

POPULATION HEALTH SERVICES

Value-Based Reimbursement and Care Management Programs

LBMC utilizes a robust team of Population Health advisors to assist in Hospital Employee Health Plan Savings, Value-Based Contracting Reimbursement, Population Health Readiness Assessments, Accountable Care Organization operational reviews, Clinically Integrated Network development/implementation, and Post-Acute Strategy development/implementation to reduce readmission rates and related penalties.

Our Services



Readiness Assessments & Strategy

- Completion of CIN readiness assessments
- Maturity frameworks
- Strategy & roadmap design



Design & Implementation

- Completion of ACO/CIN network design
- Implementation of roadmap
- Standing up capabilities & network functions



Population Health Management

- Facilitating transitions of care and post-acute management
- Value-based contracting reimbursement
- Care management program development



Network Development & Agreements

- Supporting development of health system & provider ACO/CIN networks
- Development of governance structure, participation agreements, committees, & task forces



Vendor Collaboration

- Supporting existing networks with selection of key vendors to support population health initiatives
- IT infrastructure
- Collaborating with existing ASO/TPAs and broker-consultant partners
- Care management workflow tools

ACO = Accountable Care Organization
CIN = Clinically Integrated Health Network

LBMC Fast Facts

#34

Nationally, offering tax & audit services in almost 40 states

700+
employees

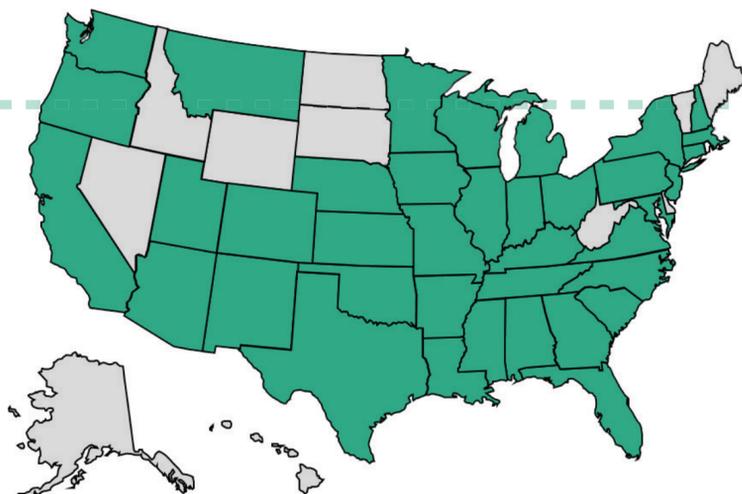
200+
dedicated healthcare professionals

23
year old healthcare practice

3,000+
healthcare clients

12
healthcare-focused service lines

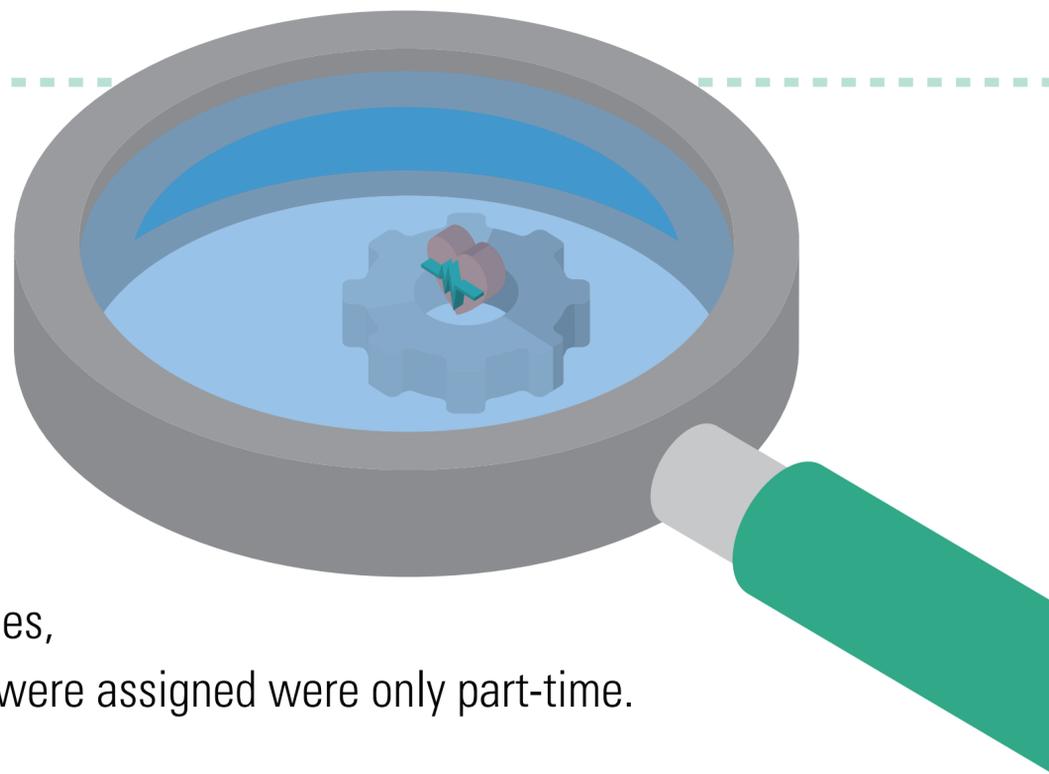
30+
years serving the industry



Case Study

Situation

A large regional health system was concerned with the rising costs of their employee health plan. They were experiencing higher costs, particularly with a small subset of their highest acuity and highest risk employees and beneficiaries. While they did have Care Management and Nursing personnel assigned to employees, the care was fragmented, and the nursing resources that were assigned were only part-time.



Approach

We developed a strategy and a structure for a Clinically Integrated Network, which included implementing a Board of Directors, and Quality, Finance, and Physician membership Committees. We then signed up a network of physicians as members, hired dedicated Care Management personnel data analysts, and implemented a stand-alone dedicated Population Health software platform to track and manage the health of the employees on a priority basis. A Health Plan Assessment was then conducted and providers were then given data on which employees needed care in order of priority, and the care management team followed these vulnerable employees throughout the entire continuum of care.

Outcome

The high risk and rising risk employees' health improved due to the preventative and priority care they received. The organization also determined that the cost of the overall health plan was reduced by 9.26%. The baseline cost of the health plan was approximately \$15,000,000, so savings were estimated at approximately \$1,400,000.

Industry Leadership

LBMC leaders are shaping the national conversation in publications:

Modern
Healthcare

Bloomberg
Business



THE
WALL STREET
JOURNAL

FORTUNE



The
New York
Times



Forbes

Have Questions?
Contact Us!



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