Medicaid and Medicare cuts are projected to exceed $123 billion over the next 10 years through:

- Accountable, Coordinated Care
- Preventable Admissions
- New Inpatient Criteria
- Readmissions Adjustment Factor
- Value-Based Purchasing
- Bundled Payments
- POA, HAC’s, HAI’s

5 CRITICAL ELEMENTS OF REVENUE INTEGRITY:

1. Building a multidisciplinary team to support revenue integrity
2. Developing department-specific charge capture teams
3. Providing ongoing education and training on best practices for charge capture and coding
4. Leveraging new technology and business support services
5. Establishing a proactive approach to managing audits and compliance

REVENUE INTEGRITY MEETINGS

- Does your revenue integrity team address these five key areas?
  - Accuracy of patient information
  - Verification of payer information and policies
  - Accuracy of documentation
  - Processing of claims
  - Accuracy of payment

AGREE OR DISAGREE
ACA driving Volume-based care to Value-based healthcare

From an interview with consultant and health care futurist Ian Morrison, Ph.D.:

- We're in this shift, but there's not much agreement and clarity about the exact pace of change.
- That's because when you're a volume-based business, you're trying to fill a hospital; in the population health-based model, you're trying to empty it. When people confront the financial and clinical realities of what that means, they say, "Wait a second!"

# 1 Rural Challenge with value-based care

First, rural hospitals struggle with clinical integration — bringing doctors on board and building a culture of accountability for performance.
- Accountable Care being held accountable for performance based on quality and economic efficiency.
- reluctance to implement Electronic Health records (EHR) — Meaningful Use
- ICD-10 — driven by physician documentation in order to code and be paid accurately.

PPACA Payment Reform — puts safety net hospitals at higher risk

In order to achieve $716 Billions in Cuts:
- Value-Based Purchasing - VBP is a payment methodology that rewards quality of care through payment incentives and transparency.
- Accountable Care Organizations – ACO’s – One payment for each episode of care – Providers share savings 50/50 with payers.
- Payment Bundling – One procedure payment (CT, Lab, per day per provider for the same diagnosis).
- Primary Care Medical Home – PCMH – Primary Care physician paid a stipend to manage care of assigned patients.
- Payment Caps – Therapy Cap (PT, OT, ST) - $3700 per year
- Readmission Penalty – up to 3% for readmissions for same Dx within 30 days.
**STANDARD OPERATING PROCEDURES**

**WHY SOP’s?**
For healthcare operations

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**ACA initiatives mandate 9% in Cuts to Medicare Reimbursement over 5 years**

**ACA** – Billions in Cuts, Move from Volume-based to Value-Based Care, Hospital Closures

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**HomeTown Health Focus on Survival:**

**EDUCATION – EDUCATION - EDUCATION**

- Policy Maker Tours - 6 years –37Policymakers
- Grass Roots – Local County Support
- Hospital Authority / Board Education on Payer Mix model
- Monthly Medicaid & Medicare Webinars providing hospitals with updates & training.
- HTHU.net – Online university to educate rural staff on new regulation
- Policymaker Education Opportunities like today!
THANK YOU!
Questions?
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