



# Financial Model of Value-Based Reimbursement Programs



Pacific Private Practice Network  
Nurturing the Spirit of Medicine



<b><u>Value-Based Reimbursement Program</u></b>	<b><u>Estimated Revenue</u></b>
<b>MIPS/MACRA</b>	<b>\$2,000</b>
<b>ACO</b> (100 patients/year)	<b>\$5,600-\$16,900</b>
<b>Annual Wellness Visit</b> (100 patients/year)	<b>\$12,847</b>
<b>Chronic Care Management</b> (25 patients/month/year, between \$9-\$18 per encounter)	<b>\$2,700-\$5,400</b>
<b>Transitional Care Management</b> (24 discharges/year)	<b>\$3,970-\$5,615</b>
<b>Remote Patient Monitoring</b> (25 patients/month/year)	<b>\$3,000</b>
<b>Non Face-to-Face</b> (10 patients/month/year)	<b>\$13,560</b>
<b><u>Total Estimated Revenue</u></b>	<b><u>\$43,676-\$59,322</u></b>

# Transitional Care Management

<b><u>Face-to-Face visit within:</u></b>	<b><u>Average Reimbursement per encounter</u></b>	<b><u>2 discharges/month for one year</u></b>
<b>7 days s/p discharge (CPT code: 99496)</b>	<b>\$233</b>	<b>\$5,615</b>
<b>14 days s/p discharge (CPT code: 99495)</b>	<b>\$165</b>	<b>\$3,970</b>

**Rates may vary secondary to individual policy benefits. Disclaimer: Private insurance payers may or may not cover this service.**

# Chronic Care Management

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	<u>Per Individual Encounter</u>	<u>25 Patients/Year</u>
<u>Estimated reimbursement</u>	\$9-\$18	\$2,700-\$5,400

Estimates may vary based on reimbursement amounts from secondary insurances.

# Remote Patient Monitoring

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	<u>Assuming 100 Medicare Patients</u>
<u>% of Medicare Patients Participating in RPM</u>	25%
<u>Financial Revenue/year</u>	\$3,000

Approximate rate of \$10 per beneficiary that participates

# Annual Wellness Visit

<u>Type of visit</u>	<u>Estimated Financial Revenue per patient</u>	<u>Assuming 10 New Eligible patients/year</u>
Initial year (CPT: G0438)	\$175.32	\$1,753

<u>Type of visit</u>	<u>Estimated Financial Revenue per patient</u>	<u>Assuming 100 Eligible Patients/year</u>
Subsequent years (CPT: G0439)	\$128.47	\$12,847

For a comprehensive review of AWV, please reference your ACO Toolkit Binder that was provided to your offices.

# ACO Medicare Shared Savings Program

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Savings Rate: minimum of 2.0% up to 3.9% maximum depending on the number of assigned beneficiaries

	<u>100 Medicare Patients</u>	<u>200 Medicare Patients</u>
<b>Savings Rate (2.0%-3.9%)</b>	<b>\$5,600-\$16,900</b>	<b>\$11,200-\$33,800</b>

**Estimated Revenue per Medicare patient is approximately \$56-\$169**

# MACRA/MIPS

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Completed Quality Reporting	Minimum (+/- 4%) Adjustment	Maximum (+/- 9%) Adjustment
Yes	+ \$2,000	+ \$4,500
No	- \$2,000	- \$4,500

**Estimates are made from assuming \$50,000 in Medicare expenditures.**



# Non Face-to-Face

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	<u>Per Individual Encounter</u>	<u>Assuming 10 Patients per Month/Year</u>
<u>Estimated Financial Revenue</u>	\$113	\$13,560

Each estimate is based on a 31-74 minute non face-to-face encounter.