



Business Plan Review

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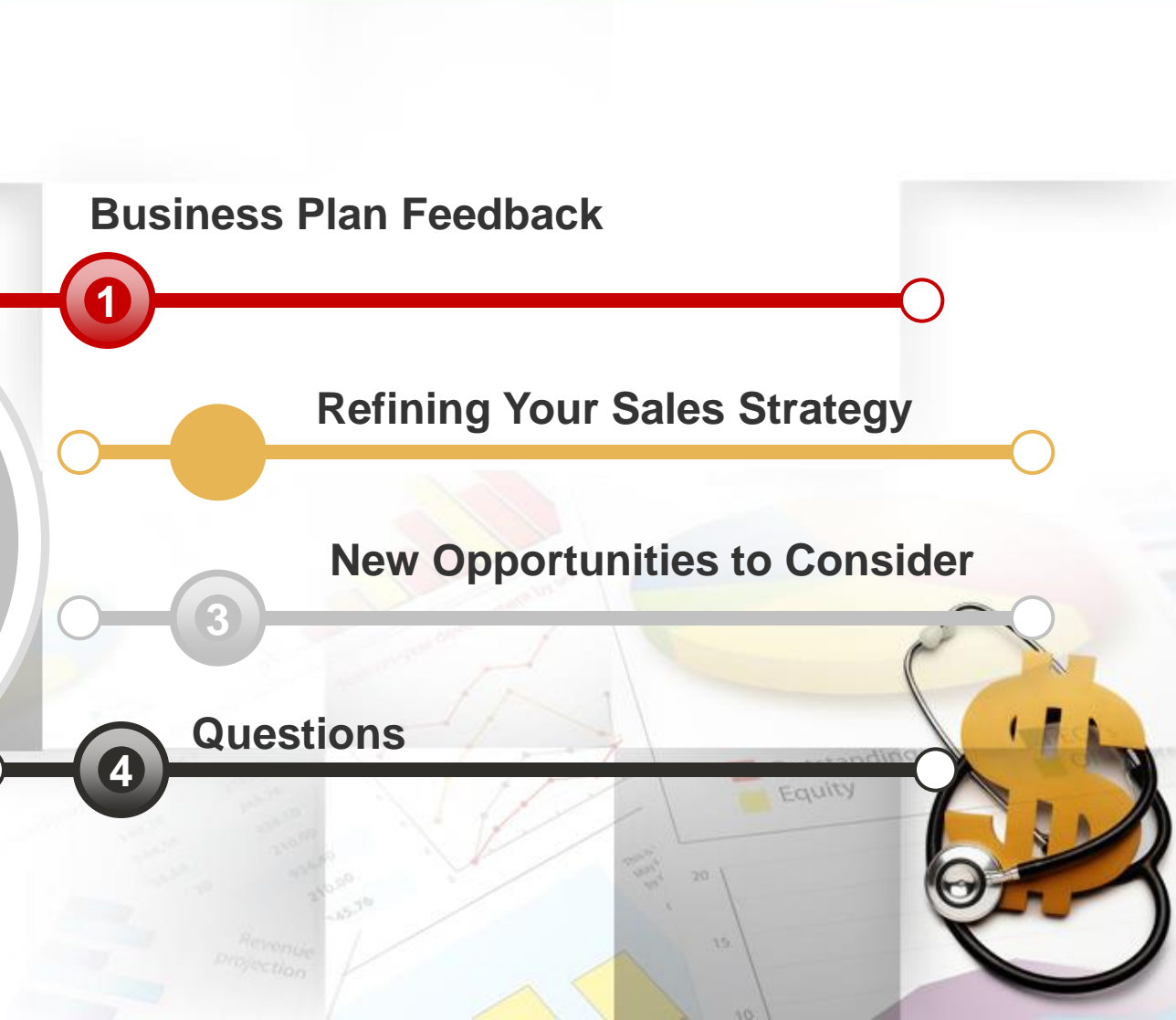
Business Plan Feedback



Refining Your Sales Strategy

New Opportunities to Consider

Questions



Business Plan Feedback

- Business Plans Review
 - Comprehensive
 - Keen Awareness of Market Forces Impacting Healthcare
 - Immediate opportunities for increased revenue sometimes overlooked
 - Opportunities to leverage current strengths to meet healthcare challenges creates a “Win-Win” situation
- Business Plans are a living document
 - Track your progress and refine your plan
 - Strategy and timeline map a path for success



Business Plan Section:

MARKETING / SALES STRATEGIES



Alignment with Value-Based Payment Models

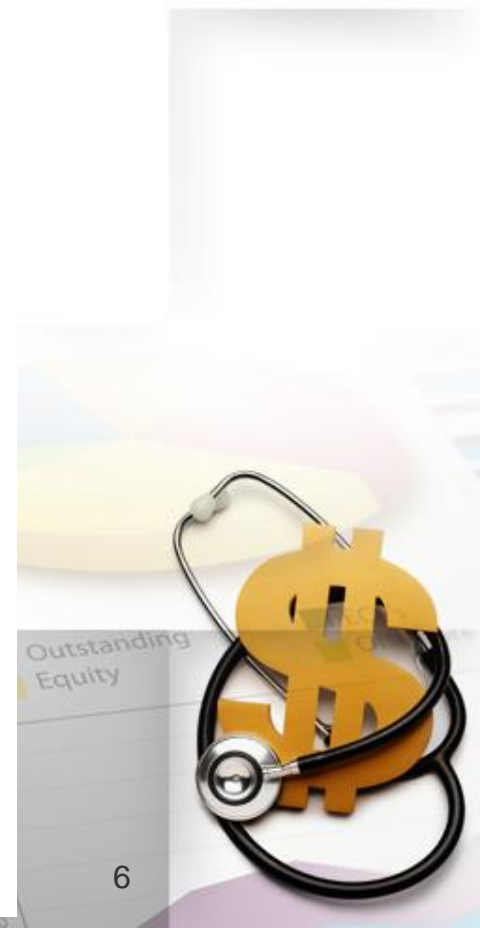
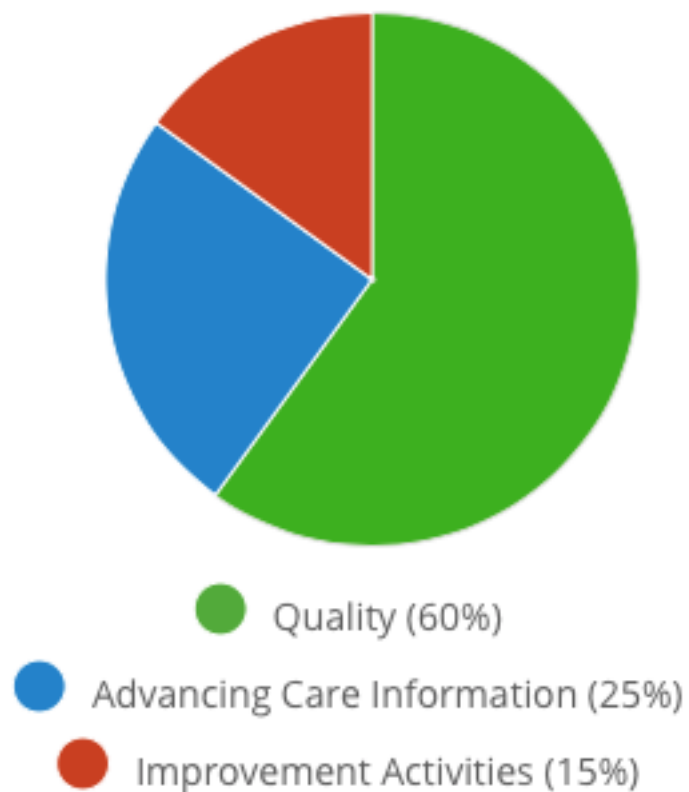
- Medicare FFS beneficiaries have a profound impact on physician performance in value-based payment models
 - Quality and Cost measures are directly correlated with the number of persons with two or more chronic conditions
- MACRA
 - Merit Incentive Payment System (MIPS)
 - Alternative Payment Models (APMs)
 - ACOs
 - Bundled Payment
- Costs
 - Admissions/Readmissions
 - Post-Acute Care Utilization (Rehab, SNF, etc.)



Provider Merit Incentive Payment System

MIPS Overview

2017 MIPS Performance



Medicare Beneficiary Data: State/County Penetration

- <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-State-County-Penetration.html>

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is present with the placeholder text "type search term here" and a "Search" button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows the breadcrumb trail: Home > Research, Statistics, Data and Systems > Medicare Advantage/Part D Contract and Enrollment Data > MA State/County Penetration. On the left, there is a sidebar with a list of links under the heading "Medicare Advantage/Part D Contract and Enrollment Data". The main content area is titled "MA State/County Penetration" and includes a "Show entries: 10" dropdown, a "Filter On:" search box, and a table with columns for "Title" and "Report Period".

Title	Report Period
MA State/County Penetration	2017-05
MA State/County Penetration	2017-04
MA State/County Penetration	2017-03
MA State/County Penetration	2017-02
MA State/County Penetration	2017-01
MA State/County Penetration	2016-12
MA State/County Penetration	2016-11
MA State/County Penetration	2016-10

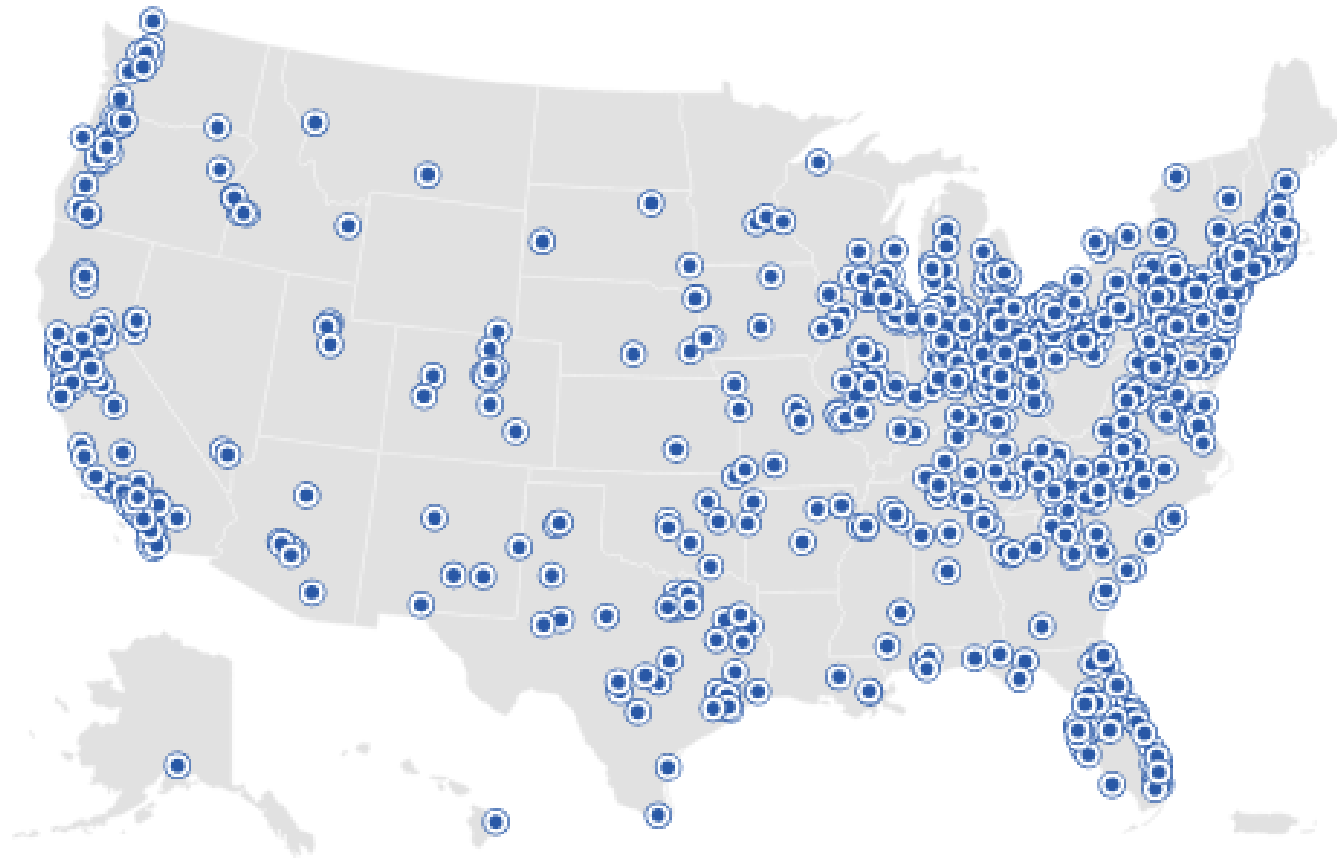


Provider MIPS Categories applicable to CBOs

- Quality
 - Diabetes outcomes
 - Depression screening
 - Fall risk
- Advancing Care Information
 - Referrals to community programs
 - Send a summary of care
- Improvement Activities
 - Care transitions documentation
 - Engagement of community for health status improvement
 - Evidence-based interventions to promote self-management
 - Chronic care and preventive care management



Is there a Bundled Payment Program Near You?



Source: Centers for Medicare & Medicaid Services

Background



Market Opportunity Analysis

- Hospitals in your market
 - Readmissions / Admissions
 - ER Utilization
 - Post-Acute Care Provider Network
- Physician market
 - Hospital-Owned Practices
 - Independent Practices
 - Specialists vs Primary Care
- Accountable Care Organizations
- Bundled Payment programs
- Medicare FFS Beneficiaries in your market



CMS Medicare Chartbook:

CHRONIC CONDITIONS

AMONG MEDICARE BENEFICIARIES

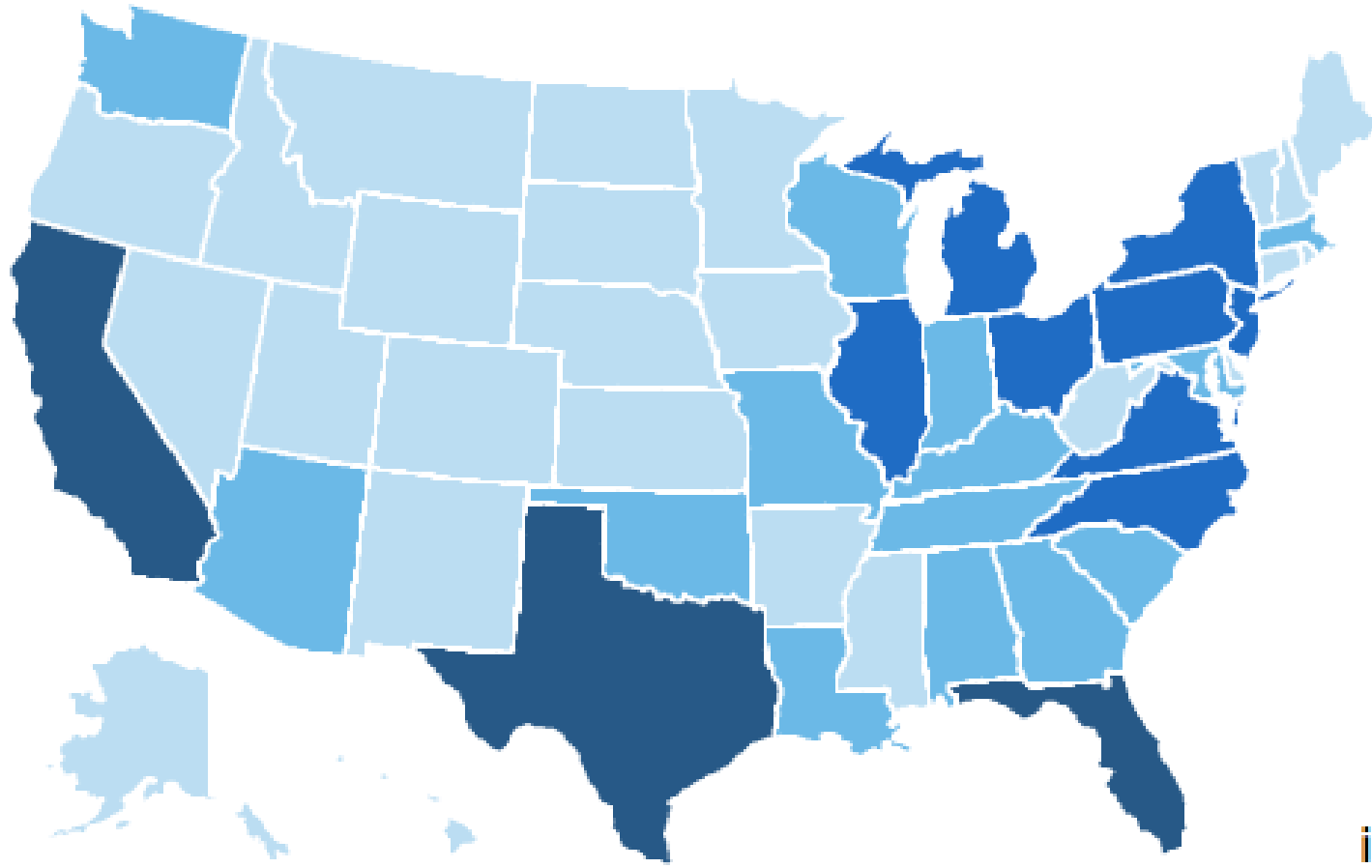


<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>



Distribution of Fee-For-Service Medicare Beneficiaries

* Select a state to see State level data. Unselect states to see National data.

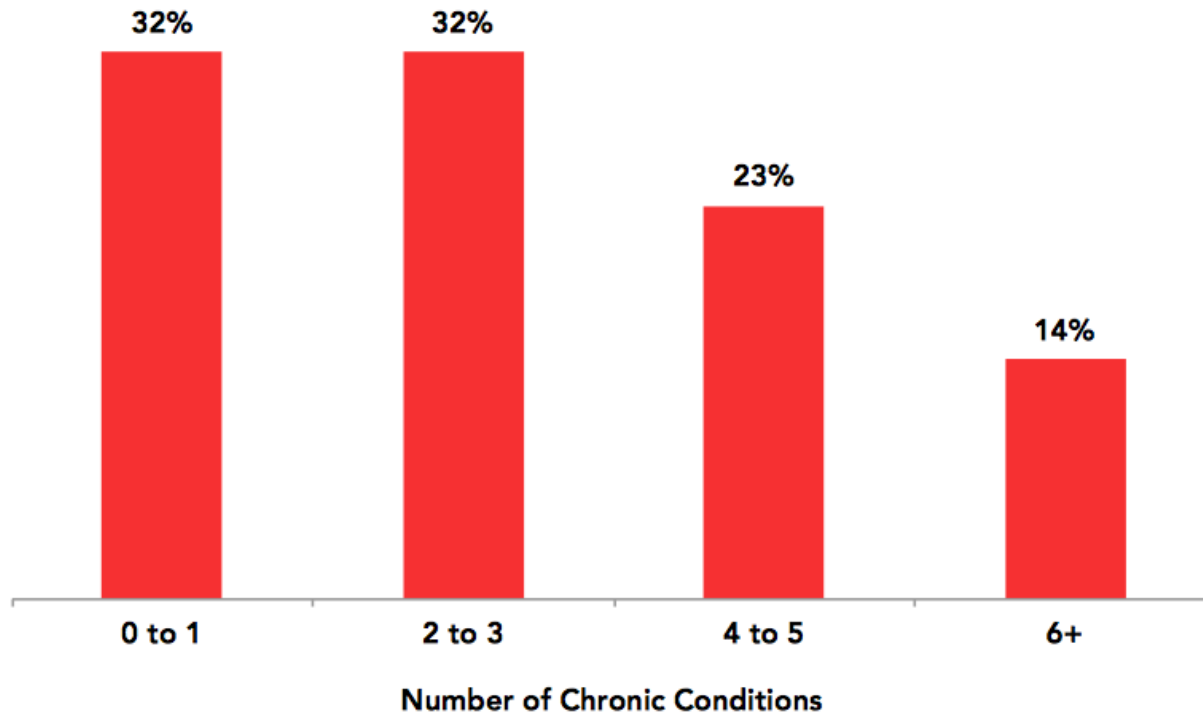


< 500K 500K - 1M 1M - 2M > 2M



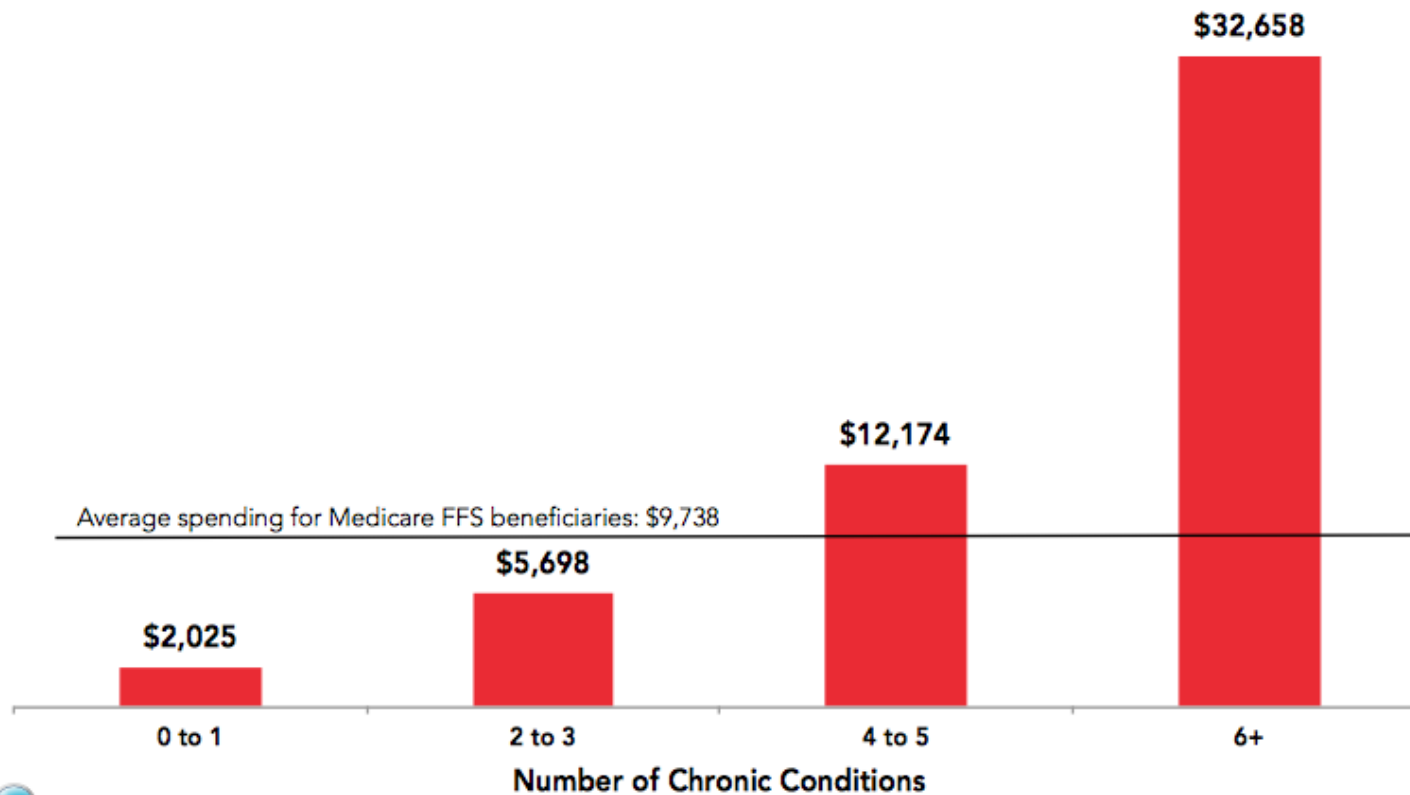
Nearly 70% of FFS Medicare has 2 or more chronic conditions

Figure 1.2a Percentage of Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010



Per Capita Expenditures increase as the conditions increase

Figure 3.1a *Per Capita Medicare Spending for Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010*



Which Population has the most chronic disease?

- Most chronic conditions were more prevalent for dual-eligible beneficiaries
 - 72% of dual-eligible beneficiaries had two or more conditions
 - Dual eligible beneficiaries were 1.7 times as likely to have 6 or more chronic conditions
- 98% of readmissions, in 2010, were for Medicare beneficiaries with two or more chronic conditions
 - *CMS Chronic Conditions Among Medicare Beneficiaries, Chartbook – 2012 Edition. Available Online: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/chronic-conditions/downloads/2012chartbook.pdf>*



How Many Duals Do We Have?

- Nationally, there are approximately **9.6 million dual-eligible** beneficiaries
 - 3.9 million were under age 65
 - 5.7 million were aged 65 and older

*Data book: Beneficiaries dually eligible for Medicare and Medicaid
— January 2015 MedPAC*



New Opportunities to Consider

- Expanding Medicaid Waiver or Medicaid Managed Care services for the target population
- New requirements to screen for malnutrition
 - 2018 CMS Proposed Rule for Inpatient Hospitals
 - Requirement to screen for malnutrition
 - Report screenings and number that have a malnutrition diagnosis
 - Data shows 25% of hospitalized Medicare beneficiaries have malnutrition
 - With a diagnosis comes a requirement to develop a plan to address the problem



Questions

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