



Payment For Performance

Presented by: Donna Weimer, Post Acute Network Consultant

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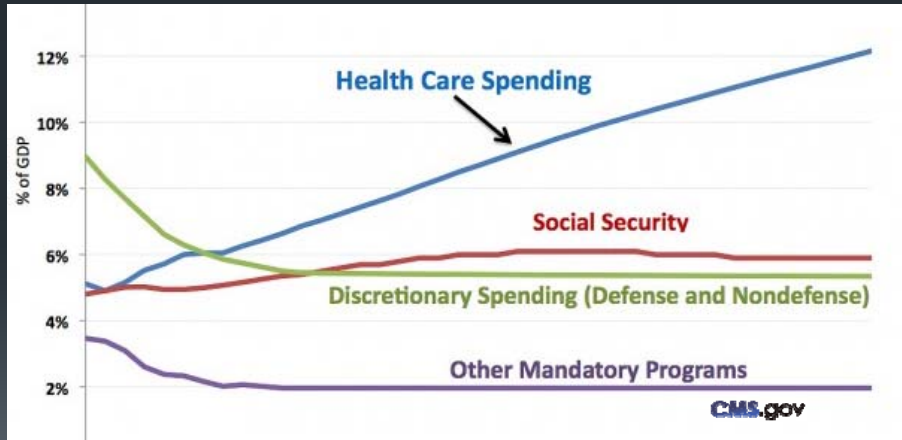


CMS and Affordable Care Act

- Nearly one in five Medicare patients discharge from the hospital, 2.6 million seniors are readmitted to the hospital within 30 days
- Costing \$26 billion each year
- CMS established grants to fund community transitions programs to improve patient transition from acute to community based care systems/home
- Goal to keep patients from readmitting and reduce cost

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Financing Healthcare



Centers for Medicare and Medicaid Services
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Value Based Purchasing



Value = Quality/Cost

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Acute Care and Post Acute Partnerships

- Acute care partners are looking for partners that lower unnecessary readmissions
 - Quality measures: Days until readmission, 30 day readmission percentage for all cause, readmission by disease condition
 - Clinical panels and metric measures
 - Show evidenced based programming that assist patients across the continuum and reduction of readmissions
 - Track and trend data re: patient outcomes relative to hospital readmissions, ER visits and HH-CAHPS-hospital survey results

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Payment Strategies

Pre Reform	New Reality
Fee For Service	ACO/Preferred Provider Status
Reliance on Government	Bundle Agreements/Incentives for outcomes
Managed Care Contracts	Case Rate/manage all stays the same way
Quality Measures/Five Star	Pay for Outcomes/Claims Based
Cost Report Based Per Diem	Managed Medicaid
	Institutional Special Needs Programs (ISNP)

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Penalties or just the “Right Thing To Do”

- Hospitals are already penalized for 30 day readmissions
- 2019 Medicare will begin withholding 2% of SNF per diem payments, top performers will receive a reward based on 30 day readmission 2% on per diem rate

- Patient Transition



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Patient Choice

- Patient choice remains important above all else
- Patient Experience becomes even more important
- Share data pertinent to patient outcomes/ empowerment
 - Implement assessment based on risk and appropriate access to services
 - Establish protocols to handle clinically complex with no Medicare/HMO benefit

Emphasis on patient bypassing certain points of service

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Clinical Performance Accountability

- Triage Efficacy
- Systems In Place To Improve Care Transitions
- Return on Investment (ROI)
 - Decrease readmissions
 - Improve Patient Experience
 - Decrease Cost
- Culture Change!!

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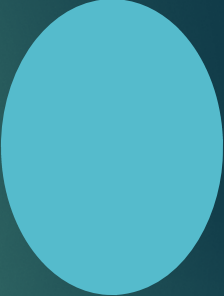

Questions?

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Healthy Transitions Colorado, Aligning Payment Incentives and Penalties

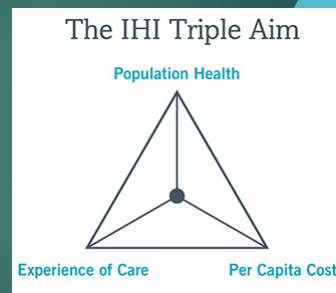
PRESENTED BY: DUSTIN DODSON, LNHA, MBA- INDEPENDENT
CONSULTANT



The Affordable Care Act in Three Sentences

The Triple Aim for Transitions of Care

Acute Care to Nursing Home
Nursing Home to Community



Value Based Purchasing for Post Acute Providers

- ▶ Hospitals, skilled nursing facilities, home health agencies, regulators, state agencies, payers AND THE PERSON to become partners and align value with reimbursement.
- ▶ Leverage innovative models through DSRIP and Medicaid Waiver 1115 avenues
- ▶ Delivery System Reform Incentive Payment Program, State of Colorado to implement new program within next two years.
- ▶ Medicaid Waiver 1115, testing state specific Medicaid models.

Outcomes Based Alignments Creating Partnerships

- ▶ CMS goals for Fee for Service to Value Based Purchasing models
- ▶ Are you at the ACO table?
- ▶ Bundled Payments
- ▶ Return to Hospital rate

Alignment Within Nursing Homes

- ▶ Medicare reimbursement moving from RUG's to Value Based Reimbursement
 - ▶ Currently there are 66 reimbursement rates for Medicare nursing home beneficiary's
 - ▶ Is being redesigned to align with outcomes
- ▶ CMS Five Star Rating system
 - ▶ The new report card
 - ▶ Elements include regulatory compliance, staffing levels, quality indicators
 - ▶ New Q.I.s focus on value
 - ▶ Acute care providers and payers will not do business with low star performers

Nursing Homes and Colorado Medicaid, Pay for Performance

- ▶ Colorado Medicaid incentivizes nursing homes with a Medicaid rate enhancement by rewarding outcomes through annual 'Pay for Performance' application
- ▶ Will be adding more indicators that align with other providers including readmission rates.

Providers Are Rethinking Admissions Process

- ▶ Lack of full risk adjustments resulting unintended consequences
 - ▶ Result in longer lengths of stay in acute care
 - ▶ Specialty Skilled Nursing Facility providers
 - ▶ Population Health may suffer
- ▶ Residents in Nursing Homes are a potential risk to the provider, not only a revenue source due to penalties associated with outcomes.
 - ▶ Shorter length of stay in nursing homes

The Regulatory Environment Has Not Kept Pace with VBP

- ▶ Nursing Homes are heavily regulated and reform does not happen quickly
 - ▶ Resident choice, rights, culture change at times incongruent with regulations
 - ▶ The Triple Aim of Healthcare and Nursing Homes

Incentives and Penalties for Transitions from SNF to the Community

- ▶ Money Follows the Person
 - ▶ Federal dollars to support deinstitutionalization and Olmstead Act
- ▶ CMS Five Star Rating System implicates Nursing Homes for the outcomes for 30 days post discharge to the community
 - Rewards 'successful discharge'
 - Penalizes for negative outcomes

Summary, Value Across the Continuum

- ▶ Why do we need each other to be successful?
- ▶ What are the avenues for innovation that is good for citizens of Colorado?
- ▶ How is VBP affecting Post Acute Care Providers?
- ▶ How is this good for all stakeholders?

When You Know Better,
You Do Better!

Questions, Discussion?

- ▶ Thank you
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