POPULATION HEALTH SERVICES



Value-Based Reimbursement and Care Management Programs

LBMC utilizes a robust team of Population Health advisors to assist with Value-Based Contracting Reimbursement, Hospital Employee Health Plan Savings, Population Health Readiness Assessments, Accountable Care Organization (ACO) operational reviews, Clinically Integrated Network (CIN) development/implementation, and Post-Acute Strategy development/implementation to reduce readmission rates and related penalties.

Our Services



Value-Based Contracting & Reimbursement

- Medicare Standard Advanced Payment Models (Medicare Shared Savings Program, Bundled Payments for Care Improvement, etc.)
- Medicare Advantage Agreements (Patient Centered Medical Home, Quality Care Partnership Initiative, etc.)
- Large Self-Insured Employer Shared Savings Agreements (Health System Employee Health Plans, Community Employers, etc.)



Readiness Assessments & Strategy

- Value-based contracting & reimbursement assessment
- ACO & CIN readiness assessments
- Strategy & roadmap design

ACO = Accountable Care Organization

CIN = Clinically Integrated Health Network

LBMC Fast Facts

#32

Nationally, offering tax & audit services in almost 40 states

700 +

employees

3,000+

healthcare clients

200+

dedicated healthcare professionals

12

healthcare-focused service lines



Design & Implementation

- ACO/CIN physician network design
- Implementation of value-based contracting roadmap
- Standing up capabilities & network functions



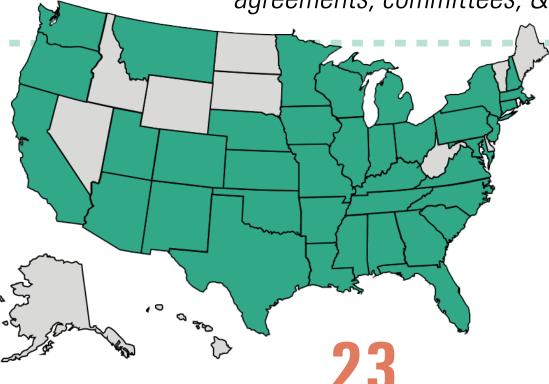
Population Health Management

- Facilitating transitions of care and post-acute management
- Data analytics program development
- Care management program development



Phyician Network Development & Agreements

- Supporting development of health system & provider ACO/CIN networks
- ACO & CIN governance structure, participation agreements, committees, & task forces



year old healthcare practice

30 +

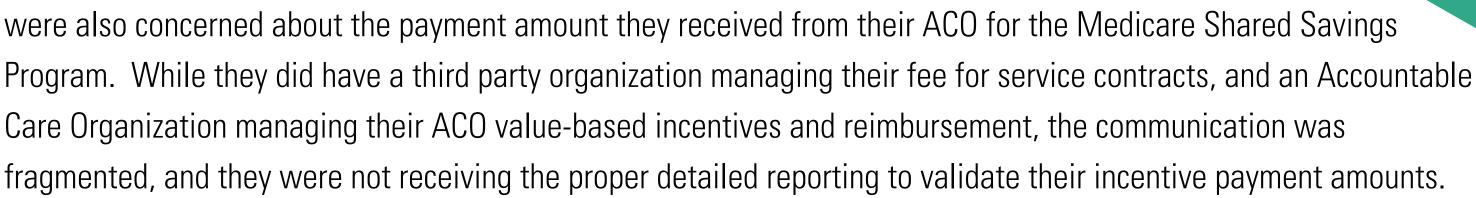
years serving the industry

LBMC.com Nashville Knoxville Chattanooga Charlotte

Case Study

Situation

A large regional provider organization was concerned with the reimbursement payments they were receiving from their value-based contracting. They were experiencing flat reimbursement, particularly from their Medicare Advantage, Patient Centered Medical Home (PCMH), and Quality Care Partnership Initiative (QCPI) incentives. They



Approach

We conducted a detailed review of several Medicare Advantage contracts that included value-based incentives for Patient Centered Medical Home, and Quality Care Partnership Initiative (QCPI). We reviewed the payment levels for each of the individual incentives, and compared these payments to benchmark standards. We then developed a strategy and a timeline for conducting negotiations regarding those incentives that needed to be negotiated, including QCPI Star Ratings, Care Management Component, Utilization Component, Annual Wellness Visit, Efficiency Improvement, and Patient Experience incentives. We then reviewed the medical loss ratio percentage, and the associated surplus and deficit payment clauses. An assessment was then conducted on the ACO quality incentive payments from the ACO incentive distribution model calculations, to ensure all the proper payment variables and payment amounts were included in the calculations.

Outcome

We uncovered several reimbursement opportunities within the fee for service contracts, and although the majority of the non-ACO value-based reimbursement levels were at benchmark, we uncovered a few areas to negotiable that will also lead to an increase in reimbursement. The total overall projected reimbursement increase was estimated at approximately \$300,000.

Industry Leadership

LBMC leaders are shaping the national conversation in publications:

Modern **Healthcare** **Bloomberg Business**



THE WALL STREET **JOURNAL**

FORTUNE



The New Hork Times



Forbes







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