



MASCOMA COMMUNITY HEALTHCARE

**People from
Dorchester,
Orange, Grafton,
Canaan and Enfield
taking control of
their own health
care and costs**

What concerns brought us to this point?

- **Higher medical costs**
- **More expensive insurance, deductibles, co-pays**
- **No insurance**
- **Long waits, repeat visits, un-coordinated care**
- **Doctors who aren't familiar with my care**
- **Fear about the future of health care**

Local Health Care Planned Locally by 171 Residents

- First Meeting – 90 attendees - Defined the problem
 - Cost Increases
 - Access – location – time – coordinated service
 - Quality - coordination of providers – communication – cooperation in decision making – understanding – sufficient visit time – comprehensive care
 - What do we like and dislike in local health care
- Second Meeting – added 15 new people
 - Prioritized what should be provided locally
- Four Work Group meetings with 25 people to design a plan to create a community health system (added 20 people)
- Collaboration with DH, APD, Mid-State, Ammonoosuc and Independents
- Third community wide meeting – introduced proposed plan – added 46 more people
- Fourth community wide meeting – fine tune after reviews

THE RESULTS

Blue Box
means
unanimous
agreement

Green Box
means almost
unanimous
agreement

Red Stars
mean 80%
want to have

Green Stars
means that
75% want to
have

Area	Need	A	B	C	D	TOTAL SCORE	TOP 80% >16	TOP 75% >14
A C C E S S	Referrals	5	5	4	5	19	★	
	Health/wellness visits	5	5	3	5	18	★	
	Choice - docs, drugs, insur. Etc	4	5	5	4	18	★	
	Availability of appointments	5	5	4	4	18	★	
	Serves whole family	4	5	4	4	17	★	
	In community	4	5	4	3	16		★
	Enough time in visit	3	5	4	4	16		★
	Insurance regardless of employer	5	5	2	4	16		★
	Evening hours	4	5	3	3	15		★
	Home health/visits	5	5	3	2	15		★
	7 days a week	2	5	3	4	14		
	Fast rescue	3	5	4	2	14		
	Transportation	5	4	3	2	14		
A F F O R D A B L E	Combined svcs in 1 visit	3	3	4	3	13		
	No wait	3	3	3	3	12		
	Lower price for testing	5	5	5	5	20	★	
	No wasted services	5	5	5	4	19	★	
	No unnecessary services	5	5	5	4	19	★	
	Fair / consistent charges	5	5	5	4	19	★	
	Insurance costs vs private pay	5	5	4	5	19	★	
	Low co-pays	4	5	5		18.667	★	
	Low deduct.	4	5	5		18.667	★	
	Sliding scale	5	5	4	4	18	★	
E D U C A T I O N C O U N S E L I N G	Community education	4	5	4	2	15		
	School education	1	5	4	2	12		
H E A L T H S V C S	Immunizations	5	5	5	4	19	★	
	Chronic Disease	5	5	4		18.667	★	
	Dental care	5	5	4	4	18	★	
	Pre-natal	5	5	4	4	18	★	
	Wellness	5	5	4	4	18	★	
	Mental health	5	5	3	4	17	★	
	Mid-wife	5	4	4	4	17	★	
	Nutrition	4	5	4	3	16		★
	Auditory	3	5	4	3	15		★
	Physical therapy	3	5	4	3	15		★
	Hospice	2	5	4		14.667		★
	Dermatology		5	4	2	14.667		★
	Eye care	3	4	4	3	14		
	Alternative meds	4	5	3	1	13		
	Rehab	1	5	3	3	12		
	Exercise	1	5	3	1	10		
H E A L T H P R O C E D U R E S	Chiropractic	1	3	3	2	9		
	Birth control	5	5	4	5	19	★	
	Acute care	5	5	4	5	19	★	
	Lab	5	3	5	5	18	★	
	Screening	5	5	3	5	18	★	
	X-Ray	5	3	4	5	17	★	
	Nutrition	4	5	4	4	17	★	
P H A R M A C Y	Specialists		3	3	5	14.667		★
	Low cost	5	5	5	4	19	★	
	No mistakes	5	5	5	4	19	★	

	Drug counseling	5	5	5	4	19	★	
	Available immediately	5	5	4	4	18	★	
	Alternative drugs	3	5	4	4	16		★
QUALITY	Listens	5	5	5	5	20	★	
	Works cooperatively with me	5	5	5	5	20	★	
	Clear communications	5	5	5	5	20	★	
	Shared decision making	5	5	5	5	20	★	
	Low infection	5	5	5	5	20	★	
	Accurate records	5	5	5	5	20	★	
	No mis-diagnosis	5	5	5	5	20	★	
	Help me understand	5	5	5	5	20	★	
	Insur. Co. should not overly restrict care	5	5	5	5	20	★	
	Coordinated care	5	5	4	5	19	★	
	Compatible records	5	5	4	5	19	★	
	Patient cooperates with doctor	5	5	4	5	19	★	
	Access to sophisticated procedures	5	5	4	5	19	★	
	Personal relationship	5	5	4	2	16		★
PSYCH/SOC SVCS	Smoking	5	5	4	3	17	★	
	Nutrition / Obesity	5	5	4	3	17	★	
	Drug / Alcohol	5	5	3	3	16		★
	Support groups	5	5	3	3	16		★
	Grief Counseling	4	5	3	3	15		★
	Adult day care	5	1	4	3	13		
	Mental health facility	1	5	4	3	13		
	Nothing unnecessary	5	1	3	3	12		
LONG TERM	Respite	5	5	4	1	15		
	Adult day care	4	4	3	1	12		
STAFF	General practitioner	5	5	5	5	20	★	
	Qualified practitioners	5	5	5	5	20	★	
	Team approach	5	5	5	5	20	★	
	Low turn-over	5	5	4	5	19	★	
	APRN (Nurse Practitioners)	5	5	4	5	19	★	
	OB/GYN	5	5	4	5	19	★	
	Pediatrician	5	5	4	4	18	★	
	Dentist	5	5	5	3	18	★	
	Dental hygienist	5	5	5	3	18	★	
	Dedicated school nurses	5	3	5		17.333	★	
	Qualified emergency response	5	4	4	4	17	★	
	Caring practitioners	5	5	4	3	17	★	
	Pharmacist	5	5	4	3	17	★	
	Pharmacy Assistant	5	5	4	3	17	★	
	Laboratory technician	5	5	4	3	17	★	
	X-Ray tech	5	5	4	3	17	★	
	Psychiatric nurse practitioner	5	5	4	2	16		★
	Patient advocate(s)	5	5	4	1	15		★
	Psychologist	4	5	3	3	15		★
	Dietician	5	4	3	3	15		★
	Holistic care providers	4	5	4	1	14		
	Health coach	3	5	2	4	14		
HARDWARE	Medical equipment providers	5	5	4	4	18	★	
	Low cost medical equipment	5	5	4	4	18	★	
	Long life equipment					0		
	Perfect Consensus							
	Nearly Perfect Consensus							

The Nature of Good Health Care

- Good Health Care will offer several local general practitioners who are teamed with a specific nurse practitioner to give every patient more depth in their care and coverage and at least two care providers that the patient knows personally and feels comfortable with. The health care providers work as a team with other services of the clinic like lab services.
- Medical care should include pediatrics, pre-natal and professional midwives
- Dental care including a dentist and dental hygienists should be included.
- Laboratory services, Physical Therapy, Pharmacy, Nutrition, Hospice, Home Visits, Mental Health and minor X-Ray services should be available.
- Medical care should be coordinated with hospitals, specialists, local schools, daycares, senior programs, government programs, Veterans Administration, public housing and community assistance programs.
- Good health care provides assistance in getting insurance and maintaining insurance that is affordable.

Access to Good Health Care

Good health care should be local. It should serve the entire community and entire families.

Care should be a **matter of choice**. There should be no requirements for use.

Appointments should be readily available and happen in a timely manner. Evening and weekend appointments need to be available. Appointments should allow enough time with the professionals to truly understand and manage health problems.

We should try to include current primary care doctors if possible.

All patients should have access to local hospitals and specialists as needed.



Good Health Care has built in quality control. It assures:

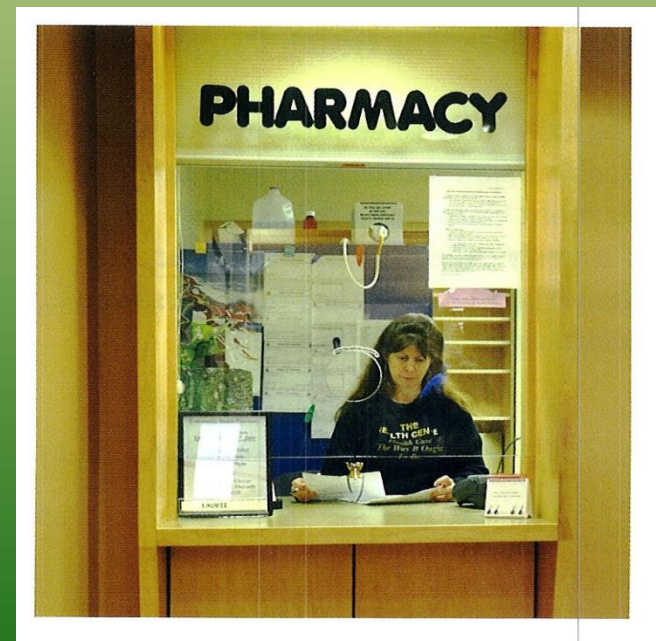
- an organized health team that integrates patient, doctor, nurse practitioner, lab services, rehab, social services, mental health counseling, pharmaceuticals, nutrition, and dental care
- close communication between the patient and the providers and between providers
- that the team coordinates external services
- full communication with the patient regarding plans, procedures, results and revisions
- that the patient shares in the decision making with understanding, cooperation and agreement
- that there is sufficient time available for the communication and coordination
- that there is independent quality control using a patient advocate to review records and patient history to assure that the goals for communication, understanding, decision sharing and coordination with external services is achieved
- that integrates team health care around a patient including the doctor, a nurse practitioner, lab services, rehab, social services, mental health counseling, pharmaceuticals, nutrition, and dental care



Components of Good Health Care Costs and Financing

- Cost of care that is affordable and assures that the cost of professionals, drugs, tests, procedures and rehab are as reasonable as possible, fair for all and the same for insured and uninsured patients.
- A sliding scale system should be used for those who can't afford insurance or full payment for service based on what they can afford.
- Develop a community insurance policy that is affordable.
- Reduce waste and duplication of service and offer service in the lowest cost environment (not an emergency room).
- The goal to cut primary care costs by 50% and drug costs by at least 75% and reduce or stabilize insurance premium cost to keep insurance affordable.

New money isn't needed – there is enough existing money to fund the change.



Accountability in Good Health Care

This clinic would be controlled by the users in the community, not by a hospital or the State or federal government or a town government. It would be funded by the users with a shared sense of responsibility and shared expense but with generally much lower expense.



Key Values

1. **Accountability** and control held by community with professional management that answers to community
2. **Local** presence
3. Family based
4. **Collaboration** of existing resources, facilities and people
5. **Team care** approach with APRN & Doctor & Soc. Worker & Therapy & Nutrition & Behavioral Health & Lab
6. **All primary care functions combined for comprehensive care** including health, behavioral health, lab, minor x-ray, dental, social work, nutrition, physical therapy, pharmacy, home health and hospice
7. **50% cost reduction** on care and 75% cost reduction on drugs
8. **Re-capture savings** from insurance companies
9. **Care for all.** Clinic must be used by a broad, representative cross section of all people with differing incomes, education, employment and funding sources
10. Savings will be used to **support acute care** with consumer consent through inter-institution collaboration

Health Work Group

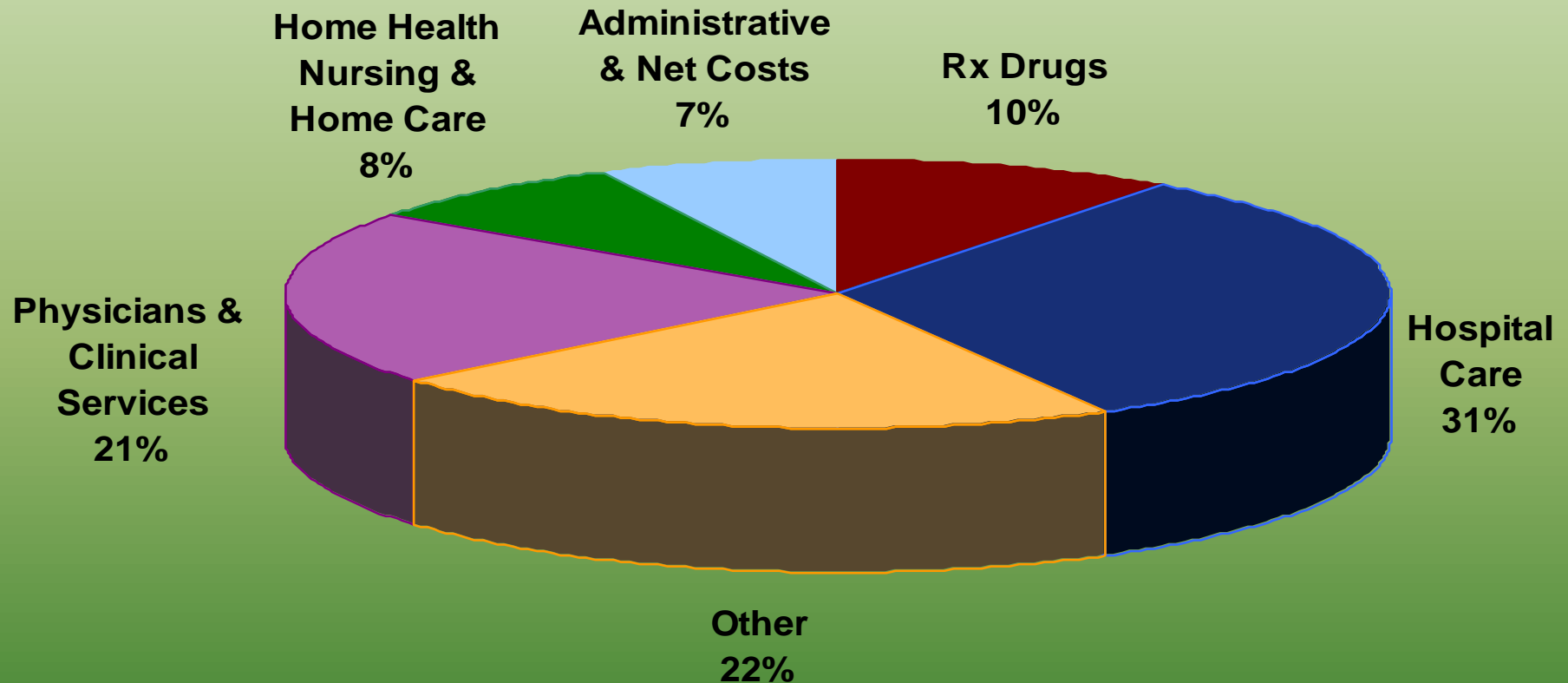
25 Local health professionals, business people and community leaders

- **Looked at community values**
- **Created an organizational chart for a community health system**
- **Created a series of staffing charts**
- **Identified partners to implement the system**
- **Created a series of budgets for various patient levels**
- **Identified funding sources**
- **Identified insurance options**

What's the pathway to savings, access, accountability and health care improvement?

- Look at ways we can generate savings
 - What do we control?
 - What can we do to save?
 - How much would the savings be?
- How do we get to capture the savings?

How our health care dollar is spent



*Note: "Other" includes medical care provided by private employers for employees at their work site, government spending for non-specified medical care by service usually delivered in schools, military field stations, and community centers.

Source: CMS, "National Health Expenditures," at <http://www.cms.hhs.gov/NationalHealthExpendData>, accessed January 6, 2009.

What are the best ways to get local, affordable, comprehensive, quality, primary care?

- How do we get the best local, comprehensive, accessible health care?
- How do others do it?
- Do they save money?

Looked at existing community health centers to learn what works and what could happen here.
Determine what services we want and plan a budget.

**Examples of Community Based
Primary Care that offers quality
and is accountable, convenient
and affordable**

**The Health Center – Plainfield, VT
Ammonoosuc Community Health
Services**

Mid-State Health Center

What Is The Health Center?

6 Rural Vermont Towns - Community Board

Comprehensive Community Health

Includes all income levels

Quality Service

Created in 1973

**Initially - primary care,
lab, x-ray, counseling,
pharmacy and education**



Town of Canaan

What is currently offered?

9,000 Patients Using Annually – 14,000 registered Patients

Primary medical care 60 hours per week using 4 MD's and 6 PA's

9 dental chairs with full 4 time dentists and mobile dental service

Low cost **Pharmacy** that incorporates automatic dispensing

Psychiatric counseling, PTSD treatment, behavioral neurology, and rehabilitation, and social work. Teamed with other FQHCs to set up a tele-psychiatry link for consultations with the University of Vermont child and adolescent psychiatrists

Physical therapy

Social Work

Laboratory services

Community **transportation** system for care

70 Full Time Equivalent Employees



Town of Canaan

2013 BUDGET as FQHC

REVENUE

Misc . Revenue	\$ 311,250	
Patient Fees	\$7,194,214	FQHC \$ 722,310 - Private \$6,471,904
Total Revenue	\$7,505,364	

EXPENSES

Personnel	\$4,490,923
Fringe Benefits	\$1,320,403
Travel	\$ 49,000
Equipment	\$ 63,000
Supplies	\$ 435,250
Contractual	\$ 247,000
Repairs	\$ 18,000
Interest	\$ 189,596
Buildings & Grounds	\$ 64,000
Utilities	\$ 47,000
Fees / Licenses	\$ 49,850
Malpractice & Prop. Insur.	\$ 100,500
Continuing Education	\$ 40,952
Depreciation	\$ 329,890
Outreach	\$ 19,750
Misc.	\$ 40,250
Total Expense	\$7,505,364

Full time staff Equivalent -
70

Patients – 14,000

Patients Using – 8,947

Visits 34,176

3.82 visits per user

Cost per Patient - \$801.95

Cost with Medical,
Dental & Medicine
\$1,101

WE PAY \$3,676 FOR
THIS NOW

Town of Canaan



Ammonoosuc Community Health Services

ACHS - Littleton (Main/Admin. Offices)

ACHS - Franconia

ACHS - Warren

ACHS - Whitefield

ACHS - Woodsville



ACHS PROVIDES –

Comprehensive Primary Preventive Medical Care - Wellness Screening, Pediatrics, Chronic Disease Management, Geriatrics, Acute Illness Care, Nutrition

- Prenatal Care - Childbirth Education, Nurse/Midwife Service and Newborn Care
- Family Planning - Birth Control, STD and HIV Testing and Counseling
- Breast & Cervical Cancer Screening Program
- Behavioral Health - Counseling
- Partners in Health - Support for Families with Children with Chronic Health Conditions
- Oral Health Referrals and Voucher Program
- Pharmacy Services - In-house Pharmacy, Medication Management , Low-Cost Drug Program
- Financial Services - Sliding Fee Scale for eligible patients

ACHS has:

9 Family Practice Physicians

1 Pediatrician

5 Advanced Practice Registered Nurses and 2 Physician Assistants

2 of our Family Practice Physicians also practice obstetrics at Cottage Hospital

We also contract with 2 Ob/Gyn Physicians in Littleton

1 NH Licensed Social Worker, a Clinical Psychologist and a Psychiatric Nurse Practitioner

We also employ Registered and Licensed Practical Nurses, Social Workers, Patient Navigators, and other support staff

FY2011-2012 Statistics

- Number of Unduplicated Medical Clients Served – 8,566
- Number of Medical Visits – 32,008
- Client/Payor Mix: 15.4 % Medicaid, 19.1% Medicare, 17.7% Uninsured, 46.5% Insured
- Value of free medications provided to our patients - \$909,786
- Value of discounted health care services provided to our patients – \$643,309 - (Sliding Fee Scale)

**Cost per Patient
Served - \$757.35**

Dental & Drugs est. \$700

Total \$1,457.35 WE PAY \$3,676 NOW



Mid-State Health Center

Mid-State employs a staff of more than 85 health care professionals delivering health care services to more than 10,000 patients annually in our Plymouth and Bristol offices.



With a team approach to health care, we create a personalized care experience for each patient.

Mid-State Primary care services for the entire family:

- **Urgent Visits**
(Same-day or next-day appointments are often available)
- **Wellness and Preventive Care**
- **Management of Chronic Disease**
- **Health care for Infants and Children**
- **Women's Health (Gynecological)**
- **Immunizations for Infants, Children, and Adults**
- **Skin Evaluations**
- **Behavioral Health Services and Counseling**
- **Lab Services**

Mid-State staff includes:

9 Physicians

4 Advanced Practice

Registered Nurses

3 Clinical Psychologists

1 Health Coach (Registered Nurse)

1 Patient Support Specialist

4 Registered Nurses

2 Licensed Practical Nurses

14 Medical Assistants

1 Licensed Nursing Assistant

2 Pharmacy Assistants

1 Laboratory Technician

12 Patient Services Representatives

Finances

Net Revenue.....\$6,121,645

Total Expenses

(Less Depr and BD).....\$6,128,935

Depreciation Exp\$ 95,394

Bad Debt Exp.....\$ 182,170

Other Income\$ 20,856

Net Income Before Grants.....\$(263,998)

Grant Income\$ 500,735

Net Income after Grants.....\$ 236,737

Cost Per Patient Served - \$ 612.89

Dental & Drugs est. \$ 740.00

Total \$1,352.00 **WE PAY \$3,676 NOW**



Questions? Come in
and talk to one of
our pharmacists:



John Croteau
B.S. R.Ph



Ed McGee,
R. Ph



Ed Rippe,
R. Ph

1. Walgreens' Drug Prices listed require \$20 annual membership card.
2. None of these drugs were covered under CVS Discount card.
3. Rite Aid listed prices are their discounted rate.
4. None of the Walmart drugs listed are on their \$4/\$9 plan.
5. Family Pharmacy Plus Plans \$10 Lifetime Fee

All Prices Shown on
the Grid were quoted
by telephone at
Upper Valley Outlets
12/27/2011 through 1/6/2012

COMPARE CASH PRICES FOR A 90 DAY SUPPLY OF GENERIC MEDS!

We are Less Expensive than the Big Chains!

Generic 3 Month Supply Without Insurance	Walgreens ¹	CVS ²	Rite Aid ³	Walmart ⁴	Family ⁵ Pharmacy
Simvastatin 40 mg #90 Generic Zocor For Cholesterol	\$57.97	\$122.90	\$149.99	\$53.72	\$19.00
Zolpidem 10 mg #90 Generic Ambien For Sleep	\$78.97	\$161.99	\$59.97	\$130.68	\$19.00
Omeprazole 20 mg #90 Generic Prilosec Stomach Reflux	\$111.97	\$195.99	\$230.99	\$123.08	\$26.00
Losartan 100 mg #90 Generic Cozaar Blood Pressure	\$272.89	\$203.99	\$266.99	\$217.88	\$26.00
Losartan/HCTZ/100/25 #90 Generic Hyzaar Blood Pressure	\$217.00	\$218.99	\$281.99	\$240.32	\$26.00
Topiramate 50 mg #90 Generic Topamax Headache/Seizure	\$144.08	\$287.99	\$339.19	\$144.08	\$21.00
Donepezil 10 mg #90 Generic Aricept Alzheimers	\$639.97	\$685.89	\$592.79	\$730.72	\$75.00
Ropinirole 1 mg #90 Generic Requip Restless Leg	\$117.37	\$126.99	\$135.19	\$115.78	\$46.00
Letrozole 2.5 mg #90 Generic Femara Breast Cancer	\$801.97	\$1,430.99	\$1,271.99	\$1,288.78	\$75.00
Tamsulosin 0.4 mg #90 Generic Flomax Prostate	\$171.97	\$278.99	\$271.19	\$187.54	\$46.00
Levofloxacin 500 mg #10 Generic Levaulin Infection	\$132.99	\$181.99	\$153.59	\$120.58	\$16.00
Venlafaxine 150 mg ER #90 Generic Effexor XR Depression	\$359.97	\$414.99	\$374.99	\$345.46	\$46.00
Pantoprazole 40 mg #90 Generic Protonix Stomach/Reflux	\$231.97	\$269.99	\$287.28	\$230.32	\$26.00
Atorvastatin 20 mg #90 Generic Lipitor Cholesterol	\$432.97	\$459.99	\$359.99	\$390.78	\$340.51
TOTAL 90 DAY SUPPLY OF ALL	\$3,782.96	\$5,051.76	\$4,776.13	\$4,319.82	\$807.51

This grid is just a sample of our everyday low prices!

Family Pharmacy

Locally Owned & Operated

See what you will receive
as a Family Pharmacy
Customer!



Our
Family Pharmacy
Discount Card
\$10.00 Lifetime Fee

\$5.00 Mailing Fee
for the Greater Upper Valley
(some restrictions apply –
No controlled substances,
no bulky or heavy items,
no temperature sensitive meds)

Private counseling room
available when needed.

We answer all of our
telephone calls personally

Support Upper Valley
Businesses – Buy local –
Keep your money in the
Upper Valley.

We are located at
505 US Route 4
Brookside Plaza
Enfield, NH
603-632-5720

Learn from
independent
pharmacists how to
manage drug care
and drug costs

Lorsartan for Blood
Pressue is \$26 for 90
days versus more
than \$200 from
Walmart, CVS, Rite
Aid and Walgreens

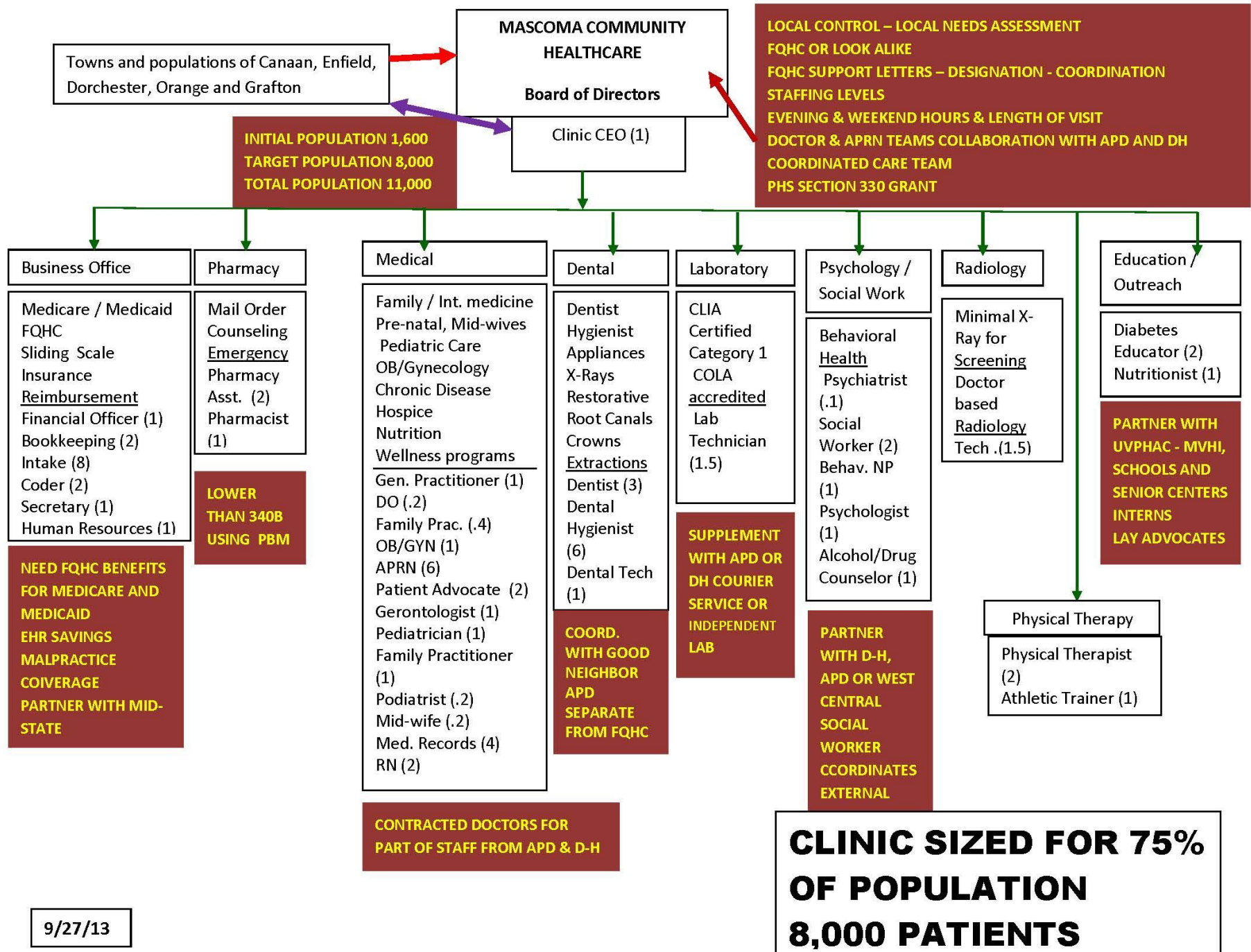


Plan for Savings on Medicine - More Aggressive Use of PBM's & Use a Pharmacist

THE DREAM PLAN

Full Utilization

Assumes 75% of the population of the 5 towns will participate



SERVICES – 8,000

- **Doctors – Family & General**
- **OB-GYN**
- **Pediatrics**
- **Birth & Delivery**
- **Osteopathic & manipulations**
- **Podiatry**
- **Team Approach**
- **Nursing and Nurse Practitioner**
- **Patient Advocate**
- **Physical Therapy and athletic trainer**
- **Pharmacy and pharmaceutical counseling**
- **Diabetes education and Nutrition**
- **Radiology and lab**
- **Behavior health, drug & alcohol counseling, social work and service coordination**
- **Dental work including preventive and restorative**

PERSONNEL – 8,000

- General Practitioner .6
- Osteopath .4
- Family Practice Doc 1
- Pediatrician 1
- OB-GYN 1
- Podiatrist .2
- Nurse Practitioners 5
- Nurse 2
- Patient Advocate 2
- Mid Wife .4
- Lab Technician 1.5
- Ultra Sound Tech. 1.5
- Physical Therapy 2
- Athletic Trainer 1
- Dentists 3
- Dental Hygienists 6
- Dental Tech. 2
- Psychologist 1
- Social Worker 2
- Behavioral Nurse Practitioner 1
- Alcohol / Drug Counselor 1
- Psychiatrist .1
- Diabetes Educators 2
- Nutritionist 1
- Pharmacist 1
- Pharmacy Assistant 2
- Support & Management staff 22

FULL BUILD-OUT

8,000

9/27/2013

PAYROLL COST

PATIENTS

Title	Num. of Employ.	Base Wage Per Person	Wage with FICA Health, Dental & Retirement	Total Expense Loaded wage times number of employees
FULL BUILD-OUT AT 8,000 PATIENTS				
CEO	1	\$ 140,000	\$ 185,500	\$ 185,500
CFO	1	\$ 90,000	\$ 125,500	\$ 125,500
Advocate QC	2	\$ 55,000	\$ 83,500	\$ 167,000
Secretary	1	\$ 40,000	\$ 65,500	\$ 65,500
Bookkeeper	2	\$ 55,000	\$ 83,500	\$ 167,000
Human Res.	1	\$ 60,000	\$ 89,500	\$ 89,500
Intake	8	\$ 30,000	\$ 53,500	\$ 428,000
Med Records	4	\$ 50,000	\$ 77,500	\$ 310,000
Coder	2	\$ 65,000	\$ 95,500	\$ 191,000
Pharm Asst	2	\$ 50,000	\$ 77,500	\$ 155,000
Pharmacist	1	\$ 120,000	\$ 161,500	\$ 161,500
Gen. Prac.	1	\$ 200,000	\$ 257,500	\$ 257,500
Osteopath	0.2	\$ 150,000	\$ 197,500	\$ 39,500
OB-GYN	1	\$ 190,000	\$ 245,500	\$ 245,500
Pediatrics	1	\$ 130,000	\$ 173,500	\$ 173,500
Geriatrics	1	\$ 190,000	\$ 245,500	\$ 245,500
Family Practitioner	1	\$ 175,000	\$ 227,500	\$ 227,500
Podiatrist	0.2	\$ 130,000	\$ 173,500	\$ 34,700
APRN/PA	6	\$ 100,000	\$ 137,500	\$ 825,000
Radiologist Tech	1.5	\$ 60,000	\$ 89,500	\$ 134,250
Mid-Wife	0.2	\$ 90,000	\$ 125,500	\$ 25,100
Lab Tech	1.5	\$ 50,000	\$ 77,500	\$ 116,250
Physical Therapist	2	\$ 110,000	\$ 149,500	\$ 299,000
Athletic Trainer	1	\$ 55,000	\$ 83,500	\$ 83,500
RN	2	\$ 75,000	\$ 107,500	\$ 215,000
Nutritionist	1	\$ 75,000	\$ 107,500	\$ 107,500
Diabetes Educator	2	\$ 75,000	\$ 107,500	\$ 215,000
Alcohol/Drug Counselor	1	\$ 70,000	\$ 101,500	\$ 101,500
Psychiatrist	0.1	\$ 200,000	\$ 257,500	\$ 25,750
Psychologist	1	\$ 85,000	\$ 119,500	\$ 119,500
Behav. Health Nurse Pract.	1	\$ 110,000	\$ 149,500	\$ 149,500
Soc. Wrk.	2	\$ 60,000	\$ 89,500	\$ 179,000
Dentist	3	\$ 150,000	\$ 197,500	\$ 592,500
Hygienist	6	\$ 75,000	\$ 107,500	\$ 645,000
Dental Tech	1	\$ 55,000	\$ 83,500	\$ 83,500
Housekeeping	4	\$ 25,000	\$ 47,500	\$ 190,000
Janitor	2	\$ 35,000	\$ 59,500	\$ 119,000
TOTALS	68.7			\$ 7,495,050

NON-PAYROLL EXPENSE

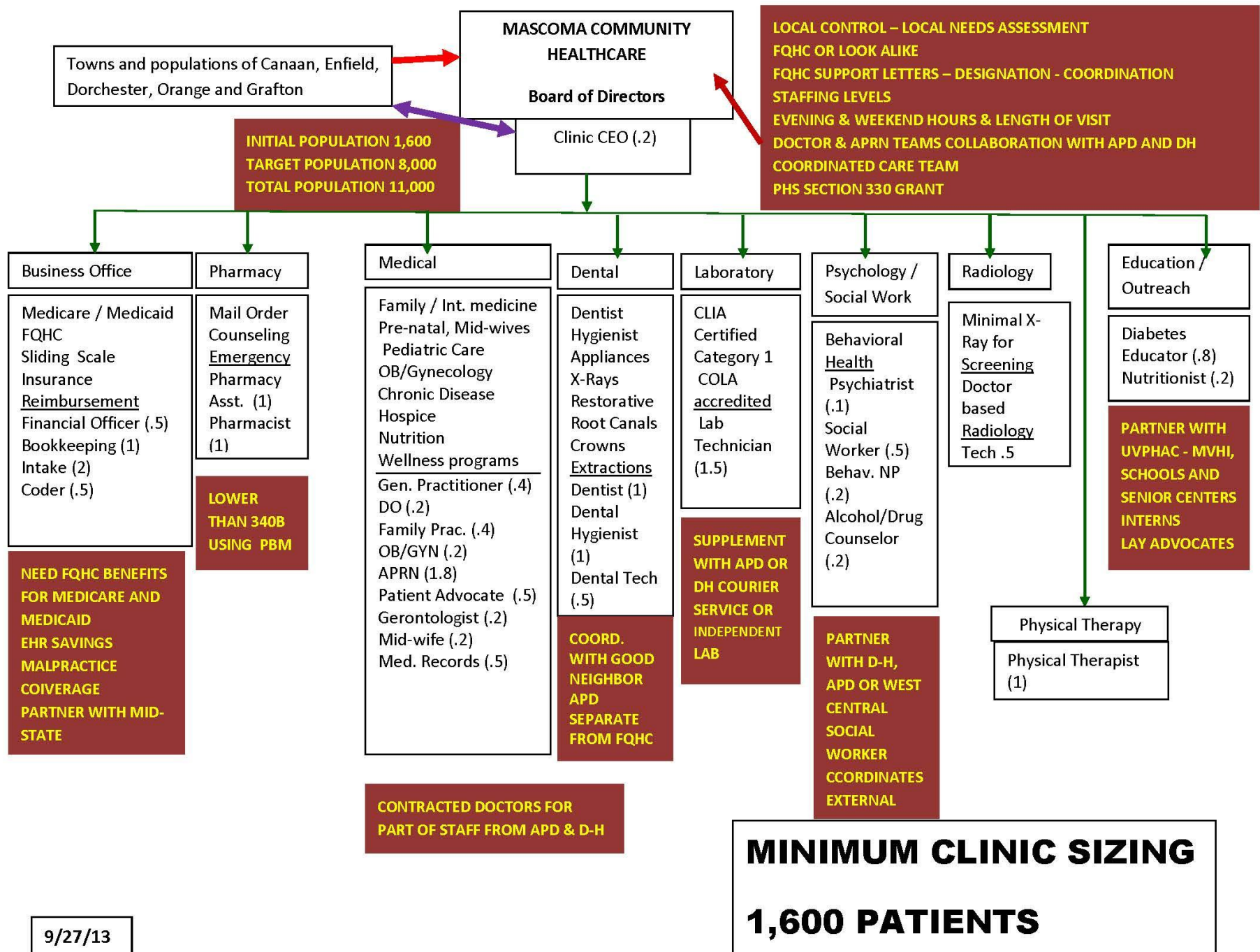
ITEM	SUB-TOTAL	FACTOR	Total Expense
travel	\$ 20,000	1	\$ 20,000
equipment	\$ 60,000	1	\$ 60,000
supplies	\$ 250,000	1	\$ 250,000
contracted serv	\$ 100,000	1	\$ 100,000
repairs	\$ 15,000	1	\$ 15,000
mortgage	\$ 150,000	1	\$ 150,000
building main.	\$ 25,000	1	\$ 25,000
utilities	\$ 20,000	1	\$ 20,000
fees licenses	\$ 25,000	1	\$ 25,000
malpractice/ins	\$ 90,000	1	\$ 90,000
educ	\$ 20,000	1	\$ 20,000
bad debt	\$ 80,000	1	\$ 80,000
	\$ 855,000		\$ 855,000

TOTAL EXPENSE	\$ 8,350,050
PER PATIENT EXPENSE	\$ 1,043.76
Drug Estimate at reduced rates	\$ 300.00
TOTAL EXPENSE	\$ 1,343.76

THE STARTING PLAN

**1,600 PATIENTS OR 15%
OF THE VALLEY**

**1,600 is the minimum number to start.
We anticipate it will increase.**



SERVICES – 1,600

- Doctors – Family & General
- OB-GYN
- Pediatrics (included in family)
- Birth & Delivery
- Osteopathic & manipulations
- Podiatry
- Team Approach
- Nursing and Nurse Practitioners
- Patient Advocate
- Physical Therapy and athletic trainer (handled by physical therapist)
- Pharmacy and pharmaceutical counseling
- Diabetes education and Nutrition
- Radiology and lab
- Behavior health, drug & alcohol counseling, social work and service coordination
- Dental work including preventive and restorative

PERSONNEL – 1,600

- General Practitioner .6
- Osteopath .5
- Family Practice Doc .5
- Pediatrician 0
- OB-GYN .4
- Podiatrist 0
- Nurse Practitioners 2
- Nurse 0
- Patient Advocate .5
- Mid Wife .4
- Lab Technician 1.5
- Ultra Sound Tech. .5
- Physical Therapy 1
- Athletic Trainer 0
- Dentists 1
- Dental Hygienists 1
- Dental Tech. .5
- Psychologist 0
- Social Worker .5
- Behavioral Nurse Practitioner .5
- Alcohol / Drug Counselor .5
- Psychiatrist .1
- Diabetes Educators .8
- Nutritionist .2
- Pharmacist 1
- Pharmacy Assistant 1
- Support & Management staff 4.7

PAYROLL COST

PATIENTS

Title	Num.	Base Wage	Wage with FICA	Total Expense
FALL BACK 1450 PATII of Employees		Per Person	Health, Dental & Retirement	Loaded wage times number of employees
CEO	0.2	\$ 100,000	\$ 137,500	\$ 20,000
CFO	0.5	\$ 85,000	\$ 119,500	\$ 59,750
Advocate QC	0.5	\$ 55,000	\$ 83,500	\$ 41,750
Secretary	0	\$ 40,000	\$ 65,500	\$ -
Bookkeeper	1	\$ 55,000	\$ 83,500	\$ 83,500
Human Res.	0	\$ 60,000	\$ 89,500	\$ -
Intake	2	\$ 30,000	\$ 53,500	\$ 107,000
Med Records	0.5	\$ 50,000	\$ 77,500	\$ 38,750
Coder	0.5	\$ 65,000	\$ 95,500	\$ 47,750
Pharm Asst	1	\$ 50,000	\$ 77,500	\$ 77,500
Pharmacist	1	\$ 120,000	\$ 161,500	\$ 161,500
Gen. Prac.	0.4	\$ 200,000	\$ 257,500	\$ 103,000
DO	0.2	\$ 150,000	\$ 197,500	\$ 39,500
OB-GYN	0.2	\$ 190,000	\$ 245,500	\$ 49,100
Pediatrics	0	\$ 130,000	\$ 173,500	\$ -
Geriatrics	0.2	\$ 190,000	\$ 245,500	\$ 49,100
Family Practitioner	0.4	\$ 175,000	\$ 227,500	\$ 91,000
Podiatrist	0	\$ 130,000	\$ 173,500	\$ -
APRN/PA	2	\$ 100,000	\$ 137,500	\$ 275,000
Radiologist Tech.	0.5	\$ 60,000	\$ 89,500	\$ 44,750
Mid-Wife	0	\$ 90,000	\$ 125,500	\$ -
Lab Tech	1.5	\$ 50,000	\$ 77,500	\$ 116,250
Physical Therapist	1	\$ 110,000	\$ 149,500	\$ 149,500
Athletic Trainer	0	\$ 55,000	\$ 83,500	\$ -
RN	0	\$ 75,000	\$ 107,500	\$ -
Nutritionist	0.2	\$ 75,000	\$ 107,500	\$ 21,500
Diabetes Educator	0.8	\$ 75,000	\$ 107,500	\$ 86,000
Alcohol/Drug Counse	0.2	\$ 70,000	\$ 101,500	\$ 20,300
Psychiatrist	0.1	\$ 200,000	\$ 257,500	\$ 25,750
Psychologist	0	\$ 105,000	\$ 143,500	\$ -
Behav. Health Nurse	0.2	\$ 110,000	\$ 149,500	\$ 29,900
Soc. Wrk.	0.5	\$ 60,000	\$ 89,500	\$ 44,750
Dentist	1	\$ 150,000	\$ 197,500	\$ 197,500
Hygienist	1	\$ 75,000	\$ 107,500	\$ 107,500
Dental Tech	0.5	\$ 55,000	\$ 83,500	\$ 41,750
Housekeeping	1	\$ 25,000	\$ 47,500	\$ 47,500
Janitor	0	\$ 35,000	\$ 59,500	\$ -
TOTALS	19.1			\$ 2,177,150

NON-PAYROLL EXPENSE

ITEM	SUB-TOTAL	FACTOR	Total Expense
travel	\$ 20,000	0.25	\$ 5,000
equipment	\$ 60,000	0.4	\$ 24,000
supplies	\$ 250,000	0.25	\$ 62,500
contracted serv	\$ 100,000	0.25	\$ 25,000
repairs	\$ 15,000	0.25	\$ 3,750
mortgage	\$ 50,000	1	\$ 50,000
building main.	\$ 25,000	0.25	\$ 6,250
utilities	\$ 20,000	0.75	\$ 15,000
fees licenses	\$ 25,000	0.25	\$ 6,250
malpractice/ins	\$ 90,000	0.35	\$ 31,500
educ	\$ 20,000	0.25	\$ 5,000
bad debt	\$ 80,000	0.25	\$ 20,000
	\$ 755,000		\$ 254,250
TOTAL EXPENSE			\$ 2,431,400
PER PATIENT EXPENSE			\$ 1,520
Drug Estimate			\$ 300
TOTAL EXPENSE			\$ 1,820

Key Values

1. **Accountability** and control held by community with professional management that answers to community - **Managed by board with at least 51% patient control.**
2. **Local presence** - **Located in Mascoma Valley – open 60 hours a week – full time emergency coverage**
3. **Family based** - **Family doctor, Pediatrician, OB-GYN, Mid-wife, Osteopath, Nurse Practitioners, Counseling, Dental**
4. **Collaboration** of existing resources, facilities and people - **Uses services of DH, APD, local doctors and local pharmacists – partners with Ammonoosuc & Mid-State**
5. **Team care** approach with APRN & Doctor & Soc. Worker & Therapy & Nutrition & Behavioral Health & Lab - **Yes – minimum of 1 doctor and 1 nurse practitioner per patient**

6. **All primary care functions combined for comprehensive care** including health, behavioral health, lab, minor x-ray, dental, social work, nutrition, physical therapy, pharmacy, home health and hospice - **All services included or included by coordination**
7. **50% cost reduction** on care and 75% cost reduction on drugs - **55% savings**
8. **Re-capture savings** from insurance companies - **Within 2 years**
9. **Care for all.** Clinic must be used by a broad, representative cross section of all people with differing incomes, education, employment and funding sources - **Open to all – takes any insurance – offers sliding scale payment system**
10. Savings will be used to **support acute care.** It will be up to the organization to decide how to use the \$12 million in savings but it would be available to support acute care (hospitals).

The Plan is Feasible!

- We had an independent review by peers
 - Ammonoosuc Health Care System
 - Mid-State Health Center
 - Alice Peck Day
 - Dartmouth Hitchcock
- We hired a third party consultant to review staffing levels and compensation levels
 - Helms & Company of Concord, NH
- We obtained projections of anticipated actual usage based on comparable health centers in NH
 - Uniform Data Services from National Health Service Corps
- We created a business model based on actual current insurance reimbursement levels
 - Based on FQHC OPTUM CPT codes & Anthem BC Reimbursement Schedule
 - Looked at the model and determined a break even point for the health center



Healthcare Consulting and Management

Helms & Company offers an extensive portfolio of healthcare management and consulting services including:

Design, Implementation and Management of Provider Joint Ventures
Strategic and Business Planning
Operational Assessment Planning
Medical Staff Development and Planning
Mobile Healthcare Technology Assessment and Implementation
Community Needs Assessment
Mergers, Acquisitions and Affiliations
Interim Management of Health Facilities and Organizations
Interim Management of Non-profit Organizations
Facilitation of Retreats, Meetings, and Work Groups
Certificate of Need and Regulatory Assistance
Market Research, Planning, and Consultation

In addition, Helms & Company also offers Physician Practice Management and Consulting Services, on both a project and ongoing management basis. Areas of expertise include medical practice operations, financial services, billing, coding, reimbursement, physician practice management and managed care contracting.

National Health Service Corps – Uniform Data System

NEW HAMPSHIRE

Date Requested: 06/22/2012 11:49 AM EST

Data As Of: 05/14/2012

List of Grantees - 2011

State - Universal - 10 Grantees

Grantee Name	City	State	Tracking Number	BHCMIS ID	Funding Streams
AMMONOOSUC COMMUNITY HEALTH SRVS, INC.	LITTLETON	NH	H80CS005542011	010980	CH
CITY OF MANCHESTER NEW HAMPSHIRE	MANCHESTER	NH	H80CS000022011	010130	HCH
COOS COUNTY FAMILY HEALTH SERVICES, INC.	BERLIN	NH	H80CS005082011	010850	CH
FAMILIES FIRST OF GREATER SEACOAST	PORTSMOUTH	NH	H80CS002392011	014040	HCH
GOODWIN COMMUNITY HEALTH	SOMERSWORTH	NH	H80CS042102011	019980	CH
HARBOR HOMES, INC	NASHUA	NH	H80CS128672011	01E00025	HCH
HEALTH FIRST FAMILY CARE CENTER, INC.	FRANKLIN	NH	H80CS002952011	014060	CH
INDIAN STREAM HEALTH CENTER	COLEBROOK	NH	H80CS066552011	0112200	CH
LAMPREY HEALTH CARE	NEWMARKET	NH	H80CS006402011	011580	CH
MANCHESTER COMMUNITY HEALTH CENTER	MANCHESTER	NH	H80CS005712011	010760	CH

Projecting Visits

TABLE 6A - Selected Diagnoses and Services Rendered - 2011

State - Universal - 10 Grantees

Diagnostic Category		Applicable ICD - 9 - CM Codes	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)	Visits Per Patient
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx; 303.xx; 305.0x; 357.5x	1,105	381	2.90
19.	Other Substance Related Disorders (Excludes Tobacco Use Disorders)	292.1x - 292.8x; 304.xx; 305.2x - 305.9x; 357.6x; 648.3x	882	355	2.48
19a.	Tobacco Use Disorders	305.1	1,119	1,023	1.09
20a.	Depression and other Mood Disorders	296.xx; 300.4 301.13; 311.xx	7,619	2,992	2.55
20b.	Anxiety Disorders Including PTSD	300.0x; 300.2x; 300.3; 308.3; 309.81	5,119	2,538	2.02
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x; 312.9x; 313.81; 314.xx	3,039	1,369	2.22
20d.	Other Mental Disorders, Excluding Drug or Alcohol Dependence (includes Mental Retardation)	290.xx; 293.xx - 302.xx (Excluding 296.xx; 300.0x; 300.2x; 300.3; 300.4; 301.13); 306.xx - 319.xx (Excluding 308.3; 309.81; 311.xx; 312.8x; 312.9x; 313.81; 314.xx)	3,831	1,957	1.96

TABLE 6A - Selected Diagnoses and Services Rendered - 2011
State - Universal - 10 Grantees

Service Category		Applicable ICD - 9 - CM or CPT - 4 Codes	Number of Visits (A)	Number of Patients (B)	Visits Per Patient
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT - 4: 86689; 86701 - 86703; 87390 - 87391	1,861	1,757	1.06
21a.	Hepatitis B Test	CPT-4: 88704, 88705, 87515-17	705	664	1.06
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	477	438	1.09
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	3,999	3,528	1.13
23.	Pap Test	CPT - 4: 88141 - 88155; 88164 - 88167; 88174 - 88175 OR ICD - 9: V72.3; V72.31; V76.2	10,056	8,180	1.23
24.	Selected Immunizations (Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633 - 90634, 90645 - 90648; 90670; 90696 - 90702; 90704 - 90716; 90718 - 90723; 90743 - 90744; 90748	13,761	10,857	1.27
24a.	Seasonal Flu Vaccine	CPT-4: 90655 - 90662	16,494	15,781	1.05
24b.	H1N1 Flu Vaccine	CPT-4: 90663; 90470	3	3	1.00
25.	Contraceptive Management	ICD - 9: V25.xx	7,649	4,793	1.60
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT - 4: 99391 - 99393; 99381 - 99383	13,415	8,047	1.67
26a.	Childhood Lead Test Screening (Ages 9 to 72 months)	CPT-4: 83655	1,533	1,333	1.15
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	498	116	4.29
26c.	Smoke and Tobacco Use Cessation Counseling	CPT-4: 99406 and 99407; S9075	2,090	1,526	1.37
26d.	Comprehensive and Intermediate Eye Exams	CPT-4: 92002, 92004, 92012, 92014	305	303	1.01

TABLE 6A - Selected Diagnoses and Services Rendered - 2011

State - Universal - 10 Grantees

Service Category	Applicable ADA Code	Number of Visits (A)	Number of Patients (B)	Visits Per Patient
Selected Dental Services				
27. I. Emergency Services	ADA: D9110	30	30	1.00
28. II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180	5,526	4,437	1.25
29. Prophylaxis - Adult or Child	ADA: D1110, D1120	3,309	2,519	1.31
30. Sealants	ADA: D1351	534	476	1.12
31. Fluoride Treatment - Adult or Child	ADA: D1203, D1204, D1206	2,330	1,950	1.19
32. III. Restorative Services	ADA: D21xx - D29xx	2,678	1,555	1.72
33. IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	1,240	1,016	1.22
34. V. Rehabilitation Services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	553	403	1.37

Sources of codes:

- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2011. American Medical Association.
- Current Procedural Terminology, (CPT) 2010/2011. American Medical Association.
- Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

NOTE: x in a code denotes any number including the absence of a number in that place.

TABLE 5 - Staffing and Utilization - 2011
State - Universal - 10 Grantees

PERSONNEL BY MAJOR SERVICE CATEGORY		FTEs (a)	Clinic Visits (b)	Patients (c)
1.	Family Physicians	28.62	90,131	
2.	General Practitioners	0.00	0	
3.	Internists	1.90	4,942	
4.	Obstetrician/Gynecologists	1.54	5,600	
5.	Pediatricians	3.17	9,116	
7.	Other Specialty Physicians	0.03	225	
8.	Total Physicians (Sum lines 1-7)	35.26	110,014	
9a.	Nurse Practitioners	24.40	63,995	
9b.	Physician Assistants	10.84	29,822	
10.	Certified Nurse Midwives	2.72	7,724	
10a.	Total NP, PA, CNMs (Sum lines 9a-10)	37.96	101,541	
11.	Nurses	79.59	16,088	
12.	Other Medical Personnel	77.47		
13.	Laboratory Personnel	0.00		
14.	X-Ray Personnel	0.00		
15.	Total Medical Services (Sum lines 8+10a through 14)	230.28	227,643	64,664
16.	Dentists	3.45	7,978	
17.	Dental Hygienists	3.55	3,998	
18.	Dental Assistants, Aides, Techs	5.52		
19.	Total Dental Services (Sum lines 16-18)	12.52	11,976	5,453
20a.	Psychiatrists	0.14	387	
20a1.	Licensed Clinical Psychologists	1.41	1,580	
20a2.	Licensed Clinical Social Workers	4.36	5,573	
20b.	Other Licensed Mental Health Providers	2.25	2,742	
20c.	Other Mental Health Staff	1.55	912	
20.	Total Mental Health Services (Sum lines 20a-c)	9.71	11,194	3,084
21.	Substance Abuse Services	3.57	2,353	762
22.	Other Professional Services	4.17	5,164	2,591
22a.	Ophthalmologist	0.00	67	
22b.	Optometrist	0.07	238	
22c.	Other Vision Care Staff	0.00		
22d.	Total Vision Services (Sum lines 22a-c)	0.07	305	303
23.	Pharmacy Personnel	3.93		
24.	Case Managers	12.11	8,383	
25.	Patient/Community Education Specialists	5.43	3,163	
26.	Outreach Workers	3.57		
27.	Transportation Staff	1.16		
27a.	Eligibility Assistance Workers	19.71		
27b.	Interpretation Staff	5.61		
28.	Other Enabling Services	0.00		
29.	Total Enabling Services (Sum lines 24-28)	47.59	11,546	5,389
29a.	Other Programs/Services	15.03		

Clinic visits are shown only for personnel that generate reportable visits

Subtotals may differ from the sum of cells due to rounding

Anthem Blue Cross

Reimbursements

NEW HAMPSHIRE MAXIMUM ALLOWABLE BENEFIT (M.A.B.) SCHEDULE
For the Most Commonly Billed Procedure Codes
EFFECTIVE FOR DATES OF SERVICE ON OR AFTER: 10/1/2013

Code	M.A.B. @ OFFICE	M.A.B. @ ASC	M.A.B. @ FACILITY
97762	\$41.31	\$41.31	\$41.31
97802	\$37.48	\$34.60	\$34.60
97803	\$32.44	\$29.55	\$29.55
98925	\$47.24	\$41.08	\$34.92
98926	\$67.27	\$59.83	\$52.38
98927	\$88.32	\$79.08	\$69.84
98928	\$108.86	\$98.85	\$88.84
98929	\$129.92	\$118.11	\$106.29
99201	\$56.99	\$33.58	\$33.58
99202	\$96.75	\$63.62	\$63.62
99203	\$140.49	\$97.64	\$97.64
99204	\$213.83	\$166.56	\$166.56
99205	\$264.64	\$213.83	\$213.83
99211	\$26.57	\$11.51	\$11.51
99212	\$57.12	\$31.88	\$31.88
99213	\$94.76	\$64.65	\$64.65
99214	\$139.04	\$99.63	\$99.63
99215	\$185.98	\$140.37	\$140.37
99217	\$87.24	\$87.24	\$87.24
99218	\$113.91	\$113.91	\$113.91
99219	\$155.23	\$155.23	\$155.23
99220	\$212.98	\$212.98	\$212.98
99221	\$117.12	\$117.12	\$117.12
99222	\$158.84	\$158.84	\$158.84
99223	\$233.44	\$233.44	\$233.44
99224	\$47.81	\$47.81	\$47.81
99225	\$86.40	\$86.40	\$86.40
99226	\$124.98	\$124.98	\$124.98
99231	\$46.97	\$46.97	\$46.97
99232	\$86.40	\$86.40	\$86.40
99233	\$124.56	\$124.56	\$124.56

Anesthesia CF = \$57.75

*The listing of a service on this Fee Schedule is not a certification of coverage or payment.
 Payment is made only for Covered Services subject to the terms, limitations and exclusions of the Member's Health Benefit Plan.*

Anthem Blue Cross and Blue Shield Proprietary and Confidential Information





























		management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.			80 Q3
	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.			IM 80 V
	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.			IM 80 V
	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.			IM 80 V
	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.			IM 80 V
	99215	Office or other outpatient visit for the evaluation and			

\$139.04

Search

Help with Search?

**CPT® Code Section (99201-99215)**

CPT® Code Section (99201-99215)				
▼ To Bottom				
Actions	Code	Description	References	Edits
	<u>99201</u>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.		    
	<u>99202</u>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.		    
	<u>99203</u>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.		    
	<u>99204</u>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the		    

\$140.49

Built a Business Model

Average Visits of 10 FQHC with proportional visits to Mascoma Clinic based on 1,600 Patients at lowest Anthem BC Reimbursement rate

Diagnosis	Statewide FQHC				Mascoma		Patient Count	1500			
	Patients	Visits/Patient	Total Visits	% of Tot Visits				Local Visits	Reimburse	Revenue	Insurance Premium
asthma	2771	1.53	4239.63	1.86%		1.86%		168	139	23,298.66	
bronchitis	858	1.69	1450.02	0.64%			0.64%	57	139	7,968.51	
emphysema			0					0	139	-	
abnormal breast	67	1.31	87.77	0.04%			0.04%	3	139	482.34	
abnormal cervical	591	1.48	874.68	0.38%			0.38%	35	139	4,806.76	
diabetes	4906	2.98	14619.88	6.42%		6.42%		578	139	80,342.77	
heart	1540	1.85	2849	1.25%			1.25%	113	139	15,656.53	
hypertension	6355	1.82	11566.1	5.08%		5.08%		457	139	63,560.89	
dermatitis	1069	1.15	1229.35	0.54%			0.54%	49	139	6,755.83	
dehydration	28	1.32	36.96	0.02%			0.02%	1	139	203.11	
hyperthermia	18	1.39	25.02	0.01%			0.01%	1	139	137.50	
obesity	859	1.24	1065.16	0.47%			0.47%	42	139	5,853.53	
eustachion tubes	2299	1.46	3356.54	1.47%		1.47%		133	139	18,445.69	
perinatal	113	1.58	178.54	0.08%			0.08%	7	139	981.16	
abnormal growth	447	2.04	911.88	0.40%			0.40%	36	139	5,011.19	
alcohol	381	2.9	1104.9	0.49%			0.49%	44	130	5,678.77	
subsyntance abuse	355	2.48	880.4	0.39%			0.39%	35	130	4,524.93	
tobacco	1023	1.09	1115.07	0.49%			0.49%	44	130	5,731.04	
depression	2992	2.55	7629.6	3.35%		3.35%		302	139	41,928.06	
anxiety	2538	2.02	5126.76	2.25%		2.25%		203	139	28,173.84	
addd	1369	2.22	3039.18	1.34%		1.34%		120	130	15,620.25	
dependency	1957	1.96	3835.72	1.68%		1.68%		152	130	19,714.17	
hiv	1757	1.06	1862.42	0.82%			0.82%	74	139	10,234.83	
hep b	664	1.06	703.84	0.31%			0.31%	28	139	3,867.92	
hep c	438	1.09	477.42	0.21%			0.21%	19	139	2,623.64	
mammogram	3528	1.13	3986.64	1.75%		1.75%		26	30	788.07	
pap test	8180	1.23	10061.4	4.42%		4.42%		398	139	55,291.89	
immunizations	10857	1.27	13788.39	6.06%		6.06%		91	22	1,998.82	
flu	15781	1.05	16570.05	7.28%		7.28%		109	22	2,402.06	
h1n1	3	1	3	0.00%			0.00%	0	22	2.61	
contraceptive	4793	1.6	7668.8	3.37%		3.37%		303	139	42,143.48	
child care	8047	1.67	13438.49	5.90%		5.90%		531	170	90,320.76	
lead test	1333	1.15	1532.95	0.67%			0.67%	61	139	8,424.25	
screening	116	4.29	497.64	0.22%			0.22%	20	139	2,734.75	
smoke & tobacco	1526	1.37	2090.62	0.92%			0.92%	83	139	11,488.89	
	89,559		137,904	60.58%				6543	4391	587,197.47	
office visit			89,739	39.42%							
				39.42%		44.13%	8.11%	8.34%	139	591,788.27	
						Hrs/Doc		1731			
						Hrs/Doc/APRN		1731			
drugs										450,000.00	
laboratory	4			40.00%				2400	35	84,000.00	
X-Ray	1							150	45	6,750.00	
										1,719,735.74	
emergency	30	1	30	0.19%				2,778,465.53	150	416.77	
exams	4437	1.25	5546.25	34.24%				1027,337.63	125	128,417.20	
cleaning	2519	1.31	3299.89	20.37%				611,242,042	75	45,843.15	
sealants	476	1.12	533.12	3.29%				98,750,369.7	75	7,406.28	
fluoride	1950	1.19	2320.5	14.33%				0	0	-	
restorative	1555	1.72	2674.6	16.51%				247,709,464	250	61,927.37	
surgery	1016	1.22	1239.52	7.65%							
rehab endo perio prosth ortho	403	1.37	552.11	3.41%				51,133,953.5	1200	61,360.74	
	12,386		16,196	100.00%				2038,951,93		305,371.51	
Per Capita								1,350.07	Total	2,025,107.26	4,200,000 Insur. Prem.
									BUDGETED	1,913,300	1,913,300 Actual Cost
									NET	111,807.26	2,286,700 Net Savings
									Net Per Patient	74.54	1,524.47

Average Visits of 10 FQHC with proportional visits to Mascoma Clinic based on 8,000 Patients at lowest Anthem BC Reimbursement rate

**We needed to develop
a way to capture
savings and reduce
insurance cost**

How much is the profit?

**How do we capture what we
save?**

Who gets the savings now?

Health Insurance Coverage, New Hampshire (2010 - 2011)

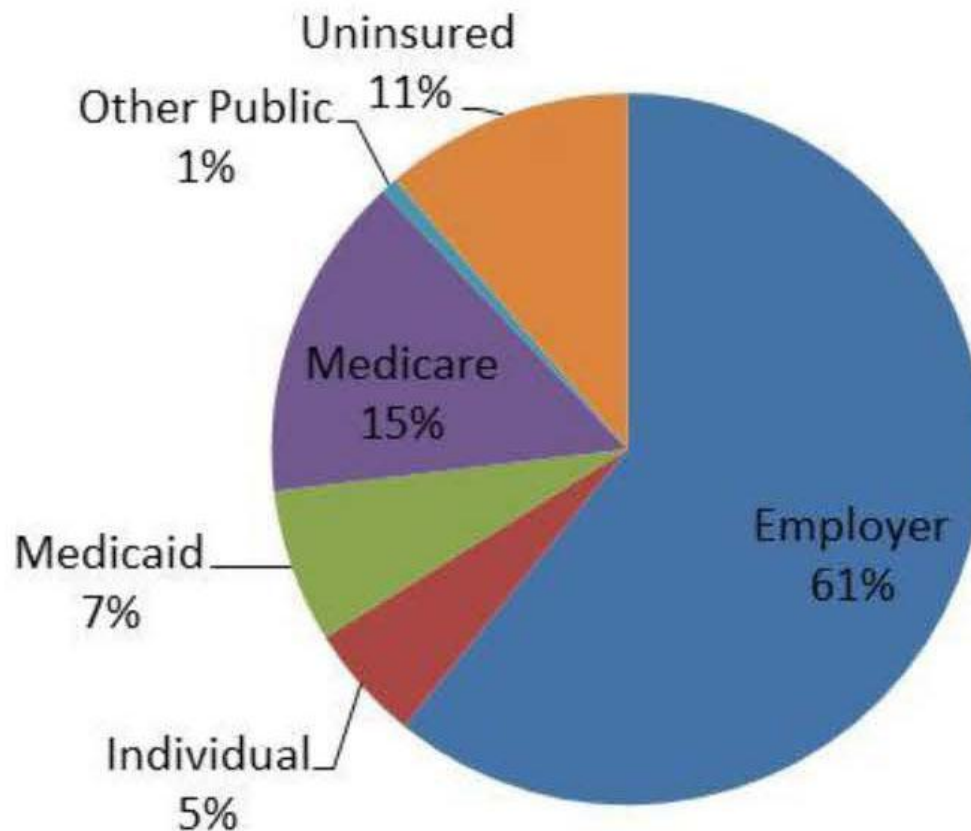


Figure 1— Distribution of Health Insurance Coverage, New Hampshire (2010 – 2011)

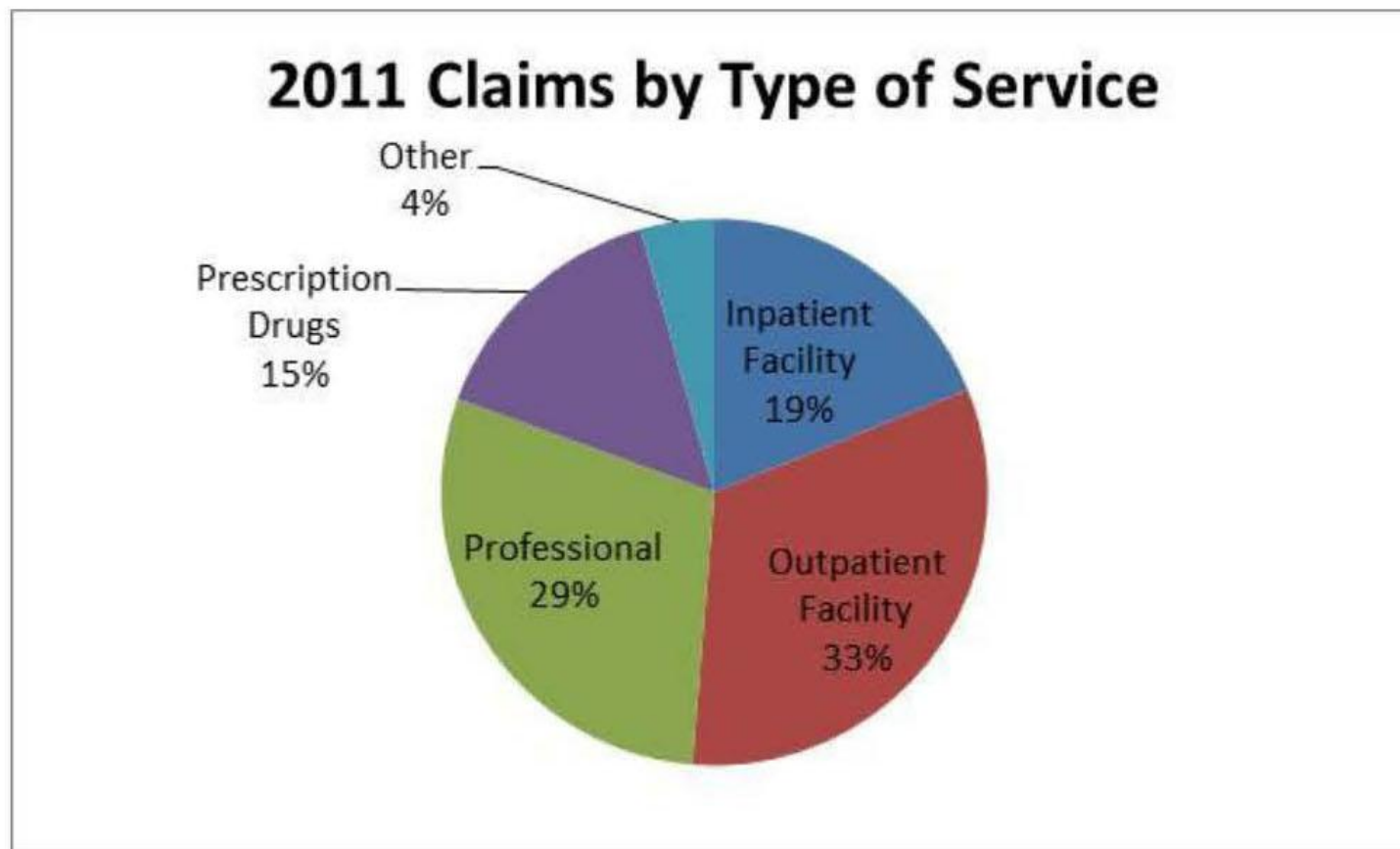


Figure 9 – 2011 Paid Claims by Type of Service, Fully-Insured Markets²⁷

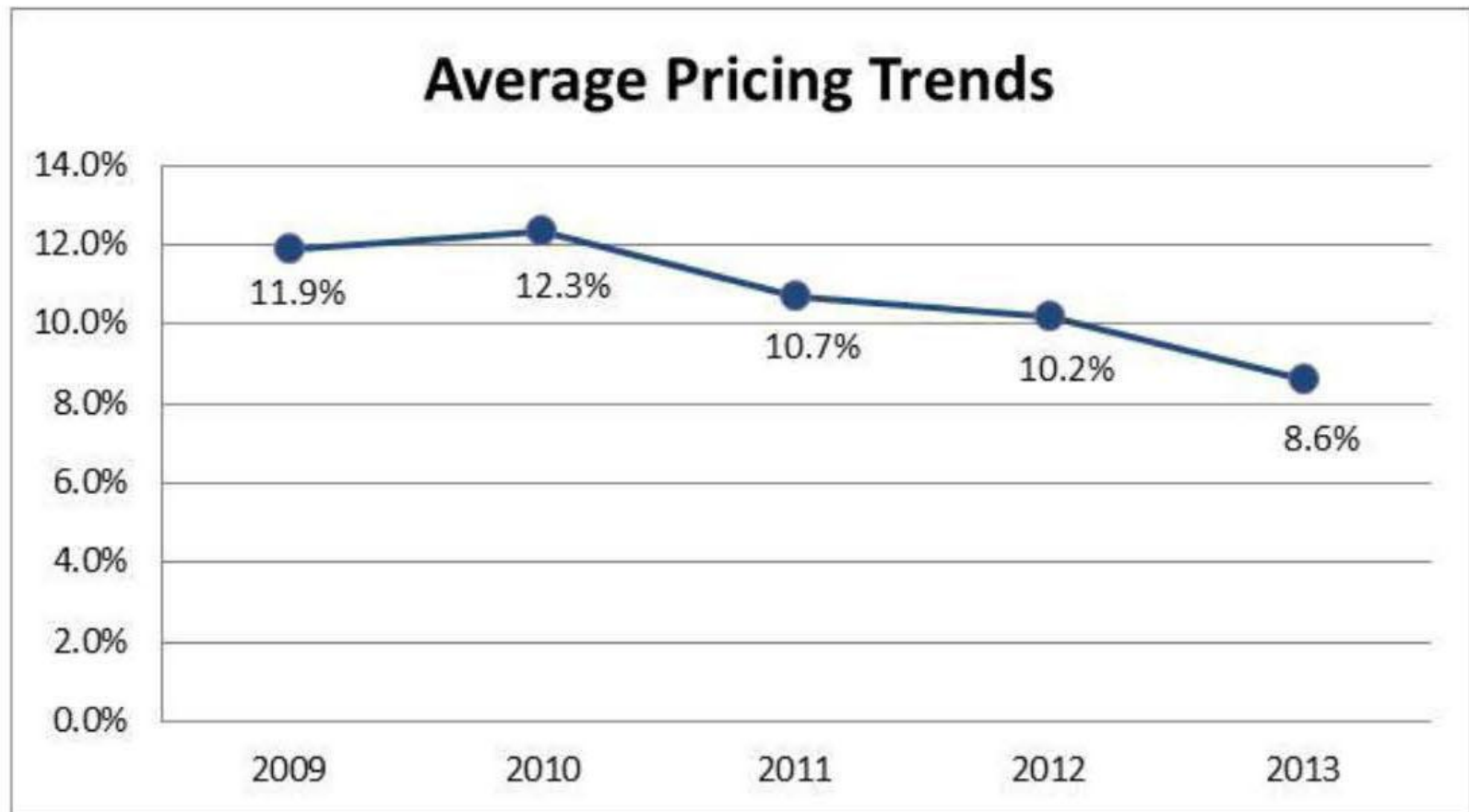


Figure 13– Average Pricing Trends³¹

Across all fully-insured markets in 2011, the average allowed claim trends were 3.0%, a slight decrease from 3.2% in 2010.

“When establishing premiums, carriers had assumed that medical expenditures would increase 10% to 12% annually from 2010 to 2012.

There is a significant lag between the time when a carrier establishes premiums and the observed medical trends. Carriers must set premiums by relying on historical experience.”

Premiums billed at 12% annual increase and paid at 3% annual increase. Savings of 9% of premium increases going to profit and management.

“Actual medical expenditures increased 3.0% from 2010 to 2011, driven by lower utilization trends. Observed medical claim trends have decreased dramatically over the past three years, from 10.9% in 2009 to its current level of 3.0% in 2011. While both cost and utilization trends have been decreasing during this time, utilization trends have experienced a larger decrease and in 2011 the utilization trend was -2.1%, the second year in a row with negative trends.”

“In 2011, carriers assumed 16.7% of every premium dollar would go towards administrative expense and profit margins, and 83.3% would go towards medical benefits.

Actual results in 2011 were slightly more favorable for the carriers with 82.2% of premiums paying for medical claims and 17.8% remaining to cover administrative expenses and profits.”

Insurance took a higher share of approved premiums for management costs in spite of claims payments that were less than projected.

Actual Expense Ratios and PMPM's by Market Segment			
Expense Ratio	2010	2011	Change
Individual	23.0%	21.9%	-1.1%
Small Group	14.3%	15.3%	1.1%
Large Group	13.8%	13.5%	-0.3%
Total Fully-Insured	14.6%	14.9%	0.2%
Expense PMPM	2010	2011	% Change
Individual	\$67.84	\$63.53	-6.4%
Small Group	\$57.63	\$64.49	11.9%
Large Group	\$56.78	\$58.50	3.0%
Total Fully-Insured	\$58.17	\$61.41	5.6%

Table 10 – Average Expense Ratios and PMPM's, Actual Experience³⁷

2011 Medical Cost Drivers – New Hampshire Insurance Department

Actual Profit Margins by Market Segment			
Profit Margin %	2010	2011	Change
Individual	14.6%	12.2%	-2.4%
Small Group	-1.7%	2.6%	4.3%
Large Group	-0.6%	1.7%	2.3%
Total Fully-Insured	0.0%	2.9%	2.9%
Profit PMPM	2010	2011	\$ Change
Individual	\$43.09	\$35.29	-\$7.80
Small Group	-\$6.85	\$11.12	\$17.97
Large Group	-\$2.50	\$7.47	\$9.97
Total Fully-Insured	-\$0.07	\$12.00	\$12.07

Table 12 – Average Profit Margin and PMPM, Actual Experience³⁹

2011 Medical Cost Drivers – New Hampshire Insurance Department

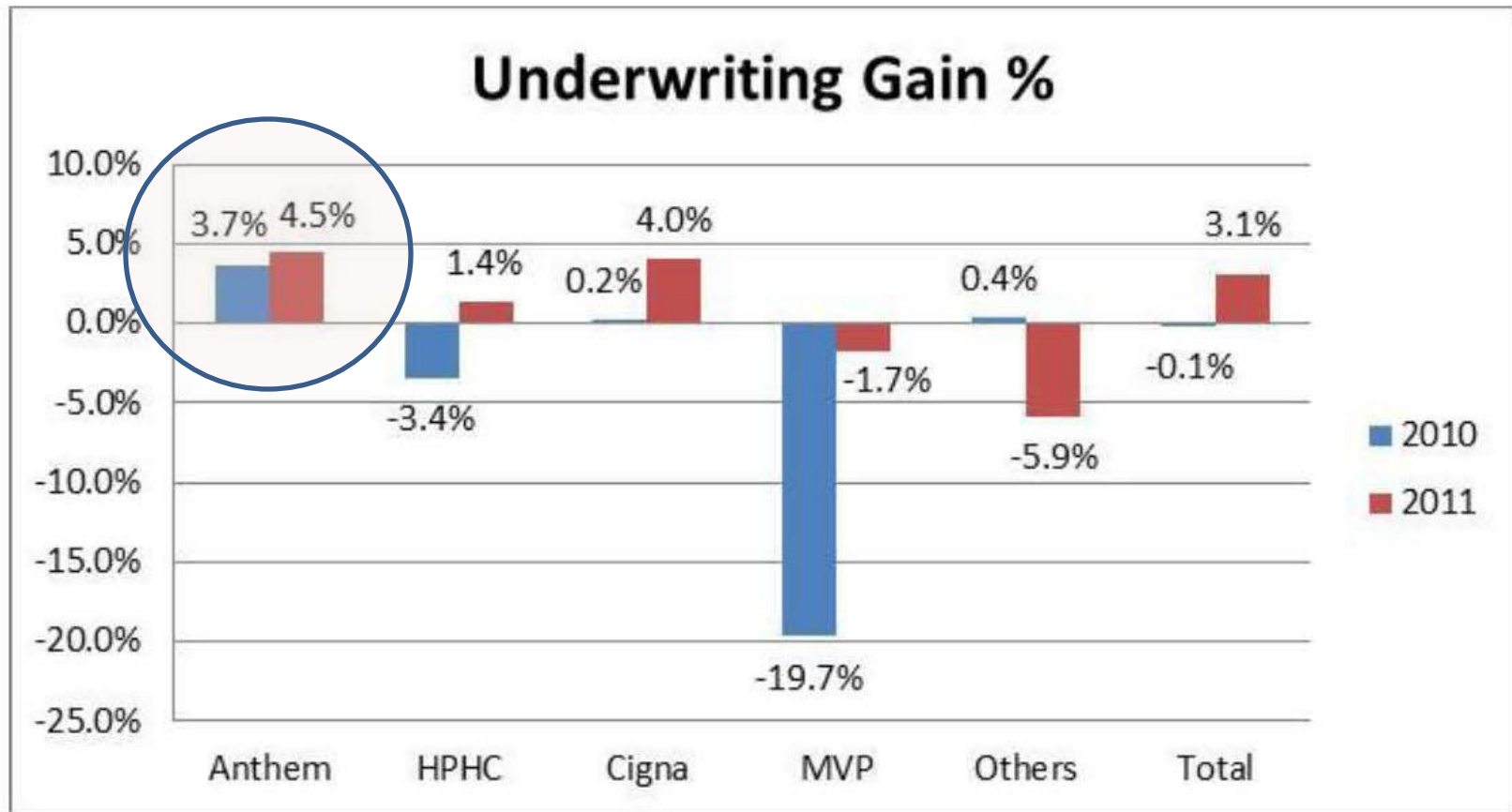


Figure 14– Underwriting Gain Percentage by Carrier^{40,41}

So how much is 8.5% of ur total health care cost in the Upper Valley?

- Total health care is about 1.9 Billion in the Upper Valley
- 8.5% of that would be \$161,500,000
- That would be \$815 per person in the Upper Valley
- That would pay half of primary and dental care per person per year

Possible Ways to Capture Savings From Insurance

- Refunds on services
- Harvard Pilgrim
- MVP
- Self Insurance Pools
- Capitated care premium (flat rate per person per year all services)
- Minuteman Health

You can use your current insurance policies and save!

- **We will honor as many insurances as possible including TRICARE, Medicare, Medicaid, AARP and all major commercial policies.**
- **We also take dental insurance policies.**
- **Our rates in most cases will be fully paid by your insurance policy without you having to pay a deductible.**
- **Some plans make you pay a deductible even if the insurance reimbursement is enough. We will refund those required deductibles.**

**We can create a
community insurance
policy that is offered and
managed by a consumers
cooperative!**

MEMBERS HAVE A CHOICE... AND A VOICE

Because Minuteman Health is **member-governed** and **non-profit**, members have a voice in how their health plan operates. All monetary benefits of a more efficient administration go right back to members with lower premiums or more benefits.



Who we are:

Minuteman Health is a new member-governed, non-profit health insurance option for Massachusetts' residents. The company intends to offer individuals and small businesses lower cost high quality care with unprecedented transparency, Increased efficiency and its unique member-governance structure. Plan members Will directly participate by electing the board of directors, becoming board members and providing input for cost management and service delivery. The provider network currently includes 14 hospitals and physician networks; included in it are Tufts Medical Center, Vanguard Health Systems, the New England Quality Care Alliance (NEQCA), and Lahey Health. Minuteman will be marketed through their website, brokers and the Massachusetts Health Connector. Minuteman received its license to operate as a Health Maintenance Organization (HMO) from the Massachusetts Division of Insurance (DOI) on August 16, 2013. Minuteman also received the Seal of Approval from The Massachusetts Health Connector in September 2013.





Founding Partners:



Tufts Medical Center:

Tufts Medical Center is an exceptional, not-for-profit, 415-bed academic medical center that is home to both a full-service hospital for adults and the Floating Hospital for Children. Conveniently located in downtown Boston, the Medical Center is the principal teaching hospital for Tufts University School of Medicine. Floating Hospital for Children is the full-service children's hospital of Tufts Medical Center and the principal pediatric teaching hospital of Tufts University School of Medicine. The community physician network affiliate with Tufts Medical Center is the New England Quality Care Alliance.

Vanguard Health Systems:

Vanguard Health Systems owns and operates 28 acute care and specialty hospitals and complimentary facilities and services in Chicago, Phoenix, Detroit, San Antonio, Harlingen and Brownsville, Texas, as well as Worcester and Boston, Massachusetts. The company's strategy is to develop locally branded, comprehensive healthcare delivery networks in urban markets.

New England Quality Care Alliance (NEQCA):

NEQCA is a network of more than 1,600 community and academic physicians located in practices across Eastern Massachusetts from the Merrimack Valley to Cape Cod. Integrated with Tufts Medical Center and Floating Hospital for Children, the organization is dedicated to providing comprehensive, high quality and affordable health care that brings value to patients and the community.

Capital Budget

Locate land

Budget for Building

Budget for Equipment

Find Financing

Created a capital construction and equipment plan

The land and building plan would acquire 2 acres of land and have enough room for a 10,000 sf building. The building would initially be 5,000 sf and include:

10 exam/treatment rooms

1 charting area

8 offices

3 social services/behavior health offices

2 laboratories

Pharmacy

Medical records room

4 bathrooms

Mechanical room

Sterilizer room

Weigh in room

Samples room

Conference room

Reception waiting room

Reception and intake area

FUNDING

Proposed Capital Cost:

Building & Land	\$1,400,000
Equipment	\$900,000
Software	\$100,000
Operating Capital	<u>\$500,000</u>
Total Expense	\$2,900,000

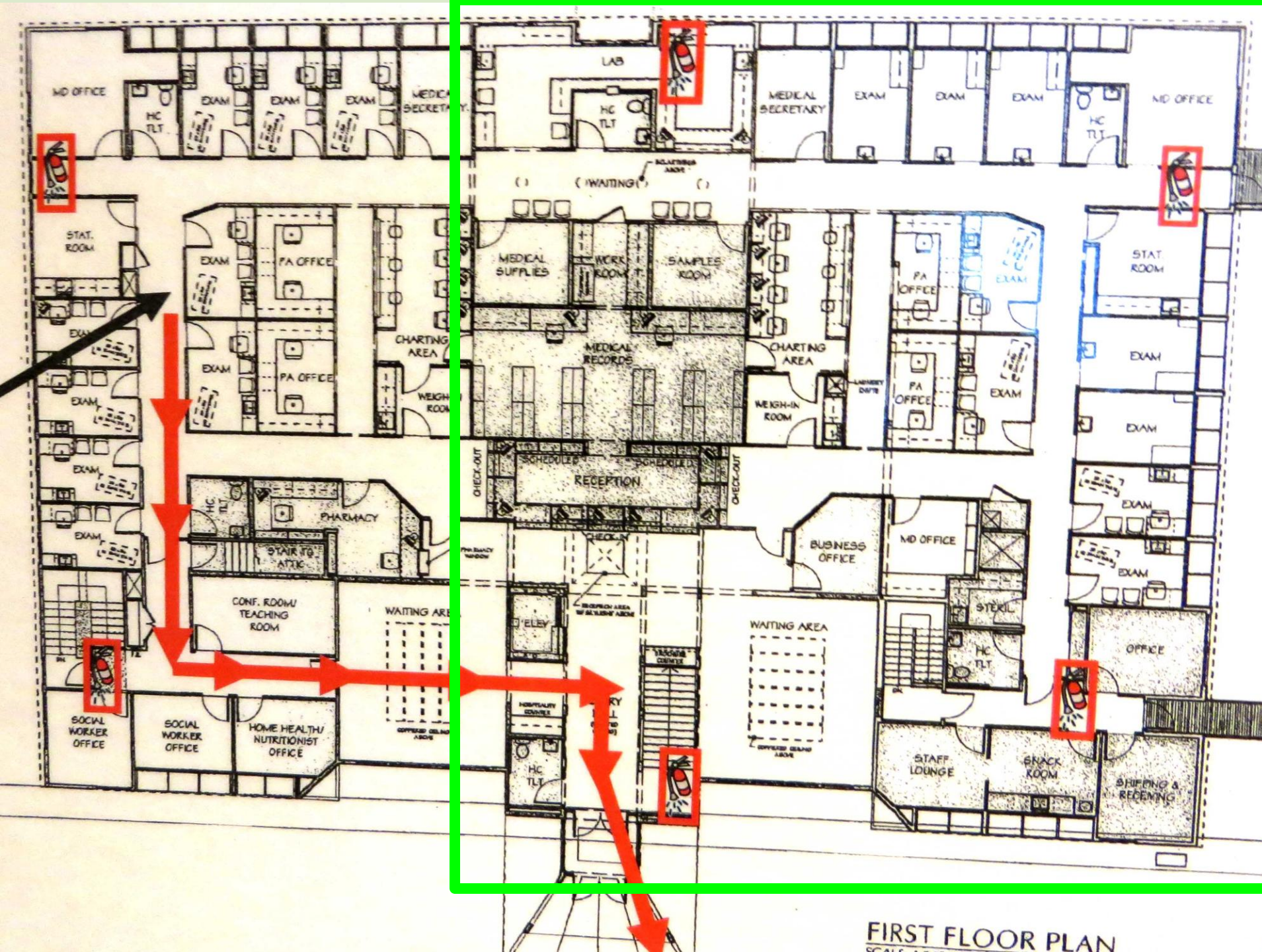
Proposed Sources:

USDA Rural Development Grant	\$360,000
USDA Loan	\$1,890,000
(\$115,000 debt service per year)	
CDFA (Operating Capital)	\$400,000
Gifts & Grants	\$100,000
Land Contribution	<u>\$150,000</u>
Total Funding	\$2,900,000

**OWNED AND FUNDED THROUGH MASCOMA
COMMUNITY HEALTHCARE**

**Working with Grafton County Economic
Development & Rural Development**

Equipment would include examination room equipment, laboratory equipment, Sterilizer, dental equipment, dental lab equipment, e-ray equipment, storage, racking, computers, & office equipment



FIRST FLOOR PLAN



1973-1978



1978-2008



2008 — present



Health Care for All Since 1973

Potential
Government Grants
\$760,000
Private Grants
\$100,000
Low Interest Loans
\$2,240,000

FUNDING

Community Development Block Grant (CDBG)



The Three Questions!

- **Should we move forward?**
- **Where should it go?**
 - **Who has the patients?**
 - **Who has the best land deal?**
 - **Who has the best access?**
 - **Who has the best visibility?**
- **Will we get 1,600 people who are willing to try it for a year?**

What's Next?

What we need you to do -

- Think about what this plan could do for you and your family
- Talk with your neighbors

What we need to do -

- Get 1,600 people to agree to try it with no risk to them
- Get affiliation agreements with D-H, APD, Mid-State, Ammonoosuc and others
- Sign participation agreements with insurance companies
- Decide where and acquire property that is reasonable
- Secure funding
- Recruit staff
- Build health center
- Start the care

**GET 1,600
POTENTIAL
PATIENTS!
BY JANUARY
15TH!**

MASCOMA COMMUNITY HEALTHCARE

Visit mascomacommunityhealthcare.org

Yes, I want to see a community health center that offers comprehensive care at a lower cost. I want my health care professionals to listen to me and work in our local communities.

Based on these facts, I am ready to try the health center for a year when it opens. I understand that this **pledge to use the health center is non-binding** but that the decision to go forward and build the center is based on my response and those of other community members.

My Name: _____

Number in my family who would use the health center: _____

Ages & Gender: _____

My Address: _____

My Telephone Number: _____

My e-mail address: _____

I have a primary care / family doctor now. ☐ Yes ☐ No

I have insurance now. ☐ Yes ☐ No

Insurance

Company Name _____

**Fill out and tear off
(needs an envelope and stamp)
Mail to Mascoma Community Health Care,
C/O Town of Canaan, PO Box 38,
Canaan, NH 03741
by January 15th, 2014.**

**Contributions to cover
mailing costs are badly
needed and would be
greatly appreciated.**
Make checks payable to Canaan
F.A.S.T. Squad with a memo
"regional health center."
Mail to Canaan FAST Squad, PO
Box 35, Canaan, NH 03741
Contributions are tax
deductible.

People to recruit

- **Employers**
- **Employees**
- **Medicare**
- **Medicaid**
- **Uninsured**
- **People with high deductibles**
- **People with catastrophic insurance**
- **Young families**
- **Senior citizens or people on fixed incomes**
- **People paying their own individual insurance**

January 15th Deadline -- Ask your neighbors!