

We are called to make a healthy difference in people's lives.

# Improving Post Acute Care with Preferred Networks

Jessica Martensen, MBA, RN, FACHE

Essentia Health

Vice President- Care Management Programs

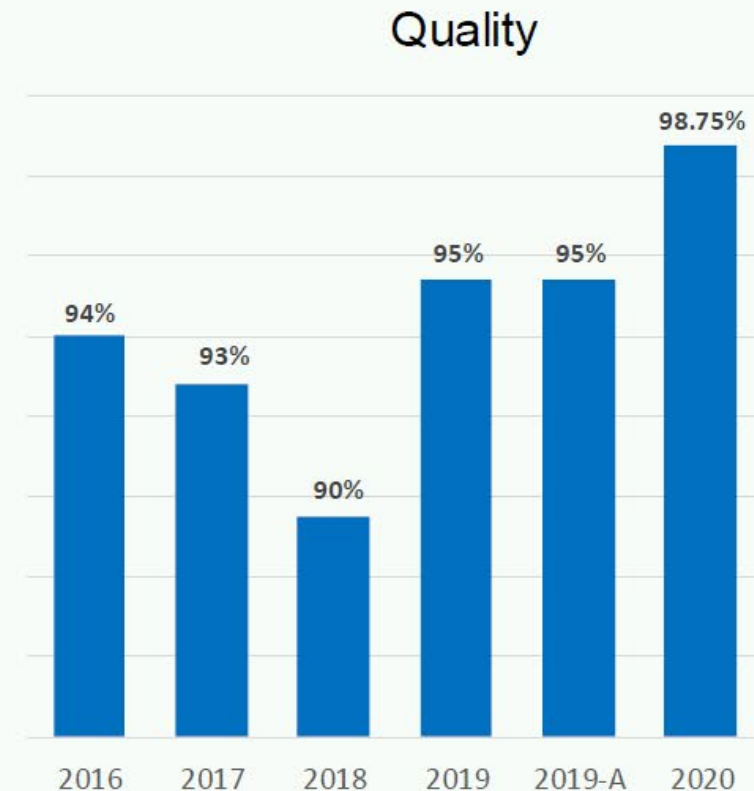


Essentia Health



# Five-Year MSSP Performance

- Earnings totaled \$10.6M in 2020, up from \$9.5 in 2019 and \$0 in 2018.

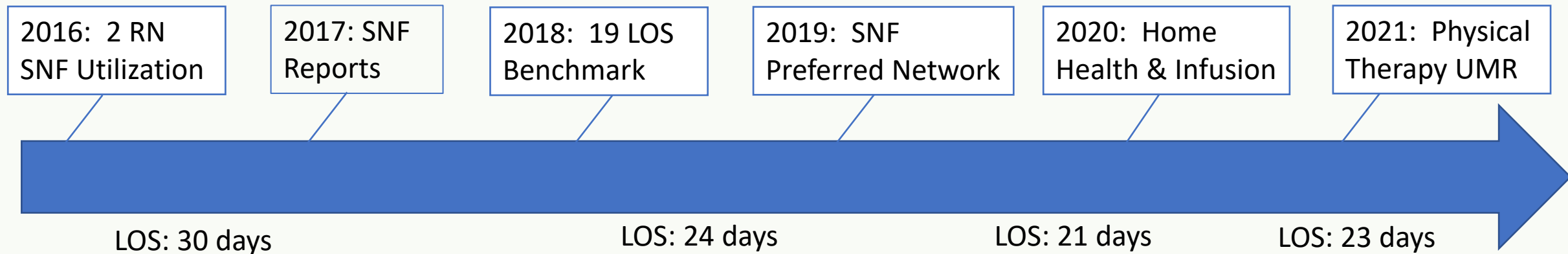


# Post Acute Care: Where did we start?

## Post Acute Spending- 2015

Average SNF Length of Stay (LOS): 33 days

- PMPY Costs \$931
- \$23M total spend, including swing bed Med A stays
- Care provided at over 200 SNFs



# Preferred Network

The preferred network is a *partnership* between Essentia Health and multiple skilled-nursing facilities (SNFs), home health agencies (HHAs), hospice care, durable medical equipment (DME) and infusion care with the goal of providing high quality and efficient care.

## Preferred Network Criteria

Post-Acute Service	Criteria Reviewed
Skilled-nursing Facility (SNF)	<ol style="list-style-type: none"><li>1. CMS Quality Overall Star Rating</li><li>2. Average Length of Stay</li><li>3. Historical Patient Volume</li><li>4. Positive Relationship with Essentia Care Teams (Case Managers, Discharge Planners, Utilization Management Reviewers)</li><li>5. Live with online resource directory</li><li>6. Quality Data including readmission rates</li><li>7. Complete the CMS SNF Affiliate Agreement (if applicable).</li></ol>
Home Health Agency (HHA)	<ol style="list-style-type: none"><li>1. CMS Quality Overall Star Rating</li><li>2. Average Length of Home Care episode</li><li>3. Utilization data including cost of episode</li><li>4. Historical Patient Volume</li><li>5. Quality Data including readmission rates</li></ol>
Hospice	<ol style="list-style-type: none"><li>1. CMS Quality Overall Star Rating</li><li>2. Length of Stay</li></ol>
Infusion Care	<ol style="list-style-type: none"><li>1. Historical Patient Volume</li><li>2. Patient Survey Satisfaction</li></ol>
	<ol style="list-style-type: none"><li>3.</li></ol>
Durable Medical Equipment	<ol style="list-style-type: none"><li>1. Historical Patient Volume</li></ol>



# Team: Inpatient Case Management

## CarePort Guide

**LEVEL OF CARE**

Skilled Nursing Facility

**LOCATION**

Address, Zip Code, or City, State

**FIND CARE OPTIONS**

This tool is powered by CarePort Health.

Skilled Nursing Facility near

INSURANCE PAYOR: Select Payor

PLAN TYPE: Select Plan Type

MEDICARE STAR: All

AMENITIES: Select Amenity

SEARCH DISTANCE: Exact match

POST-ACUTE CARE NETWORKS: All

SEARCH BY NAME: Provider Name

COVID-19: Select Service

ADD TO CART

[Facility Name] Willing to Accept COVID-19 Patients

Essentia Health Preferred Network Accepts 3-day waiver MSSP patient

[Facility Name] Currently Has COVID-19 Patients

Can't Accept COVID-19 Patients

Essentia Health Preferred Network

# Team: Utilization Management Reviewers

Registered Nurse  
Physical Therapist

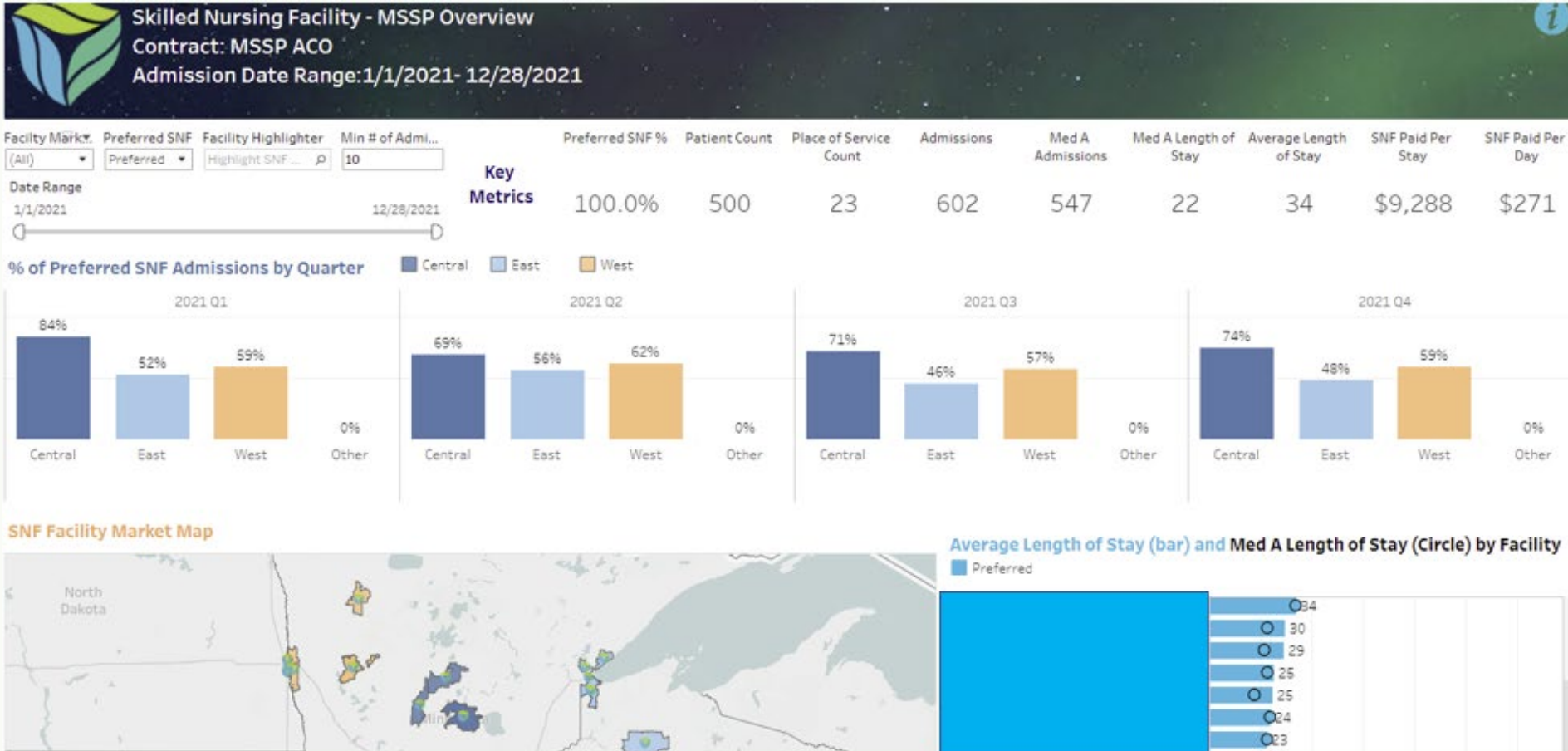
## Standard Work:

- Benchmark Length of Stay (LOS) based on condition
- Share LOS goal with facility
- Weekly Care Conference with facility interdisciplinary team
- Monthly Review of Key Performance Indicators with SNF

POPULATION CARE MANAGEMENT: MSSP UTILIZATION MANAGEMENT REVIEWER (UMR) WORKFLOW <small>Initial: 12/14/2020, 1/25/22 via CD</small>	
<b>General Guidelines:</b> MSSP (Medicare Shared Savings Program)	
<b>Definition:</b>	MSSP is an alternative payment model in which eligible providers, hospitals, and suppliers are rewarded for achieving better health for individuals, improving population health, and lowering growth in healthcare expenditures. To participate, providers must be part of an Accountable Care Organization (ACO), a patient-centered network that shares financial and medical responsibilities with the goal of improving patient care while limiting unnecessary spending. The MSSP requires ACOs to promote evidence-based medicine, engage beneficiaries, report internally on quality and cost metrics, and provide coordinated care across and among primary care physicians, specialists, and acute and post-acute providers. In the ACO, everyone works together to streamline processes, reduce duplication, and improve quality—and everyone shares in the financial savings as well as potential risks that ensue.
<b>High-level Overview of Responsibilities:</b>	<ol style="list-style-type: none"><li>1. MSSP UMR follows THE Medicare Shared Savings Program (MSSP) Patients that are admitted to a skilled-nursing facility (SNF) or swing bed (SB) on Med A. They do not have direct patient care.</li><li>2. The UMR stops coordinating and tracking the patient once they are no longer on Med A.</li><li>3. UMRs coordinate these patients' care by having weekly meetings via phone and/or email regarding each MSSP patient admitted in the SNF. Preferred Network SNF Partners IDT is asked to participate weekly call with UMR's.</li><li>4. There is a Preferred Network of SNFs which have an extra meeting 1 time a month with these facilities to review data include average MSSP patient Med A Length of stay, rehospitalization rates and overall coordination of care from Essentia to this SNF Partner.</li><li>5. The primary Population Health MSSP UMR &amp; Preferred Network Team is composed of the: 2 UMRs, 1 Senior Director, and 1 Program Manager.</li></ol>

Complex or Extended Length of Stay cases reviewed with medical director.

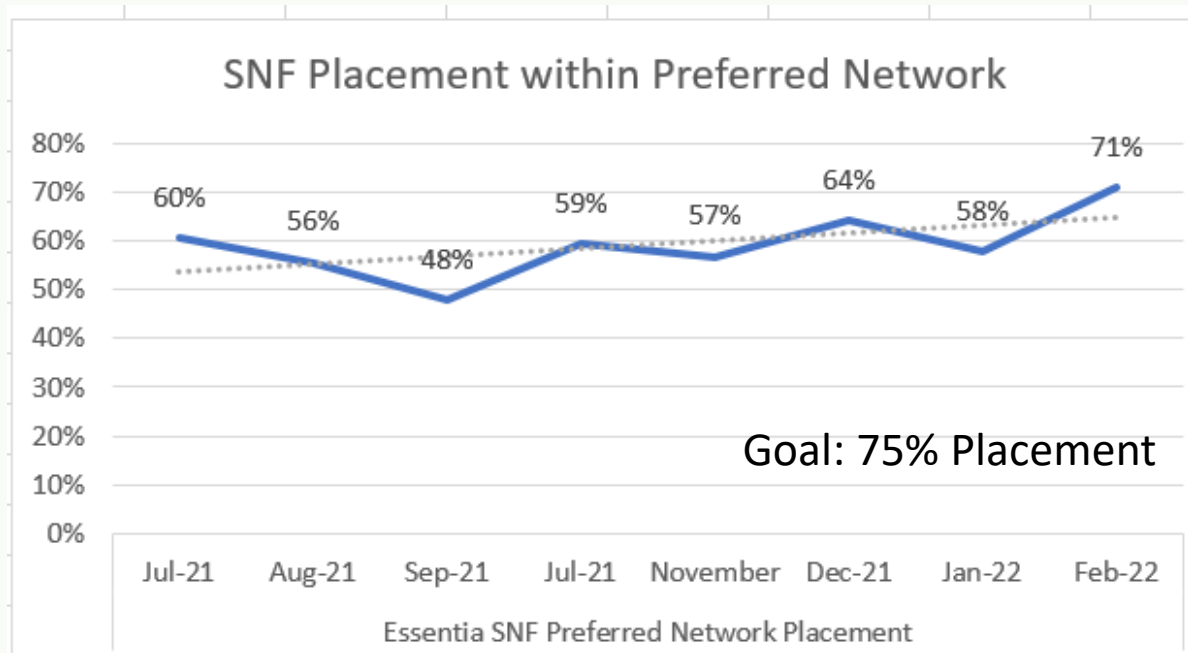
# Tracking Success: Preferred Network



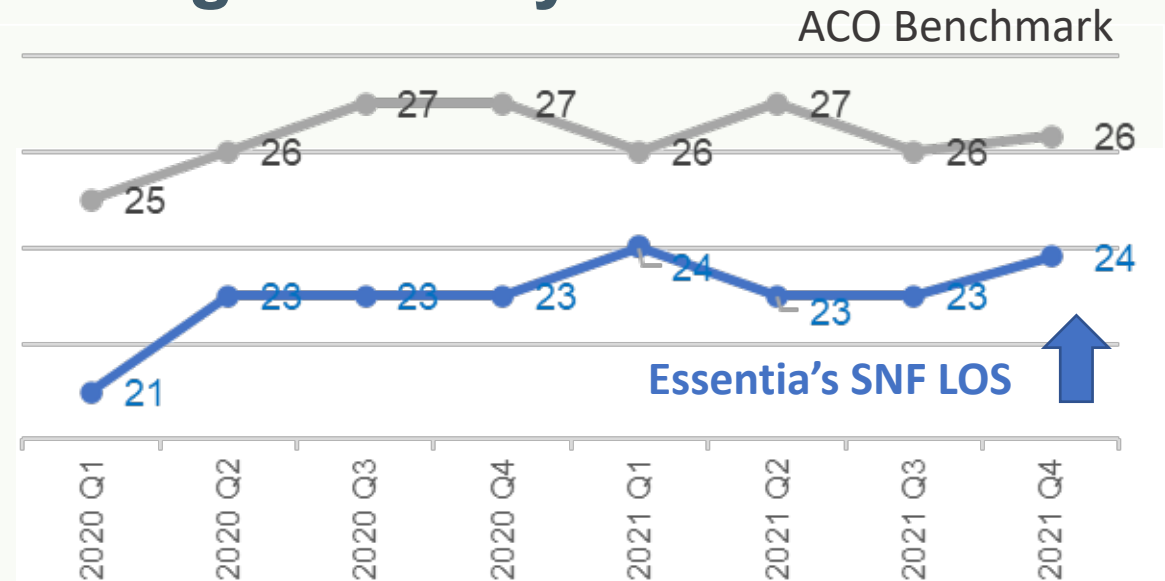
Non-Preferred Network:  
 Average Med A:  
 5 days longer at Non-Preferred SNFs  
 Higher SNF cost per day

# What's changed during the pandemic?

## Placement Rates



## Length of Stay

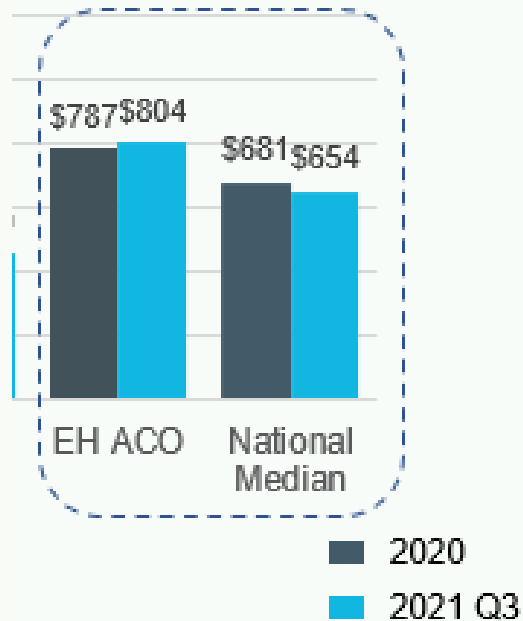


### Challenges:

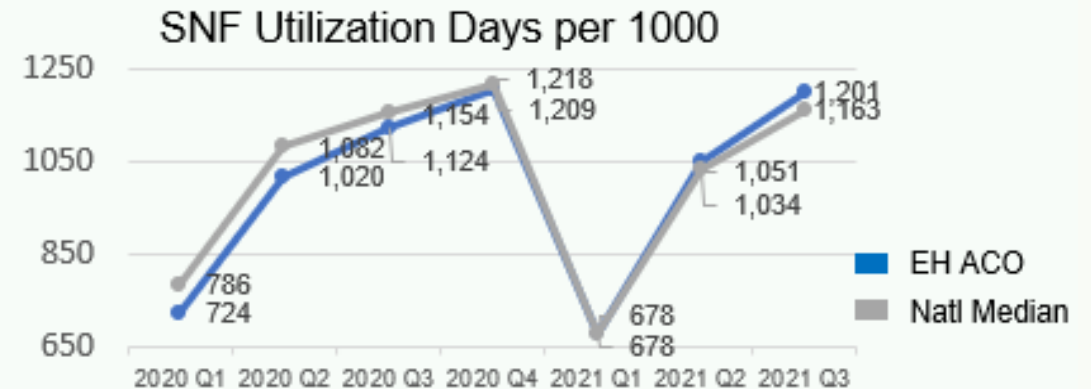
- COVID-19 Complications
- SNF staffing
- Medical Complexity
- Limited Assisted Living Placement

# Utilization & Cost- SNF Costs in Pandemic

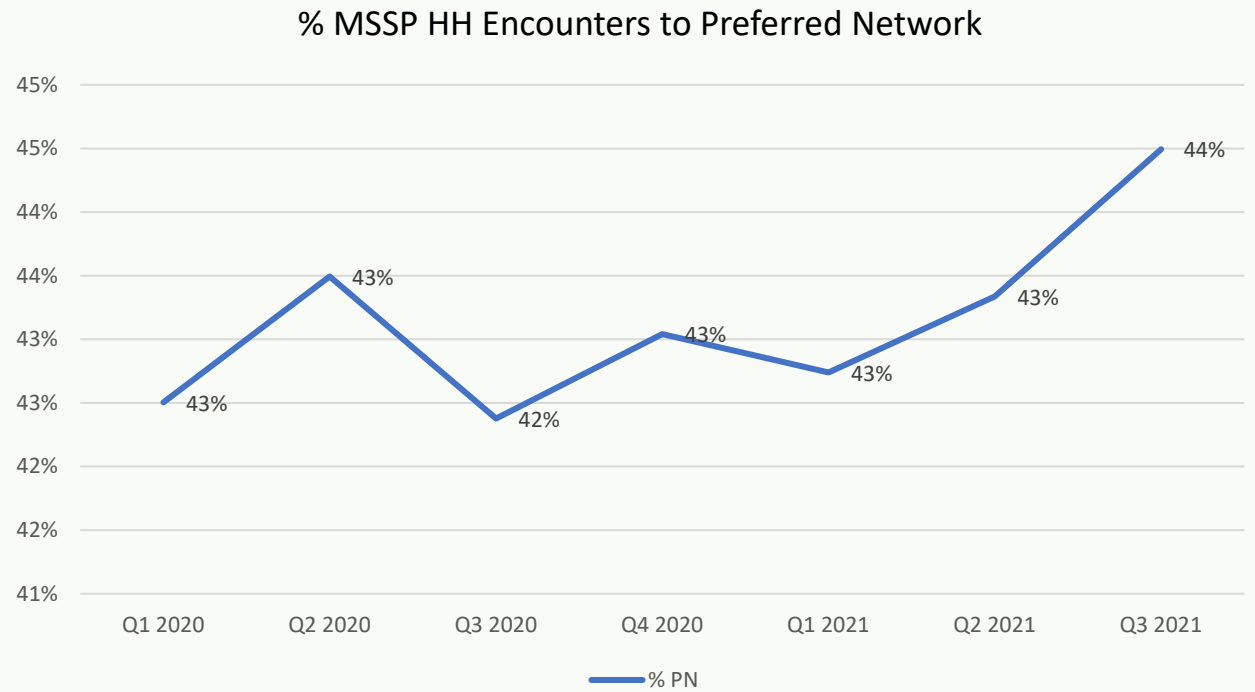
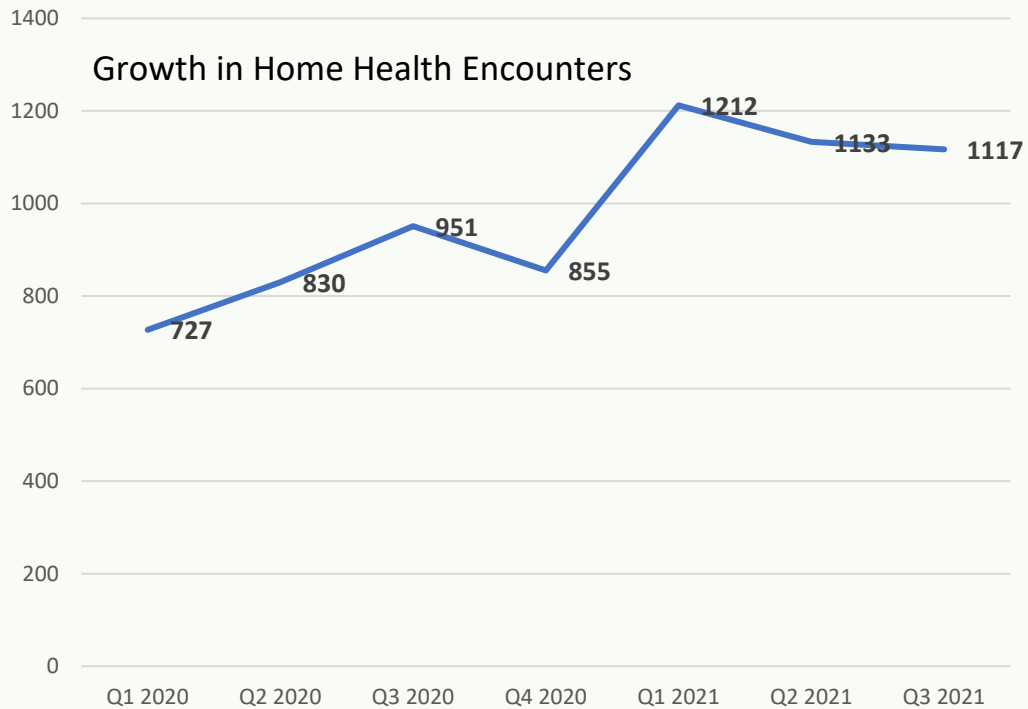
## SNF Spend per Beneficiary



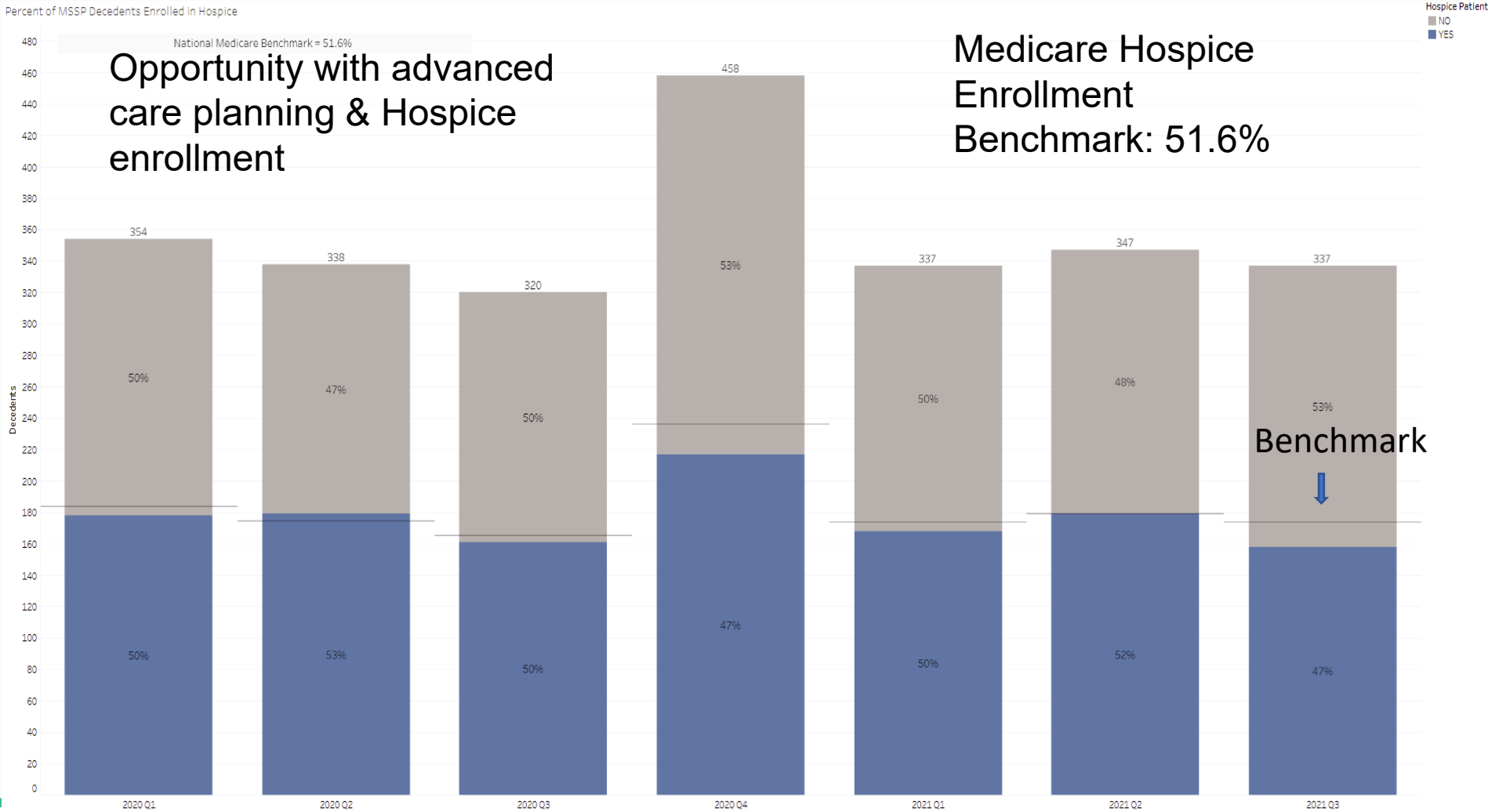
## SNF Utilization per 1000



# MSSP Total Home Health Encounters



# MSSP Patient Enrolled In Hospice



2022  
Expanding  
Hospice  
Preferred  
Network

# Improving Care Delivery- What's Next?

- Trending SNF extended LOS diagnoses
- Pilot: After Hours Virtual Visit Care
- Improving Discharge Communication & Discharge Orders
- Education on 3-day SNF waiver
- Partnering with Home Care & Hospice agencies
- Expanding Hospice Preferred Network & increasing Advanced Care Planning

We are called to make a healthy difference in people's lives.

# Thank you!



Jessica Martensen, MBA, RN, FACHE  
Vice President, Care Management Programs  
Essentia Health

[Jessica.Martensen@EssentiaHealth.org](mailto:Jessica.Martensen@EssentiaHealth.org)



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