

**HCCIntelligence™ and NNPEN present  
Entrepreneurship: “I Want to Start a House Call Program!”**

**Q: Interested in knowing more about how a small practice can participate in the new payment models and away from fee for service.**

A: *Small practices will have a hard time participating in quality payment models due to a low volume threshold. CMS is looking to lower the requirements for participation so more smaller practices can participate. If you are interested, NNPEN is looking to partner with smaller practices in this regard. Please reach out to [sandy@nnpenn.org](mailto:sandy@nnpenn.org). As always, you can negotiate rates with private insurance carriers especially if you practice in a provider shortage area. Lastly, you can always consider a Direct Primary Care (DPC) practice which is case based. We see 2 different strategies being considered for small practices seeking participation in value-based payment models. One is that small practices should not participate in financial risk arrangements, period, but instead lobby for, and negotiate bonuses based only on quality-based metrics, but not ones requiring any financial risk taking. The second view is that if small practices band together, financial risk can and should be pooled and managed profitably — especially in light of the improved outcomes and projected savings delivered by the HBPC model. The second option requires raising capital, building infrastructure, and managing the inherent risk aversion of HBPC practices. Both payment strategies need energetic exploration.*

**Q: Referral management, intake best practices, how to match acuity with intensity of resources.**

A: *It's important for practices to have a thoughtful and organized approach to intake to help manage referrals and determine from the start if a priority visit is needed or if it's a patient looking to establish care but does not have an immediate medical concern. Some practices have utilized their EMR to risk stratify patients, for example, according to high HCC score ( $\geq 2$ ) or non-elective ER or hospital admissions. You may want to consider exploring EMR capabilities and the use of a registry or unique patient list to help create extensive management plans for high-risk patients to ensure there are no unmet care gaps. For all other practices, you must know the community or the resources within to garner referrals. Developing checklists for intakes is a great way not to miss key information regarding patient health information and insurance eligibility. Lastly, acuity and resources allocation are always a challenge. Developing relationships is key. Access to specialty care is always problematic. Telehealth allows many of these specialty arrangements such as telepsychiatry.*

**Q: Does all insurance panels participate in house calls? What are the preferred ones?**

A: *House Calls are covered under the same benefit as office visits, 80% is covered by Medicare with the remaining 20 % subject to coinsurance and deductible. Most payers cover these medically necessary services without issue; however, when dealing with Managed Care Medicaid or HMO plans, typically, you must be assigned as the patient's primary care provider for reimbursement. Be sure you understand your payer contracts in case you need to work out arrangements or obtain referrals for managed care, HMO, or self-referral plans. All insurances*

*cover house calls as they do an office visit. It may be subjected to a co-pay or co-insurance. If it is an HMO plan there may be specific rules and for those plans you would need to check with the carrier.*

**Q: Two years in house calls practice now, so far plugging my experience into your presentation is pretty spot on. If you need a case study in the future let me know. Question – way ahead of the business plan, now in the growth phase, do you have any presentations for the first growth after establishing the new practice?**

*A: Thank you for validating the information we presented. We appreciate your feedback as we try to have content relevant to the participants. This question segues nicely into our next conference with HCCI and NNPEN in Arizona in February 7-8, 2020. We would appreciate any specific issues you are struggling with as you are ramping up your practice. Please email me at [lynn@nnpen.org](mailto:lynn@nnpen.org). Congratulations on reaching Growth Level!! The CT Small Business Development Center's Road Map recognizes that distinct stage of business, Growth Level, and can help identify the key performance metrics and activities for that stage with you. Their contact info, connecting to offices in all 50 states, is on the last page of the Power Point.*

**Q: COMMENT: I have been in homecare my entire career as a BSN RN and this is my first year as an FNP.**

*A: Fabulous that you chose to go back to school to attain your FNP. You will be able to take your expertise to the next level. How can NNPEN or HCCI assist you?*