

Thank you for joining

Lilypad Webinar #4

Practice Alignment - Integrating Specialty Care

Monday January 20, 2020 3:00 EST

We will record this 30-minute webinar and send out a link to the recording as well as the slides after the webinar

All participants will be muted



What We'll Cover Today

Strategies to Integrate Specialty Care in your RHC
RHC Fun Facts
2020 SHIP Grant Opportunity



Practice Alignment - Integrating Specialty Care

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- With uncertainty around a majority of significant provisions, such as payment, insurance, and delivery-system reforms, the healthcare industry must address future market changes
- An effective hospital primary care strategy is an essential component to address those market changes; especially in rural healthcare
 - The patients served, clinic location, and provider productivity must all be considered when developing a primary care strategy
- Since the hospital and clinic designation type can impact reimbursements and other opportunities received by the clinic, hospitals should evaluate each of the following clinic designation types to ensure an appropriate strategy:
 - Federally Qualified Healthcare Center (FQHC)
 - Provider-Based Clinic (PBC)
 - Rural Health Clinic (RHC)
 - Includes Provider-Based Rural Health Clinic (PB-RHC)
 - Free-Standing Health Clinic (FSHC)

Primary Care Clinic Designation Types



- As seen, each of the four clinic types evaluated encompass different reimbursement methodologies that greatly impact reimbursements received from Medicare and Medicaid
 - The table below highlights those differences

Reimbursement Options	FQHC	CAH	<50 Beds	FSHC
		PBC	PB-RHC	
330 Grant	Yes	No	No	No
340B Pharmacy	Yes	Yes	Yes*	No
Un-Capped Technical Charge	No	Yes	Yes	No
Method II Billing	No	Yes	No	No
Tort Reform - Malpractice Savings	Yes	No	No	No
Enhanced PPS Reimbursement	Yes	Yes	Yes	No
Additional Materials	Appendix 1	Appendix 2	Appendix 3	Appendix 4

- Additional Definitions/Regulations included as an Appendix to this presentation
- * For non-CAHs, Hospital needs to meet DSH % to qualify for 340B

Systems Approach to Revenue Optimization



- With declining reimbursements, all systems need to leverage available reimbursement opportunities to improve financial performance
- The following opportunities are available to hospitals and systems to improve reimbursements when those practices can meet certain eligibility requirements:
 1. Convert eligible practices within a health system or at a hospital to a designation that provides the most advantageous reimbursement opportunity
 2. Realign practices within a health system to leverage reimbursement advantages and additional revenue available to the system
 3. Integrate specialty practices, when possible, with PB-RHCs under a hospital with fewer than 50 beds to leverage cost-based reimbursement
 4. Acquire independent practices to leverage provider-based reimbursement opportunities and other additional revenue streams available to hospitals
 - This opportunity may not lead to a net positive return; however, will increase in functional, contractual, and governance alignment and increase the attributed lives associated with the hospital / health system

Specialty Integration

- HMC is a 15-bed, not-for-profit Critical Access Hospital (CAH) that services approximately 10,000 residents
 - HMC operates the following primary and specialty care clinics:
 - HMC Family Care Clinic, which is designated as a Provider-Based Rural Health Clinic (PB-RHC)
 - HMC Center Specialty Clinic on campus, which is designated as a PBC
 - Specialty practice included 7 providers with a combined FTE of 0.8
- HMC engaged Stroudwater to compare the net impact on reimbursements under the following scenarios:
 - Scenario #1: Reimbursements received as a PB-RHC and PBC specialty practice under HMC
 - Scenario #2: Reimbursements received as an integrated PB-RHC (primary and specialty care) under HMC

Specialty Integration

- The following table shows an average rate and reimbursements received from Medicare and Medicaid under each scenario:

Summary Data	Scenario #1 PB-RHC & PBE	Scenario #2 PB-RHC
Specialty Practice		
Medicare / Medicaid Average	\$ 217.55	\$ 235.57
Annual Visits	2,954	2,954
Reimbursements Received	\$ 642,655	\$ 695,874
Primary Care Practice		
Medicare / Medicaid Average	\$ 174.30	\$ 235.57
Annual Visits	7,378	7,378
Reimbursements Received	\$ 1,285,949	\$ 1,738,036
Variance w/ PB-RHC & PBE (Scenario #1)		\$ 505,306

- Study Outcomes:**

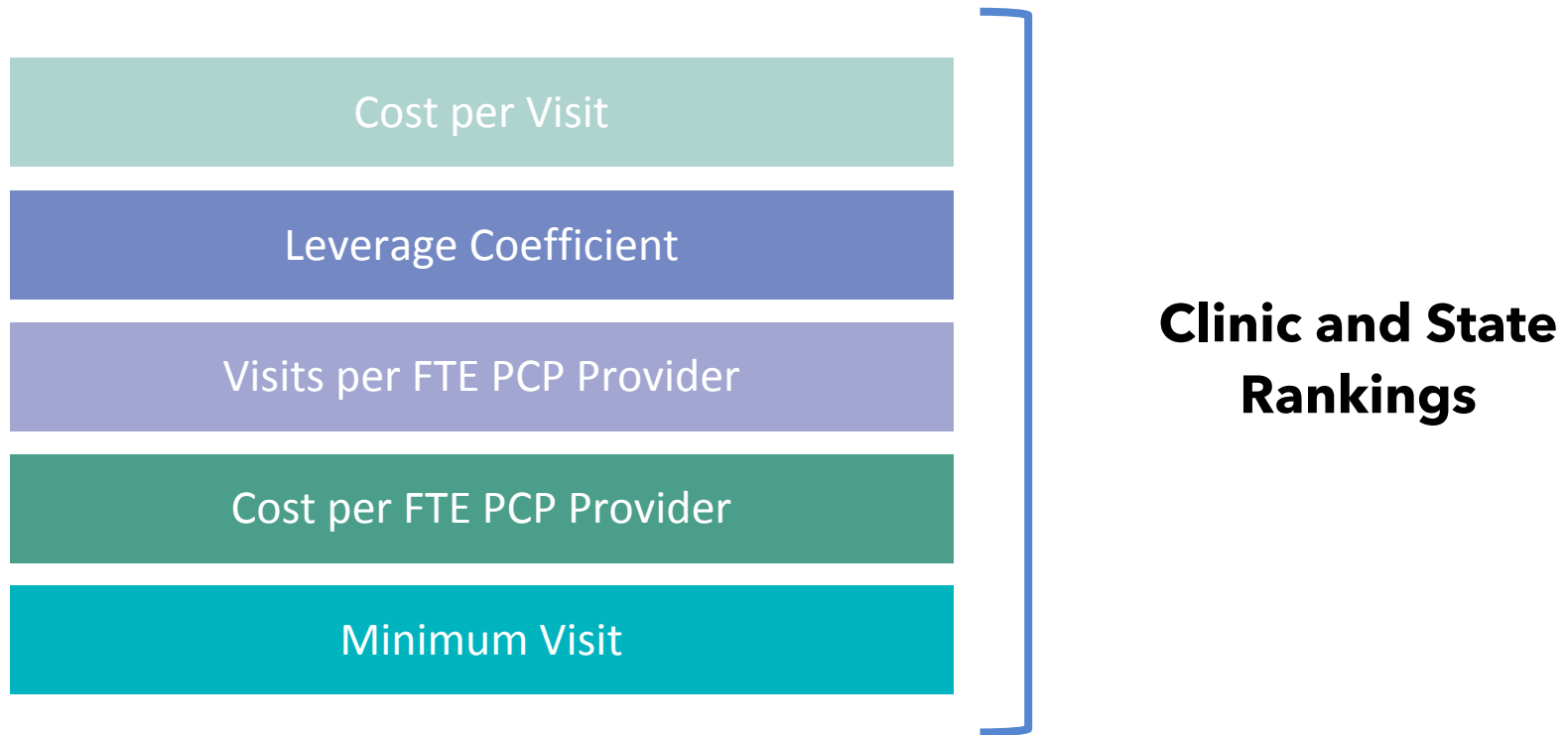
- Integrating the specialty practice (PBC) with the PB-RHC would lead to an increase in reimbursements of \$505K from Medicare and Medicaid

RHC Fun Facts

2020 Lilypad[®] Award Teaser



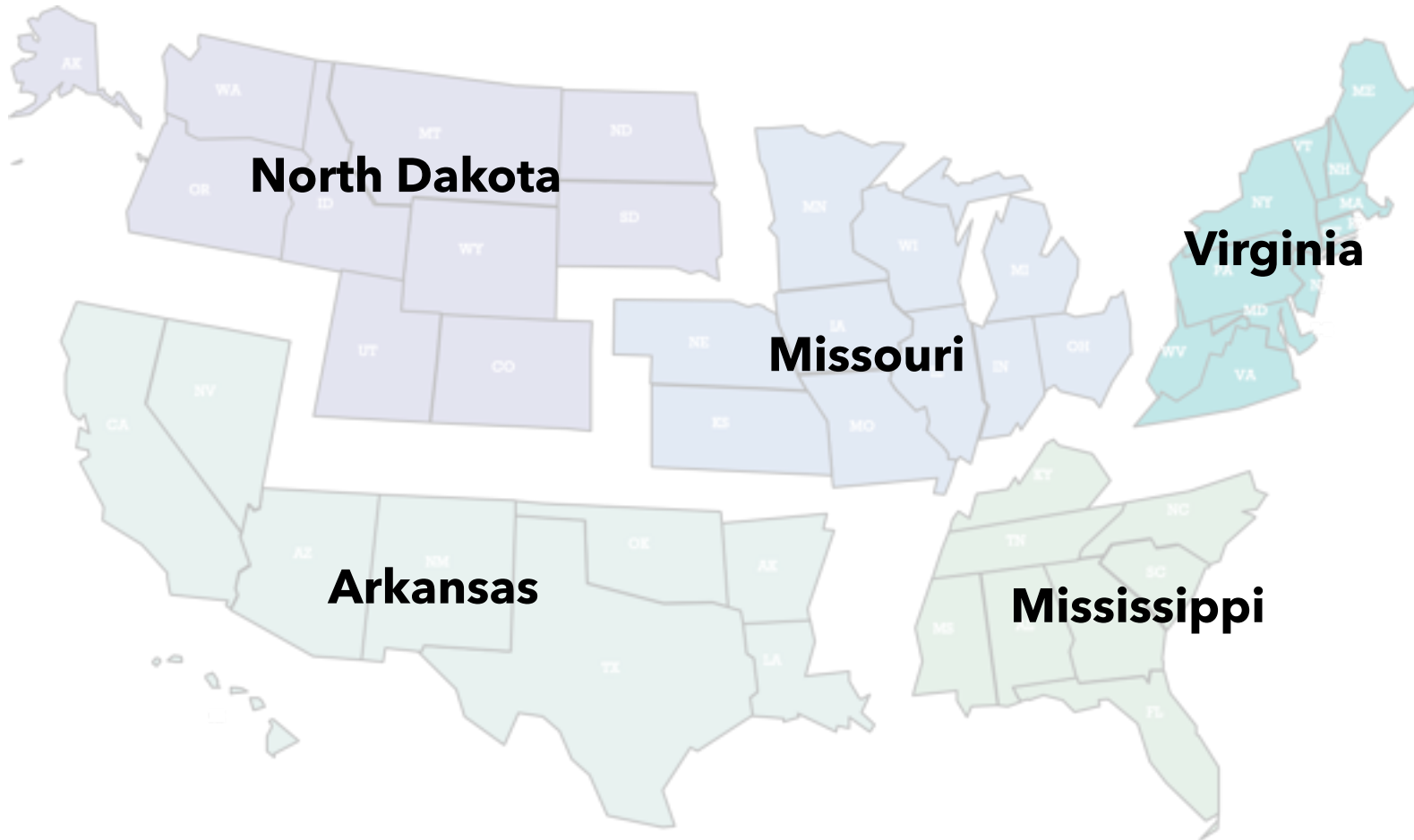
2020 Lilypad® Awards



<https://www.lilypad207.com/awards>

Top Ranked Regions

Overall Score based on Five (5) Key Metrics



About POND®



About POND[®]

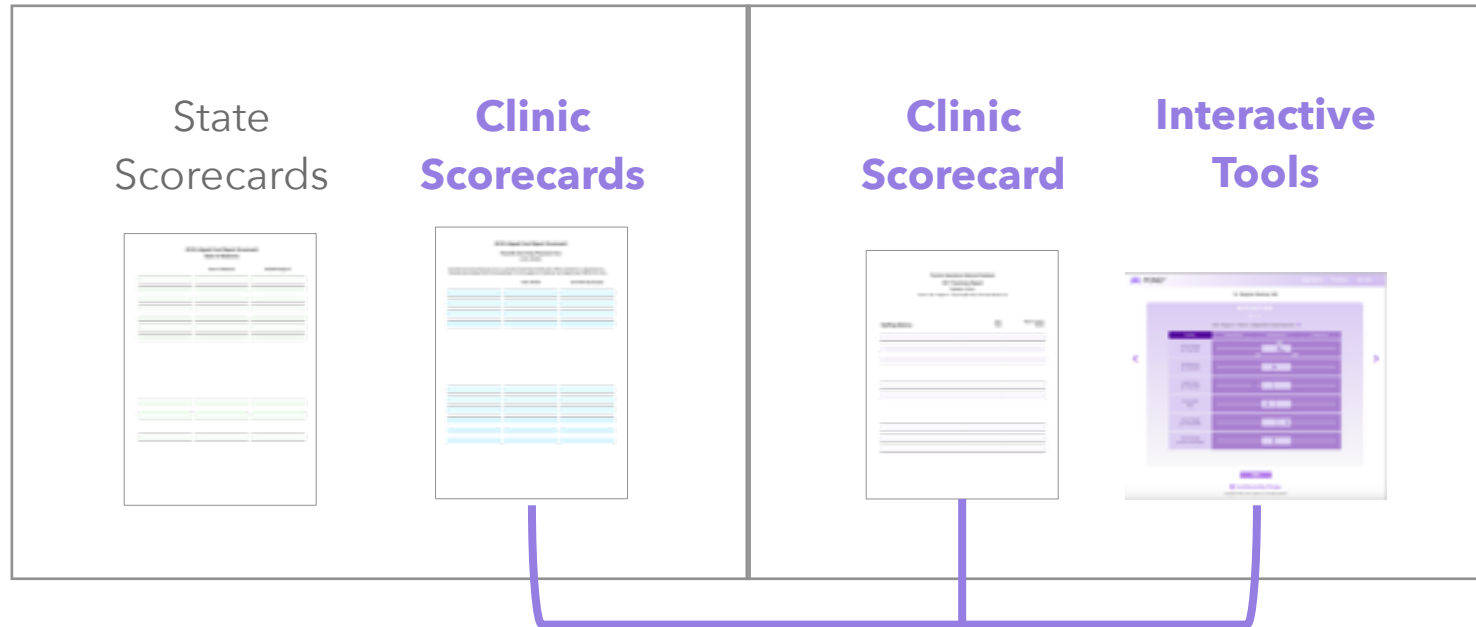


Developed by Lily pad, POND[®] is the only analytics and benchmarking system dedicated specifically to rural primary care practices

How Does It Work?

Cost Report Scorecards

POND Analytics



To gain access to these reports and tools the required data must be entered into the POND web application

2020 SHIP Grant



SHIP Grant



SHIP allowable investments include activities to assist small rural hospitals with their quality improvement efforts and with their adaptation to changing payment systems through investments in hardware, software and related trainings. This includes aiding with value and quality improvement.

Value-Based Purchasing (VBP) Investment Activity

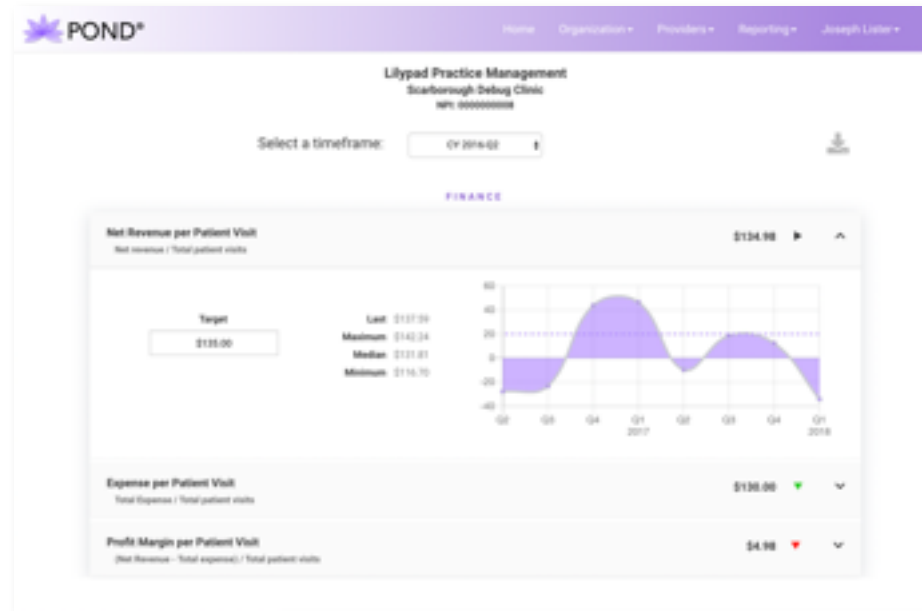
D. Provider-Based Clinic Quality Measures Education

Any activity that supports educational training for provider-based clinic quality improvement reporting and scores

\$12,000

Annual per Hospital funding

Lilypad's SHIP Grant Offering



POND® Professional
+
Rural Health Clinic Educational Resources

Lilypad's SHIP Grant Offering

Lilypad's new Practice Management web application enables RHCs to collect, report and benchmark rural relevant financial, operational and quality metrics every quarter. The tool helps clinical teams set targets, build dashboards and share information among all of your clinic staff and providers. The new Practice Management web application integrates diagnostic and educational resources to ensure your clinic optimizes :

- | | | | |
|---|----------------------------|----|---------------------------------|
| 1 | PB-RHC Consolidation | 6 | Patient Panel Development |
| 2 | Productivity Standards | 7 | HCC Education and Monitoring |
| 3 | Optimal Hospital Linkage | 8 | CCM, TCM and BHI Implementation |
| 4 | 340B Optimization | 9 | Fair Market Valuation Basis |
| 5 | Specialty Care Integration | 10 | Quality Measurement/Benchmarks |

Join Us Next Month

National and State RHC Rankings

Monday, February 17th at 3:00 EST



Thanks for Joining

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