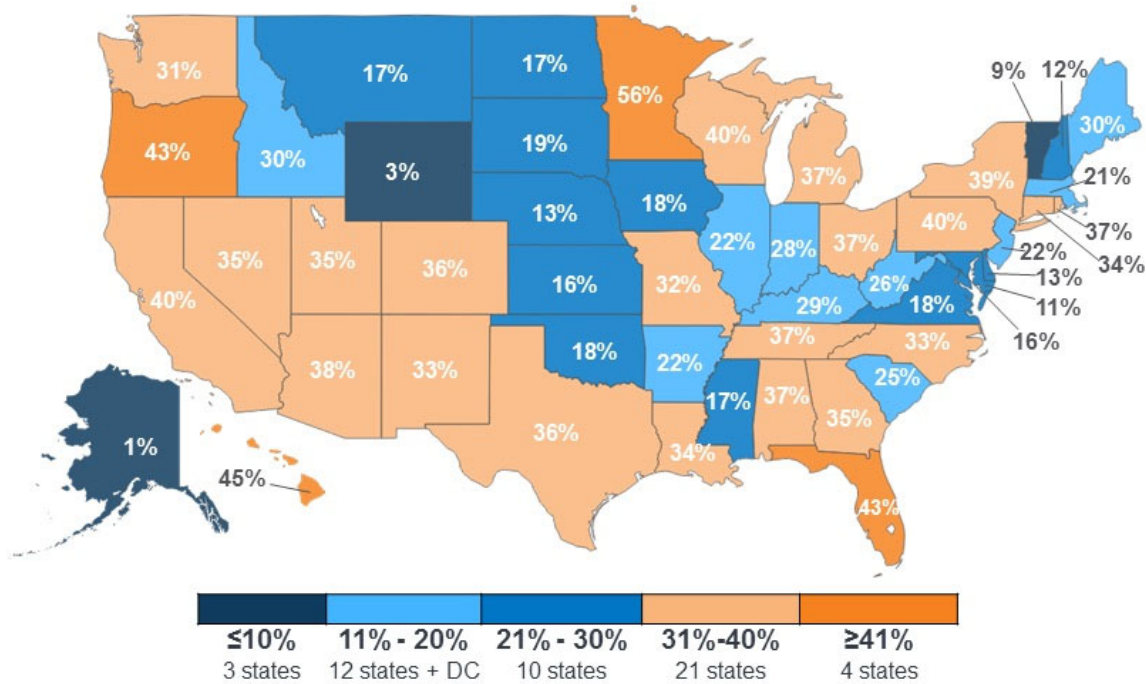




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Medicare Advantage Penetration, by State, 2018

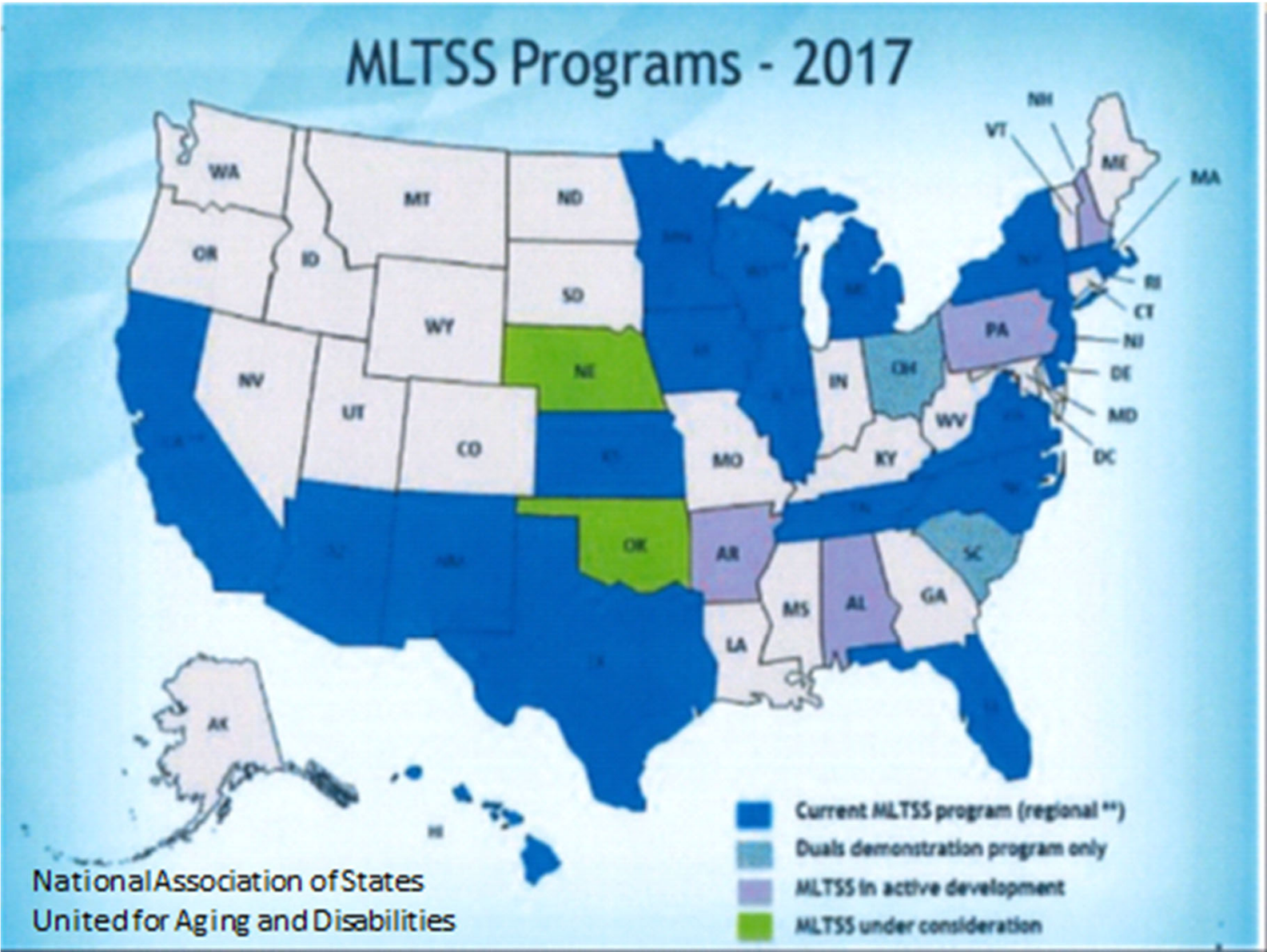
National Average, 2018 = 34%



NOTE: Includes cost plans, which comprise the majority of enrollment in MN, ND, and SD, as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses.
 SOURCE: Kaiser Family Foundation analysis of CMS State/County Market Penetration Files, 2018.



MLTSS Programs - 2017



National Association of States
United for Aging and Disabilities

What is IHSN?

- IHSN is a group of LeadingAge Indiana members, who have developed a managed care network to show their value to payors and use their market strength to secure good contracts.
- IHSN is set up as a separate LLC in Indiana. The Operating-Participation Agreement states you must be a member in good standing with LeadingAge Indiana to join IHSN. The IHSN Board is made up of members of the network. Mike Rinebold sits on the Board as an ex-officio member as the CEO of LeadingAge Indiana
- The network is built on a foundation of quality. Each member reports data on 21 outcome measures. This data is collected aggregated and put in dashboards. IHSN shares those dashboards with payors to show the value they bring to them.

What is IHSN?

- IHSN has three standing committees; Quality, Contracting and Membership and Marketing. The Quality and Contracting Committees meet on a monthly basis.
- The Quality Committee reviews the dashboards of the network looking for best practices, areas for improvement and members share their information.
- The Contracting Committee reviews contracts while in negotiations with payors. Members will review rates and language and give feedback to the Contract Manager as to negotiation issues.

What is the Benefit of Being in IHSN?

- Access to multiple payor contracts
- Reduced administrative burden
 - The network negotiates contracts on your behalf.
 - If you are having problems with a payor you turn that over to the network. We engage on your behalf to get these issues resolved.
 - Credentialing – We ask you once for credentialing information to load you up with the payors. We keep that in our credentialing database so you don't have to deal with this 3, 4, 5 times with payors.
- Improve overall quality – Being a member of IHSN will give you information and tools to assess your current service delivery model and make changes to improve your quality to be better prepared for value-based reimbursement.

Preparing for Managed Care

- Know your costs - High Level cost information is found on your annual Medicare cost report.
- Know your quality.
- Assess your current service delivery model and make changes to operate in a managed care environment.

Preparing for Managed Care

Medicare Cost Report - Valuable Data Collected

- Billed RUGS – Worksheet S-7
- Cost to Charge Information – Worksheet C
- Cost per diem – Worksheet D-1
- Settlement - paid versus cost – Worksheet E

Worksheet C – Computation of Cost to Charge Ratios

- Ratio greater than 1.0 questions if you should reduce costs or increase charges
- Ratio less than 1.0 questions if your price is competitive

Worksheet D – Apportionment of Costs

- Cost per patient day – Worksheet D-1, line 16

Preparing for Managed Care

- Find and know who are your partners.
- Be willing to educate payors on what you do and the value you bring to them.
- Team communication is the key. When looking at your operational processes don't overlook communication between the teams...therapy to Nursing...etc. Even housekeeping.

Value-Based Contracts

- Part of shared risk, shared savings payment models.
- Traditional care models will not work.
- Moving the older adult through the continuum of care to the right care setting will be imperative.

Value-Based Contracts

Issues to consider when entering a value-based contract:

- How much risk am I willing to take? (the more risk the greater the reward....potentially)
- Do I have a continuum of care that I know the quality and cost for each service line?
- Case rate, PMPM, episode?
- Is my staff ready for value-based contracting?
Understanding ICD-10 is crucial. Get training!!

It's All About Data

- Collecting and analyzing data will be imperative for providers.
- Presenting that data in a meaningful format for your partners whether they be hospitals or payors shows your value to them.
- Readmissions and Length of Stay – the low hanging fruit.

July 2019 Dashboard for ALL CS powered by cpmt.net

Managed Care Metrics

Metric	All Sites: IHSN	Goal	Benchmark	7/18	8/18	9/18	10/18	11/18	12/18	1/19	2/19	3/19	4/19	5/19	6/19	7/19
30 Day Unplanned Readmission Rate All Cause ST skilled only	7.21	≤11.5	11.5	12.37	9.1	9.44	10.86	3.85	10.17	7.57	7.45	7.06	8.48	7.21		
30 Day Unplanned Readmission Rate All Cause LTC only	4.03	≤6	6	7.78	1.68	6.58	1.53	5.8	5.14	4.27	2.59	1.05	7.45	0.14	3.52	4.03
Unplanned Observation Stay Rate ST skilled only	0.36	≤0.5	0.5	0.13	0.37	0.68	0.63	0.42	0.31	0.25	0.15	0.11	0.5	0.49	0.29	0.36
Unplanned Observation Stay Rate LTC only	0.08	≤0.19	0.19	0.03	0.07	0.05	0.07	0.27	0.09	0.04	0.1	0.12	0.01	0.29	0.12	0.08
Emergency Room Visit Rate All Cause ST skilled only	1.71	≤1.88	1.88	1.49	2.46	2.11	2.08	1.06	2.15	1.1	1.01	1.17	1.46	1.5	0.97	1.71
Emergency Room Visit Rate All Cause LTC only	2.24	≤0.3	0.3	0.48	1.69	2	2.4	1.11	2.17	2.14	2.05	2.04	1.87	2.51	2.38	2.24
Hospital Admission Rate ST skilled only	5.16	≤5	5	5.65	5.71	5	5.11	3.8	3.76	3.67	4.26	3.44	3.46	3.76	2.88	5.16
Hospital Admission Rate LTC only	2.54	≤1.1	1.1	5.74	2.65	2.04	2.42	1.85	2.37	2.67	2.62	2.58	2.94	2.6	3.38	2.54
Percent Falls with Major Injury LTC only	4.6	≤3.5	3.5	4.33	4.64	6.63	4.96	6.98	4.79	4.85	6.5	4.78	4.65	4.54	6.64	4.6
Percent Hi-Risk Pressure Ulcers LTC only	4.4	≤5.7	5.7	4.47	4.12	4.03	3.95	3.89	3.91	4.34	4.89	4.85	4.21	4.59	4.84	4.4
Percent UTIs LTC only	3.37	≤2.8	2.8	3.15	3.26	2.69	2.65	2.45	2.9	2.83	2.91	2.94	2.29	2.88	3.46	3.37
Percent New_Worsening Pressure Ulcers ST skilled only		≤1	1	2.36	0.83	0.94	0.87	0.61	0.67	0.55	0.61	0	0			
Percent ST skilled Residents Who Newly Received an Antipsychotic Medication	1.03	≤2	2	0.55	0.8	1.09	1.37	1.18	1.75	1.12	1.15	0.86	0.76	1.59	1.37	1.03

Ohio Aging Services Network – OASN

- Established – July 2013
- Over 60 LeadingAge Ohio Members representing 120 facilities throughout Ohio
- Over 20 different payor contracts – 4 P4P

Iowa Aging Services Network – IASN

- Established – March 2017
- 33 LeadingAge Iowa members throughout Iowa
- Two payor contracts – Three in negotiation

Illinois Aging Services Network – ILASN

- Established – October 2017
- 65 LeadingAge Illinois members throughout the state
- Seven payor contracts – Three in negotiation

Questions??

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