Missouri RHC
Performance Improvement Network

POND® Benchmarking System Kickoff Webinar
November 10, 2020

Missouri Office of Rural Health

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2019 Missouri RHCs

RHC Counts

Total RHCs

347

237 **63%**

Provider-Based

110 **29%**

Independent

2019 Missouri RHCs

Statewide Medicare Reimbursement

Medicare Costs	**$117,292,637**
Medicare Reimbursement	**$94,125,983**
(Loss) / Gain	**($23,166,654)**

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Practice Operations National Database

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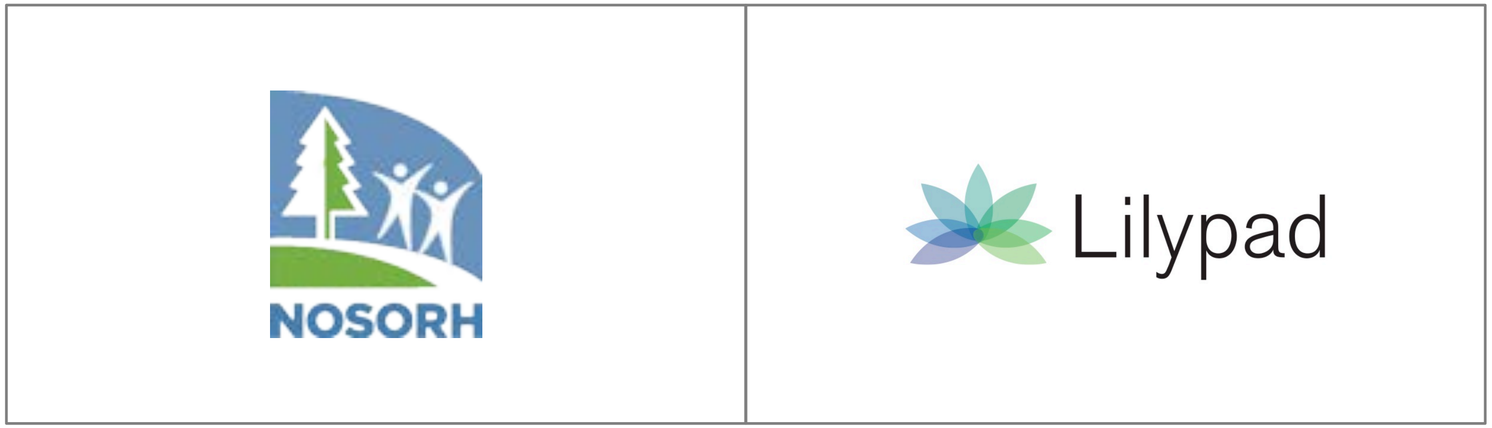
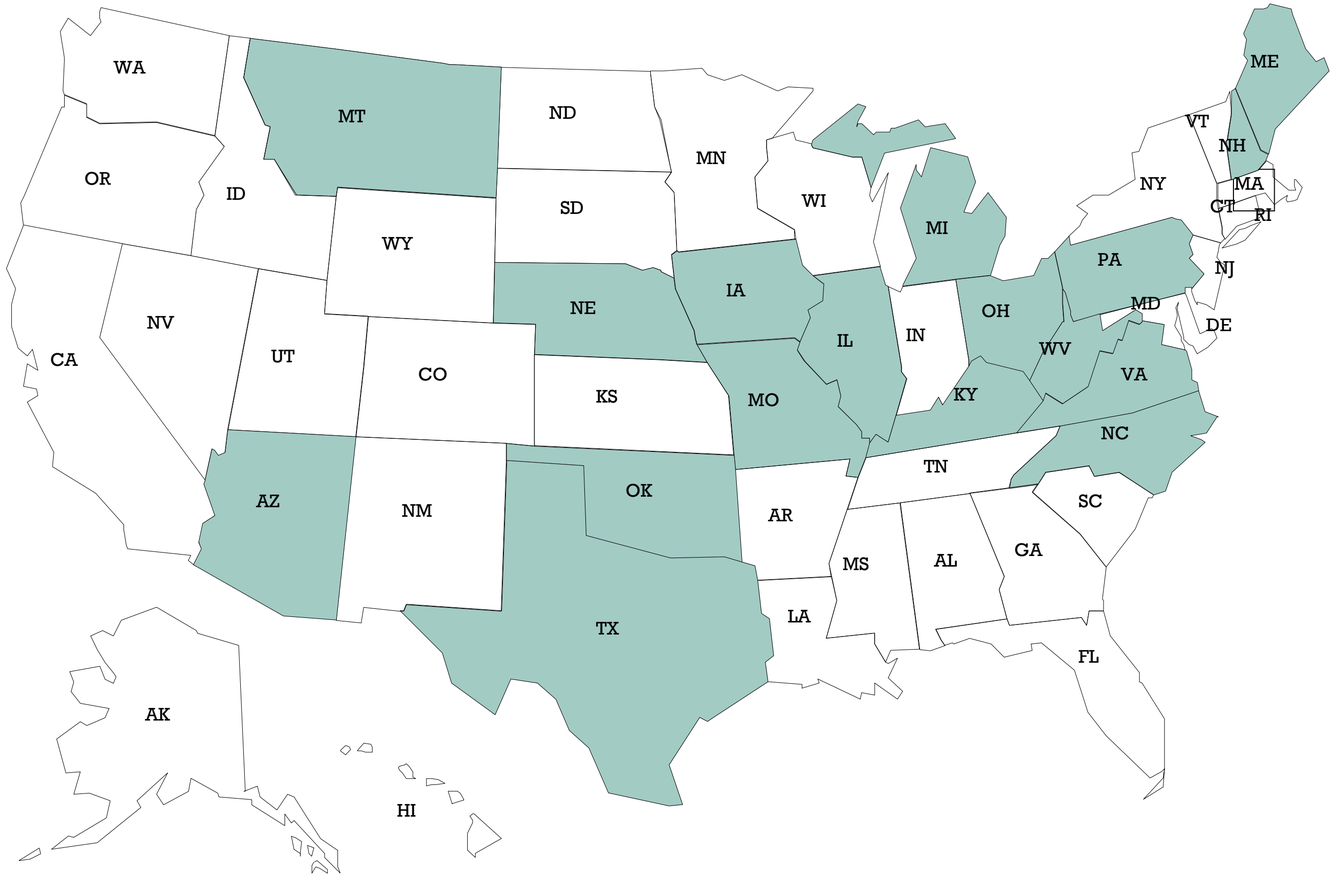


Lilypad partners with the **National Organization of State Offices of Rural Health**, individual State Offices of Rural Health and national rural researchers to offer this unique performance improvement program.

Our Current States



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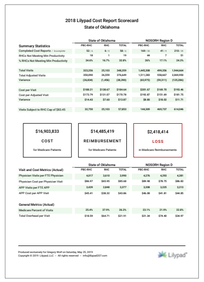
Information

Cost Report Scorecards

State Scorecards



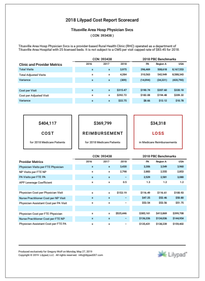
2018 Lilypad Cost Report Scorecard
State of Oklahoma

$16,903,833 COST
for Medicare Patients

$14,485,419 REIMBURSEMENT
for Medicare Patients

$2,418,414 LOSS
in Medicare Reimbursements

Clinic Scorecards



2018 Lilypad Cost Report Scorecard
Titusville Area Hosp Physician Svcs
CCN: 394438 |

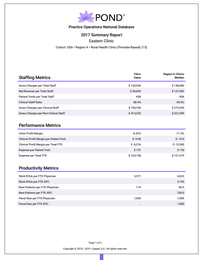
$404,117 COST
for 2018 Medicare Patients

$369,799 REIMBURSEMENT
for 2018 Medicare Patients

$34,318 LOSS
in Medicare Reimbursements

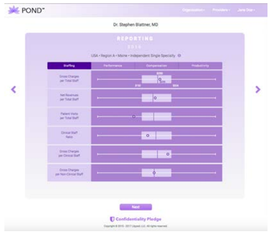
POND Analytics

Clinic Scorecard



POND
Practice Operations National Database
2017 Summary Report
Eastern Clinic

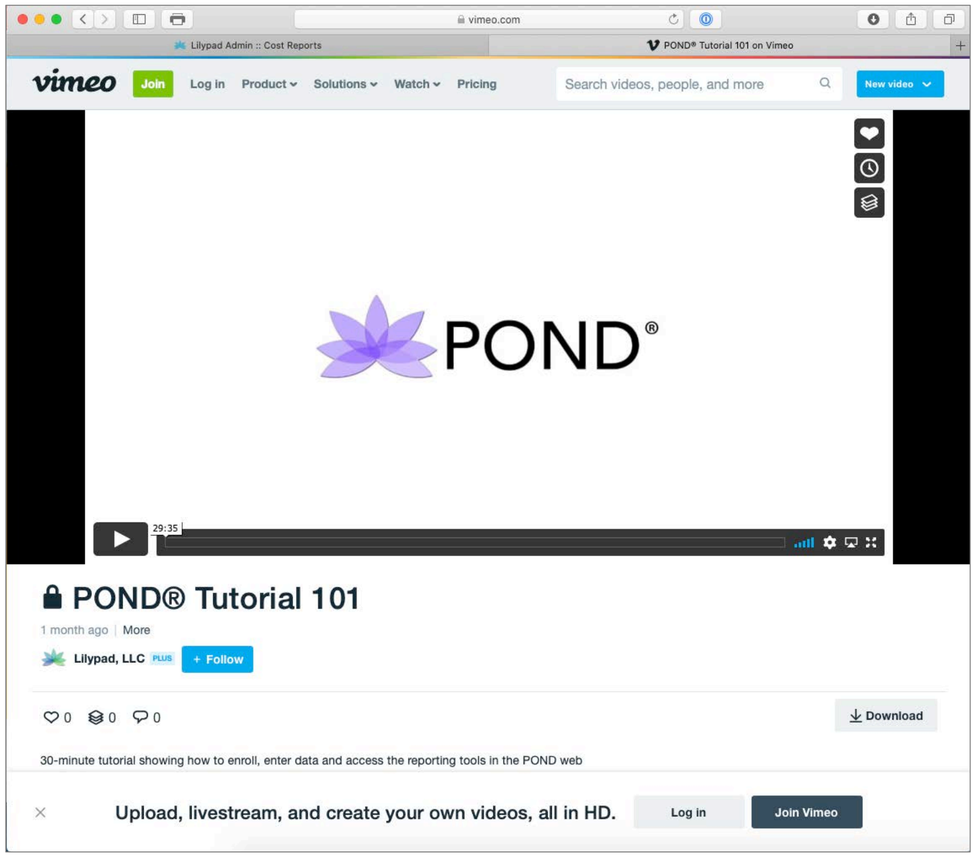
Interactive Tools



POND
Dr. Stephen Blattner, MD
SCORECARD

To gain access to these reports and tools the required data must be entered into the POND web application

POND Tutorial



https://vimeo.com/466246995/0ebde8b506

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Rural Primary Care Practice Checklist

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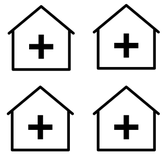
10-Point Checkup

- Cost Report Consolidation
- Productivity Standards
- Optimal Hospital Linkage
- 340B Optimization
- Specialty Care Integration
- Patient Panel Development
- HCC Education and Monitoring
- CCM, TCM and BHI Implementation
- Contracts and Compliance
- Quality Measurement/Benchmarks

Cost Report Consolidation

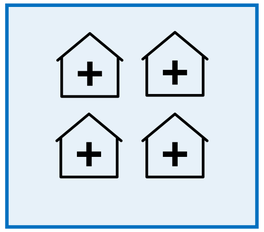
Hospitals have an option to “consolidate” statistics for rural health clinics on their Medicare cost report submissions.

Sample A
4 clinics, **NO** consolidation



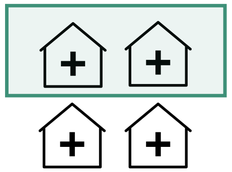
4 Schedule M

Sample B
4 clinics, **FULL** consolidation



1 Schedule M

Sample C
4 clinics, **PARTIAL** consolidation



2 Schedule M

Note: Hospitals need to indicate they will consolidate clinics prior to the start of the cost report year
Note: Consolidation of clinics makes financial sense approximately 90% of the time
Note: Hospitals can elect to consolidate all, some or none of their rural health clinics

Consolidation Case Study

	Clinic A	Clinic B	Combined	Consolidated	Variance
Costs	$1,440,287	$910,724	$2,351,011	$2,351,011	--
Visits	8,644	4,788	13,432	11,031	(2,401)
Adjusted Cost/Visit	$166.62	$190.21	$169.14	$231.13	$43.99
Medicare Visits	2,919	349	3,268	3,268	--
Reimbursement	**$486,372**	**$66,383**	**$522,755**	**$696,501**	**$143,746**

2019 Missouri RHCs

Cost Report Consolidation

	Sites	Cost Reports	
Provider-Based	**237**	**169**	**71%**
Independent	**110**	**70**	**64%**
TOTAL	**347**	**239**	**69%**

Productivity Standards

CMS defines a minimum expected number of patient visits for physicians and advanced practice providers (i.e. Nurse Practitioners and Physician Assistants)

The goal is always to maximize visit volumes

4,200	2,100
Physicians	APPs

Note: Only employed providers are subject to the Minimum Productivity standards
Note: Contracted physician volumes are not included in the calculation
Note: If clinics do not meet productivity standards, the clinic does not get cost-based reimbursement

2019 Missouri RHCs

Meeting Productivity Standards

Total RHC Cost Reports

239

Provider-Based			Independent		
Cost Reports	**169**		**70**	Cost Reports	
Meeting Standard	**101**	**60%**	**81%**	**57**	Meeting Standard

Annual Work RVUs

Physicians (n=561)	3,276 RVUs
APPs (n=564)	2,338 RVUs

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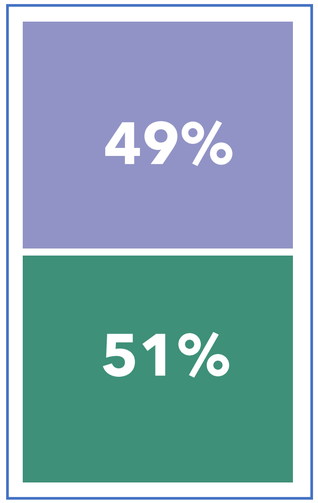
Specialty Care Integration

Rural Health Clinics were designed to increase access to primary care in rural communities but RHCs also can offer access to specialty care

Primary Care
At least 50% of all services rendered in the RHC need to be “primary care services”



Specialty Candidates
- General Surgery
- Orthopedics
- ENT
- GI
- Neurology

Note: RHCs should prioritize specialties that require clinical time to support surgical volumes

Contracts and Compliance

Provider Compensation is critical but mistakes are common

Inconsistency	Contracts, valuation opinions, and payroll are not standardized, documented, or executed consistently.
Reasonableness	Desperation leads to throwing money at recruitment and retention rather than stepping back and determining what makes sense. Often opportunities for non-monetary compensation are overlooked.
Wrong People	Organizations take a top down approach with compensation and do not involve the practice administrator or the physicians.
Benchmarks	Hospitals assume MGMA (or POND) median will protect them from a compliance standpoint – it won't. The OIG has consistently come out saying surveys are not the final word on Fair Market Value.
Monitoring	When compensation requires supervision, minimum clinical hours, or administrative duties, monitoring of scheduling and documentation is critical.

Annual Compensation (per FTE)

	Base Salary	Variable
Physicians	$165,000 (n=285)	$75,000 (n=184)
APPs	$85,000 (n=292)	$35,000 (n=143)

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Next Steps for Missouri RHCs

Let’s Build the Database!

- Enroll in POND
- Complete the Telemedicine survey
- Enter data into POND
- Generate reports and benchmarks
- Stay tuned for additional TA and programming

Lilypad® and POND®

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