

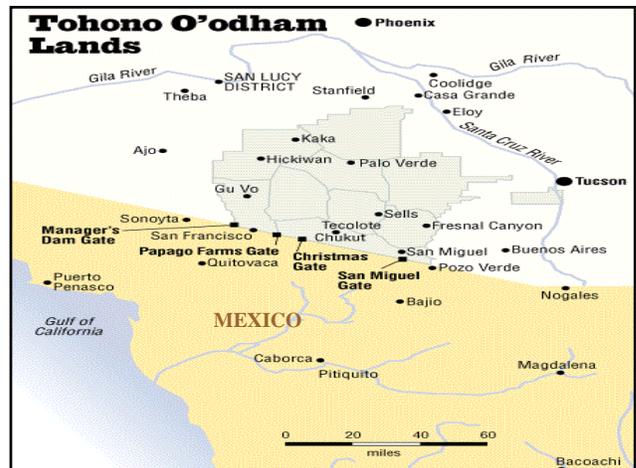
Addressing Costs,
Increasing Revenue, &
Making the Business
Case for Expanding
Clinical Services

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SSU IPC Priorities

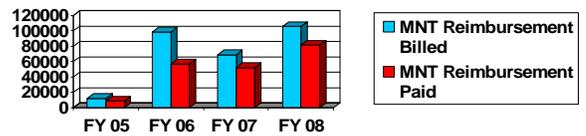
- Provide Patient Centered Care.
- Improve Access to care.
- Become the Medical Home of Choice.

Sells Service Unit
4 locations



SSU Nutrition Program

Medical Nutrition Therapy (MNT) Billing & Reimbursement



- RD Initiated project to bill/ track MNT reimbursement in FY 06.
- Worked with coders, billers to maximize MNT billing/reimbursements and to decrease denials.
- Created superbill and EHR template.
- Data reflects 1 FTE, covering 4 sites with <50% show rate of appointments. (FY 07 – no outpatient RD for 4 months)

SSU Nutrition Program

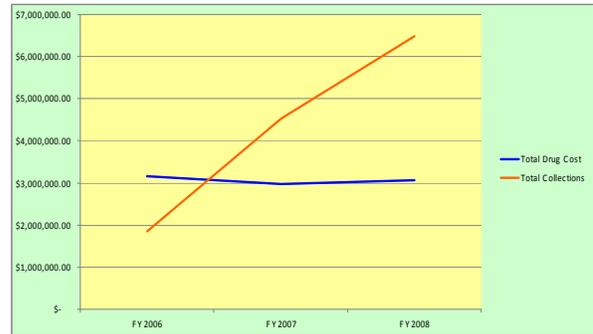
- Improve Access.
- Improve availability of appointments.
- Increase Productivity of RD= Increased Revenue.
- Improve Patient Satisfaction.
- Improve health through improved nutritional intervention.

Program Assessment

- Eliminate travel to remote clinics.
- Begin Tele-Nutrition services.
- Create same day appointments.
- Add 1 FTE RD.
- RDs to participate in daily team huddles.

SSU Pharmacy Program

SSU RX Cost & Collections



Pharmacy Program

- AIR for All Pharmacy visits.
- Departmental Process Improvements.
- Replace current contract staff with 3 FTE Pharmacists.
- Implement VA CMOP.
- Begin MTM/ Billable pharmacist services.

Pharmacy Program

- **Cost Projection based on FY08 data**
- 6.6% decrease in staffing costs by replacing contractors.
- \$370,000 savings.
- Does NOT include CMOP cost savings
- Does NOT include MTM revenue

Working with outside stakeholders

- **Know your payer mix!**
- Number 1 Payer is Medicaid.
- AZ Medicaid (aka AHCCCS)
- Building upon prior collaboration

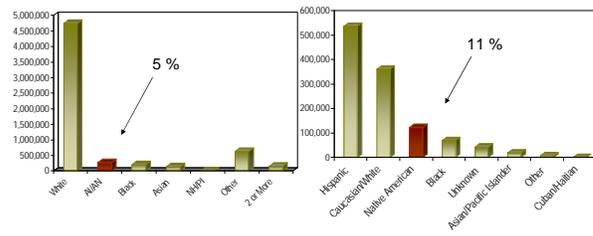
American Indians and Alaska Natives

Arizona Residents

- Arizona population: 6,166,318
- 277,732 American Indians/Alaska Natives

AHCCCS Members

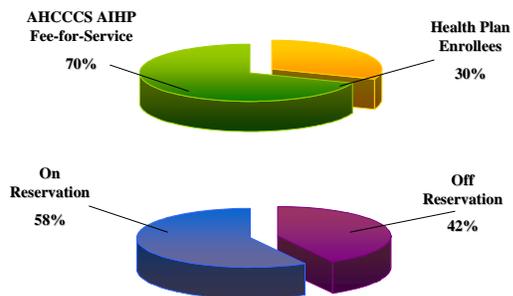
- AHCCCS members: 1,140,963
- 120,510 AI/AN AHCCCS members



Source: U.S. Census Bureau, 2006 American Community Survey

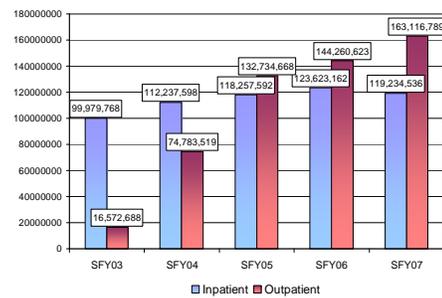
Source: AHCCCS, October 2008

American Indian Acute Care Members

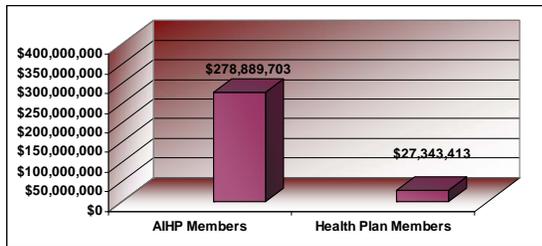


Source: AHCCCS, October 2008

IHS and 638 Reimbursements



IHS/638 Reimbursements for SFY08



What is the significance?

- **State directive to address Health Disparities.**
- IHS/Tribal Programs 100% FMAP
- State Match%: 65FMAP/35 State
- Every time our patients go to an outside provider it costs the state \$\$.



Collaborative Efforts

- AHCCCS is working with Sells and Whiteriver to develop a demonstration Project.
- Demo Project: Pay for Enhanced Patient care.

What is Enhanced Patient Care?

- Chronic Disease Management Elements:
 - 24/7 Nurse call Line
 - Patient Empanelment to Care/Provider Teams
 - Measures of Success:
 - Drop in ER usage, Drop in outside provider usage
 - Increase in IHS usage

Business Side of Equation?

- State willing to pay for Enhanced Patient Care.
- 15,000 AHCCCS empanelled
- \$5/PMPM
- $(15K)(\$5) = \$75K/\text{mo}(12\text{mo}) = \$900,000$

Other Reasons to Expand Medical Home

- AIR will remain untouched in CY09.
- Statewide 5% FFS decrease in reimbursements.
- Problems with UFMS and timely payment.
- How willing are outside providers to take to our patients?
- CMS proposed cuts in FMAP to 50%.

Questions?

