



Incentivizing Your Post-Acute Care Network To Meet Your Contract Metrics

Presented by:

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Today's Speakers



Phyllis Wojtusik, RN

*Executive Vice President, Value-Based Care
Real Time Medical Systems*

With over 35 years of health care experience in acute care, ambulatory care, and post-acute care, Phyllis has led the development of a preferred provider SNF network for PENN Medicine Lancaster General Health. In this network she developed and implemented strategies that reduced total cost of care and readmissions while improving quality measures and patient outcomes.



Kristen Klopp, RN

*Network Program Manager
Real Time Medical Systems*

Kristen Klopp brings over 15 years of experience as a registered nurse in care management, post-acute care, and population health to Real Time. As a Network Program Manager, Kristen works closely with Real Time's health system and ACO customers in supporting their post-acute partners in reaching network goals to improve patient, financial, and quality outcomes.

Learning Objectives



- Learn how to set and communicate clear and meaningful contract metrics, to drive care outcomes for your post-acute network
- Attain Post-Acute Care (PAC) buy-in by listening to and understanding what will motivate their performance
- Understand how utilizing data transparency, as a partnering opportunity to manage patient care, can result in improved network cost and quality outcomes

ACOs Today

CMS CMMI ACO's in 2023

- General
 - 13.2+ Million Medicare Beneficiaries
 - 700,000+ health care providers/organizations
- MSSP
 - Largest accountable care initiative nationwide
 - 456 ACO's
 - Beneficiaries Estimated: 10.9M
- ACO REACH
 - 132 ACO's
 - 131,772 participating providers/organizations
 - Beneficiaries Estimated: 2.1M
- Kidney Care Choices Model
 - 130 participating entities
 - 8,398+ participating providers/organizations
 - Beneficiaries: 249,983

Since 2021, ACOs have saved Medicare \$17.7B in gross savings and \$6.5 billion in net savings.

CMS's 2030 Goal – 100% of Medicare Beneficiaries into Value-Based Care relationship

ACOs Today

Shared Savings Program Fast Facts – As of January 1, 2023



SHARED SAVINGS PROGRAM INFORMATION

PROGRAM CHARACTERISTICS (as of January 1st of each year)

Performance Year	ACOs	Assigned Beneficiaries
2023	456	10.9 million
2022	483	11.0 million
2021	477	10.7 million
2020	517	11.2 million
2019	487	10.4 million
2018	561	10.5 million
2017	480	9.0 million
2016	433	7.7 million
2015	404	7.3 million
2014	338	4.9 million
2012 / 2013	220	3.2 million

PERFORMANCE YEAR (PY) RESULTS

Performance Year	Total Earned Shared Savings	Average Overall Quality Score
2021	\$2.0 billion	91%
2020	\$2.3 billion	97%
2019	\$1.5 billion	92%
2018	\$983 million	93%
2017	\$799 million	92%
2016	\$700 million	95%
2015	\$645 million	91%
2014	\$341 million	83%
2012 / 2013	\$315 million	95%

2023 SHARED SAVINGS PROGRAM ACO INFORMATION

ACO TRACKS

	ACOs	Percent
One Sided (33% of ACOs)		
BASIC Track Levels A&B	151	33%
Two Sided (67% of ACOs)		
BASIC Track Levels C&D	19	4%
BASIC Track Level E*	125	28%
ENHANCED Track*	161	35%

*Qualifies as an Advanced Alternative Payment Model (APM)
Note: tracks 1, 2, and 1+ are no longer applicable as of PY 2022

ACOs BENEFICIARY ASSIGNMENT METHODOLOGY

	ACOs	Percent
Prospective	171	37%
Preliminary Prospective with Retrospective Reconciliation	285	63%

2023 MEDICARE BENEFICIARY DEMOGRAPHIC DISTRIBUTION

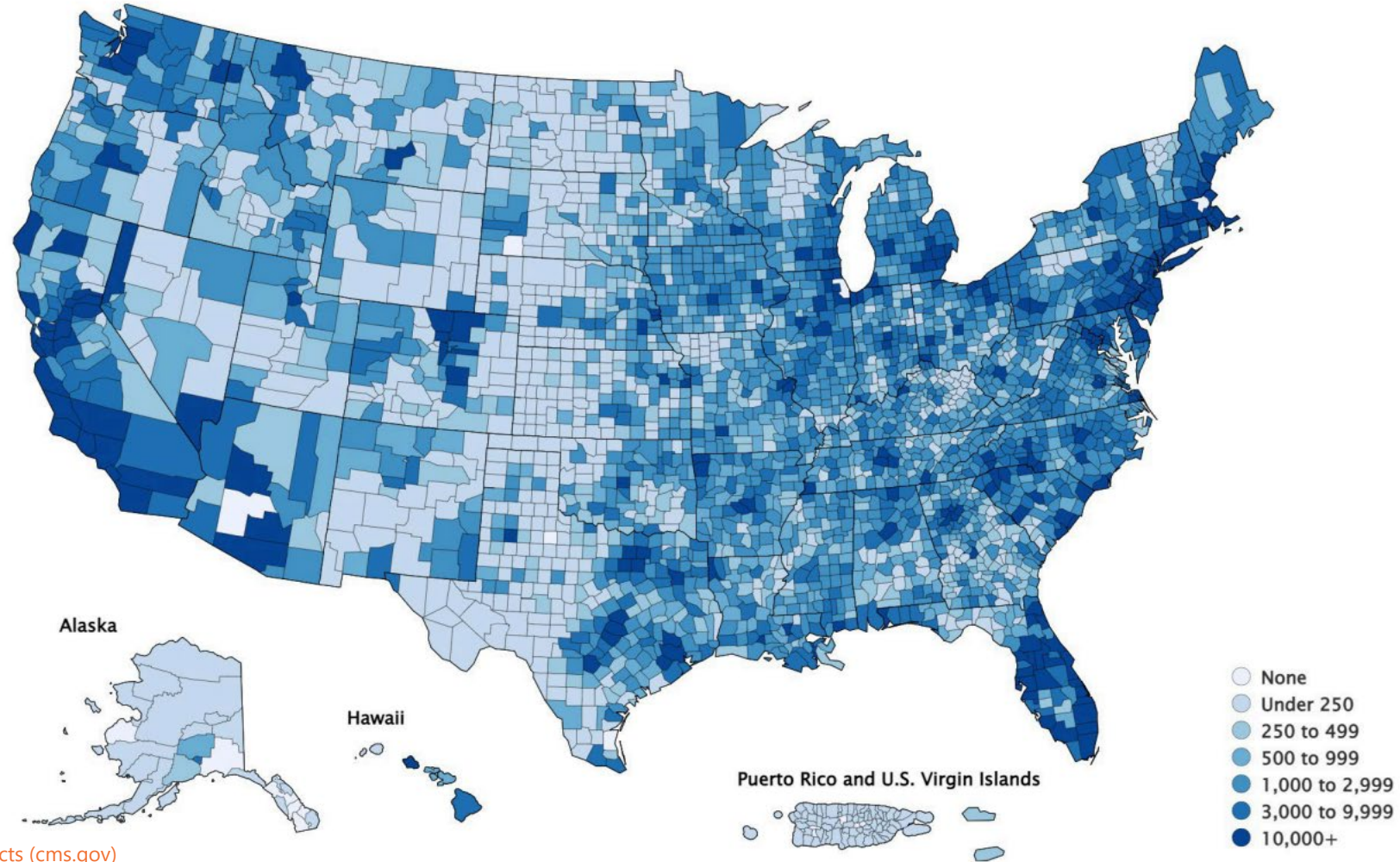
Enrollment Type	Beneficiary Person-Years	Percent
Aged Non-Dual	9,120,038	85%
Disabled	918,762	9%
Aged Dual	614,163	6%
End Stage Renal Disease (ESRD)	46,183	<1%

[2023 Shared Savings Program Fast Facts \(cms.gov\)](https://www.cms.gov)



ACOs Today

Medicare Shared Savings Program ACO Assigned Beneficiary Population by County



[2023 Shared Savings Program Fast Facts \(cms.gov\)](https://www.cms.gov/medicare/medicare-eligibility/medicare-shared-savings-program)

The Trajectory of Medicare Beneficiaries & Post-Acute Care

Current State

➔ **62M** Enrolled Medicare Beneficiaries¹

➔ **48%** Enrolled in MA Plan³

➔ **70%** Have 1 Chronic Condition⁵

➔ **66%** Have 2 Chronic Conditions⁷

➔ **2.5%** Are in post-acute long-term care⁸

➔ **4%** Received skilled nursing care⁹

➔ **\$60B** Medicare spend on post-acute¹⁰

2030-2040 Trajectory

↑ **90M** Enrolled Medicare Beneficiaries²

↑ **69%** Enrolled in MA Plan⁴

↑ **80%** Will have 1 Chronic Condition⁶

↑ **77%** Will have 2 Chronic Conditions⁶

↑ **75%** Will require post-acute long-term care⁶

↑ **40%** Will require skilled nursing care⁶

↑ **\$273B** Medicare spend on post-acute¹¹

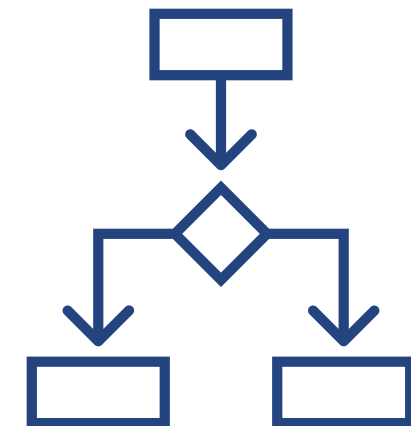
Let's Talk Contracts

- Value-Based contracting comes in all shapes and sizes
 - Patient populations
 - Quality & cost measures
 - Performance periods
 - Provider types
- CMS ACO Requirements
 - Terms and conditions; program requirements are preset
 - Incentive structure is the same for all participants
- Other Value Based Contracts
 - Private insurance carriers and TPA's
 - Individual negotiations produce a wide variety of arrangements
- Preferred Network SNF Contracts
 - No set standard across industry
 - Varies from high level to comprehensive



Utilizing Your Outcomes to Negotiate Contract Metrics

- HEDIS Measures
 - Prevalence in contracting
 - Level set: where do you thrive vs opportunities
 - Common measures across various contracts
- Episode of Care Costs
 - Different contracts; similar methodology
- MLR – Primarily Medicaid
 - Actual cost figures
 - Metrics that drive cost
- Carve Outs
 - Understand your strengths and limitations
 - Negotiate accordingly
- Process Outcomes
 - Initiatives that support system goals



How Does a Network/CIN/ACO Include SNFs in Contracting?

Understand the post-acute impact on overall shared savings/losses

- Example
 - Acute Care Spend – 43%
 - Post-Acute Spend – 22%
 - Ambulatory Spend – 18%
 - PCP/Specialist Spend – 17%

Consider savings that can be attributed to post-acute management

- Reduction in readmissions (decline in acute care spend) approximately \$17,000 per admission saved
- Reduction in AVG LOS – approximately \$550 per day

Consider contract that identifies a performance bonus on reduction in post-acute spend

- A percentage of dollars saved

If shared savings achieved, consider a percentage of the shared savings

How Reporting Key Clinical & Financial Metrics Drives Performance

Claims Based Metrics

- Agree on data points
- Hold payer accountable to actionable data

Live Performance Metrics

- Agree on metrics
- You need to track your own outcomes monthly/quarterly Ex- AWW
- Don't wait until the last quarter to "close" gaps in care

Share data/metrics with your PAC Network – ex. PCP follow-up appts

- Require your PAC to schedule PCP apt prior to D/C – track and report (SNF performance metric)
- Boosts provider payment
- Prevents readmissions
- Ensure your process for setting PCP appointments is flexible for this goal

Why is Partnering Essential to Driving Outcomes?

- Can't control all levels of care – too many provider choices available in the market
- PAC spend is second biggest cost behind acute care and is expected to increase
 - Readmission avoidance
 - LOS management
- Setting the standard of care in your community overall improves patient outcomes
- If it works share it
 - Example, direct admissions from specialists
- Better to be successful together than fail in isolation



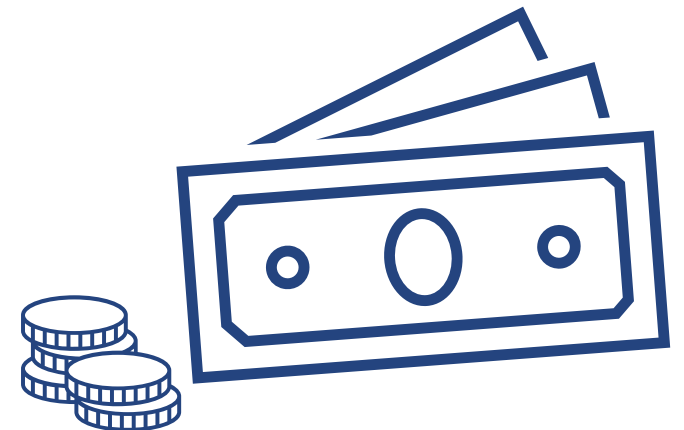
Is Care Management Essential in the Post-Acute Space?

- To Achieve targeted outcomes in post-acute, Care Management is critical
 - Loosing sight (plan of care management) of patient increases the chance of poor outcomes
 - Leakage
 - Poor continuity of care – no PCP follow-up
- Prevalence of chronic conditions among the elderly are staggering and continue to rise
- Post-Acute Providers are specialists in rehab not in acute care medicine
 - CHF
 - Daily weights
 - Use of AHA medication guidelines
 - Dietary oversight
 - Assessing/reporting of symptoms

Start Driving Engagement with Your PAC Network

Consider Shared Savings Opportunities

- SNFs respond to being a stakeholder in financial results
 - Performance-based bonus
- Set contractual metrics
 - Readmit rate
 - Target LOS
 - Support of difficult-to-place patients
- Acknowledge their contributions in other ways
 - Joint marketing – “Good Housekeeping” Seal of Approval
 - Educational programs for staff at reduced rates or free
 - Specialist access
 - Access to acute care EHR



PAC Network Outcomes *Are Your Outcomes*

Data Transparency

- Ability to prevent poor outcomes
- Regular UR/UM meetings – attend Med A meetings
- Opportunities to leverage existing resources to improve or enable the plan of care

Care Management Support

- Drive plan of care, handoff after discharge to supportive programs
- Opportunities to partner and bridge the continuum through existing initiatives

Successful Contract Management

- Know your outcomes and stretch goals prior to negotiating your value-based contracts
 - Contract metrics, targets, data points, and actionable data
- Live tracking of performance
 - Monitor routinely and harness the power of live data transparency
- Align/incentivize your PAC partners
 - Partnerships are priceless and can have positive ripple effect outcomes
 - Benefits of financial participation and performance-based bonuses
- Care Management Across the Continuum
 - Critical for success

It is better to be successful together, than to fail in isolation.



Want to learn more?
Scan here to contact us:



Questions? Let's Discuss!



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Real Time Medical Systems is the KLAS Rated, HITRUST-Certified Interventional Analytics solution that turns post-acute EHR data into actionable insights.

Serving healthcare organizations nationwide, Real Time improves value-based outcomes by reducing hospital admissions, accurately managing reimbursements, detecting early signs of infectious disease, and advancing care coordination through post-acute data transparency.

www.realtimemed.com

References

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