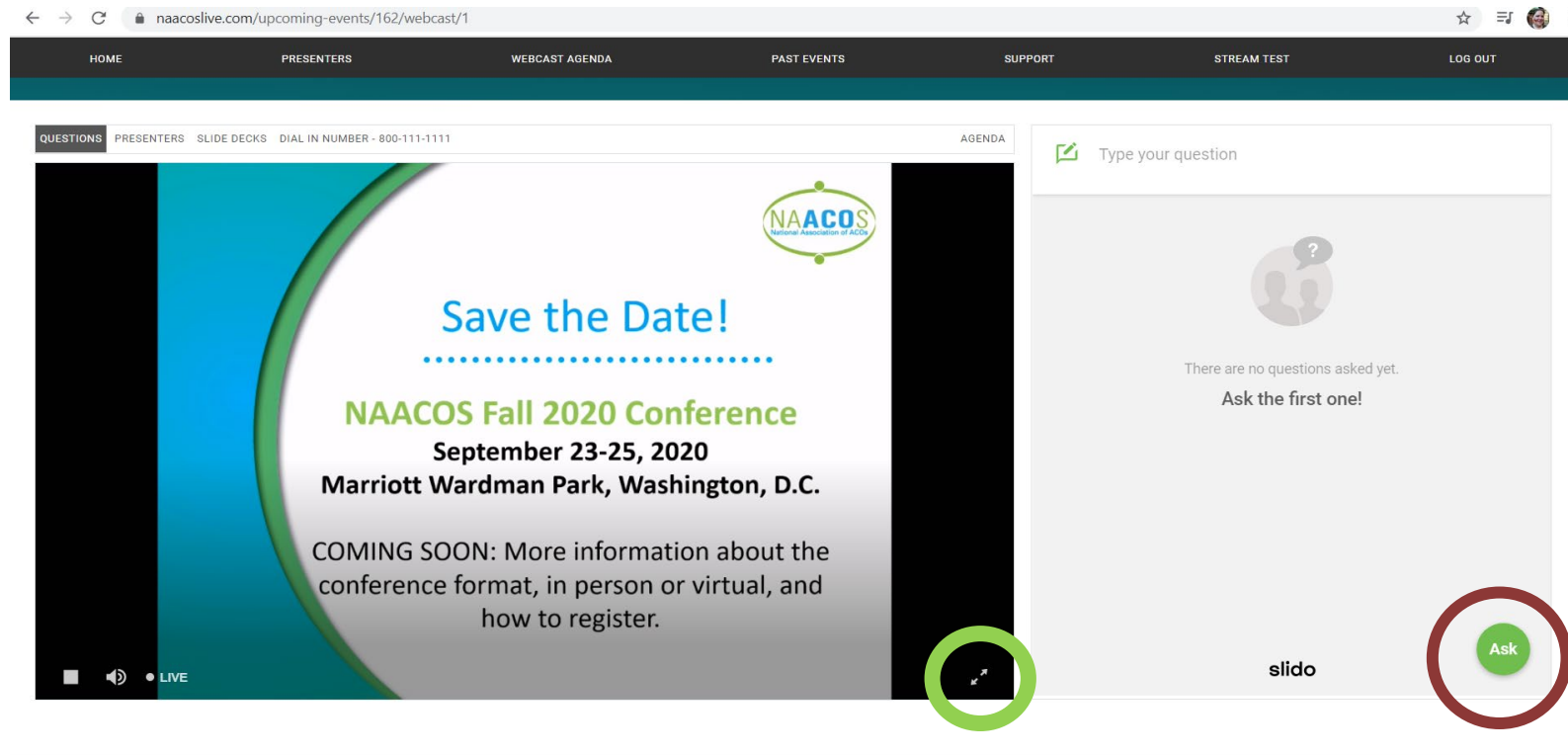


ACO Waivers: Considerations, Planning, Implementation, and Management

- Facilitator: Melody Danko-Holsomback, CRNP, MSN
- CAO and Director of Operations and IT, Keystone ACO
- June 10, 2020

Housekeeping.....

1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in the screen shot below in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
 - You can type in a question at any time during the presentation.





- **Melody Danko-Holsomback, MSN, CRNP** has more than 25 years of practice experience in nursing practice, 19 of which have been within Geisinger. She is currently the Interim CAO for Keystone ACO, a Medicare Shared Savings Program, Basic Level E Track ACO serving over 80,000 Medicare beneficiaries and also a SNFist for Geisinger Clinic.
- She is a member of the NAACOS Quality Committee, the NQF Measure Loop Feedback Committee and on the Technical Expert Panel for the CMS Days at Home Measure development team

Facilitator

Speaker Topics

- Chris Butters – Post-Discharge Home Visit Waiver
 - CMMI Next Gen also uses SNF, Cost Sharing and Telehealth
- Sharon Kimball – Next Generation SNF 3-Day Waiver
- Cindy Yeager – MSSP Track E SNF 3-Day Waiver
 - Keystone ACO, LLC, Developing Telehealth Plan

Models and Availability of Waivers/Various Fraud and Abuse Waivers

- [Pioneer Accountable Care Organization \(ACO\) Model](#)
- [Medicare Shared Savings Program](#)
- [Next Generation ACO Model](#)
- [Bundled Payment for Care Improvement \(BPCI\) Models](#)
- [Bundled Payments for Care Improvement Advanced \(BPCI Advanced\) Model](#)
- [Comprehensive Care for Joint Replacement \(CJR\) Model](#)
- [Health Care Innovation Awards \(HCIA\) Round Two](#)
- [Comprehensive ESRD Care \(CEC\) Model](#)
- [Oncology Care Model \(OCM\)](#)
- [Part D Enhanced Medication Therapy Management \(MTM\) Model](#)
- [Part D Payment Modernization Model](#)
- [Maryland All-Payer Model Care Redesign Program](#)
- [Maryland Total Cost of Care Model Care Redesign Program](#)
- [Medicare Advantage Value-Based Insurance Design Model](#)
- [Medicare Diabetes Prevention Program \(MDPP\) Expanded Model](#)
- [Vermont All-Payer ACO Model Vermont Medicare ACO Initiative](#)

Details for each program can be found at <https://www.cms.gov/medicare/physician-self-referral/fraud-and-abuse-waivers>

Overview of ACO Value Based Contract Waivers

Type of Waiver	Shared Savings Program	Next Generation ACO Program	Direct Contracting	BPCI Advanced Program
Skilled Nursing Facility 3-Day Waiver	✓	✓	✓	✓
Telehealth Expansion	✓	✓	✓	✓
Post Discharge Home Visit Waiver		✓	✓	✓
Care Management Home Visit Waiver		✓	✓	
Home Health Services Certified by Nurse Practitioners		✓	✓	
Homebound Requirement Waiver for Home Health		✓	✓	
Concurrent Hospice Benefit Waiver		✓	✓	

❖ SNF 3-Day Waiver

- ❖ Allows beneficiaries meeting certain guidelines to be eligible for SNF services without a prior 3-day hospital stay
- ❖ SNF with 3 star or more and CAH Rural Hospital Swing Beds:
- ❖ Available to ACOs that elected preliminary prospective assignment with retrospective reconciliation or prospective assignment

[Skilled Nursing Facility 3-Day Rule Waiver Guidance \(Updated 1/2/2019\) \(PDF\)](#)

❖ Telehealth Waiver

- ❖ Waives geographic and originating site requirements- Available only to ACOs that have elected prospective assignment
 - ❖ Remove the geographic limitations imposed under normal fee-for-service (FFS) rules
- AND
- ❖ Allow a beneficiary to receive many telehealth services from their home
- ❖ In addition, these beneficiaries are allowed to receive certain dermatology and ophthalmology services using asynchronous (i.e., store and forward) telehealth technology.

MSSP Track
1+, Basic E,
Track 3, and
Enhanced

Next Gen and Direct Contracting

❖ **Skilled Nursing Facility 3-Day Waiver**

- ❖ Must be approved by Participant or Preferred Providers
- ❖ SNF must meet Medicare Contracting Criteria
- ❖ Pt must meet Medicare Criteria for skilled care
- ❖ [What is the Three-Day Skilled Nursing Facility Waiver? \(PDF\)](#)

❖ **Telehealth Waiver**

- ❖ Waives geographic and originating site requirements- Available only to ACOs that have elected prospective assignment
- ❖ In addition, these beneficiaries are allowed to receive certain dermatology and ophthalmology services using asynchronous (i.e., store and forward) telehealth technology.
- ❖ [What is the Telehealth Waiver? \(PDF\)](#)

Next Gen and Direct Contracting Additional Beneficiary Waiver and Incentives

❖ Post-Discharge Home Visit Waiver

- ❖ The post-discharge home visit benefit is available to patients discharged from inpatient facilities, which includes hospitals, critical access hospitals, skilled nursing facilities, and inpatient rehabilitation facilities
- ❖ May receive up to 9 visits in 90 day period following admission
- ❖ allows for a physician to provide general supervision to a licensed clinician to provide a post-discharge home visit service to a physician's patient in their home.
- ❖ [What is the Post-Discharge Home Visit Waiver? \(PDF\)](#)

❖ Care Management Home Visit Waiver

- ❖ May receive up to two care management home visits within 90 days of seeing a participating Next Gen ACO health care provider who has initiated a care management plan.
- ❖ Possible third care management home visit within the 90-day period, if the beneficiary first has an in-office visit with a Next Gen ACO provided for approved E&M Code.
- ❖ Cannot be provided simultaneously with Post-Discharge Home Visits
- ❖ [What is the Care Management Home Visit Waiver? \(PDF\)](#)

BPCI-A

- 3-Day Skilled Nursing Facility (SNF) Rule Payment Policy Waiver
- Telehealth Payment Policy Waiver
- Post-Discharge Home Visit Services Payment Policy Waiver
- [General FAQs \(PDF\)](#)

- ❖ Professional Payment DCE
 - ❖ Home Health Services Certified by Nurse Practitioners
 - ❖ Homebound Requirement Waiver for Home Health
- ❖ Global Payment DCEs
 - ❖ Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefit
 - ❖ CMS would allow Global DCEs to waive the requirement that beneficiaries who elect the Medicare Hospice Benefit give up their right to receive curative care as a condition of electing the hospice benefit.

Additional
Proposed
Direct
Contracting
Waivers-
Program Delayed
start until April
2021



Chris Butters MS, RN

Manager of Network Services

Post-Acute Care & Next Generation Model

Chris.Butters@UnityPoint.org

515-241-3775 (office)

Chris is a registered nurse with a Masters in Health Care Administration. He is the Contract Manager for NGACO and Wellmark VBA. Chris is also the Manager of Network Services focused on post-acute care services including skilled nursing, home health, and hospice services. He is a sought after expert on Medicare benefit enhancement waivers and the implementation of care management tools including MCG (formerly Milliman Care Guidelines), Patient Ping and others. Chris works with the ACO team and regional team members on care transformation in the post-acute care space.



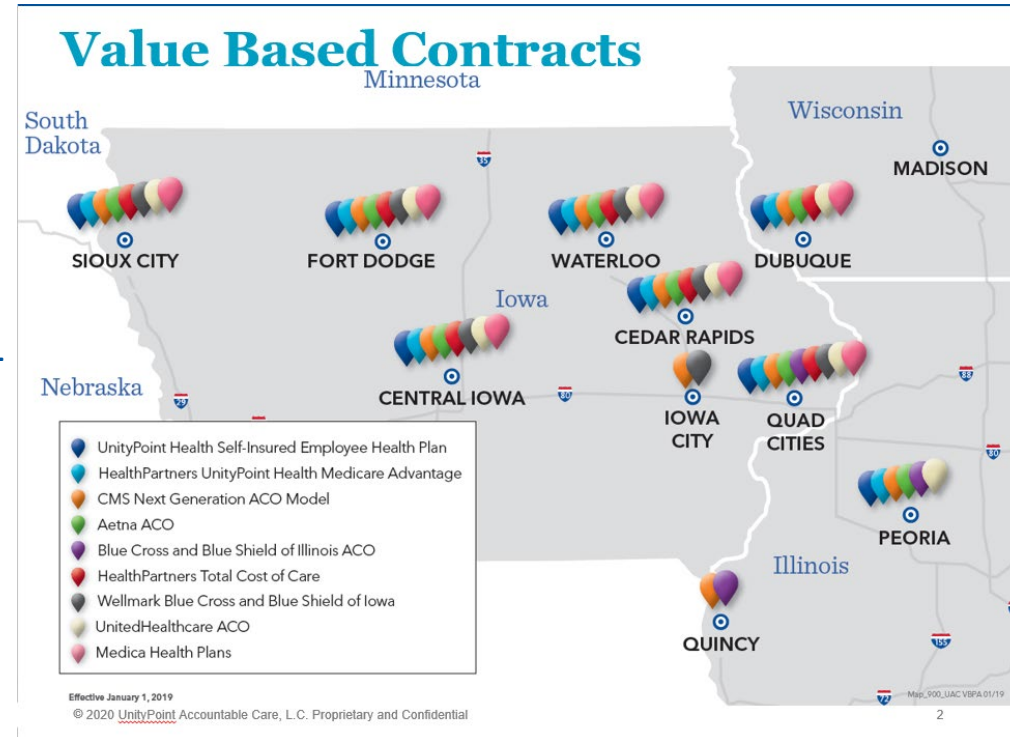
UnityPoint Accountable Care

UnityPoint Accountable Care Benefit Enhancement Waiver Implementation

Post Discharge and Care Management Home Visits

UnityPoint Accountable Care

- Multi-state ACO
- Value-Based contracts
 - 250,000 lives in Value Agreements
 - 50%+ with downside risk = \$1B+
- 8,000+ Providers
 - 5,542+ independent
 - 2,308 employed
 - 45 hospitals
- Approximately 104,000 lives in Next Generation Model ACO

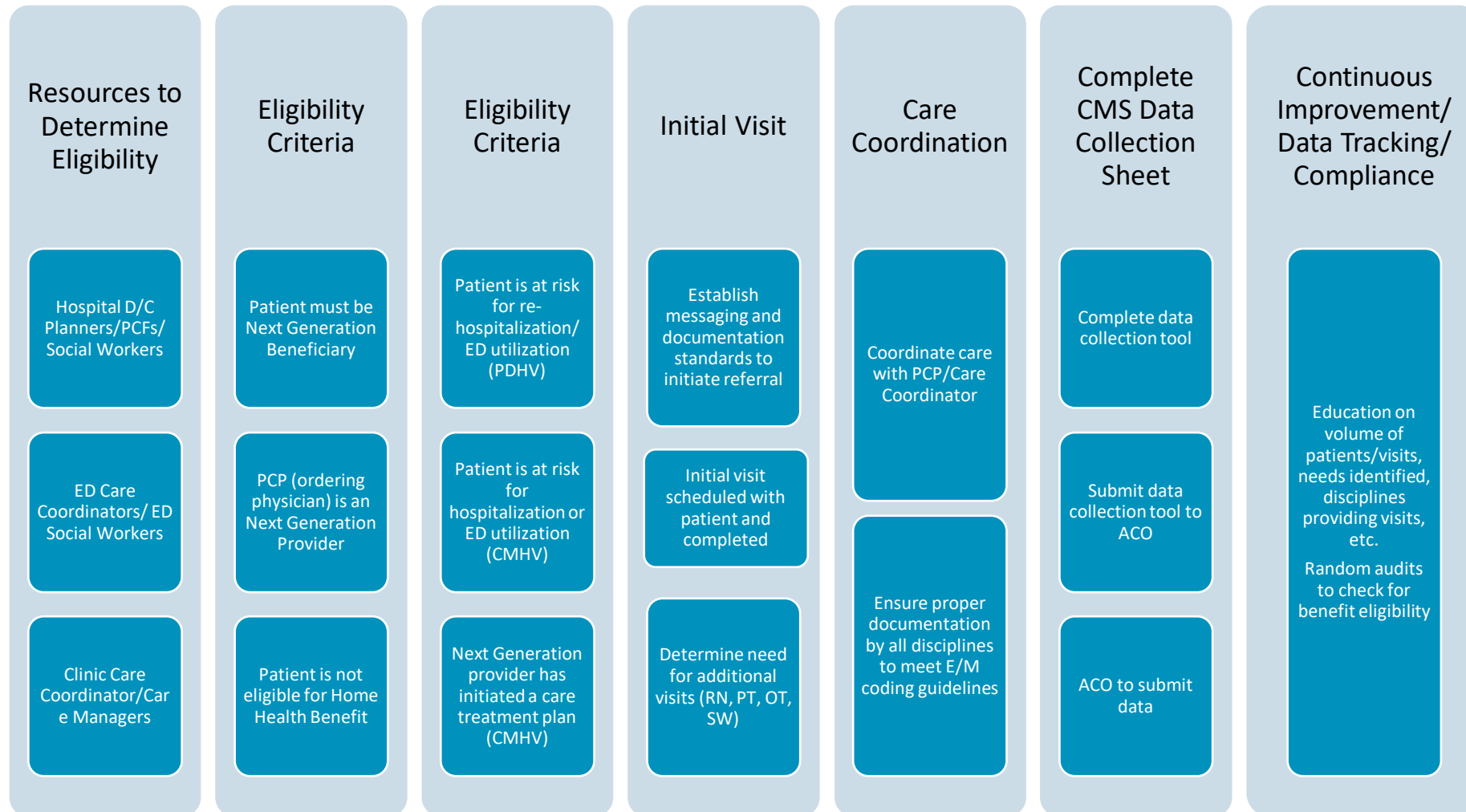


Home Visit Waiver Implementation Plan



*Post Discharge Home Visit/Care Management Home Visit

Macro Map of Home Visit Waiver Process



PDHV Checklist



UnityPoint Accountable Care

Next Generation ACO PDHV Waiver Checklist

UPH Region/Affiliate: _____

Patient Name: _____ Date of Birth: _____ MRN: _____

Patient discharged from:

Observation Emergency Department IRF Inpatient SNF

Patient Discharge Date: _____ Primary |

reason(s) why patient recommended for PDHV: _____

ALL BOXES MUST BE CHECKED TO BE ELIGIBLE FOR WAIVER:

<input type="checkbox"/> Patient is a Next Generation ACO Beneficiary (Has Flag in Epic)
<input type="checkbox"/> Patient's PCP (ordering physician) is a UPC Provider who is listed as a Next Generation Provider. The list can be found here – https://www.unitypoint.org/filesimages/AccountableCare/2017NGProviderList091417.pdf
<input type="checkbox"/> Patient is <u>not eligible</u> for the Medicare home health benefit
<input type="checkbox"/> Patient was discharged from a facility setting (ER, observation, inpatient, IRF, SNF)
<input type="checkbox"/> Patient at risk for safe transition home (re-hospitalization/ED utilization risk)

CMHV Checklist



Next Generation ACO CMHV Waiver Checklist

UPH Region/Affiliate: _____

Patient Name: _____ Date of Birth: _____ MRN: _____

Primary reason(s) why patient recommended for CMHV: _____

ALL BOXES MUST BE CHECKED TO BE ELIGIBLE FOR WAIVER:

<input type="checkbox"/> Patient is a Next Generation ACO Beneficiary (Has Flag in Epic)
<input type="checkbox"/> Patient's PCP (ordering physician) is an ACO NGACO Participant/Preferred Provider who is listed as a Next Generation Provider
<input type="checkbox"/> Patient is <u>not eligible</u> for the Medicare home health benefit
<input type="checkbox"/> NextGen Participant/Preferred Provider has initiated a care treatment plan for beneficiary
<input type="checkbox"/> Patient at risk for hospitalization/ED utilization

Operationalize

- Decentralized Approach
 - Set up service agreement with home care agency
 - Established visit rates
 - Referrals from clinics and hospitals
 - Significant variation from region to region
 - Training and Logistics
 - Cross departmental training increases variation
 - Referrals converted to scheduled visits
 - Referrals and schedules in different systems
 - Documentation and billing
 - Different EMRs between clinic and home care
 - Not easily scalable – significant variation between regions
 - Low number of referrals

Operationalize

- Centralized Approach
 - Home visit services consolidated into one clinic
 - Centralized identification of high risk patients and subsequent referrals for home visit waivers
 - Consolidated referrals, scheduling, documentation, and billing into single EMR
 - Easily scalable as process was rolled out to additional regions within network
 - Scalable to independent providers as well
 - Significant reduction in variation and significant increase in volume of referrals

Home Visit Waiver Utilization - 2019

Post Discharge Home Visits

Total	Number of Visits Provided					
Regions	QY	CI	QC	CR	WL	Total
Number of visits provided	188	599	150	412	150	1499

Care Management Home Visits

Total	Number of Visits Provided					
Regions	QY	CI	QC	CR	WL	Total
Number of visits provided	0	3	5	9	0	17

Cost Sharing Support Waiver Implementation Plan



Thank You



UnityPoint Accountable Care



Sharon Kimball, BSN, MSN, MBA, RN

Sharon as an experienced health care professional thrives on crafting change. Change that improves health care delivery for patients, families and providers. She has started new clinical programs; pediatric heart transplantation, ECMO support, pediatric pain program, transport services and a holistic cancer program. To support these programs Sharon recognized the need for skilled providers leading her to establish new graduate RN programs, clinical ladders, simulation labs and nurse physician partnerships. Bricks and mortar to house the providers and services were part of Sharon's work. This included opening a new ICU, building a new Children's hospital and medical office building as well as a comprehensive cancer center. Value care became a focus as Sharon led system level programs to assure the right care at the right time leading initiatives to assure clinic access and formation of a continuing care network.

Skilled Nursing Waiver

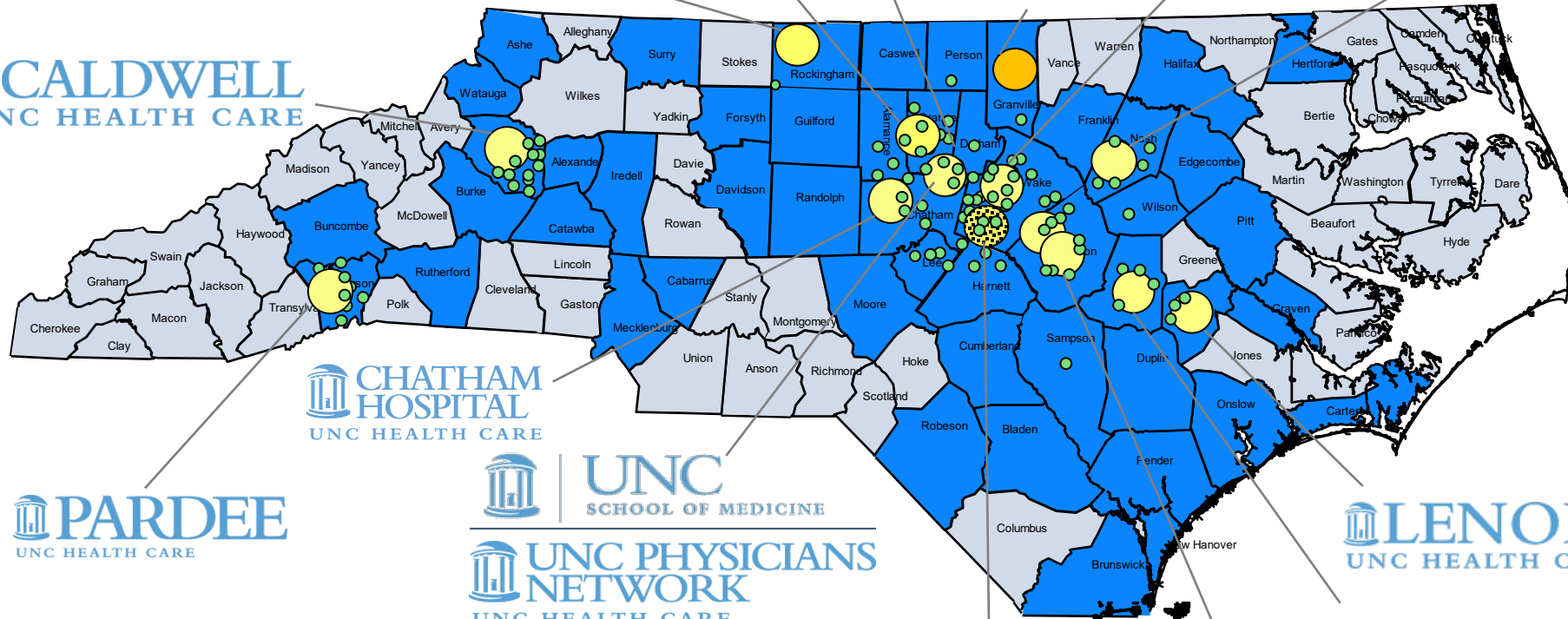
A Journey of Continual Learning and Evolution






UNC Health Care
Sharon Kimball, MSN, MBA, RN
UNC HCS Executive Director Care Management/
Continuing Care Network

June 10, 2020



UNC HEALTH SERVING NORTH CAROLINIANS

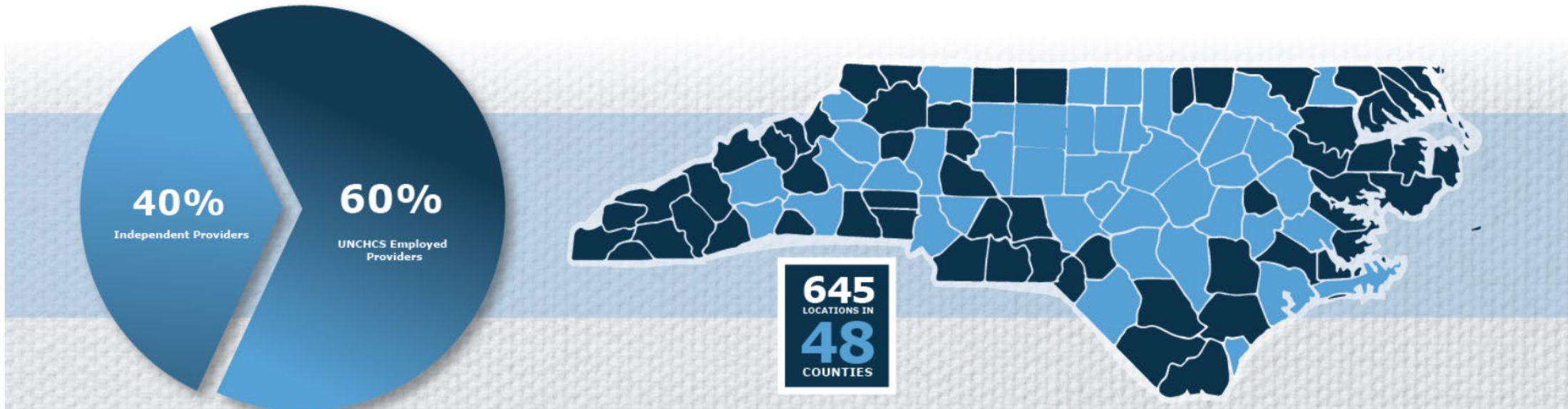


-  UNC Health Alliance Independent Hospital
-  UNC Health Care Owned or Managed Hospital
-  Affiliated Hospital campus in development
-  UNC Health Care Owned or Affiliated Physician Practice
-  County Served by UNC Health Alliance Clinician

UNC Health Alliance & UNC Senior Alliance

A Clinically Integrated Network & Accountable Care Organization

- 6,000 providers, with more than 2,100 from independent practices.
- 1,800 Primary Care physicians and APPs.
- 4,400 specialty providers, covering 130 specialties & subspecialties.
- SNF preferred network; home health preferred network
- Community-based palliative care and hospice programs



Ranked #1 nationally in clinical quality among 34 Pay for Performance Next Generation ACO's

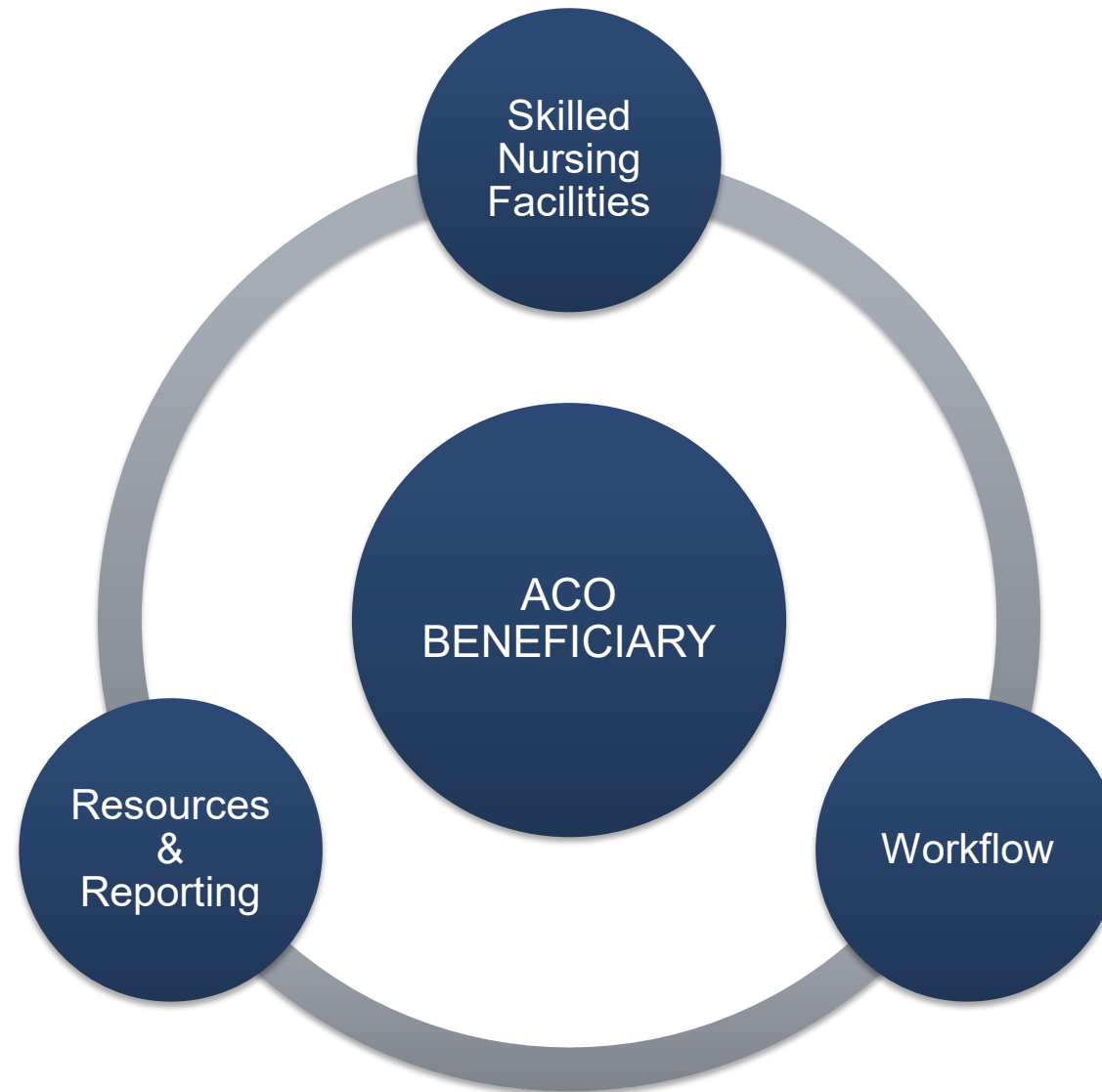
WHY A SNF WAIVER PROGRAM?

- **Improve quality of care**
- **Decrease total cost of care**
- **Support beneficiaries and families**
- **Eliminate need for 3 day hospital stay supporting hospital capacity & throughput**



SNF waiver programs are a journey of continual learning and evolution

Continual Learning and Evolution with SNF Waiver Program



Skilled Nursing Facilities

- **Robust Vetting Process for SNF's**
 - Discharge Patterns & Volumes of Hospitals
 - RFI Process
 - Quality Outcomes
 - LOS, Readmissions, ED Utilization, Clinical, Satisfaction
 - Costs
- **Affiliation Agreements**
 - NextGen ACO/Medicare
 - Affiliated Partner Network

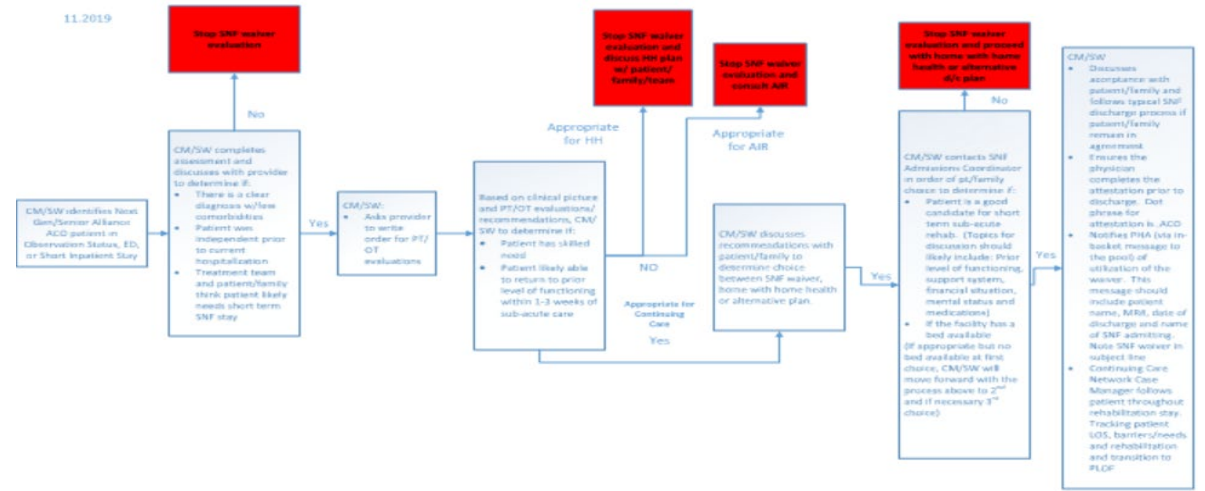


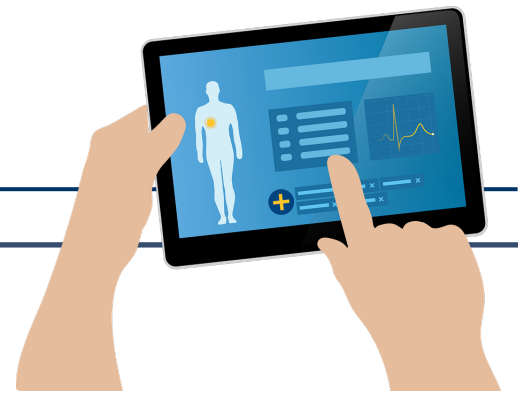
Workflow

Referral Workflow

- Patient Identification
 - Banner in EMR
- Work Flow
 - Diagrammatic & Standard Work
- Tip Sheet

Value Care: NGACO or NGACO Complex





Workflow

Documentation

- Referring Provider Attestation (smart phrase)

I have evaluated this patient who is a UNC Senior Alliance Medicare Next Gen ACO Beneficiary and attest that they are medically stable, do not require inpatient or further inpatient hospital evaluation and treatment, has certain and confirmed diagnoses as outlined in my clinical documentation and has a skilled nursing or rehabilitation need that cannot be provided as an outpatient. This patient has been evaluated and approved for admission to the SNF.

- Notification of Continuing Care – Care Manager
 - In Basket Message with “SNF Waiver” Subject Line

Workflow

- **Clear Expectations of SNF**
 - MD to see patient within 48 hours for assessment
 - Care plan completion within 48 hours
 - Determine estimated length of stay for patient with 48 hours
 - Complete fillable form and fax to Continuing Care Case Manager within 48 hours with care plan
 - Notifying Case Manager for any change in patient condition or discharge plan (ex. Fall within community, patient send to ED, longer than anticipated LOS)
 - Ongoing communication regarding patient therapy goals, length of stay and transition plans



Workflow

Coordinate Care Across the Continuum

- Patient Encounter within EPIC Coordinated Care Module

The screenshot displays the EPIC Coordinated Care Module interface for a patient named Mars Cook. The interface is divided into several sections:

- Left Sidebar:** Patient profile for Mars Cook (Male, 48 y.o., 5/19/1971, MRN: 10000000009). It includes a search bar, a list of care plans (e.g., Influenza vaccination due), and risk scores (e.g., Admission or ED Risk at 13%).
- Top Navigation:** A horizontal menu with tabs for Snapshot, Synopsis, Pathway Management, Care Everywhere, Chart Review, Contacts, Care Mgmt (selected), Transitions Notes, Communications, Wrap-Up, Work List, and Plan of Care.
- Main Content Area:**
 - Care Planning:** Shows an active care plan for "ICM Heart Failure Care Plan" with a priority of "Medium".
 - Patient Condition Self Management:** A table of tasks with due dates of 10/18/2019. Tasks include coaching on self-management, medication safety, and adherence.
 - ICM Self Management of condition:** A list of goals and tasks for the condition.
- Right Sidebar:** "Patient Goals" section with a search bar and a note that there are no active goals.

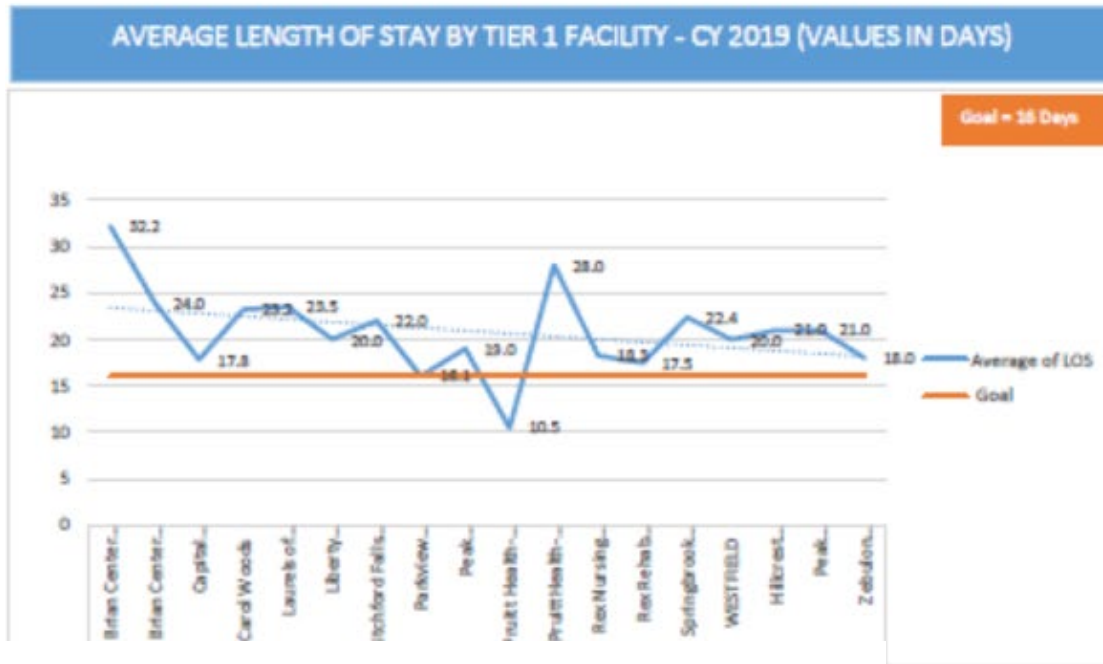
At the bottom of the screen, there is a navigation bar with icons for adding orders, a "SIGN ENCOUNTER" button, and a system clock showing 10:19 AM on 10/11/2019.

Resources & Reporting

- **Staffing**
 - RN Care Managers FTF within 72 hours → weekly
- **Reporting Platforms**
 - Use of CarePort (Guide-Connect-Insight)
 - Arcadia
- **Ongoing**
 - SNF Waiver Dashboard
 - Quarterly Report Cards
 - Collaborative Forums

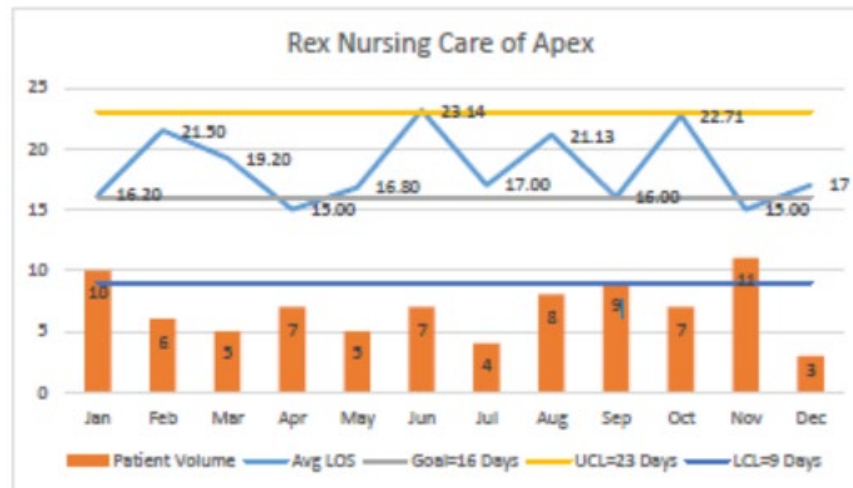


UNC HEALTH SNF Waiver Outcomes 2019



SNF COUNT BY LOC -CY 2019 (VALUES = PATIENT COUNT)

Level Of Care	Waiver	Non-Waiver
ED	1	
Extended Recovery	1	
Home	5	2
Inpatient	3	428
Observation	37	1
Short Inpatient Stay	14	
Other		1



In development:
 Cost Data per facility
 Readmissions
 ED Utilization

Return = Cost Savings and Cost Avoidance



Cost Savings

- Decreased SNF LOS



Cost Avoidance

- Decreased hospital stay
- No hospital stay

HOSPITAL COST AVOIDANCE	Admitting Status	Waiver Patients	Cost Per Day	Avoidable Days	Cost Avoidance
	Home	6	\$811	4.6	\$22,384
	Emergency Dept.	20	\$811	4.6	\$74,612
	Observation	74	\$811	3.6	\$216,050
	Inpatient/ Short Stay	26	\$811	3.6	\$75,910
	Extended Recovery	3	\$811	1	\$2433
	TOTAL COST AVOIDANCE				

SNF COST SAVINGS	LOS Decrease	Total Patients	Total Days	Cost Per Day	Cost Savings
	0.3 days	616	184.8	\$438	\$80,942

****Illustration Purposes Only**

Road Hazards on the Waiver Journey

- **SNF's**
 - Fluctuating Star Ratings
 - Limited Admission Times
 - MD Assessment with 48 hours
- **Health Care System**
 - Care Management Buy-In
 - Process
 - Patient Choice
 - Provider Awareness & Support
 - Documentation (smart phrase)
 - Patient Selection
 - Data Access



Cindy Yeager

Keystone ACO, LLC



- Cindy is the Care Gaps and Quality Data Manager for Keystone ACO. She serves as lead for projects that drive improvements in quality and efficiency within the ACO. Cindy played an active role in the implementation and education of the SNF 3-day waiver program for Keystone ACO and continues to facilitate day-to-day operations of the waiver. She has over 20 years' experience in the post-acute environment and regularly draws on that experience in her role. Cindy also recently served as a contributor for the NAACOS Quality Reporting Resource.



SNF 3-Day Waiver
Considerations, Planning, Implementation
and Management

Cindy Yeager
Care Gaps and Quality Data Manager



Geisinger

Everything we do is about caring



We care for patients

13 hospital campuses

9 surgery centers

216 clinic sites

2,800 providers



We provide quality and affordable healthcare coverage

580,000 members

61,000 contracted providers/facilities



We teach, research and innovate

504 MBS/MD students at GCSOM

475 residents/fellows

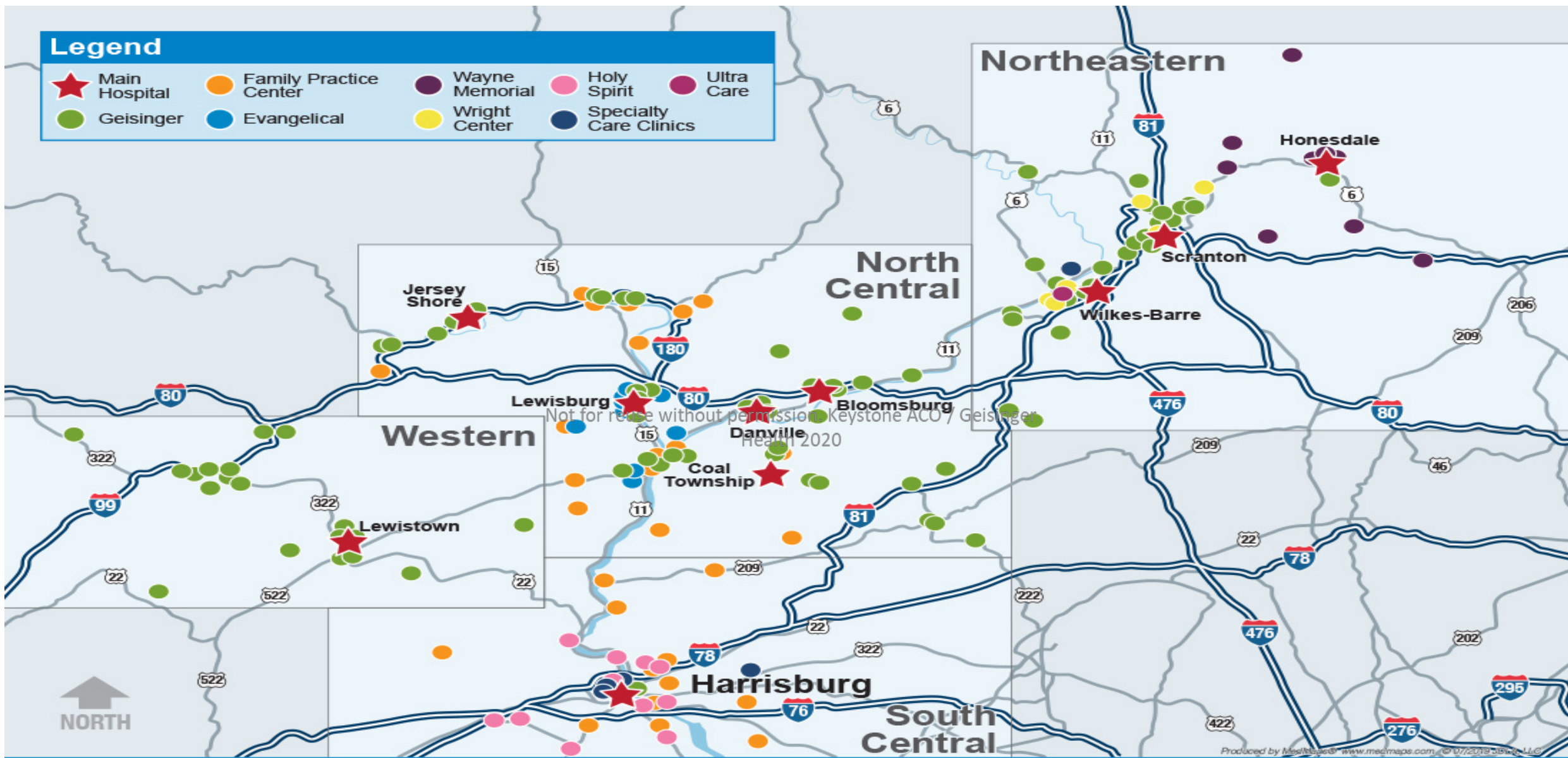
900+ active research projects

176,613 MyCode participants

42

Legend

- | | | | | |
|-----------------|--------------------------|------------------|--------------------------|--------------|
| ★ Main Hospital | ● Family Practice Center | ● Wayne Memorial | ● Holy Spirit | ● Ultra Care |
| ● Geisinger | ● Evangelical | ● Wright Center | ● Specialty Care Clinics | |



Keystone ACO

Keystone ACO Locations Map

Who We Are

- Keystone Accountable Care Organization, LLC, is a collaboration between four health care systems and sponsored participants that serve Central and Northeastern PA
- (32 TINS)
 - Geisinger Clinic
 - Evangelical Community Hospital
 - Wayne Memorial Hospital
 - The Wright Center for Graduate Medical Education

2020 Keystone ACO Participant Attribution

TIN Name	Primary Care Providers	Specialty Care Providers	ACO Beneficiaries
Geisinger Clinic	531	2,526	46,466
Family Practice Center, P.C.	177	91	18,054
Wayne Memorial Community Health Centers	48	41	4,874
Evangelical Medical Services	40	175	4,024
Spirit Physician Services, INC.	55	327	3,843
Wayne Memorial Hospital		33	1,170
The Wright Center Medical Group PC	44	22	1,155
Lycoming Internal Medicine Inc	2		422
Geisinger - HM Joint Venture LLC	40	26	22
Urology of Central Pennsylvania, Inc		19	
AOP, Inc.		18	
Enteron, Inc		15	
Jackson Siegelbaum Gastroenterology LTD		14	
Advanced Inpatient Medicine Wayne PC		13	
Capital Anesthesia LLC		12	
Pennsylvania Gastroenterology Consultants,		10	
Medical Arts Allergy PC		4	
Ultra Care Urgent and Family Care	4		
Caring Community Health Center	3		
Valley ENT, P.C.		3	
Jersey Shore Hospital		1	
Geisinger-Lewistown Hospital		1	
Grand Total	944	3,351	80,030

Where to start?

Operational Elements and Implementation Ideas

Implementation Considerations and Market Challenges



Implementation plans may vary by ACO partner organization –
Be Flexible



Creating an Education Plan for Providers/Care Coordinators/SNFs



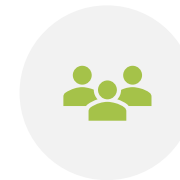
How and Where to Maintain Records for Audit Purposes



Beneficiaries may sometimes need to use a facility not close to home for Waiver Admissions



Maintaining Beneficiary Letters as Star Rating and SNF Ownership Changes



Staffing

How to Choose SNF Affiliates?



Does the SNF utilize ACO Providers?



Does claims data show current Beneficiary admissions?



Rate of Readmission and ED visits during or within 1 week of SNF discharge



Current Star Ratings 3 or higher during open contracting



Is the facility in the process of being sold?



Open to communication on ACO Beneficiary's care plans, LOS and TOCs



Admission on evenings, weekends and holidays when needed

SNF Scorecard

SNF NAME	Unique Member Count	# of Claims	% of Claims	Rehospitalization Post Acute	% Rehospitalization Post Acute	Rehospitalization 1-7 Days	% Rehospitalization 1-7 Days	Rehospitalization 1-30 Days	% Rehospitalization 1-30 Days	ED Visits Post Acute	% ED Visit Post Acute	ED Visits 0-7 Days	% ED 0-7 Days	ED Visits 0-30 Days	% ED 0-30 Days	Average SNF LOS	Average SNF Cost Per Day	Average Paid Charge	Average Paid Charge
SNF A	116	133	3.40%	11	8.30%	7	5.30%	15	22.60%	1	0.80%	5	3.80%	18	13.50%	5.7	\$273	\$1,501	\$200K
SNF B	112	131	3.30%	13	9.90%	9	6.90%	15	14.50%	3	2.30%	6	4.60%	14	10.70%	19.3	\$404	\$7,993	\$1,047K
SNF C	96	120	3.10%	15	12.50%	12	10.00%	18	21.70%	3	2.50%	4	3.30%	9	7.50%	24.2	\$397	\$9,622	\$1,155K
SNF D	50	53	1.40%	5	9.40%	3	5.70%	6	17.00%	2	3.80%	1	1.90%	3	5.70%	11.9	\$460	\$5,795	\$307K
SNF E	46	54	1.40%	3	5.60%	2	3.70%	5	16.70%	0	0.00%	3	5.60%	6	11.10%	17.4	\$480	\$8,145	\$440K
SNF F	34	36	0.90%	1	2.80%	0	0.00%	1	8.30%	1	2.80%	2	5.60%	6	16.70%	22.3	\$464	\$10,026	\$361K
SNF G	31	42	1.10%	5	11.90%	3	7.10%	5	31.00%	2	4.80%	1	2.40%	2	4.80%	25.6	\$445	\$10,692	\$449K
SNF H	26	37	0.90%	8	21.60%	1	2.70%	2	13.50%	5	13.50%	0	0.00%	1	2.70%	28	\$340	\$8,528	\$316K
SNF I	23	27	0.70%	0	0.00%	1	3.70%	5	22.20%	0	0.00%	2	7.40%	6	22.20%	19.8	\$408	\$7,820	\$211K
SNF J	23	26	0.70%	4	15.40%	1	3.80%	2	15.40%	2	7.70%	0	0.00%	5	19.20%	19.5	\$395	\$8,084	\$210K
SNF K	22	25	0.60%	1	4.00%	1	4.00%	3	16.00%	1	4.00%	2	8.00%	2	8.00%	23.2	\$444	\$10,138	\$253K
SNF L	21	26	0.70%	3	11.50%	1	3.80%	4	15.40%	0	0.00%	3	11.50%	5	19.20%	25.4	\$378	\$9,766	\$254K
SNF M	20	25	0.60%	0	0.00%	0	0.00%	3	16.00%	0	0.00%	1	4.00%	1	4.00%	15.2	\$509	\$7,918	\$198K
SNF N	19	22	0.60%	0	0.00%	0	0.00%	3	27.30%	0	0.00%	4	18.20%	4	18.20%	24.5	\$467	\$11,122	\$245K
SNF O	16	16	0.40%	0	0.00%	1	6.30%	1	25.00%	0	0.00%	1	6.30%	3	18.80%	25.1	\$508	\$12,207	\$195K
SNF P	15	23	0.60%	2	8.70%	1	4.30%	3	34.80%	2	8.70%	0	0.00%	2	8.70%	24.1	\$260	\$6,036	\$139K
SNF Q	14	15	0.40%	0	0.00%	1	6.70%	2	20.00%	0	0.00%	1	6.70%	1	6.70%	25.5	\$484	\$10,959	\$164K
SNF R	14	19	0.50%	2	10.50%	2	10.50%	4	31.60%	0	0.00%	1	5.30%	1	5.30%	21.3	\$415	\$8,815	\$167K
SNF S	13	15	0.40%	0	0.00%	0	0.00%	1	40.00%	2	13.30%	0	0.00%	1	6.70%	43.7	\$410	\$15,981	\$240K
SNF T	12	12	0.30%	0	0.00%	1	8.30%	2	16.70%	0	0.00%	0	0.00%	0	0.00%	17.3	\$464	\$7,632	\$92K
SNF U	10	11	0.30%	1	9.10%	2	18.20%	3	27.30%	0	0.00%	0	0.00%	1	9.10%	19.7	\$468	\$9,449	\$104K
SNF V	10	12	0.30%	0	0.00%	0	0.00%	2	25.00%	0	0.00%	0	0.00%	3	25.00%	28.8	\$377	\$10,842	\$130K
SNF W	9	12	0.30%	1	8.30%	0	0.00%	0	16.70%	0	0.00%	0	0.00%	1	8.30%	24	\$427	\$9,960	\$120K
SNF X	7	8	0.20%	1	12.50%	0	0.00%	0	0.00%	1	12.50%	0	0.00%	1	12.50%	13.8	\$496	\$6,973	\$56K
SNF Y	6	6	0.20%	0	0.00%	0	0.00%	1	16.70%	1	16.70%	0	0.00%	0	0.00%	23.2	\$566	\$12,927	\$78K
SNF Z	4	4	0.10%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	27.8	\$406	\$10,681	\$43K
SNF AA	3	5	0.10%	2	40.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	24.4	\$385	\$10,073	\$50K
SNF BB	2	3	0.10%	0	0.00%	0	0.00%	1	33.30%	0	0.00%	0	0.00%	0	0.00%	21	\$394	\$7,704	\$23K
SNF CC	1	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	\$258	\$2,833	\$3K
SNF DD	1	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	\$369	\$1,845	\$2K
				2	22.20%	0	0.00%	1	11.10%	1	11.10%	0	0.00%	0	0.00%	22.3	\$381	\$9,091	\$82K

Considerations for staffing needs?



Is there an authorization process in your plan?



Does your process include validation of medical necessity?



Who will maintain documentation/paperwork if audited?



Who will maintain regulatory resources such as current beneficiaries, providers, and SNFs?



How will updates to the program be communicated and by whom?



Who will be responsible for gathering and evaluating quality of the program?



Who will be responsible for annual contracting activities and education?



Workflow ideas

Patient Identifier in EMRs

Insurance Indicator in Header bar

Ins: MEDICARE A AND B
(Keystone ACO)

*** Workbench Report for ACO Census within
Geisinger Hospitals in process of being built

- ❖ For Epic users an ACO indicator has been added by the Coverage or Insurance view on the header bar
- ❖ This indication can be used to initially spot patients attributed to the Keystone ACO
- ❖ The CM must always double check the Beneficiary (Patient) Roster located in the SNF 3-Day Waiver resource in MFT to validate recent patient list changes not yet reflected in Epic. The date on this file will change as it is updated.

Use the Link Embedded in Epic Web:

Web Links Page

Geisinger Web Links	
Administrative	
» Approved Abbreviations	» Midas Focus Study Portal
» Find a GHS Physician or Specialty	» Midas Incident Reporting
» Help Desk Non Urgent Problem Submission	» PA CY-47 Child Abuse Submission Form
» Infoweb Paging / Phonebook	» PMP AWARE
Clinical Calculators	
» 10 Year CV Disease Risk (NHLBI)	» Narcotic Conversion
» Breast Cancer Risk Assessment Tool	» Surgical Risk Calculator
» FRAX WHO Fracture Risk Assessment Tool	
Clinical References	
» Adult Immunization Schedule	» Health Sciences Library
» Antimicrobial Stewardship Handbook	» ICD-10 Code Search
» Beers Criteria 2019	» IV Guidelines (Not for G@Home)
» Bilitool: Newborn Bilirubin Guidelines	» Isabel
» CDC	» Medical Dictionary
» CPSL Best Links	» Micromedex 2.0
» Clinical Genome Resources	» Nursing Reference Center Plus
» Clinical Key	» Opiate and Benzo Tapering Protocol
» Clinical Pharmacology	» Pathways Protocol Selection
» DynaMed	» Primary Care Redesign
» GHS Lipid Treatment Guideline	» Q-Path
» Geisinger Medical Laboratory Catalog	» Trial Connect
» Geisinger Pediatric Immunization Schedule 2019	» Up To Date
Clinical Tools	
» Ask-A-Doc	» ProvenCare Sharepoint Site
» Clinical Analytics	» ProvenCare Treatment Algorithms
» ProvenCare Fast Facts	» Theradoc
Insurance/Reimbursement	
» CareSite Pharmacy	» Ingenious Med
» Cover My Meds	» Insurance Manual
» Discount Rx	» Keystone ACO SNF 3-Day Waiver Resources
» Essette	» PromptPA/GHP Prior Authorization



Case Manager Access to SNF 3-Day Waiver Documents

SNF Waiver Folder on MFT site

SNF_Waiver_Geisinger_Care_Managers Download And Upload Folder May 29 2019, 11:16:59

When you open the SNF_Waiver_Geisinger_Care_Managers folder, the documents required to validate a patient's initial qualification for SNF 3-Day Waiver use are included in this folder

Folder Contains:

- ACO Attributed Patient List
- ACO Physician List
- Medicare Required Patient Letters
- SNF Waiver Approved SNF List
- Precertification Document

Name ▾

- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.19_Geisinger.docx
- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.2019_EvangelicalMedicalSe...
- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.2019_FamilyPracticeCenter...
- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.2019_SpiritPhysicianServi...
- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.2019_WayneMemorial.docx
- 2019_SNF_3-Day_Rule_Waiver_Notice_4.30.2019_WrightCenterMedicalG...
- 3 day SNF wavier workflow 6.11.18.pdf
- ACO Beneficiary List 5.28.2019.xlsx
- ACO Physicians May 3_2019.xlsx
- Authorization Search.docx
- KACO_SNF_Precert_Form_Final_4_5_19.docx
- SNF 3 DAY WAIVER INFO ACCESS.docx
- SNF 3-Day Waiver Demographics and Admission Contacts CY 4.30.19 ...
- SNF 3-Day Waiver Education GHP CM and MM.pptx.h007ezq.partial
- SNF Criteria Review workflow CM.docx
- SNF_3Day_Waiver_Education_GHP_CM_and_MM_v2_1_29_2019.pptx

KACO SNF 3-Day Waiver Pre-Cert Form or Electronic ROI

Keystone ACO
SKILLED NURSING FACILITY PRE-CERT CARE ASSESSMENT PLAN
PLEASE FILL OUT COMPLETELY
Fax completed form (3 pages) to 570-953-0368ATTN: SNF Case Managers

PLEASE PRINT LEGIBLY – USE ONLY STANDARD ABBREVIATIONS WHERE NECESSARY			
Date of Admission to SNF:	SNF Name:		
Beneficiary Name:	SNF Fax #:		
Medicare ID#:	Member DOB:		
Other Insurance Info:			

PRE-ADMISSION INFORMATION

Diagnosis:	ICD#:
Additional Current Diagnoses:	
Skilled or Rehab Service Need:	Anticipated LOS:

Pertinent PMH: CAD CHF COPD CVA DM DJD HTN PVD ESRD Dementia
Other (please specify) _____

Past Surgical History: Amputation CABG Joint Replacement Spinal Other_ Prior Level of Function: _____
Patient Lives: _____
Alone With Spouse PCH/ALF ICF Other _____
Home: Levels _____ Steps _____ Bedroom on _____ Floor Bathroom on _____ Floor
Spouse/Other Able to Care for Beneficiary at Home: Yes No If other, please identify _____
Services Requested: PT OT ST RT Skilled Nursing

Keystone ACO Participating Physician:
I hereby certify the above noted Medicare Beneficiary is qualified for the beneficiary meets requirements to receive covered SNF services under the MSSP Track 1+ SNF Waiver Program as described in 425.612(a)(1)(ii).

Requesting Physician's Name (Please print legibly): _____
Requestor's Phone Number: () _____ Requestor's Fax Number: () _____
Requesting Physician's Signature: _____ Date: _____

Keystone ACO Participating SNF Admission Designate:
I hereby certify the above noted Medicare Beneficiary is qualified for the beneficiary meets requirements to receive covered SNF services under the MSSP Track 1+ SNF Waiver Program as described in 425.612(a)(1)(ii).

SNF Designate Name (Please print legibly): _____
SNF Designate Phone Number: () _____ SNF Designate Fax Number: () _____
SNF Designate's Signature: _____ Date: _____

Fax completed form (3 pages) to 570-953-0368 ATTN: SNF Case Managers

MEDICAL STATUS	Beneficiary Name:
DATE FORM COMPLETED:	REMARKS:
Mental Status:	
Alert:	
Oriented:	
Follows Commands:	
Tube Feedings:	
Peg:	J. Tube: Date Placed:
Bowel/Bladder:	
Ostomy: Yes or No Type:	
Approx. Date of Ostomy:	
Foley or Straight Cath:	
Weight (in pounds):	Height:
Skin Integrity:	
Intact:	
Wound Care:	
Decubitus:	
Surgical:	
Respiratory:	
O2:	
Vent:	
C-PAP/BiPAP:	
Trach:	
Suctioning:	
Treatments:	
Medications:	
IV Med:	
Via: Frequency:	
Pain Management:	
Specialty Equipment Needs:	
Medically Stable/Hemodynamically Stable: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please explain below:	

- Electronic process can be established to share this information and process approval.
- SNF has responsibility to verify inclusion of patient and physician in the ACO.
- ROI acceptance is equivalent of signature on paper form.

SNF 3-Day Waiver Metrics



SELF-REPORTED



CLAIMS BASED

SELF-REPORTED QUALITY DATA



Primary and secondary reasons for admission.



Location prior to admission to SNF.



SNF arrival time.



Warm hand off.



Timely admitting exam by clinician.



Care plan created within 24 hours.



PCP visit scheduled after discharge from SNF. 7, 14, and 30 days?

SNF Admission 3-Day Waiver vs. 3-Day Stay

3-Day Waiver Patients	3-Day Stay Patients
Requires ACO Physician Approval (Form Completion or ROI)	ACO Physician Approval Not Required
Meets Medical or Rehab Requirements for Medicare Part A Benefit	Meets Medical or Rehab Requirements for Medicare Part A Benefit
All ACO Beneficiaries Followed by Medical Management Team through discharge	ACO Beneficiaries Discharged from ACO Hospitals Followed by Medical Management Team through discharge (not always known if discharged from non-ACO Hospital)
SNF Report Cards	SNF Report Cards
Monthly SNF Quality Metric Reports	No SNF Collect SNF Quality Metric Reports

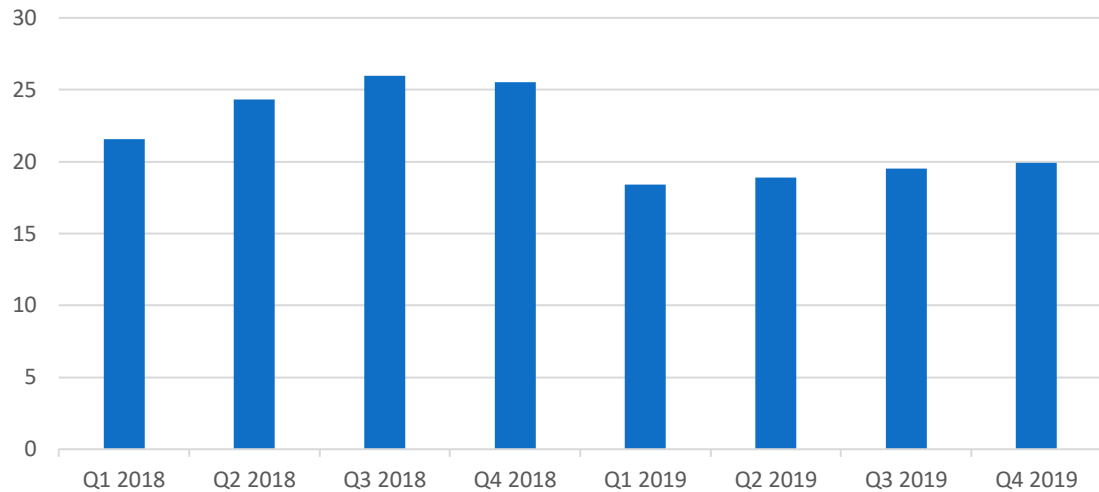
Post Acute Care: Skilled Nursing Facility Affiliate vs Non-Affiliate

SNF Affiliates are performing better in all measures: LOS, Payment Per Stay, and 30 Day Readmission Rates

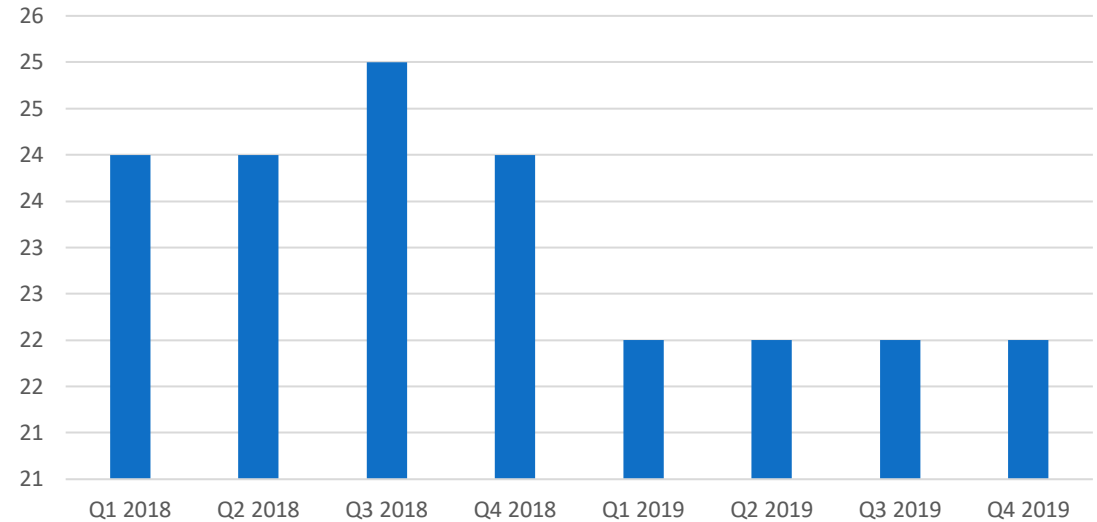
	ACO-Specific[1]	All MSSP ACOs[2]	Stays at Affiliated SNFs[3]			Stays at Non-Affiliated SNFs
			Total	With Prior 3-Day Hospital Stay[4]	Without Prior 3-Day Hospital Stay[4]	
Number of SNF Stays						
Admissions[5]	4,569	826	1,901	1,495	406	2,668
Discharges[6]	4,420	799	1,835	1,448	387	2,585
Admission and Discharge[7]	4,119	743	1,768	1,385	383	2,351
Total Stays[8]	4,883	872	1,968	1,558	410	2,915
Rate per 1,000 Person-Years						
Discharges[6]	61	60	25	20	5	36
Utilization Days, Total Stays[9]	1,340	1,473	528	427	101	812
Assigned Beneficiaries with a SNF Stay, Total Stays						
Number[10]	3,639	655	1,601	1,294	382	2,268
Percentage[11]	4.90	4.85	2	2	1	3
Number of Facilities or Units[12]	332	114	50	50	40	282
Stays with Discharge during Report Period						
Length of Stay[13]	22	25	21	21	18	23
Payment Per Stay[14]	9,568	11,542	9,061	9,284	8,223	9,927
Payment Per Day[15]	438	461	440	437	453	436
30-Day Admission Rate After SNF Discharge						
To a Hospital[16]	24	30	22	24	14	26
To a SNF[17]	17	18	15	16	11	18

Inpatient Rehab Utilization and SNF LOS Trending

Inpatient Rehab Utilization per 1000



SNF Length of Stay



- Year 2019 Quarter 4 Report: 406 SNF Waivers Utilizes
 - Dollar Opportunity to move to SNF at National Rates
Unit Cost: IRF (~\$19k), SNF (~\$9k) = Difference ~\$10k
Shift of 406 Discharges from IRF to SNF **KACO potential savings ~ \$4 million**

Waiver Participation Suggestions



- CMS leaves room for interpretation in its policies. Keep this in mind when you create your implementation plans.
- Its okay to revise your plans with CMS as you work through the challenges.
- What overlap is there with BPCI or other waiver programs – How will you handle?
- Don't continue to work with SNFs who do not work with you.

Questions?

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