

Retrospective episode management for bundled payments

Retrospective Episode Manager



Business issue

Episode-based cost and claim data challenges threatening revenue



Problem

Transition fee for service claims into episode formats on a retrospective basis



Solution

Model and correlate data associated with value-based reimbursement initiatives

Manage and track claims in a value-based health care system

It is well known in the health care community that the current payment structure needs to change and it is shifting to incorporate value-based reimbursement. To succeed with this transition, organizations need to manage and track their episode-based claims in real time, to minimize the financial risks associated with this shift and to identify the key operational areas for improvement. Organizations need a transparent system that provides insight into care cost outliers, as well as data-driven analytics to drive smart contracting decisions and to preserve margins.

nThrive Retrospective Episode Manager is a Web-based tool that captures claims data, combines it with powerful modeling capabilities, correlates the data, presents services and fees as a comprehensive episode payment and then administers payment reconciliation. The aggregated data enables prospective analysis of the various cost components of an episode of care, as well as correlation of bundled payment fees for use in strategic planning, budgeting and building physician engagement. Analysis is available from a high-level dashboard level to drilling into claim level detail.



Current payment structure is **shifting** to incorporate **value-based reimbursement**

Retrospective Episode Manager

Key benefits and features

- Implement and monitor fee-for-service claims within episode budgets
- Model claims using both standard and custom-defined episode definitions
- Report on financial and quality metrics
- Administer payment reconciliation
- Monitor and track the patient’s care pathway throughout the episode of care

In addition, through analysis of patient data, health care organizations and payors can:

- Define provider and payor reimbursement allocation
- Develop and model gainsharing arrangements
- Minimize risk through patient-level severity adjustments
- Improve per-patient margins by reducing preventable complications
- Increase visibility across the full episode of patient care
- Manage multiple bundled payment methodologies

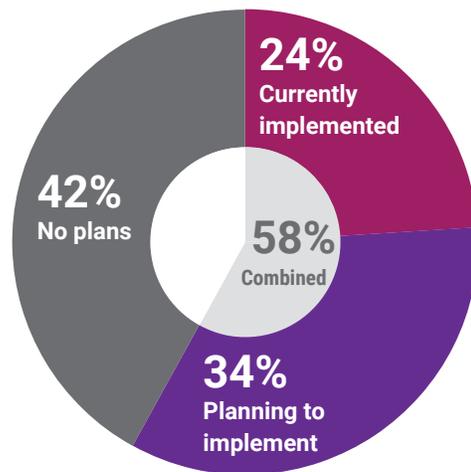
Expertise and certifications

To make informed contracting decisions in a value-based reimbursement environment, it is imperative that organizations work with a company that possesses deep domain expertise in building and evaluating bundled payment systems. It’s also important to partner with experts that know how to implement successful risk-based reimbursement programs.

Our team of medical and academic doctors has years of experience in developing and implementing new episodes for providers, commercial health plans, and the Centers for Medicare and Medicaid Innovation (CMMI) Bundled Payment for Care Improvement (BPCI) initiative. The team also has worked with several leading authorities in episode-building methodologies, including the Integrated Health Association (IHA) and Health Care Incentives Improvement Institute (HCI3®).

Bundled payment statistics

Fifty-eight percent of respondents have currently implemented or are planning to implement Bundled Payments.



Source: "The Health Plan Readiness to Operationalize New Payment Models," April 2013. Porter Research, a Billian Company. Study sponsored by Availity.



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