

Low-cost, high-quality groups with high-standards and data for population coverage is needed to negotiate with Medicare Advantage Providers. MVI wants to help...

Remain Independent, Negotiate as a Collective

Representation with Medicare Advantage Providers as a High-Quality Group



Why?

With the Hospice Medicare Advantage Carve-In, the day has arrived for networks to be formed to represent and negotiate on the behalf of Hospices for population/geographical coverage so they can remain independent and be prepared and positioned for this change.

MVI wants to partner and assist any existing groups or alliances as well as individual Hospices that wish to participate and use our data and Managed Care methods we have learned.

Business combinations are needed for population coverage. Alliances, affiliations and group combinations are needed to 1) set standards and 2) for negotiations with payors. We some of the elements to help such as 988 Hospice clients, practices, and the *monthly* benchmarking to monitor quality & financial performance. We also are not interested in “power” nor consolidation or “camouflaged rollups” of Hospice programs. We do not want to be king. There is simply a need that needs filled for the benefit of the Movement.

Remain Independent...

We don't want to control you... We don't want to own you... We don't want to roll you up into a conglomerate... We are willing to help in a non-threatening capacity that unites a large segment of Hospices committed to the highest ideals and highest *Standards* of quality and economic performance (with an absence of greed) to collectively negotiate with MA providers. We believe in local Hospice, but with a common set of high *Standards*. Hospice roots are community-based. We came from church basements and front porches...by people who didn't receive a penny for their efforts...

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Negotiate from Strength...

We will use our *monthly* benchmarking of 768 Hospices, extracting 989 data-elements with 922 cross-calculations, along with our finely honed *expert cost systems* (specifically designed for Managed Care) to help negotiate from a position of strength. If Hospices are managed well, good business can be done with MA providers to help them avoid costs and improve their profits & quality scores.

High Standards...

Standards are the basis of Accountability. Members will institute Accountability Structures and sensitize systems to detect deviations from *Standards*. The *Standards* are 1) Clear, 2) Impressive and 3) Sustainable. The *Standards* will be high, but not unreasonable. There are Quality and Financial *Standards*.

Regardless of where you are now, Members will get to a minimum *Profit Standard* of 6% (IPUs at +2%) within a reasonable period of time. Then we will help move Members to 14% or greater. *Quality Standards* will increase to where service failures and documentation errors are rare.

Provide HIGHER quality at LOWER cost...

This will require the implementation of Best Known Practices. Low-quality management and clinical practices will be replaced with those used by Hospices that operate in the 90th percentile statistically. Deals will be made with precise knowledge of cost such as:

- Diagnosis
- Geography/Population
- Referral Source – Nursing Home/ALF, Hospital, Physician, Physician Practice, etc.
- Payor
- Clinician and Physician
- Patient or Beneficiary
- Clinical Team or Patient-Class
- Age, Sex or other Important Demographic of a Healthcare Population

Hospices that Fail do the Standards Get a Kick-Out Notice....

If we don't do quality Hospice care, there is no **Integrity**. With high but reasonable *Standards*, we have something of VALUE to market. However, any organization not meeting the *Standards* (after a reasonable period of time) will be removed from the group. It has to be this way...

This Collective will work with other Groups, Alliances & Affiliations...

This is a *non-exclusive* network. Members can be part of other groups, alliances or affiliations. The only requirement is that the *Standards* are adhered to.

In addition, Members, or other alliances of Members, have the *freedom* to negotiate with MA providers on their own behalf as we don't want to prevent better deals for Members if they are possible. This collective is a low-cost option that complements and augments any Hospice's operational preparation with cutting-edge practices as well as strategic positioning.

Costs will be shared only when heavy legal and such expenses are incurred...

MVI believes any company that requires an annual or long-term contract lacks confidence in its products and services. We find no reason to change this. If any Hospice determines they are not happy, they can drop out of the collective at *any* time and for *any* reason.

This affiliation would only start when the collective begins to incur significant legal & other costs. The point is to start preparing NOW! MVI also honors all previous Network & Benchmarking rates as we have not increased the rate of any client in 23 years!

You have a VOICE!

This is a member/customer-driven endeavor. Your voice and opinions matter! We will listen as we always do. **All members have equal say.** Periodically, we will offer special input events to help steer the direction of this endeavor using our collective intelligence.

Every aspect of MVI has been designed around Managed Care. Managed Care is in our DNA. The Chart of Accounts, Accounting Systems, Expert Costing Systems, Benchmarking, Visit Structures, People Development System and Compensation Systems were designed for Managed Care, now the Medicare Advantage Carve-In. Fused in MVI is the Hospice mission with its emphasis on holistic, interdisciplinary care and Spirituality. We are MORE than a physical body... Hospice is more than a business... We are part of the great transition of Life...

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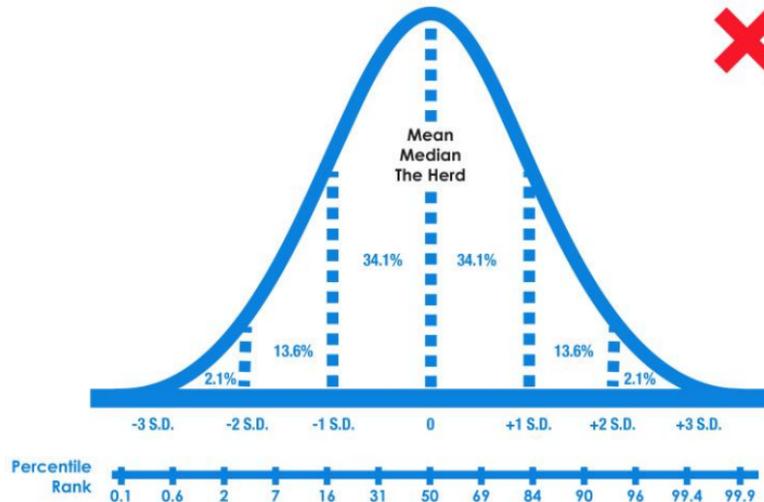
About MVI in 181 Words...

Perhaps no other organization has *meticulously* considered and cared enough about the Hospice and Homecare experience to breakdown and systematize everything from phone interactions to clinical visits to revolutionary bereavement to the enormous utilization of volunteers to the economic welfare of the mission. After working with over 1,000 Hospices and Homecare entities, MVI starts with Benchmarking to gain *professional perspective* and guides an organization all the way through the Model® with its establishment of 1) Clear, 2) Impressive and 3) Sustainable Standards. Then via *Extraordinary People Development*, an organization with near-flawless quality is created, where it can go days, sometimes weeks, and even “thousands of visits” between complaints, service failures or documentation errors. Economic results are often 200% above the median and are a *natural byproduct* of radically increased **QUALITY** which perfectly positions an organization for Managed Care and Medicare Advantage. This is the reality in the Hospice and Homecare world IF the practices of the 90th are adopted. In a healthcare world that is falling apart, there can be something that actually works... This can and should be your organization!

MVI in 1 Phrase...

Pursuit of the Truth about Life and how this world actually works...

The highest levels of quality, census and economics ever recorded in the history of the Movement are happening NOW...regardless of organizational size, region of the country, competition or other demographic as evidenced by benchmarking.
Exactly what is needed for the Hospice Medicare Advantage Carve-In!



You can choose where you want to be on the Bell-Curve!

