

Post-Acute Care Reports and Programs

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Session Outline



- What is a post-acute care episode?
- Post-acute care analysis reports
- Building and managing your post-acute care network
- Partner Skilled Nursing Facilities (SNFs)
 and Home Health Agencies (HHAs) Networks
- Wrap-Up and Questions



Post-Acute Care Episodes and Claims





Post-Acute Care as an Episode

- Post-acute care stays can span several days to several months
- Can be billed across several claims



Post-Acute Care Claims vs. Episodes



Post-Acute Care Claim

- Single unit billed to payer
- Contains details of stay at a single facility



Post-Acute Care Episode

- Can be a combination of 1+ claims
- Stays from multiple facilities can be combined
- Construction can be customized
- Patients full stay
 from admission to
 discharge can be recorded



Post-Acute Care Analysis Reports

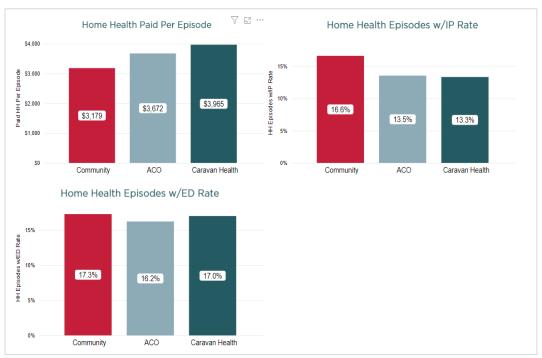




Post-Acute-Care Analysis Reports

Design Motivation: intended to help clients manage post-acute care spending and their referral networks (if local options are available nearby)







Post-Acute Care Analysis Facility Reports

NPI	Facility Name	SNF Type	Setting	Overall Star Rating	Nursing Home Short Stay QM Rating	SNF Efficiency Score	Cohort Episode Count	Total Paid Amount	Average SNF Paid per Episode	Average SNF Paid per Day	Average LOS for Paid SNF	Rate of LOS > 20 Days
1841536992	SPRANGER MEDICAL	Non-Swing	Out-of-Network	1.0	2.0	1.3	80	\$1,233,972	\$11,617	\$394	29.5	55.0%
1922003326	JULIEN COUNTY HOSPITAL	Non-Swing	Out-of-Network	5.0	3.0	1.0	75	\$1,271,128	\$14,928	\$431	34.6	69.3%
1093706830	WININGS HOSPITAL CORPORATION	Non-Swing	Out-of-Network	3.0	5.0	1.0	71	\$1,206,065	\$13,760	\$470	29.3	66.2%
1649251059	KULLA COMMUNITY HOSPITAL	Non-Swing	Out-of-Network	3.0	4.0	8.0	61	\$954,198	\$12,863	\$451	28.5	59.0%
1053823591	SARAFIN COUNTY HOSPITAL	Non-Swing	Out-of-Network	2.0	2.0	0.7	54	\$1,079,016	\$15,654	\$498	31.4	63.0%
1669083655	MASTROSTEFANO Providers	Non-Swing	Out-of-Network	N/A	N/A	0.5	54	\$899,626	\$14,530	\$548	26.5	50.0%

NPI	Agency	Setting	Quality of Patient Care Star Rating	Cohort Episode Count	Average HH LOS	Paid HH per Episode	Total HH Paid	HH Episodes w/IP Rate	HH Episodes w/ED Rate
1891780615	ANCONA CARE FOUNDATION	Out-of-Network	3.0	620	36.0	\$2,922	\$1,811,904	15.3%	15.3%
1922190024	HENKEL PRIMARY CARE CLINIC	Out-of-Network	2.5	176	28.0	\$2,742	\$482,591	11.4%	13.6%
1134633746	WESS PHYSICIANS GROUP	Out-of-Network	3.5	83	37.0	\$3,028	\$251,311	18.1%	16.9%
1841537503	WANGER HEALTH CLINIC	Out-of-Network	3.0	71	69.0	\$4,673	\$331,810	32.4%	29.6%
1710973235	VESELY CLINIC	Out-of-Network	3.5	51	54.0	\$3,961	\$202,013	17.6%	19.6%
1891758678	LING-ZHONG PRIMARY CARE CLINIC	Out-of-Network	3.0	44	70.0	\$4,298	\$189,094	25.0%	27.3%



Post-Acute-Care Analysis Key Metrics

Skilled Nursing Summary Table 114

Cohort	SNF Type	SNF Efficiency Score	Community Episode Count	Total Paid Amount	Average SNF Paid per Episode	Average SNF Paid per Day	Average LOS for Paid SNF	Rate of LOS > 20 Days	IP Readmission Rate	IP Transfer Rate
Community	Non-Swing	0.8	992	\$15,890,033	\$13,217	\$446	29.7	58.9%	15.8%	23.3%
Community	Swing	N/A	73	\$2,940,187	\$38,805	\$3,409	11.4	13.7%	26.0%	12.3%
ACO	Non-Swing	1.0	6,785	\$101,925,927	\$12,597	\$462	27.3	56.1%	12.0%	19.4%
ACO	Swing	0.8	848	\$31,246,910	\$35,296	\$2,717	13.0	16.9%	15.6%	11.8%
Caravan Health	Non-Swing	1.0	39,289	\$643,075,534	\$13,680	\$480	28.5	56.0%	11.3%	18.9%
Caravan Health	Swing	1.0	4,947	\$165,706,198	\$31,959	\$2,379	13.4	17.7%	13.2%	9.6%

Home Health Summary Table

Cohort	Facility Episode Count	Average HH LOS	Paid HH per Episode	Total HH Paid	HH Episodes w/IP Rate	HH Episodes w/ED Rate
Community	1,217	41.0	\$3,179	\$3,868,722	16.6%	17.3%
ACO	9,355	52.0	\$3,672	\$34,350,585	13.5%	16.2%
Caravan Health	62,817	58.0	\$3,965	\$249,085,330	13.3%	17.0%

Home Health Utilization Summary

Cohort	Home Health Rate	Episodes per 1000 Beneficiaries	Beneficiaries Using HH in Last 6 Months of Life	Beneficiaries Using HH in Last 1 Month of Life	HH Episodes with Preceding IP/SNF Event
Community	7.0%	78.0	11.5%	3.1%	25.0%
ACO	5.8%	64.2	12.9%	2.7%	15.8%
Caravan Health	7.0%	78.5	11.9%	2.5%	12.8%



Partner Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs) Networks



Program Goals and Objectives

The Partner Skilled Nursing Facilities (SNFs) and Home Health Agencies (HHAs) Networks Program helps hospital and/or hospital systems manage quality, costs, and utilization of their patients in SNFs or receiving HHA services.

This program focuses on helping clients fully leverage the benefits of partnerships among SNFs and HHAs and the Post-Acute Navigator Program should already be established prior to this program's launch.



For those clients who do not have an established network, this program will outline steps in creating a mutually beneficial network with SNFs and HHAs.



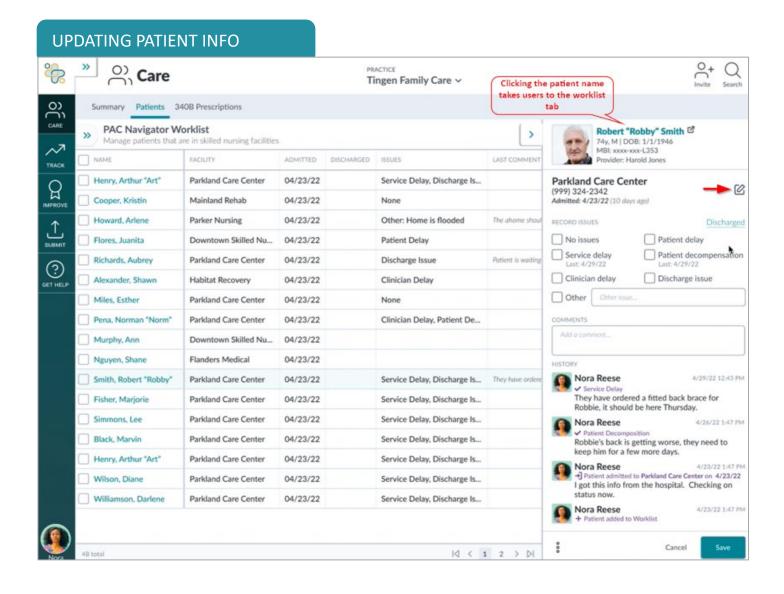
For those with a limited SNF and HHA options with sub-optimal quality ratings, including swing beds, this program will outline how to work with the SNFs and HHAs to improve quality rating.



For clients who already have a network, this program will highlight opportunities to enhance network performance and to improve the relationship with associated SNFs and HHAs.



Post-Acute Care Navigator Worklist





Components of the Program

Establishing a Post-Acute The PAC Committee is composed of hospital, clinic, SNF and HHA members and tasked with managing and making Care (PAC) Committee decisions regarding the SNFs and HHAs Networks. Partner SNFs & HHAs SNFs and HHAs will be either be sent agreements based on established performance thresholds or be placed on a **Network Agreements** glidepath to help them achieve those thresholds. Admitting Patients to Patients should be evaluated on appropriate post-acute options, and hospitals will need to prepare appropriate **SNFs and HHAs** patient-facing materials and corresponding workflows. Monitoring Patients at Patients need to be monitored during their stay at SNFs and utilizing HHA services, focusing on deviations from **SNFs and HHAs** standard of care and preventing readmissions/ED visits. **Discharging Patients from** Patients need to have support and appropriate follow-up when being discharged from SNFs and HHA services. **SNFs and HHAs** Partner SNFs & HHAs Performance The Post-Acute Committee will review performance data of SNFs and HHAs, discuss any SNFs and HHAs performance issues, and address any patient-care related issues. Monitoring 3-Day Rule Waiver Preparation for applying for the 3-Day Rule Waiver and implementing the necessary corresponding workflows.



Program Preparation



Recruit for and establish a Post-Acute Care Committee



Determine what performance thresholds you think are important (LOS, readmission rate, etc.)



Outreach to hospitals to begin developing process to communicate discharges to SNF



Outreach to SNFs to begin developing process to communicate discharges from SNF



Wrap-Up and Questions



The advantages of assessing PAC stays as episodes instead of claims.



Identifying a PAC Navigator within your organization will allow for future relationships with local Skilled Nursing Facilities.



State today for future preparedness regarding the 3 Day SNF waiver.

QUESTIONS?





Thank You

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