

Maximizing Medicare Shared Savings



What was your shared savings revenue last year?

What was your average attributed beneficiary reimbursement last year?

If you could add 20% to your Medicare beneficiaries, how much would your shared savings reimbursement rise?

Most importantly, what is your strategic plan to protect and grow your Medicare beneficiaries?

In today's reimbursement world, a real battle is taking place over who controls patients. Providers must aggressively maintain and grow their patient panels if they are going to survive financially.

Plurality and continuity of care is how attributed beneficiaries are assigned. One would think that the primary care physician, being the one who controls preventive care, should be the attributed beneficiary. Oftentimes, that is simply not the case. If a "doc in the box" is where a patient goes more often for the flu, minor ailments, or occasional prescriptions, then the "doc in the box,"

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even without a relationship, could become the controlling physician in the eyes of Medicare. The same holds true for specialists. If a cardiologist or other specialist is seen as providing more care, then the specialist will become the controlling physician.

The truth is that few groups and hospitals have strategic plans in place to protect and grow their Medicare beneficiaries. At the same time, we hear a great deal about population health management. Again, few groups and hospitals really have a plan to truly impact patient health management. Most simply throw up their hands and consider such talk an impossibility. After all, how do you manage the health of a population that you rarely see or hear from?

What if there were a solution proven to reduce hospital admissions by up to 50%, with a proven strategy to proactively close care gaps and a method to protect and grow your Medicare population?

A well managed Chronic Care Management (CCM) program can accomplish these goals and much more! The reason Chronic Care Management reimbursements are increasing by up to 50% in 2022 is that it works.

Chronic Care Management requires 20 minutes of monthly telephonic communication and work on behalf of the patient. In addition, CCM patients are required to have telephonic healthcare access 24-hours, 7 days-a-week, 365 days-a-year. If a provider is contacting the patient monthly, they are almost assured that the patient will be an attributed beneficiary. In addition, with a little planning, patient satisfaction scores will soar!

Closing Care Gaps

A proactive CCM program focuses on closing care gaps. We recently provided a CCM pro-forma to a hospital CEO that demonstrated a healthy profit from outsourcing the service. The CEO then said, "You missed it by a long-shot." He had studied his Medicare population and recognized that his facility's revenue would increase by a multiple of our estimated profit just by inviting patients to the facility to close care gaps. These gaps might include: mammograms, colonoscopies, pneumococcal pneumonia vaccinations, flu shots, depression screening...

Social Health Issues

A good CCM program focuses on social health issues. In fact, the majority of issues addressed by a good CCM service focus on social issues. How many providers and hospitals have the resources and time to address such challenges?

Consider a not so unusual CCM call to a Medicare recipient on a fixed income. Upon learning that Barbara isn't feeling well, the clinician asks, "What's wrong?"

How many providers and hospitals have the resources and time to address social issues?

Barbara's response:

"You know I'm on a fixed income. Sometimes I have to decide between buying food or buying meds. This month I decided to buy food."

At this point a quality CCM provider will know a food pantry to fill Barbara's cupboards and pharmaceutical resources to secure needed medications. Then Barbara is assured that if she ever has such problems again, she needs to call her CCM provider immediately.

Consider a few other social issues a solid CCM provider might regularly address:

- ✚ Rent assistance
- ✚ Transportation to the medical provider
- ✚ Utility assistance
- ✚ Oxygen tank refilling assistance
- ✚ Keeping patients out of the emergency room by providing alternatives...

Conclusion

The CCM program has been arguably Medicare's most effective program to date. The layers of value go well beyond simple convenience and additional FFS revenue. Healthcare leaders and Providers are quickly realizing that offering a scaled, well run CCM program is essential to maximizing success in this new age of healthcare.