Why focus on Managed Care?
With the rapidly changing health care environment surrounding Managed Care, there is a need for alterations in relationships among patients, physicians, and hospital organizations, However, there is little education on how to make these changes, or on how the different aspects of managed care influence provider reimbursement and revenue integrity.

Healthcare professionals need education to understand the benefits, challenges, and responsibilities of working in a managed care environment if they are to adopt new approaches to maintaining and improving quality of care for their patients. They also need standards to guide them effectively under the new and evolving managed care rules within the revenue cycle.

Your Payer Mix has Changed!
Since 2010, the payer mix of most hospitals has seen an increase in the percentage of payment from Managed Care, increasing from roughly 15% to 35% or more! Payer mix shifts occurred as the Medicare FFS category decreased with a shift to Medicare Advantage, the Medicaid FFS category has decreased with a shift to Medicaid CMOs, and a portion of State Health Benefit Plan dollars have shifted to Medicare Advantage for retirees. All of these shifts result in increased Commercial Managed Care. This has made the Managed Care/Commercial Payer category the largest for many hospitals, yet very little time has been spent focusing on this adjustment and what it means for hospital business practices.

Shift in Typical Payer Mix, 2010 to 2015

To illustrate, below is sample Payer Mix Shift using a $10 Million Net Revenue Hospital:

- **Medicare FFS** at 45% = $4,500,000  
  -30% to Medicare Advantage ($1,350,000) = $3,150,000 = 31.5%

- **Medicaid FFS** at 15% = $1,500,000  
  -30% Medicaid CMO’s ($450,000) = $1,050,000 = 10.5%

- **SHBP** at 10% = $1,000,000  
  -20% Medicare Advantage Retirees ($200,000) = $800,000 = 8%

- **Other Commercial** at 15% = $1,500,000  
  Addition of shifts from above: + $1,350,000 + $450,000 + $200,000 = $3,500,000 = 35%
Program Description

The 2016-17 HomeTown Health Managed Care Standards & Training Consortium was created to address these needs. Program education will be delivered through:

- **Education and standards** developed to guide hospitals through the new and evolving managed care environment, learning about managed care contract compliance and its effect on the revenue cycle and your financial success.

- Monthly educational **Managed Care Webinars**

- 6 Managed Care **Online Courses**

- 2-day Managed Care/Revenue Integrity/Reimbursement **Boot Camp**

- Continued **ICD-10 support**, quarterly webinars and access to ICD-10 education, to reduce the negative impact on productivity and reimbursement post ICD-10 transition.

- Assistance with communications and **collaboration between payers** and providers, helping them work together in this new environment.

The Managed Care Consortium Team

The biggest Return on Investment? Leveraging your dollars to gain the benefit of a number of industry experts and resources working together for your hospital, including:

- **Sandy Sage**, RN, Revenue Integrity Analyst, SHIP Project Director
- **Annie Lee Sallee**, MBA, RHIT, CPC, CPMA, AHIMA-approved ICD-10-CM/PCS trainer
- **Becky Tarr**, RN, CPA, Case Management-U/R, Denials Management Expert
- **Dr. James Dunnick**, 25 year Cardiologist, ICD-10 Certified Coder and Clinical Documentation Specialist
- **Kathy Ryland**, Managed Care Expert, Health Management Associates
- **Michele Madison**, Partner, Morris, Manning & Martin Law Firm
- **Kristy Thomson**, MS, HomeTown Health Chief Operating Officer
Best Practice Standards Courses
The 2016-17 Managed Care Standards & Training Course Topics will include:

- The History of Managed Care in the United States
- Managed Care Contract Compliance Oversight and Terminology
- Understanding Medicaid Managed Care
- The Management of Managed Care
- Defining and Accounting for Contractual Allowances
- Utilizing Managed Care Claims Data Effectively for Improved Revenue

Certification and Accreditation
The new courses will incorporate RISAH© training standards and result in a NEW HTHU Managed Care Professional Certification (CMCP) for individual participants. In addition, hospitals will be eligible to work toward the “2017 RISAH©” Hospital Accreditation.”

Registration & More Information
Cost for participation: $9,000 per facility. SHIP grant funds can be applied for from the SORH for this program, or hospitals can choose to participate independently. The Program includes 1 Boot Camp seat ($395 for additional seats), unlimited course access for Managed Care Consortium team members, unlimited webinar access, and Best Practice Policies.

For more information on the “Managed Care Standards & Training Consortium ” Program, or to register, please contact:

Kristy Thomson, Chief Operating Officer at kristy.thomson@hometownhealthonline.com -or-
Jennie Price, Director of Business Development at jennie.price@hometownhealthonline.com
Description

The HomeTown Health “Managed Care Standards & Training Consortium” is a collaboration of industry experts walking your team through the benefits, challenges, and responsibilities of working in a new managed care environment. The Program will begin in June, 2016 and run through May, 2017.

2016-2017 Deliverables:
Program education will be delivered through:

- Education and standards to guide hospitals through the new and evolving managed care rules within the revenue cycle
- Monthly educational Managed Care Webinars
- 6 online Managed Care Courses
- 2-day Managed Care/ Revenue Integrity/ Reimbursement Boot Camp
- Continued ICD-10 support through quarterly webinars and access to ICD-10 education on HTHU.net through May 31, 2017, to reduce the negative impact on productivity and reimbursement post ICD-10 transition.
- Assistance with communications and collaboration between payers and providers

Program Pricing (Please Select One)

☐ One time billing: $9,000 (to be billed June, 2016)
☐ Quarterly billing Payments of $2,250 (to be billed June, 2016/ September, 2016 / December, 2016 / March, 2017.)

DISCLAIMER: All reasonable steps are taken to assist a facility in achieving best practice/compliant operating procedures and the improvement of financials. Due to various external factors, HomeTown Health or its partners cannot be held liable if the facility does not achieve compliance due to factors such as, but are not limited to: poor cooperation by facility, lack of staff training, payer/patient mix, etc.

__________________________________________  __________________________________
Hospital/Facility Name                             Billing Address

__________________________________________  __________________________________
Print Contact Name, Title                         Contact Email

Phone (Direct)

In Witness Whereof, the parties have hereunto set their hands on the day and date first written above.

Official Hospital Signature: ___________________________  Date: __________

Official HomeTown Health Signature: ___________________________  Date: __________

Kristy Thomson, HomeTown Health, LLC

Please also attach a list of contacts/emails that you would also like to receive notifications for training events.