



**MONTANA
HEALTH
NETWORK**

REGIONAL CARE
COORDINATION

MHN Regional Care Coordination (RCC)

MHN Background – 17 Shareholders

- ▶ Billings Clinic, Billings, MT
- ▶ Dahl Memorial Healthcare Association, Ekalaka, MT
- ▶ Fallon Medical Complex, Baker, MT
- ▶ Glendive Medical Center, Glendive, MT
- ▶ McCone County Health Center, Circle, MT
- ▶ Phillips County Hospital, Malta, MT
- ▶ Sheridan Memorial Hospital, Plentywood, MT
- ▶ St. John's United, Billings, MT
- ▶ Wheatland Memorial Healthcare, Harlowton, MT
- ▶ Central Montana Medical Center, Lewistown, MT
- ▶ Daniels Memorial Healthcare Center, Scobey, MT
- ▶ Frances Mahon Deaconess Hospital, Glasgow, MT
- ▶ Holy Rosary Healthcare, Miles City, MT
- ▶ Northeast Montana Health Services, Wolf Point & Poplar, MT
- ▶ Roosevelt Medical Center, Culbertson, MT
- ▶ Sidney Health Center, Sidney, MT
- ▶ Stillwater Billings Clinic, Columbus, MT

Founded in 1987 – Over 35 Years

30 Affiliate Members

Grant Mission & Vision

MISSION: EM3C's mission is to improve population health in local communities and regionally using integrated partnerships and innovative solutions to challenges

VISION: Create a regional care coordination model serving patients in frontier eastern Montana to jointly share in the management of diabetes and other chronic conditions of patients in local communities to improve population health

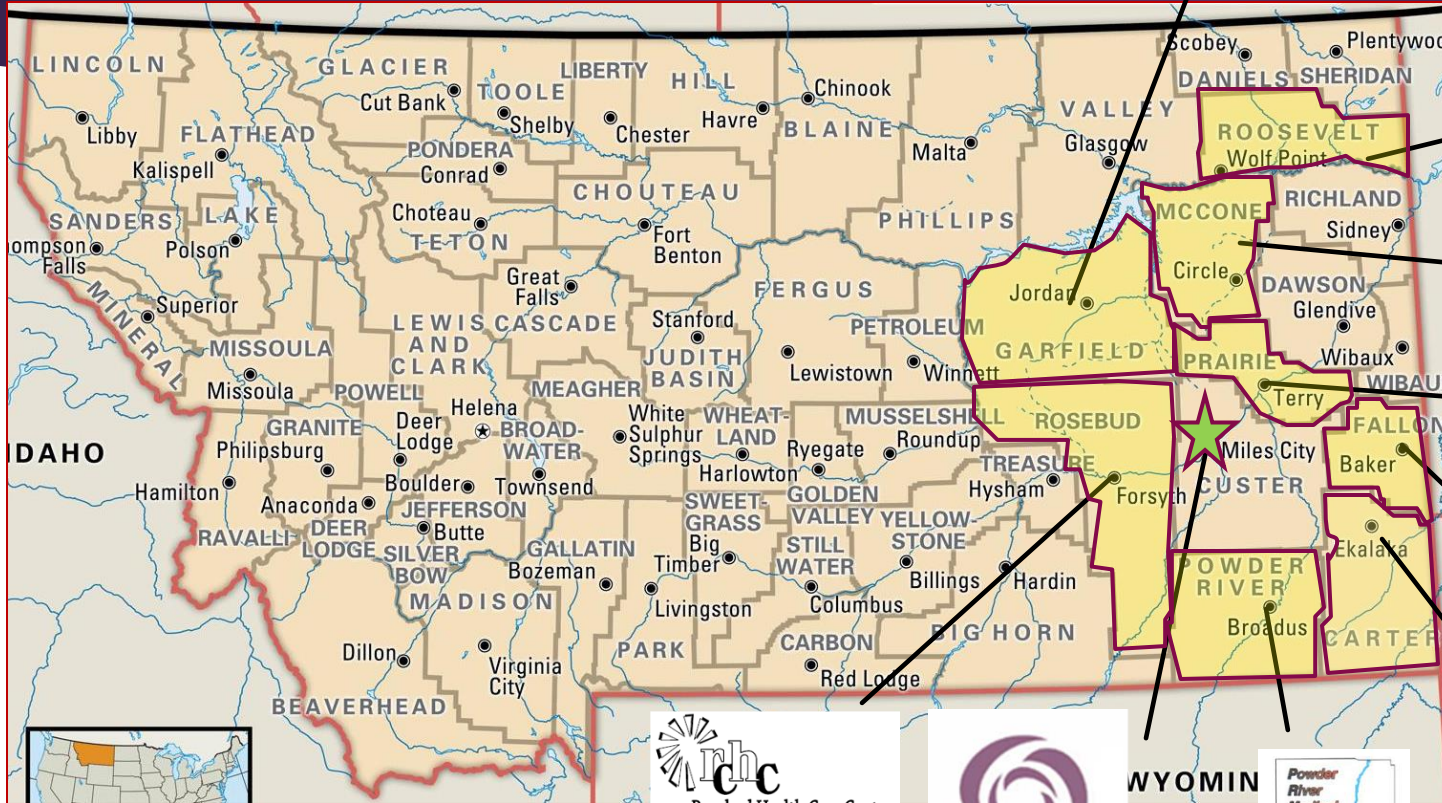
Grant Service Area



Garfield County Health Center
Jordan, Garfield County



Roosevelt Medical Center
Culbertson, Roosevelt County



McCone County Health Center
"Commitment to Caring"
Circle, McCone County



Prairie Community Hospital
Terry, Prairie County



Fallon Medical Complex
Baker, Fallon County



Dahl Memorial Healthcare Assoc.,
Ekalaka, Carter County



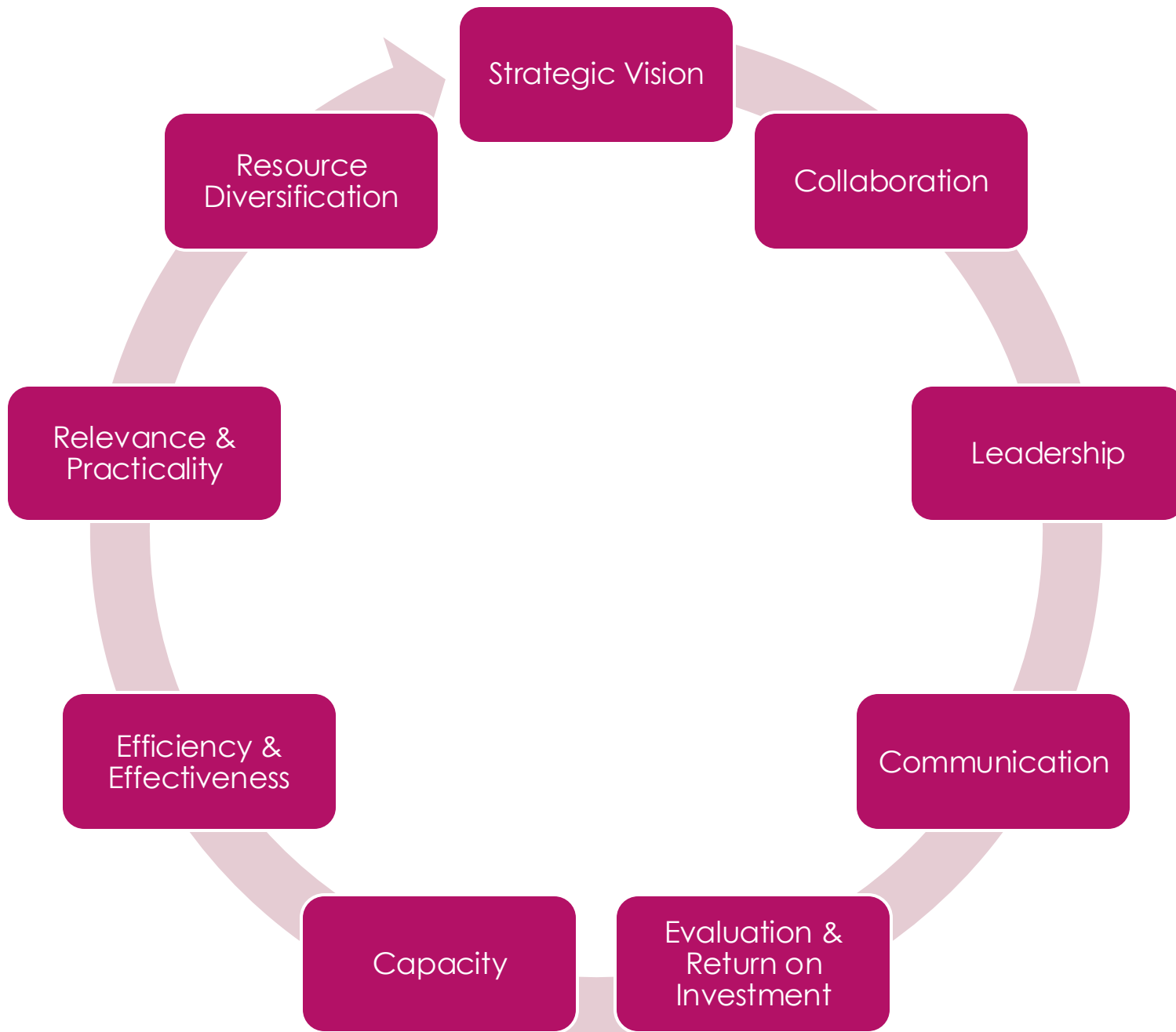
Rosebud Health Care Center
Forsyth, Rosebud County



Montana Health Network
Miles City



Powder River Medical Clinic
Broadus, Powder River County



Sustainability Components

Initial Sustainability Concepts

Chronic Care Management (CCM)

- Per Code Per Month (PCPM) \$XX PCPM (based on % of billable fee to ensure win/win)
- Hourly Based on billable hours of RNs in Temp Pool
- New Facility Fees There will need to be fees to get new facilities enrolled
 - Implementation \$XXXX + travel (includes one ½-day on-site workflow assessment w/ policy development & two follow-up meetings of 1-2 hours virtually & time required to set up remote access to patient records)
- Additional Coaching \$XX/hr for additional training needs

Transitional Care Management (TCM)

- PCPM \$XX (has not been a preferred service for RHCs – consider CCM)
- Hourly \$XX/hr Based on billable hours of RNs in Temp Pool

Remote Patient Monitoring (RPM)

- PPM \$XX (Just became billable in RHCs – unsure of viability)

Care Coordinator Support

- AWVs \$XX per AWV per month (based on % billable fee to ensure win/win)
- Monthly Care Coordinator Roundtables \$XXXX per year
- Additional Support Fees on a case-by-case basis depending on needs or \$XX/hr

Revenue Goals

	Est Medicare	Year 2 Goal 10%	Year 3 Goal 15%	20%	AWV Goal
	Beneficiaries				
Community 1	485	49	73	97	12
Community 2	300	30	45	60	8
Community 3	450	45	68	90	11
Community 4	465	47	70	93	12
Community 5	375	38	56	75	9
Community 6	400	40	60	80	10
Community 7	500	50	75	100	13
	2,975	298	446	595	74
				Total	
Annual	# Pts	CCM Revenue	AWV Revenue	Added Revenue	
Projected	200	\$190,200.00	\$8,750.00	\$198,950.00	
	160	\$152,160.00	\$7,000.00	\$159,160.00	\$105,600.00
				1 FTE RN	\$91,000.00
				2 FTE RN	\$182,000.00

Shift the Focus for Sustainability

Move From

▶ Care Coordination

- Fee-for-service – Primary Care Providers (PCPs)
- Primary Care Driven
- Codes & Reimbursement
- Per pt. per mo. (PPPM)
- Ongoing/chronic conditions
- Might be triggered by an episode
- Goes forever – Chronic conditions



To

▶ Care Management

- Workers Comp. or Insurance – Payers
- Payer Driven – ACOs, VB Care, Managed Care, CINs, etc.
- Health Risk/Reduced Costs
- Salaried nurse/care manager (PMPM)
- Episodic in nature
- Can be the result of a chronic condition – Diabetes management
- Limited in length or based on risk

Shared Initiatives



Transportation Program – Available for non-emergent transportation of patients from tertiary centers in Billings, MT



Clinically Integrated Network Partnership – Care management in Employer sponsored ACOs (EACOs)



Regional Transitions Controller – Overseeing all transitions for all patients of all facilities in the region (membership “dues”) & partnerships



RHC Network Planning Grant – Opportunity for shared vision & unified voice for RHCs in Montana