When you are in deep trouble, say nothing, and try to look inconspicuous.
The Session…

- Forces Precipitating Change in Global Healthcare Delivery
- Some Ideas for Monetizing Existing Resources
- The Implications…
- After Thoughts on Future Directions

“You never change things by fighting against the existing reality. To change something, build a new model that makes the old model obsolete.”

*F. Buckminster Fuller*
The Metaphor...
“Vision...is the art of seeing things invisible.”

Jonathon Swift
1711
The Issue...
The Premise…

- Society is demanding for all goods and services but especially for health care – that we...
  - ↓ Costs
  - ↑ Quality
  - ↑ Service

- The inherent incentives of the health care industry are disparate, inconsistent and dysfunctional – causing leaders significant challenges

- Society is moving inextricably towards an information democracy rather than professionally dominated theocracy
  - Focal point for health care change
  - Appropriate management of information required
  - Intellectual capital of medicine
  - Simultaneously empowering (consumers) and disempowering (physicians)
Global Forces

- Shifting world economic power
- Fiscal pressure on governments
- Global migration and virtualization
- Consumer market expectations
- Simultaneous cultural diversity and integration

"Change is the price of survival."

Sir Winston Churchill
Health Care Forces

- Large scale consolidation
- Breakdown of traditional boundaries
- Cross-industry convergence
- Rising tide of technology
- Workforce globalization

“Change is the price of survival.”

Sir Winston Churchill
So, what are the forces affecting healthcare?

The Domains of Change – in Healthcare...
Debt to GDP Ratio Pattern of the USA

1940: 52%
1950: 94%
1960: 56%
1970: 38%
1980: 33%
1990: 55%
2000: 58%
2010: 98%
2020: 115%
Average Health Insurance Premiums and Worker Contributions for Family Coverage, 1999-2009

Note: The average worker contribution and the average employer contribution may not add to the average total premium due to rounding.

Accountable Care Organizations

• **Essential Attributes of an Accountable Care Organization**
  – Provides (or can effectively manage) continuum of care as a real or virtually
  – Integrated local delivery system
  – Sufficient size to support comprehensive performance measurement

• **Potential Accountable Care Organizations**
  – Integrated delivery systems – Geisinger, Kaiser, Cleveland Clinic
  – Virtual delivery organizations – Piedmont, Inova, University Medical Schools
  – Cross-national organizations – Walgreens, CVS, RiteAide
  – Regional collaboratives – Rural Health Initiative

• **Evolving Models**
  – Integrated Care Delivery Organizations – Cleveland Clinic Foundation
  – Academic Medical Center Network – Premier Academic Center agreements
  – Specialty Service Network – Women’s and Children’s, Oncology, Ophthalmology, Renal Services
Integrated Payment Methodologies Will Drive Organizational Integration

**Medicare Payment Reform Framework: Organization and Payment Methods**

- Global Payment per Enrollee
- Global DRG Case Rate (Hospital + PostAcute)
- Global DRG Case Rate (Hospital Only)
- Global Fee
- Primary Care Services
- Blended FFS
- Medical Home Fee
- Traditional FFS

**Feasibility**

- Less Feasible
- More Feasible

**Organizations**

- Independent MD Practices & Hospitals
- Primary Care Group Practices
- Hospital Systems
- Integrated Delivery Networks
And, The Implications?

- **Consolidation** – of hospitals / physicians
- **Efficiency and Effectiveness** – the new watchwords
- **Globalization** – of care delivery
- **Virtualization** – of support and delivery
- **Accountable Care** – the **required** capability
- **Productivity** – the essential ingredient
- **Information Exchange / Data Analytics** – fostering open data sharing, transparency and interoperability
Unique Offerings

GLOBAL CARE DELIVERY has developed an *unprecedented recovery system* that increases revenue for providers.

The system is designed using knowledge gained from our unique experience building actuarial systems, payer systems, and provider networks.

This *State of the art* system will bring a broad scope of medical administration *technologies* to your fingertips.
...we put your “Medical Data Intelligence” to work today.

The Global Care team includes some of the most respected doctors and hospitals in the world with their focus on saving lives and improving health care through the business of medicine...

State of the art software management tools and reporting.
Increase zero balance recoveries and billing income.
(averaging more than $1million per payer contract audited)
Proven Results

GCD loads your payer contacts and your zero balance paper. Automatically re-calculating each bill exactly as your contract states it should have been paid for each payer. Then **GCD’s BI (Business Intelligence) Engine** identifies all claims paid incorrectly by the payer using our collection of identified payer issues collected over 20 years of processing claims.

The system was designed using knowledge gained from our unique experience building actuarial systems, payer systems, and provider networks nationally.

Then the system stays in place auto-auditing daily inbound & outgoing EDI files after payer payment issues are identified. This way issues are fixed forever and the bleeding is stopped.
Confidence Auditing and better Collections = **GCD Software Installed**

Auditing and Contract Management tool to increase recoveries, as well as advanced reporting.

The GCD software also captures foreign claims allowing the GCD team to collect an average collection rate exceeding 94%.

Never allow your international insurance claims to be heavily discounted by silent PPO’s. We often collect international claims above 80% of charges.

*Increase payer collections as well as zero balance recoveries,*
Analyze and compare payer contracts (renegotiating) to others in their area
GCD’s Unique Offering of funding your ACO through Recoveries

Global Care Delivery has developed an unprecedented recovery system that can fund your ACO development.

Give your Hospital /ACO an edge by using knowledge gained from our unique experience in building actuarial, payer claims payment, RCM and provider network systems.

This State of the art system will bring a broad scope of RCM & ACO administration technologies to your fingertips.
RCM & ACO Systems

Tomorrow’s Healthcare Technology Delivered Today

- **RCM System Set**
  - Charge Capture Review Systems
  - Electronic Medical Records Systems
  - Personal Health Records and Wellness Portal
  - Auditing, Billing, Collection and Follow-up Services
  - Foreign claim specialists for both current and zero balance billings

- **Zero Balance & Variance BI Systems**
  - Specialists Nationally & Internationally

- **ACO Development System**
  - Network Marketing Expertise in Domestic and International Markets
  - Consulting in ACO Administration & Network Development Technologies
Automated Contract Modeling and Medical Data Automation

• Reduces collection staff needed by up to 1/3
• Increases recoveries by a minimum of 2%
• The number #1 automated contract/payer modeling tool available
• Total paper and electronic medical records solutions
• The most advanced business intelligence and reporting tools available
• Easy to use web based functionality
Receive Client Data for Analysis & Data Import

- Claims, EMR and EOB data provided by the potential client. Multiple formats are acceptable
- Import and reformat data
- Analyze and clean data
- Produce Reports
- Re-Tool Processes
- Re-Tool Contracts
- Automate payer Reject and Reduction Follow-Up
- ID Quality Issues

www.GLOBAL-CARES.com
Reverse Engineer your health data into Health Data Intelligence

Collect all data and CUBE it.

Re-Adjudicate, ID Payer Issues, Projects & Zero Balance $

Goal

Contract Management Triggers & Variances

Charge Master & Coding

EMR Data Analysis with Strategic Development ID & Targets

**CUBE DATA:**
- EMR
- Legacy (financial class/acct)
- Contract
- EDI in & out
- Payer (plan benefit codes)
- Issue Codes (health data intelligence)

www.GLOBAL-CARES.com
Set Client Issue Codes & Payer Adjudication Codes

- Service rates, benefits rates and recovery rates are established.
- Client recovery reports are produced.
- Client recovery process is performed in which new client rates are rebilled to payer.
- Generally, calculated client amount on identified claims should be more than what has been previously paid on ID claims.

www.GLOBAL-CARES.com
Reverse Engineer your health data into *Health Data Intelligence*

**Goal**

All ID issues auto-checked as EDI is outbound by an ongoing Auditing, Reporting & Monitoring System. *Never repeat an issue again!*

- Re-Adjudicate, ID Payer Issues, Projects & Zero Balance
- Contract Management Triggers & Variances
- Charge Master & Coding
- EMR Data Analysis with Strategic Development ID & Targets
- CVA Reports ID Millions in Recovered Revenue for Strategic Development. IE. ACO

www.GLOBAL-CARES.com
Contract Value Analysis (CVA)

• The CVA is a targeted strategy that removes the ambiguity and guesswork for demonstrating maximum contract value.

• Legacy data, Claims, EMR & EOB data provided by the client are processed against our payer modeling system.

• Business relationships based on partnering – by understanding the clients’ commitment to increase medical collections without sacrificing quality we can most effectively deliver our solution to this business problem.

• The success of the Contract Value Analysis (CVA) is driven by the quantity and quality of information the prospective client makes available. A minimum of six–twelve months of actual claims, EMR and EOB data obtain the best results.
Industry Statistics

• Up to 90% of hospitals miss charges
• Most hospitals capture little more than 80% of the charges to which they are entitled
• It is estimated that 80 – 90% of all patient bills contain errors which are likely to lead to significant missing revenue

Industry Realities

• Any time there is a change to a hospital’s CDM, there is a cascading affect in the charge capture/billing system
• Because of constant changes to the regulatory and reimbursement environment, most care givers/service providers feel that it is impossible for them to keep up with what is chargeable and what is not. They feel far from “expert”. Accordingly, to them, charge capture reconciliation is “finance’s job”
• Most hospitals do not have a charge capture reconciliation system in place; those that do often have a manually intensive one, and it is often short lived
A Perspective on the New Millennium...

Embracing the future: reaching for the reality beyond the rhetoric...
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