# Michigan Great Lakes HFMA

CHFP Exam Prep Session #6

*February 9, 2023*

**Sarah Todd**
Interim Manager, Revenue Cycle Education
Corewell Health

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Corewell Health

# Certified Healthcare Financial Professional

## Module I - The Business of Healthcare

*Course 6: Looking to the Future*

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# Learning Objectives

- Describe some of the new healthcare reimbursement models
- Define the use of business intelligence in the context of healthcare
- Describe how finance professionals, physicians and payers will need to work together
- Define the trend of population health in future healthcare delivery models
- Apply the lessons learned in this course to your future work in the healthcare industry

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# Purpose of this Chapter Learning Program

- Highlight key knowledge for strong job performance
- Provide an overview of important concepts. The in-depth presentation is in the online course.

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# Evolving Models of Reimbursement

Fee-For-Service reimbursement =
Incentive to providers to provide more services (?!)

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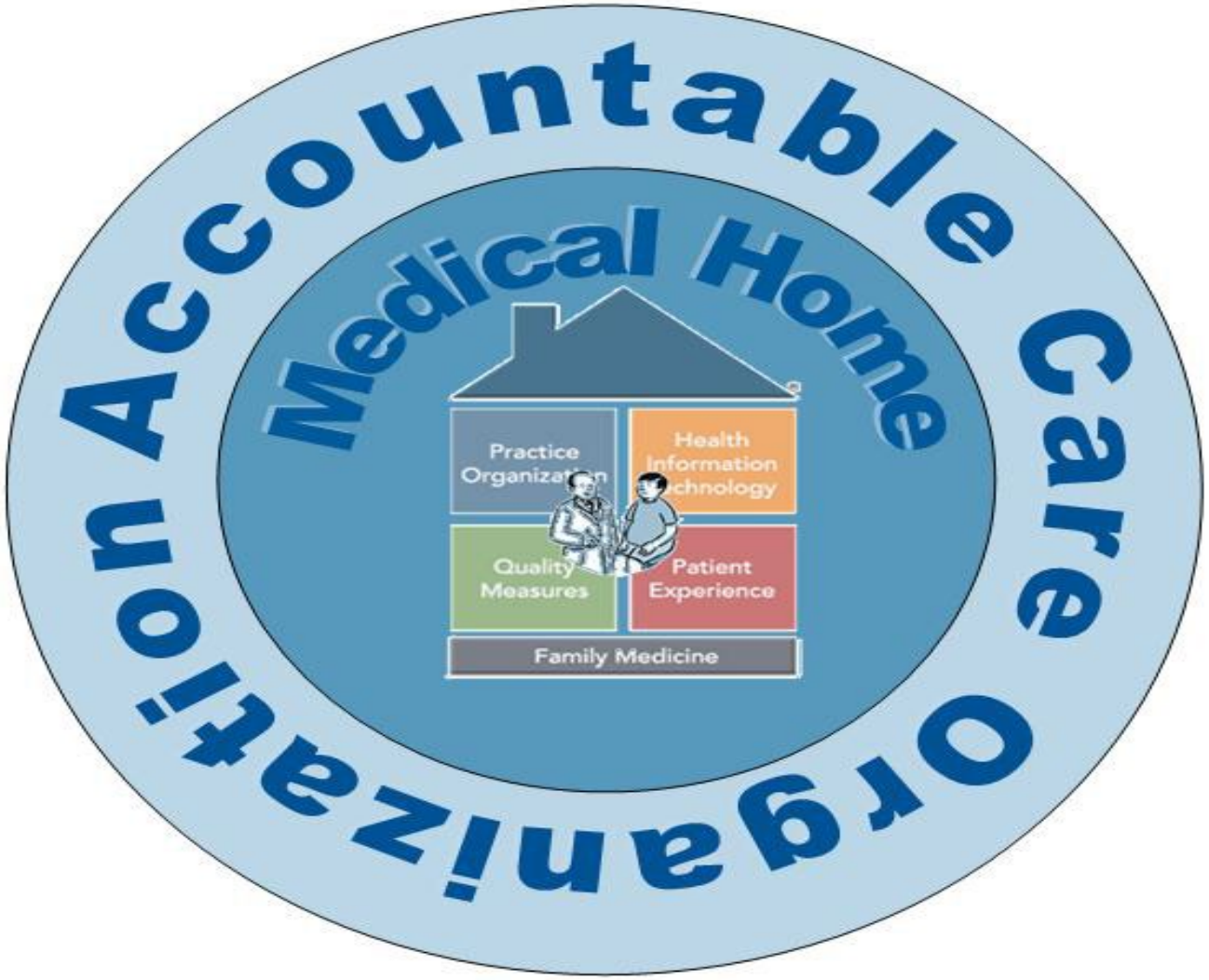
# Evolving Models

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# Polling Question # 1

What may be included as part of a patient's Medical Home?

a) Primary Care Physician

b) Pharmacist

c) Nutritionist

d) All of the Above

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# Accountable Care Organizations


- Network of providers
- Share financial and clinical responsibilities
- Serve a defined group of patients
- Key feature: Primary Care physicians in a lead role

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# ACO Challenges


- Patient Loyalty
- Managing costs  and quality of care of non-ACO providers
- Bundled payments

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# Polling Question # 2

What does ACO stand for?

a) Accountable Care Office

b) Accounting Cost Office

c) Accountable Care Organization

d) None of the Above

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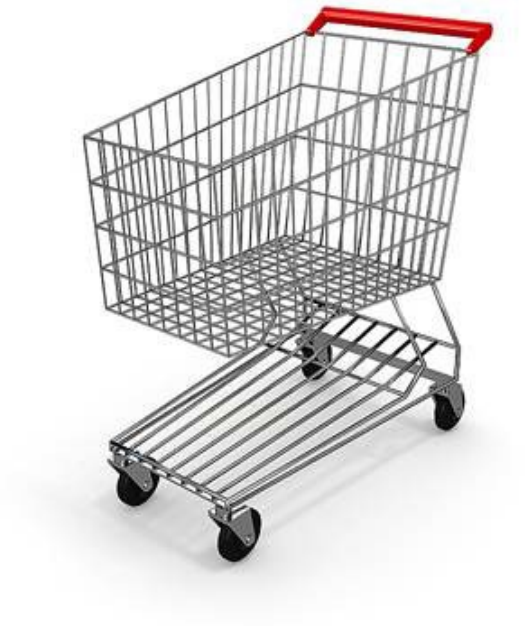
# Bundled Payment

- Essentially, “Fee-for-Service”
- Collaborative care delivery meets funding autonomy
- Collaborate on reward… and risks



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# The Point of Medical Homes, ACOs and Bundled Payments

- Providers working together to generate positive patient outcomes
- Reduce incentive for providers to increase the volume of services
- Increase incentive to focus on quality of outcomes and value for the prices paid

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# BA and BI in Health Care

Business Analytics

Business Intelligence

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# Business Intelligence Implementation

Key Factors:

- Data Strategy
- Determine metrics to monitor: Business and strategic plans
- Access (and timeliness) to data for decision makers
- Maintaining data integrity

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# Polling Question # 3

What is the process called by which data available in the organization is analyzed and converted into information usable by decision-makers?

a) Business Intelligence

b) Business Analytics

c) Data Strategy

d) Data Analytics

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# Aligning to Drive Value

**value =**

*"quality in relation to the total payment for care"*

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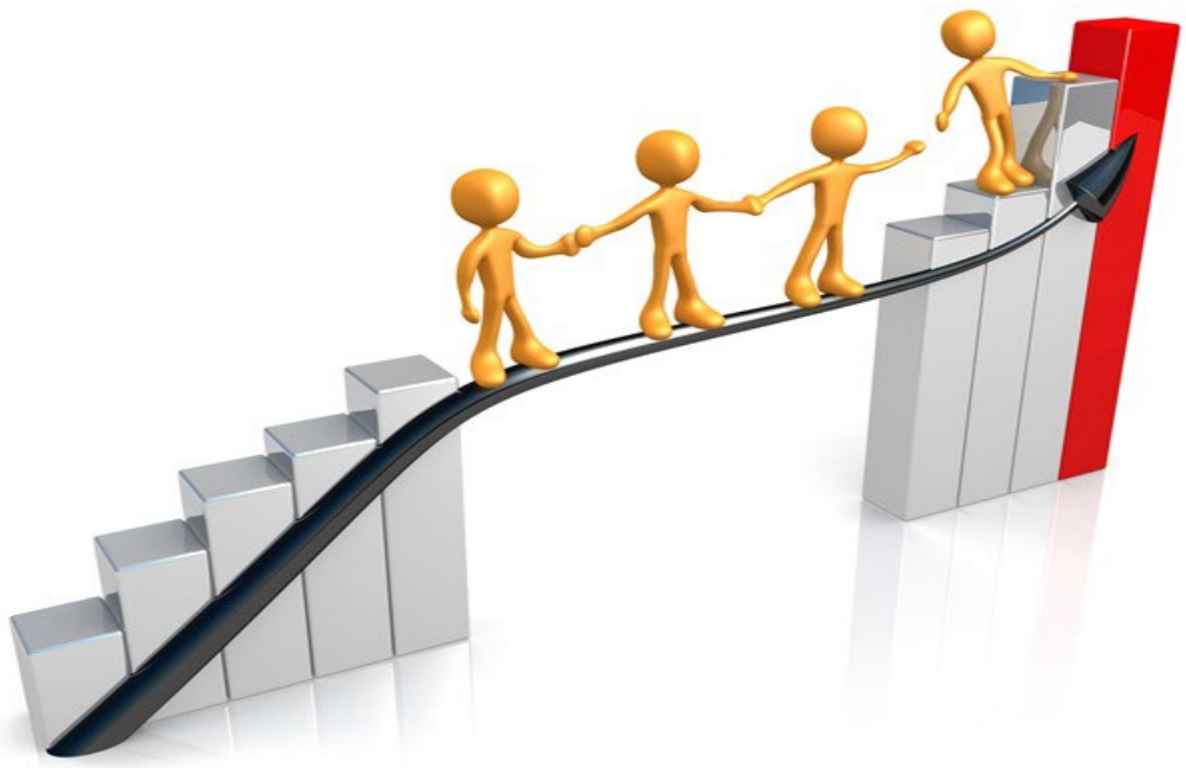
# Financial and Clinical Alignment



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# Population Health Management


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# Population Health Challenges

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# Implications

- Rapid change in business model: From volume to value
- New skill sets required:
  - Collaborative team skills
  - Multidisciplinary approaches
  - "Optimizing costs"
- Big picture: less about numbers alone and more about viewing the context of the numbers

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# Implications

- New Skills (cont)
  - Insight into clinical sciences i.e., professional practice models
  - Clinical professional must help inform business decisions
  - Decision should focus on benefits for the business *and* the Patient

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# Polling Question # 4

There are two broad categories of payment for healthcare services. They are fee-for-service and:

a) Bundled services payments

b) Negotiated discounts

c) Capitation

d) Preferred provider rates

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# Questions?

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# Supplemental Question #1

The Affordable Care Act initiated two fundamental reimbursement reforms. These are:

a) A cap on “out-of-pocket” expenses and mandatory health insurance coverage

b) Value-based purchasing and bundled payments

c) Reduction in Medicare Physician Reimbursement and bundled payments

d) Mandatory Health Insurance Coverage and Value-Based Purchasing

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# Supplemental Question #2

The difference between current assets and current liabilities is called:

a) Net assets available

b) Uncovered reserves

c) Working capital

d) Profit

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# Supplemental Question #3

A “Medical Home” is:

a) A primary care delivery model intended to organize providers into a coordinated team to meet the majority of a patient’s health care needs

b) A care delivery model in which a primary care physician coordinates all care needed in a treatment incident

c) The term used for the healthcare provider that has the primary responsibility for treatment and holds priority position in reimbursement

d) The provider entity identified by the patient as the resource for health care that the patient prefers to use.

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# Supplemental Question #4

All of the following are features of an Accountable Care Organization (ACO) EXCEPT:

a) An ACO is a network of providers

b) An ACOs key feature is primary care physicians in lead role

c) An ACO shares clinical and financial responsibilities

d) An ACO is exempt from population health reimbursement mandates

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# Supplemental Question #5

Overall, the medical home, ACO, and bundled payment models all create a business environment

where providers:

a) Must have a clear strategic plan and the business model to achieve it

b) Need to compete more on quality and price

c) Are challenged to include the patient as a stakeholder

d) Must work together to generate more positive patient outcomes

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# Supplemental Question #6

Population health management entails a group of providers and a health plan collaborating

primarily to:

a) Manage costs and increase efficiency  in treatment

b) Improve performance on measures of overall health for a specific group of patients

c) Shift to a collaborative consumer directed treatment approach

d) Create an integrate, unified localized health care delivery system

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# Questions?

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