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## INTRODUCTIONS



- Ute is a seasoned senior executive with over 21 years of successful healthcare leadership and management experience, primarily with physician organizations and integrated delivery systems.
- She was the CEO for a 600 – plus physician independent practice association (IPA) for over 16 years and was responsible for strategic planning, organizational operations, financial health, strategic business partnership relationships and internal business culture. She implemented an enterprise wide EMR to over 250 independent physicians, was a Medicare Executive for a very successful Medicare ACO in partnership with a large health system, and was involved in helping develop and implement a clinically integrated network for the IPA physicians.

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## CHANGES IN RBO REQUIREMENTS

- Effective October 1, 2020, the Tangible Net Equity (TNE) requirements for RBO's changes to the greater of 1 percent of revenue or 4 percent of non-capitated medical expense.

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## CHANGES IN RBO REQUIREMENTS: HOW TO PREPARE

- Review your current financials
- Adjust your TNE

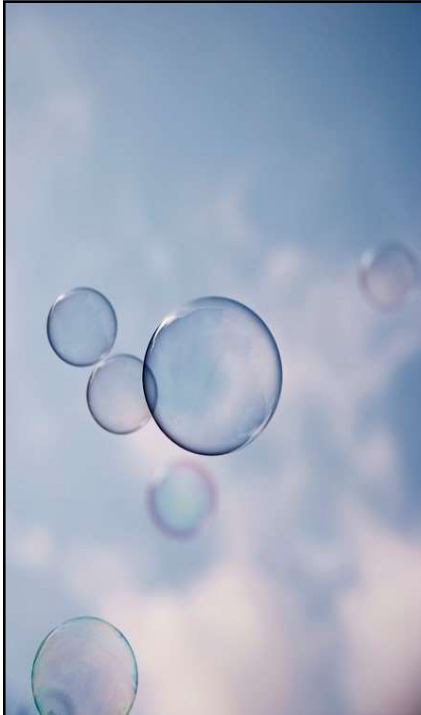
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## TAKING FINANCIAL RISK


- Are you considering taking Professional and Facility Risk in the future?
  - Per the Department of Managed Health Care (DMHC) new regulations, you will be required to get a restricted or full Knox-Keene License or request an exemption (but exemptions are time limited).
  - Knox-Keene Licenses take 9 to 18 months to receive, depending on the readiness of the applicant.

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## CONSUMERISM


- Consumers are:
  - Concerned about the price of health care and are price shopping. Cost transparency is key.
  - Demanding more from their healthcare providers.
  - Using wearables and want to use their technology for healthcare.
- They want choice in how they receive their healthcare.

  
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## WHAT CONSUMERISM MEANS FOR PROVIDERS

- Offering convenience for patients, like telehealth, online scheduling and bill pay options.
- Be transparent about pricing and cost estimates, especially since patients are having to pay for more of their healthcare.
- Ask your patients what they expect from you as a healthcare provider.
- Think outside of the box and offer services in the way consumers want them.


  
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## WHAT IS TELEMEDICINE?


- State law defines telehealth:
  - “The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site.”

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## TELEMEDICINE CONT.

- “Telehealth” is a more universal term for the broad array of applications in the field, including:
  - Dentistry
  - Counseling
  - Physical Therapy
  - Home Health
- Goes beyond traditional diagnostic and monitoring services

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## TELEMEDICINE TYPES

- Live Videoconferencing (Synchronous)
- Store-and-Forward (Asynchronous)
- Remote Patient Monitoring (RPM)
- Mobile Health (mHealth)

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## TELEHEALTH REIMBURSEMENT REQUIREMENTS

- Most health plans will now pay for Telehealth services to patients.
- Since each payor is different, ask payors the following questions:
  - Which healthcare providers can bill for telemedicine?
  - What healthcare services can be done via telemedicine?
  - Do you specifically cover live video telemedicine?
  - Are there any restrictions or conditions that need to be met before a patient qualifies for telemedicine, i.e., distance from provider, established provider-patient relationship, informed patient consent in writing?
  - Are there any restrictions on the number of telemedicine visits patients can have in a given year?
  - What CPT codes do they cover for telemedicine services?
- Medicare Advantage plans are expanding their coverage requirements and allowing urban areas to be included in telehealth in 2020.
- Medi-Cal's new telehealth reimbursement manual is available.

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## TELEHEALTH REIMBURSEMENT REQUIREMENTS

- New CPT Codes in 2020:
  - 99421, 99422, AD 99423 –describe patient-initiated digital communications provided by physicians or other qualified health professional.
  - 98970, 98971, and 98972, - describe similar services interactions when they involve a non physician health professional.
  - 99473 and 99474 have been added to support home blood pressure monitoring that enables physician to better diagnoses and manage hypertension and helps patients to take an active role in the process.
  
- There are over 242 CPT codes that can be used for Telehealth

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## CYBER SECURITY THREATS

- Far-reaching economic and other consequences:
  - Financial
  - Reputational
  - Legal ramifications
- No industry immune:
  - Health care data gets the highest prices on the black market
- Just because it is the new "normal", does not mean organizations should not be prepared:
  - Internal threats
  - External threats
- In a technology-centric world, providers are at even greater threat.

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## HOW TO PROTECT YOURSELF AND YOUR ORGANIZATION

- Understand why healthcare organizations are being attacked.
- Identify the systems containing valuable information and data assets and apply layered security controls to those systems.
- Successfully develop and implement a cybersecurity plan. Consider certification, such as HiTrust.
- Aim for interoperability of the various systems.
- Conduct proper due diligence of your business associates.



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## Q&A AND THANK YOU

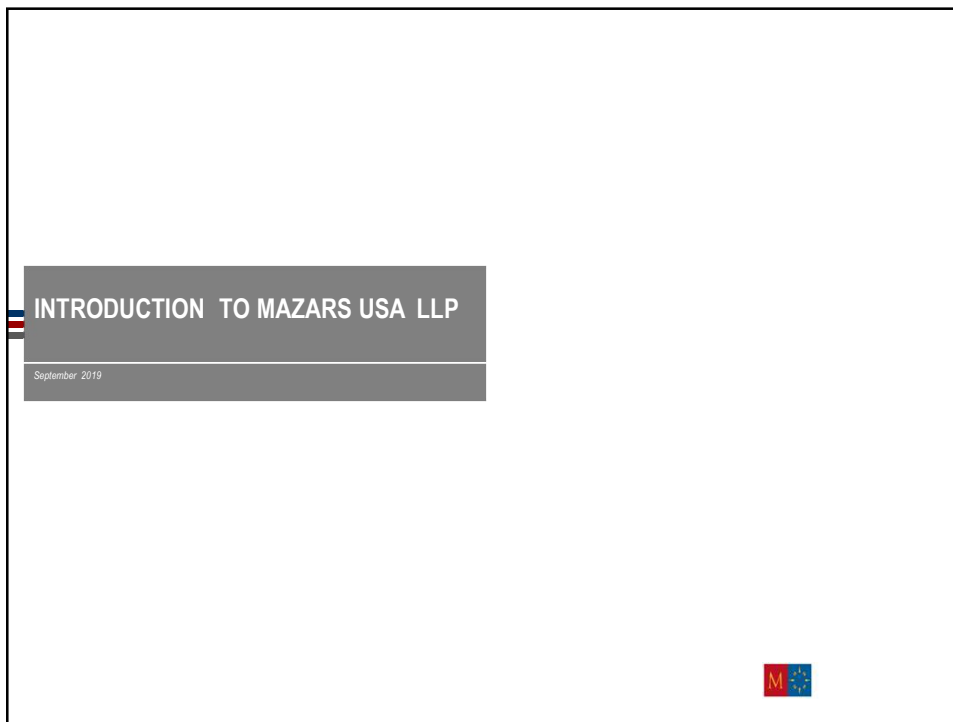
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The slide is titled "OUR EXPERTISE" and features seven categories, each with an icon and a brief description. The categories are: 

- MANAGED CARE**: Improve top line revenue through strategic market alliances and innovative reimbursement methodologies. (Icon: Stethoscope)
- INFORMATION TECHNOLOGY**: Enhance security and significantly increase savings through the use of appropriate technologies. (Icon: Computer monitor)
- REVENUE CYCLE**: Drive bottom line revenue improvement to help meet increasing demands and lower margins. (Icon: Line graph with upward arrow)
- PERFORMANCE IMPROVEMENT**: Deliver efficiencies by transforming process, people, and technology to deliver efficiency. (Icon: Network diagram)
- REGULATORY COMPLIANCE**: Navigate and implement state and federal regulations by increasing awareness and reducing risk. (Icon: Checklist)
- DATA ANALYTICS**: Advanced analytics for critical decision making. (Icon: Bar chart)
- DUE DILIGENCE**: Provide market-based reviews and feedback to address issues before a transaction is finalized. (Icon: Checkmark)

A vertical bar with red, white, and blue stripes is on the right side.

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## HOW WE HELP OUR CLIENTS

*Our long-standing relationships with providers and payors in all segments of the healthcare industry are a testament to our value as their trusted business advisor.*

- |                                     |   |
|-------------------------------------|---|
| <b>Hospitals/Health Systems</b>     | Driving long-term financial, operational and market success for hospitals and health systems through revenue maximization, technology implementation, system alignment, process improvement, data analytics and payor contracting. Our focus is on delivering sustainable outcomes for hospital executives facing transformational change.  |
| <b>Physicians &amp; Ancillaries</b> | Delivering tailored services to physician groups, skilled nursing & rehabilitation facilities, urgent care centers, ambulatory surgery centers, home care agencies and social services organizations, helping to firmly position them within the changing healthcare landscape. Our goal is to provide support in contracting initiatives, clinical and operational process improvement and strategic planning for payor and provider alignments. |
| <b>Payers</b>                       | Providing full-service consulting to national and local payers; Managed Medicare and Medicaid, Public and Private Exchanges, Workers' Compensation/No Fault and Commercial Plans. We guide payors through end-to-end regulatory reviews, network expansion, reimbursement transformation, unit cost reduction and clinical/operational process improvements.  |
| <b>Private Equity</b>               | Unprecedented consolidation in the healthcare market means that many companies will become part of a private equity portfolio. Our team understands both the buy and sell side of the transaction, giving us the ability to provide effective transactional support in valuations, financial modeling, integration and market based due diligence.  |





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## OUR SERVICES

- |  |   |   |  |
|--|---|---|--|
| <br><b>Managed Care</b>           | <ul style="list-style-type: none"> <li>▪ Performance &amp; risk based contracting</li> <li>▪ Outsourced managed care contracting</li> <li>▪ Provider credentialing</li> <li>▪ Integrated delivery system development</li> <li>▪ End-to-end network development</li> </ul> | <ul style="list-style-type: none"> <li>▪ Fee schedule/capitation analysis</li> <li>▪ Vendor carve-out negotiations</li> <li>▪ Narrow network design</li> <li>▪ Unit cost reduction strategy</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Contract review &amp; payment compliance</li> <li>▪ Strategic alignment contracting</li> </ul>  |
| <br><b>Information Technology</b> | <ul style="list-style-type: none"> <li>▪ IT governance</li> <li>▪ IT strategic planning</li> <li>▪ Cybersecurity</li> <li>▪ Data governance</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Network &amp; telecommunications assessment &amp; planning</li> <li>▪ System evaluation &amp; selection</li> <li>▪ Contract review &amp; negotiations</li> </ul>   | <ul style="list-style-type: none"> <li>▪ System optimization &amp; process workflow improvement</li> <li>▪ Meaningful use &amp; regulatory requirements</li> <li>▪ Interim Leadership (CIO, CTO, PMO)</li> </ul> |
| <br><b>Revenue Cycle</b>          | <ul style="list-style-type: none"> <li>▪ Revenue cycle assessment &amp; transformation</li> <li>▪ Point of service collections</li> <li>▪ Cash position improvement</li> <li>▪ Charge master review</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Charge capture optimization &amp; system alignment</li> <li>▪ Strategic repricing of services</li> <li>▪ Compliance &amp; self-disclosure reviews</li> <li>▪ Collection agency/external vendor analysis</li> <li>▪ Denial management and mitigation</li> </ul> | <ul style="list-style-type: none"> <li>▪ Claims audits</li> <li>▪ Interim CFO management services</li> <li>▪ Inpatient &amp; outpatient coding &amp; documentation improvement</li> </ul>                        |

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## OUR SERVICES

 <b>Performance Improvement</b>	<ul style="list-style-type: none"> <li>Organizational assessment &amp; design</li> <li>Operational analytics &amp; benchmarking</li> <li>Supply chain optimization</li> </ul>	<ul style="list-style-type: none"> <li>Cost analysis &amp; containment</li> <li>Operating model assessment &amp; transformation</li> </ul>	<ul style="list-style-type: none"> <li>Complex project management</li> <li>Executive coaching &amp; development</li> <li>Retained executive search</li> </ul>
 <b>Regulatory Compliance</b>	<ul style="list-style-type: none"> <li>Monitoring services for CMS &amp; state regulatory bodies</li> <li>Readiness assessment surveys and audits</li> <li>Corrective Action Plan (CAP) development &amp; implementation</li> </ul>	<ul style="list-style-type: none"> <li>State &amp; federal filings for new or expanding networks</li> </ul>	<ul style="list-style-type: none"> <li>Telephone/on-site surveys</li> <li>Interim management &amp; staffing resources</li> <li>Expert witness testimony</li> <li>Organizational readiness assessment</li> </ul>
 <b>Data Analytics</b>	<ul style="list-style-type: none"> <li>Prescriptive analytics</li> <li>CMS &amp; state exchange risk modeling</li> <li>Value based modeling &amp; reporting</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive &amp; comparative analytics (utilization, financial, quality)</li> <li>Predictive analytics (re-admission, early identification of high utilizer)</li> </ul>	<ul style="list-style-type: none"> <li>Dashboard development</li> <li>Business intelligence &amp; maintenance</li> </ul>
 <b>Due Diligence</b>	<ul style="list-style-type: none"> <li>M&amp;A/divestiture planning &amp; execution</li> <li>Buy/sell-side transaction analysis</li> <li>Valuation services</li> </ul>	<ul style="list-style-type: none"> <li>Financial modeling</li> <li>Technology &amp; process evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Organizational &amp; operating model assessment</li> <li>Retained executive search</li> </ul>



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