3. Remember to focus on consumer marketing.
4. Make great customer service and satisfaction happen.

5. Invest in and leverage the right operations and clinical technologies.
6. Commit to evidence-based practices.

#1: Make certain that health plan relationship development is part of your strategy. It’s hard to underestimate the importance of health plan relationships in your strategy development process. Most Americans with insurance have their health benefits managed by some type of health plan. Building and maintaining mutually beneficial partnerships with health plans should be part of your strategic plan. It is essential that your leadership team has a deep understanding of health plans in your market, including their pain points, network and service needs, performance expectations, and preferred contracting models...

Previously Published – Newsletter Article, July 14, 2023 — openminds.com/market-intelligence/editorials/six-more-tips-for-working-with-health-plans/

[Read More](#)



Four Executive Relationship Building Skills For VBR Success

By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

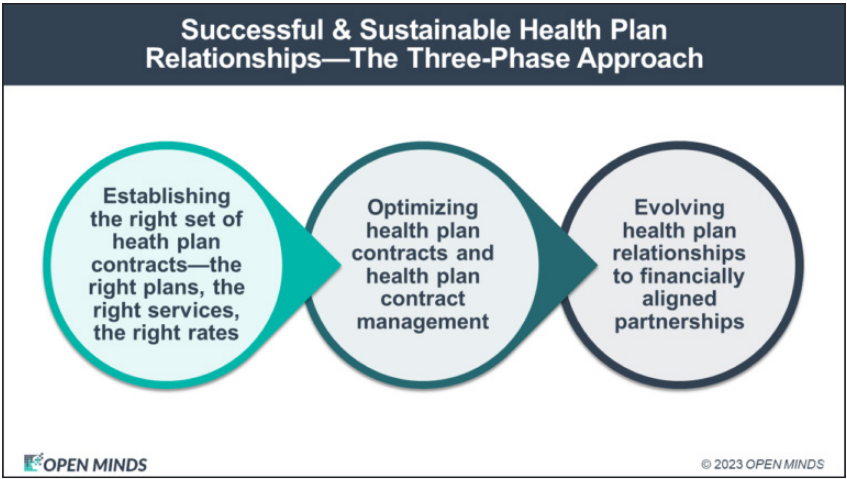
Value-based reimbursement (VBR) and risk-based contracting strategies are key sustainability issues for specialty provider organizations. Assuming that your organization can make the transition successfully from a clinical, operational, and financial perspective, the other strategic question is, “How do we go about cultivating relationships with payers and health plans in particular?”

Our team has developed a three-phase framework for doing just that. The framework starts with establishing the right contracts and the appropriate rates. From there, it focuses on optimizing and maximizing the value of those current contracts and relationships with

health plans. The third and final phase is to evolve your relationship with the payers so that it is a financially aligned partnership—a VBR relationship with substantial financial upside (and downside) possibilities...

Previously Published – Newsletter Article, March 10, 2023 — openminds.com/market-intelligence/editorials/four-executive-relationship-building-skills-for-vbr-success/

Read More





Establishing The Right Set Of Health Plan Contracts – The Right Plans, The Right Services, The Right Rates

By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

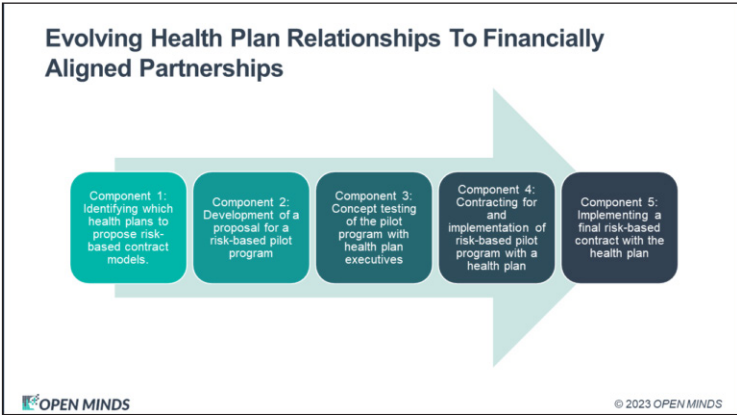
The reach of health plans is increasing, and specialty provider organizations are paying attention. More complex populations are moving to managed care through health plans. Health plans are now covering more services. Over 75% of Americans with any type of insurance have their health benefits managed by some type of health plan, accountable care organization, or specialty benefit management company. That includes 85% of Medicaid enrollees, 95% of people with employer-sponsored plans, and 40% of Medicare beneficiaries.

Additionally, health plans’ expectations of their relationships with provider organizations have changed. For health plans, the “ideal” service

delivery model has medical, behavioral, and social needs addressed together in a system that has seamless consumer services, integrated data at the consumer level, and alignment of financial incentives—think value-based and risk-based contract models...

Previously Published – Newsletter Article, July 14, 2023 — openminds.com/market-intelligence/editorials/establishing-the-right-set-of-health-plan-contracts-the-right-plans-the-right-services-the-right-rates/

Read More





How To Incorporate Health Plan Partnership Preparedness Into Your Strategic Plan: A To-Do List For Value-Based Reimbursement & Risk-Based Contracts

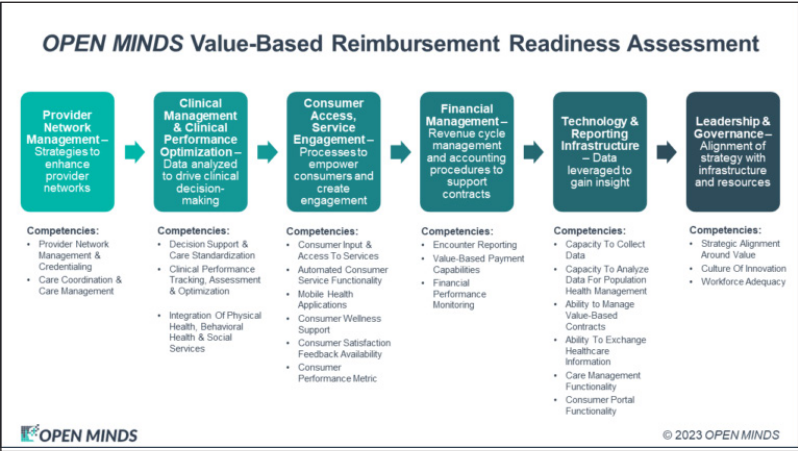
By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

This year, *OPEN MINDS* has been focused on crafting a winning strategy, including a deep dive into the four phases of strategic planning (see [Crafting Organizational Strategy: A Best-Practice Path To Success & Sustainability](#)) and a detailed process for developing a strategic vision (see [How to Determine If Your Mission & Vision Are Ready For The Future: Setting the Stage for Your Strategic Plan](#)). With that information in hand, it's now time for health and human services executives to gather and analyze the components of that plan—and few

components may be as important right now as assessing your organization's readiness for entering value-based reimbursement (VBR) and risk-based contracts with health plans...

Previously Published – Newsletter Article, March 10, 2023 — openminds.com/market-intelligence/editorials/how-to-incorporate-health-plan-partnership-preparedness-into-your-strategic-plan-a-to-do-list-for-value-based-reimbursement-risk-based-contracts/

Read More





Evolving Health Plan Relationships To Financially Aligned Partnerships

By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

When building relationships with health plans, provider organization executive teams must make “value” the central pillar of their strategies. Whether that means repositioning current services or developing new service designs, expanding relationships with health plans will depend on evolving relationships into financially aligned (i.e., value-driven) partnerships. In some ways, this is the holy grail of health plan contracting and relationships—where your organization and the health plan mutually benefit when quality and cost performance targets are met.

Keep in mind that “financially aligned” means a financially risk-based contract, and it is most likely to be both “win-win” and “lose-lose,” where your organization’s financial risk includes downsides as well as upsides...

Previously Published – Newsletter Article, July 14, 2023 — openminds.com/market-intelligence/editorials/evolving-health-plan-relationships-to-financially-aligned-partnerships/

Read More





Health Plan Enrollment Of Consumers With Serious Mental Illnesses: An *OPEN MINDS* Market Intelligence Report

Serious mental illness (SMI)—the mental, behavioral, or emotional disorders that substantially impair function in daily life, including disorders such as schizophrenia, bipolar disorder, and major depression—requires complex and long-term care. Commercial plans, Commercial ASO plans, Medicaid Managed Care, Medicare Advantage Plans, and other public plans such as TRICARE enroll people with SMI.

Gain insight into the health plans most significantly serving individuals with SMI—nationally and state by state. This report includes:

- The leading nationwide Commercial, Medicaid Managed Care, and Medicare Advantage plans by estimated SMI enrollment
- The 100 largest U.S. health plans ranked by estimated enrollment of individuals with SMI
- The top three health plans in each state with the highest estimated SMI enrollment

Previously Published – Newsletter Article, May 16, 2025 — openminds.com/intelligence-report/health-plan-enrollment-of-consumers-with-serious-mental-illnesses-an-open-minds-market-intelligence-report/

[Read More](#)



Becoming A Center Of Excellence

By Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

A center of excellence (COE) designation can be a strategically advantageous option for high-performing provider organizations. But the concept has changed over time. Historically, a research center has operated a COE program to promote best practices related to specific health care conditions but the definition has expanded (see [Centers Of Excellence In Healthcare Institutions: What They Are And How To Assemble Them](#)).

Health plans have expanded on this concept by developing programs that grant preferred status to participating provider organizations. Provider

organizations that meet specific programmatic, cost, and performance criteria typically reserve the designation for condition-specific programs. Programs receiving this designation often get enhanced rates, reduced administrative requirements, and additional referrals.

Previously Published – Newsletter Article, November 8, 2024 — openminds.com/market-intelligence/editorials/becoming-a-center-of-excellence/

Read More

Four Steps To Becoming A Center Of Excellence

1

Identify target payers and service lines for center of excellence programs for your organization

2


Evaluate your organization’s readiness to be a center of excellence

3

Apply to be a provider in an established center of excellence program or pitch a center of excellence model to a major payer

4

Implement and optimize the center of excellence program if accepted

 OPEN MINDS

© 2024 OPEN MINDS



Uncovering The Challenges & Opportunities For Reimbursement: A Payer Panel

Facilitator: Joe Naughton-Travers, Ed.M., Senior Associate & Executive Editor, Management Newsletter

This presentation took place at The 2025 *OPEN MINDS* Strategy & Innovation Institute during The 2025 *OPEN MINDS* Autism & I/DD Executive Summit. Attendees heard from Peggy Terhune, Ph.D., MBA, OTR/L, Chief Executive Officer of Monarch and David Rogers, President of Florida Community Care & Independent Living Systems discussed the complexities of reimbursement in the Autism and I/DD market. They explored the key challenges and emerging opportunities for payers, providers, and stakeholders navigating this landscape.

Presented At The 2025 OPEN MINDS Strategy & Innovation Institute – Industry Resource, June 11, 2025 — openminds.com/market-intelligence/presentation/uncovering-the-challenges-opportunities-for-reimbursement-a-payer-panel/

View & Listen