Connecting the Dots – Bridging Clinical Documentation and Billing for Value-Based Care

Virginia Community Healthcare Association

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AGENDA

1. Value-Based Care definition and purpose
2. Intersection of clinical care and revenue cycle
3. Implementation considerations
4. Financial & compliance considerations

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Value-Based Care Clinical & Revenue Cycle Crossroads

Definition & Purpose

- Per CMS – value-based care is care that is focused on quality, provider performance, and patient experience
- Since 2006
- FQHCs slow to adopt value-based care
- Patient centered care model
- Build trust between patient and provider
- Improve health outcomes
- Financial incentives

Value-Based Care Clinical & Revenue Cycle Crossroads

Participants

- Accountable Care Organizations (ACOs)
  - Steady increase since 2014
  - 60% of doctors working in a practice that is part of an ACO
- Clinically Integrated Networks (CINs)
- Government payors
- Commercial health plans
- Physician practices (i.e., private, hospital based, FQHC, RHC)
- Patients

Value-Based Care Clinical & Revenue Cycle Crossroads

Services

- Services geared toward prevention
- Types of services that typically qualify for Value-Based Care
  - Preventive care
  - Chronic disease management
  - Behavioral health services
  - Maternal and child health services
  - Long-term care services

Value-Based Care Clinical & Revenue Cycle Crossroads

Payment Models

- Accountable Care Organizations
- Bundled Payments
- Patient-Centered Medical Homes
- Pay-for-Performance
- Capitation
- Shared Savings and Shared Risk

Value-Based Care Clinical & Revenue Cycle Crossroads

Payment

Connect payment amounts for services provided to patient to the results that are delivered

- Quality
- Equity
- Cost

Incentive-based

Hold physicians accountable through performance measures

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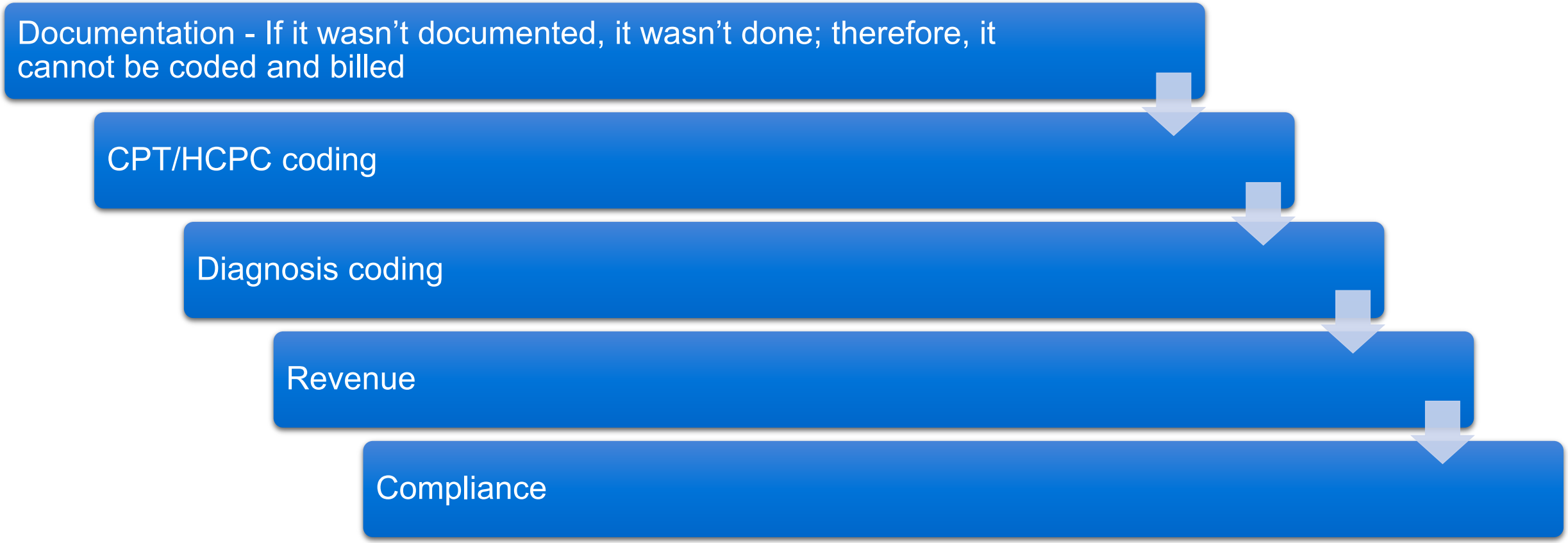
Value-Based Care Clinical & Revenue Cycle Crossroads

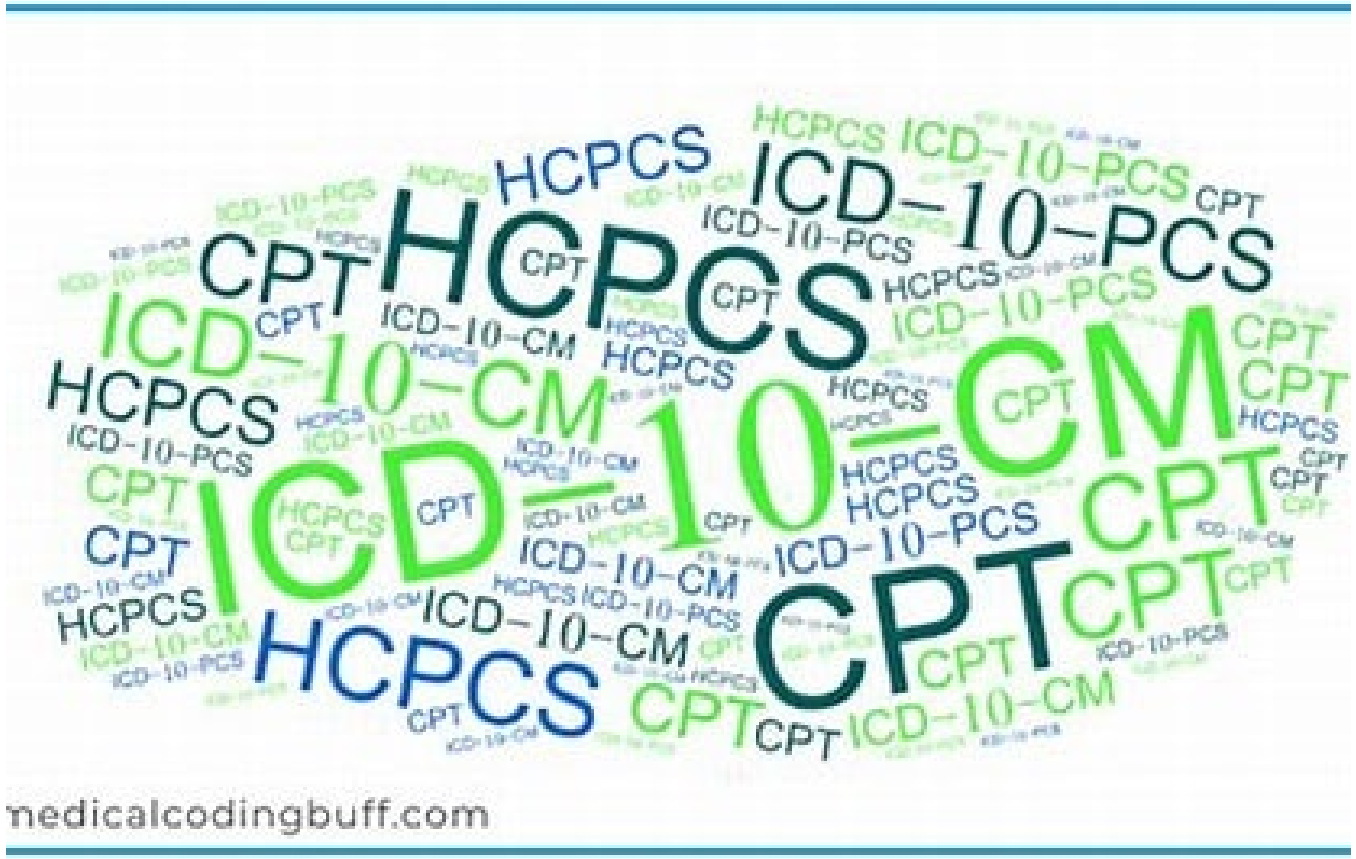
Coding & Documentation



Value-Based Care Clinical & Revenue Cycle Crossroads

Implementation

- Documentation & code selection
- Highest level of specificity
- Avoid unspecified codes



Implementation

Integrate financial and clinical data

Data and predictive analytics

Revenue Cycle Management tasks

Patient Engagement

Interoperability

Value-Based Care Clinical & Revenue Cycle Crossroads

Implementation

Data collection and use

Sharing of data

Timely
Relevant
Actionable

Payment elements

Identify patients
Financial target
Feedback

Individual payor requirements

March 2020 – 2022 > 100,000 payor requirement changes

Value-Based Care Clinical & Revenue Cycle Crossroads

Challenges

- Individual payor requirements
  - March 2020 – 2022 > 100,000 payor requirement changes
- Data collection
- Risk
- Unpredictable revenue stream
- Insufficient resources
- Inefficient workflows
- Buy-in
- Fragmented care delivery

Compliance Considerations

Anti-Kickback Statute – forbids any type of payment in return for patient referrals

Payments reflect fair market value – financial incentives based on actual performance

OIG requires you maintain documentation that details the arrangements structure, goals and duration

Stark Law – limits provider's self-referrals for designated health services

Managing patient data (HIPAA)

Conduct audits and training

Common legal risks and penalties

- Fines and repayment
- Kicked out of federal healthcare programs
- Damage to reputation

Q & A

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THANK YOU