



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Flex Coordinator
Learning Collaborative
Week 5

Success In Healthcare Transformation

Return on Investment to Value Based Care

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The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



Webinar Series

1. Healthcare Transformation: Understanding Payment and Delivery Reform
2. Success in Transformation: How Population Health can grow Primary Care (the leader of healthcare transformation).
3. Delivery Reform for Payment Reform: Practice Transformation
4. How to demonstrate Value: Hierarchal Condition Category Coding
5. Return on Investment to Value Based Care
6. The Big Picture-RESULTS MATTER



Context: Knowing Your Value = Success

CMS has a compelling reason to transform from volume to value.

CMS leads the country in influencing healthcare payment reform.



What Value does Rural Providers offer to CMS and other payors?



Context: Knowing Your Value = Success (con't)

Rural Providers will benefit from population health programs. They are currently positioned to adopt and adapt.



Population Health,
Prevention and Wellness
is the basis of
transformation.
Primary Care services
grow and flourish in
Population Health programs.



Context: Knowing Your Value = Success (final)

Pay for value is the future and data MUST reflect value in order to get paid.

Hierarchical Condition Category coding is essential for proper documentation to demonstrate value.

Incorporating proper coding and documentation will serve rural providers in all payor relationships thus building a platform for financial success in the future.



The Paradigm Shift

Merriam Webster's definition:

Paradigm shift is "an important change that happens when the usual way of thinking about or doing something is replaced by a new and different way. This discovery will bring about a paradigm shift in our understanding of evolution.."



Managing the Paradigm Shift

A recent article published in Becker's Review noted:

“healthcare providers are moving from a traditional strategy of buying and building hospitals and simply providing care to a new and more dynamic strategy that focuses on leveraging the platform they have in place to create more value and growth via new and often more profitable streams of revenue.”



Discovery Phase

Payment Reform defines Delivery Reform

No clear endgame for Delivery Reform

No clear endgame for rural providers

Minimal alignment across payor spectrum



Framing the Shift

Multiple payors
Multiple payment methodologies
Change in demographics
Consumer demand
CMS Timelines
Cost of change
Technology
Relationships



Symptoms of a Paradigm Shift

- Change from
 - Payment from Fee for Service to Value Based Care
 - Reactive care, transactional care to proactive managed care
 - Provider siloed care to patient centered care
- Growing divide in demographics and expectations
 - Baby boomers
 - Millennials
- New types of relationships, mergers and acquisitions



Early Results of a Paradigm Shift

Providers are Overwhelmed



Concerns of the right vision, the right plan, the right trajectory for change

Resistance to change or/and new opportunities



Managing the Paradigm Shift (con't)

Continued from Becker's Review:

....Simply stated, the healthcare delivery systems of today will increasingly leverage the platform and resources that they have in place to become a hub for both health and healthcare in the future. There is a level of urgency to move quickly. Many feel that if they don't expand the role they play in both health and healthcare in their community, someone else will step in."



Return on INVESTMENT

How big is the investment?

Cost

Risk

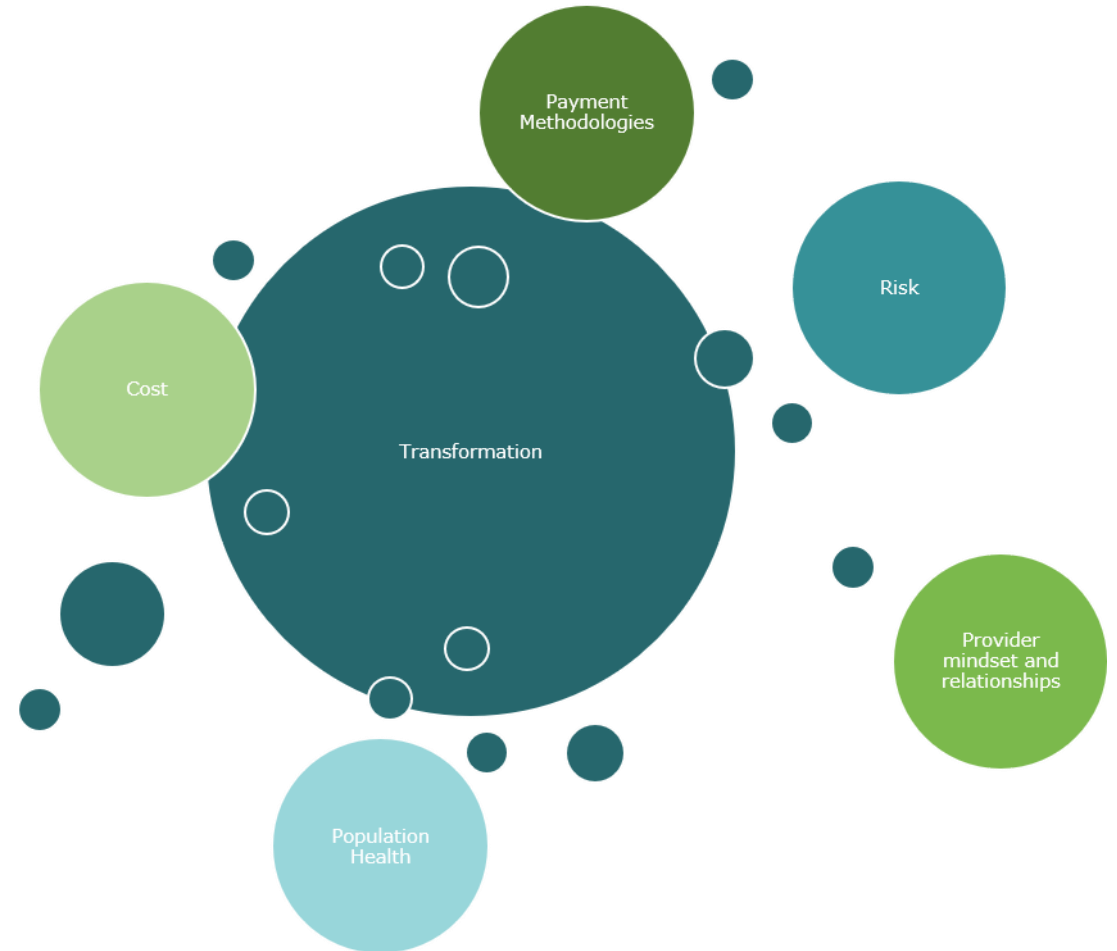
Technology adoption

Analytics

Staff

Relationships

CHANGE



Calculating the ROI

2019 POP HEALTH OPPORTUNITIES (Based on 1000 Medicare lives)

2019 Billing Code	Frequency	#	Approximate Payment	Projected # of Patients	Projected Revenue
Population Health Payments					
G0402	First 12 months of Medicare only	1	\$172	200	\$34,400
G0438	1 at 11+ months after IPPE	1	\$172	600	\$103,200
G0439	Subsequent Annual Wellness Visit every 11 months after initial	1	\$114	300	\$34,200
99497	Advanced Care Planning >1 to 30 Min as needed	1	\$86	200	\$17,200
99498	Advanced Care Planning > 31 Min follow-up to 99497	1	\$75	100	\$7,500
Chronic Care Management					
G0506	CCM - Initiating Visit - New CCM Patients Once	1	\$61	300	\$18,300
99490	CCM- non-complex >1 to 20 Min every 30 days	12	\$43	300	\$154,800
99487	CCM - Complex >1 to 60 Min every 30 days	12	\$94	200	\$225,600
99489	CCM - Complex -each additional 30 minutes as needed	1	\$47	100	\$4,700
Transition of Care Management					
99495	Transition of Care Management - TCM 7 days following I/P discharge	1	\$240	200	\$48,000
99496	Transition of Care Management - TCM 14 days following I/P discharge	1	\$160	200	\$32,000
G0505	Cognition and functional assessment Annual	1	\$227	200	\$45,400
Integrated Behavioral Health					
G0502	Initial psych care mgmt, 70 min - CoCM once	1	\$143	100	\$14,300
G0503	Subsequent psych care mgmt, 60 min - CoCM every 30 days	12	\$126	100	\$151,200
G0504	Initial/subsequent psych care mgmt, add 30 min CoCM as needed	1	\$66	100	\$6,600
G0507	Care mgmt. services, min 20 min every 30 days	1	\$48	100	\$4,800
Remote Patient Monitoring					
99453	RPM - Initial, set up and patient education Once	1	\$21	200	\$4,200
99454	Effective Jan 2019 RPM - Monthly monitoring service every 30 days	12	\$69	200	\$165,600
99457	RPM - Monthly provider check in every 30 days	12	\$54	200	\$129,600
Preventive Health Screenings					
G0444	Depression Screening Annual with subsequent AWW	1	\$35	500	\$17,500
G0442	Alcohol and Drug Screening Annual	1	\$18	500	\$9,000
G0396	Alcohol/Substance Abuse Assessment and Intervention 15-30 min. with positive initial screening	1	\$36	200	\$7,200
G8417	BMI above normal Annual		\$0	0	\$0
G0447	Behavioral Therapy for Obesity ->15 min. with positive initial screening	1	\$25	100	\$2,500
G0436	Tobacco-Use Counseling > 3 -10 min for asymptomatic patient	1	\$14	100	\$1,400
G0437/99407	Tobacco-Use Counseling > 10 min for symptomatic patient	1	\$27	100	\$2,700
G0108	Diabetes self-management training each 30 minutes	1	\$51	100	\$5,100
Diabetes Self Mgmt Education					
G0108	DSME Individual per one hour once	1	\$107	250	\$26,675
G0109	DSME Group per 30 minutes as needed	4	\$28	100	\$11,200
Q3014	Telehealth originating site facility fee Originating site facility fee	12	\$58	100	\$69,600

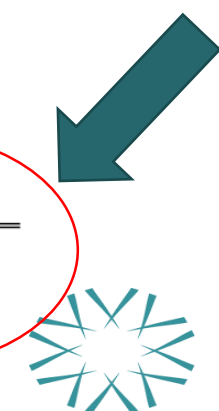
TOTAL NEW REVENUE

Expense

MA / Care Coordinator

	<u>\$1,354,475</u>
RN	\$65,000
MA / Care Coordinator	\$32,000
ROI	\$1,257,475

*Applies to FFS Providers only



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