Why focus on Managed Care?
Despite the rapidly changing health care environment under managed care and the need for alterations in relationships among patients, physicians, and hospital organizations, there is little educational information on how 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; and, they 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.

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 in collaboration with the HomeTown Health Revenue Integrity Standards Accreditation in Healthcare (RISAH©) Committee including representatives from Managed Care Organizations and Managed Care Experts who will offer hands on training and updates

- Monthly educational **Managed Care Webinars**

- **6 online courses** to support “Best Practice” Standards

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

- Continued **ICD-10 support** and access to ICD-10 education delivered in the SHIP FY 2014-15 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, 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 a 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
- **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
- **Michele Madison**, Partner, Morris, Manning & Martin Law Firm
- **Kristy Thomson**, MS, Director of Education
- Representatives from numerous Managed Care Organizations
Best Practice Standards Courses
The 2016-17 Managed Care Standards & Training Course Topics will include:

- Understanding Managed Care and Reimbursement Models
- Managed Care Contract Terminology and Best Practices
- Measuring and Improving Managed Care Contract Performance
- Merit-Based Payment Programs for Hospitals and Physicians
- 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 participating in the 2016-17 Managed Care Consortium after completing the 2015-16 REV UP Your Revenue Cycle Program will be eligible to work toward the “Level Two 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, Director of Education kristy.thomson@hometownhealthonline.com -or- Jennie Price, Director of Business Development at jennie.price.hth@gmail.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 developed in collaboration with the HomeTown Health Revenue Integrity Standards Accreditation in Healthcare (RISAHC®) Committee including representatives from Managed Care Organizations and Managed Care Experts who will offer hands on training and updates
- Monthly educational Managed Care Webinars
- 6 online courses to support “Best Practice” Standards
- 2-day Managed Care/ Revenue Integrity/ Reimbursement Boot Camp
- Continued ICD-10 support 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, helping them work together in this new environment.

Program Pricing (Please Select One)

☐ One time billing: $9,000 (to be billed May, 2016)
☐ Quarterly billing Payments of $2,250 (to be billed May, 2016 / August, 2016 / November, 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.