

Community Care Program Project Overview

Prepared for Columbus Consolidated Government

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Presented by:

Bob Paskowski, CPA – Healthcare Consulting Principal Jane Jerzak, RN, CPA – Healthcare Consulting Principal



Introductions



Bob Paskowski, CPAPrincipal

With nearly four decades of experience, Bob has extensive healthcare expertise in payer strategy, operations, finance, reimbursement, and data analytics.

He has senior-level experience with national and regional managed care organizations (MCOs) and integrated health systems.

Bob has a proven record of accomplishments in financial performance, business growth, and operational excellence. He specializes in building and reviewing payer and provider relationships under various arrangements.



Introductions



Jane Jerzak, RN, CPA Principal

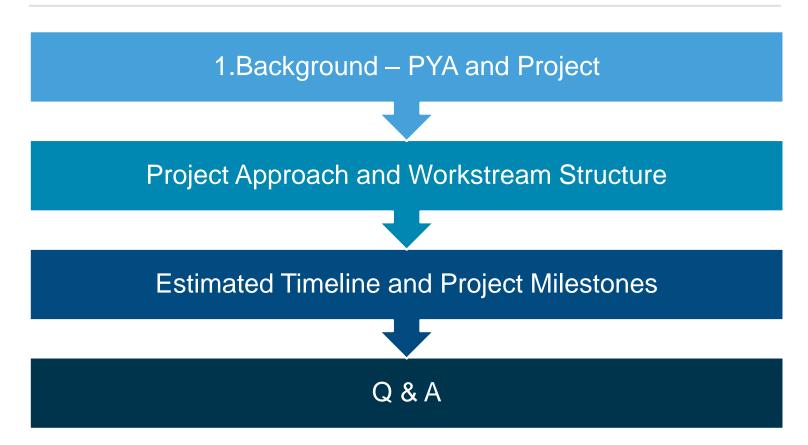
Jane brings three decades of audit and consulting experience to her work with PYA healthcare clients in the areas of financial modeling, clinical data analytics, and strategic advisory support.

Along with the PYA Business Intelligence and Managed Care service lines, she assists health systems, hospitals, ambulatory surgery centers, and physician clinics to recognize appropriate reimbursement.

Jane is a recognized thought leader and has authored articles on a wide range of topics, including value-based care, strategic hospital analytics and pricing, clinical integration, population health, and more.



Agenda



Background – About PYA



Founded in 1983, PYA is a national accounting and healthcare advisory firm providing consulting, audit, and tax services to clients in all 50 states.



STRATEGIC & TRANSACTION SOLUTIONS

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Background – PYA by the Numbers

















BY CREDENTIALS,
OUR TALENTED TEAMS
HAVE THE ALPHABET
COVERED

AAPC ICD-10-CM INSTRUCTOR, ABV, AM, AMLP, ASA, ASC-EM, BSN, CBA, CCE, CCIM, CCM, CGS, CCSFP, CCVTC, CCVTS ICD-10-CM TRAINER, CEMC, CFA, CFE, CFP, CFF CHC, CHCA-F, CHP, CHQP, CIA, CIRA, CISA, CMA, CMPE, COSC, CPA, CPC, CPC-I, CPHO, CPM, CPMA, CRCM, CRE, CRMA, CVA, FACHE, FHFMA, IACCP, JD, LLM, MACC, MAFF, MBA, MC, MHA, MPA, MPH, MS, MSHA, MSHI, MST, PCMH, PHR, PMP, RHIA, RN, SHRM-CP, SHRM-SCP

MORE THAN 3400 HEALTHCARE CLIENTS

Academic Medical Centers | Accountable Care Organizations Ambulatory Surgery Centers | Blood Centers | Clinically Integrated Networks | County Owned Hospitals | Critical Access Hospitals Diagnostic Centers | Dialysis Centers | Health Plans | Health Systems | Home Health Agencies | Hospices | Hospitals Independent Practice Associations | Maternity Centers | Medical Groups | Mental Health Centers | Nursing Homes Physician-Hospital Organizations | Physician Practices | Physical Therapy Centers | Psychiatric Hospitals | Rural Health Centers Safety Net Hospitals | Surgery Centers | Urgent Care Centers

"One of the Most Successful Firms in the Country"

- Accounting Today

Background – Project



Program Objectives:

- Identify a fair, diverse, and inclusive group of healthcare organizations located in or near the City of Columbus (the City) to serve as a network of providers (the Network) for the provision of medical services
- **2. Assess the impact of providing care** to the Target Populations on local hospitals, health providers, and other key stakeholders
- 3. Recommend a **methodology** for the City to use **for selecting providers to participate in the Network**
- Development of a contemporary reimbursement payment model to appropriately distribute funding to the Network
- Recommend tracking mechanisms and key performance indicators (KPIs) to evaluate the effectiveness of the Program
- 6. Assess the need for establishing **actuarial reserves** for the fund to be maintained year to year

Key Terms:

Target Population: Underserved and inmate populations

Medical Services: Includes (but not limited to the following) limited acute inpatient care, outpatient care, x-ray, laboratory, primary medical care, and mental/behavioral health services.

Funding: A community health care fund established to provide additional funding for the Target Population medical and mental/behavioral health needs.

Program: A fair, inclusive, and equitable plan to pay local providers for medical or mental health services related to serving the Target Populations.

Provider: An organization that provides some type of medical or mental health services to patients.

Third Party Administrator (TPA): A separate entity that performs administrative services for a health plan, which may include billing, claims processing, record keeping, and regulatory oversight on paying providers for medical services.

Project Approach and Workstream Structure





PYA Project Management Office (PMO)

Lee Ann Odom, Emily Wetsel, Colleen Merrill



Provider Network Development

PYA: Brian Fuller, Lee Ann Odom

- <u>Objective 1</u>: Identify the Network
- Objective 2: Assess impact of providing care on providers and services
- <u>Objective 3</u>: Recommend methodology for provider selection



Contracting & Reimbursement Models

PYA: Bob Paskowski, Jane Jerzak

 Objective 4: Develop contemporary reimbursement payment model for funding the Network



Measuring Program
Effectiveness

PYA: Lee Ann Odom, Jason Hardin

• Objective 5: Recommend tracking mechanisms and KPIs for Program effectiveness



Minimum Actuarial Reserves

PYA: Bob Paskowski

 Objective 6: Assess need for establishing Actuarial reserves for fund maintenance

Estimated Timeline and Project Milestones



Workstream	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025
Provider Network Development	Interviews with key stakeholders completed by 10/31/24								
	Draft of objective criteria for selection of network providers completed by 10/31/24								
		nded network provide l by 12/31/24	rs						
Contracting & Reimbursement Models		ement methodology I by 12/31/24							
		tracting guidelines wit							
Measuring Program Effectiveness	Share draft of key performance indic completed by 11/30/2								
	Share the program's key performan completed	ce indicators tracking	tool with the City						
Minimum Actuarial Reserves	Determine requirements to establish a completed by 11/30/2								
		e the management of completed by 1/31/20	the claims reserve fur 025	nd					
Program Implementation							Phase of p	oe leading the Imutting the Progra	m in place.



Q & A



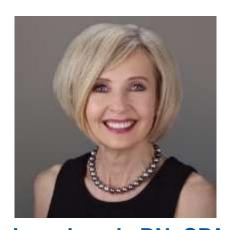
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Thank you!

Should you have any questions, please do not hesitate to contact us.



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