FREE WEBINAR TUE, MAR 26 | 2 PM ET

# Managed Care Madness

## Data strategies for SNF **Medicare Advantage** success

**Marc Zimmet**
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ZIMMET HEALTHCARE SERVICES GROUP, LLC

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# YOUR SPEAKERS

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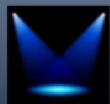
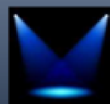


# Spotlight on…



## Medicare Advantage: Avoiding Common Pitfalls

October 20, 2014

The Medicare Advantage ("MA") program is growing rapidly and now represents over 30% of all Medicare beneficiaries nationwide, an increase of more than 10% over the past two years. This ratio means that almost one in three beneficiaries admitted to our facilities are now covered by a private insurance company instead of the traditional fee-for-service ("FFS") program. This poses a significant threat to our finances, as MA rates are, on average, less than 80% of FFS rates (MedPAC). MA admissions are also more administratively challenging than FFS, as plans aggressively case-manage benefits to control expenses.

No follow up on incorrectly paid claims: Our audits found over 20% of claims had inconsistencies among rates specified in the contract, those that were approved, billed and paid, with no follow up by the billing office. Balances were often "contractually adjusted" to reflect differences between receivables and receipts.

Failure to receive timely prior authorization: Prior authorization is the most administratively taxing aspect of MA. We found many cases in which billable days were "lost" as a result of poor internal practices in receiving approval.

***ZHSG's audits reveal most SNFs do not adequately manage Medicare Advantage claims, and significant revenue is lost.***

As troubling as the nominal payment rate differential, many SNFs do not adequately manage MA claims. Over the past year, ZHSG has conducted over 100 MA-utilization audits on behalf of our clients. Our findings consistently include a common set of issues that further erode profit margins. These include the following:

Outdated rate structures: Many MA contracts include rate escalation provisions, yet the average "age" of per diem rates is over four years old. We found that many SNFs had not discussed rate increases with the MA plans; unlike FFS, private companies do not publish annual rate increases.

No case management/prior authorization on Rate Exclusions: Most MA contracts include "outlier" provisions for items such as advanced pharmaceuticals and specialty mattresses. Fewer than 10% of excluded items were captured in claims we audited.

Denials not appealed: There is an established appeals system for MA denials (IOM, PUB 100-16, Chapter 13), yet many of our clients have never filed a single appeal. Remember that the MA plan must offer the same benefits as the FFS program, so if a SNF can prove that clinical eligibility requirements are satisfied, the MA plan is responsible for payment.

*The Rime of the New World Mariner*

# Medicare Advantage & SNF Reimbursement

*It is a New World Mariner,*
*And he stoppeth wounded knee,*
*With long grey beard and rehab needs,*
*Now wherefore stopp'st thou he?*

***Data, data everywhere,***
***Still all our rates did shrink,***
***Data, data everywhere,***
***Yet all of it doth stink.***

*Oh Fee-for-Service Medicare,*
*How little hath we seen,*
*Advantage Plans lurk everywhere,*
*Such reimbursement fiends.*

*We searched for data, ne'er seen,*
*And round and round we flew.*
*Our Rates did split with a thunder-fit;*
*'Til MAPAX steered us through!*

CORE analytics

Marc Zimmet

*October 2021*

# SNF*scrimination* in Healthcare Policy

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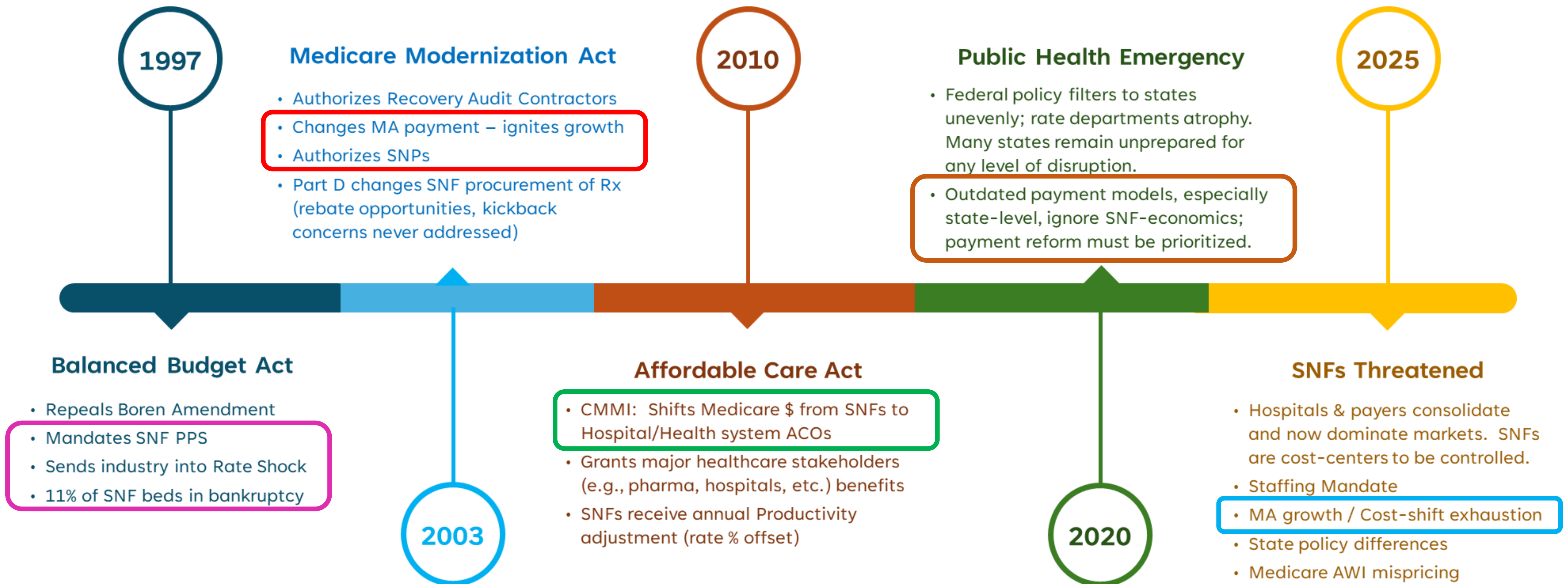
- Federal healthcare legislation/initiatives do not consider the trickle-down impact to downstream providers.
- Skilled Nursing's reimbursement is disproportionally burdened by changes to broad policies.



# One Size Fits None

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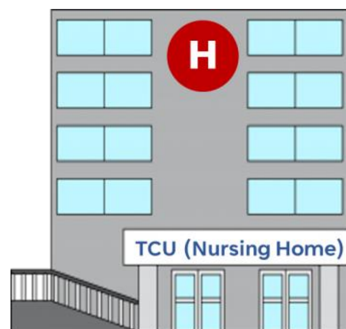
**Different Nursing Homes, but only one certification: "Skilled Nursing Facility".**




Freestanding
Hospital-Based
State Specialty

Urban / Rural
CCRC
Large / Small

Short-Term/LTC
Dual-Eligible
CMMI

Pricing
Cost-Sharing
Market Dynamics

# "SNFonomics"

- Skilled Nursing does not adhere to traditional economic principles. SNFs cannot impact pricing or demand. SNFs are paid per inpatient day, but care is not a "product"; it cannot be scaled, standardized, automated, or outsourced.
- SNFs are "downstream" cost-centers; ACOs/insurers seek to limit utilization.
- Pricing is irrational: Medicare/Medicaid/Medicare Advantage rates often differ significantly for providers in the same market.
- "Cost-shifting" targets are declining due to Medicare Advantage and CMMI.
- Outdated, inconsistent, and unavailable data makes comparing SNFs difficult.
- **An Operator can only perform as well as its market allows.**

# Medicare Advantage Topics

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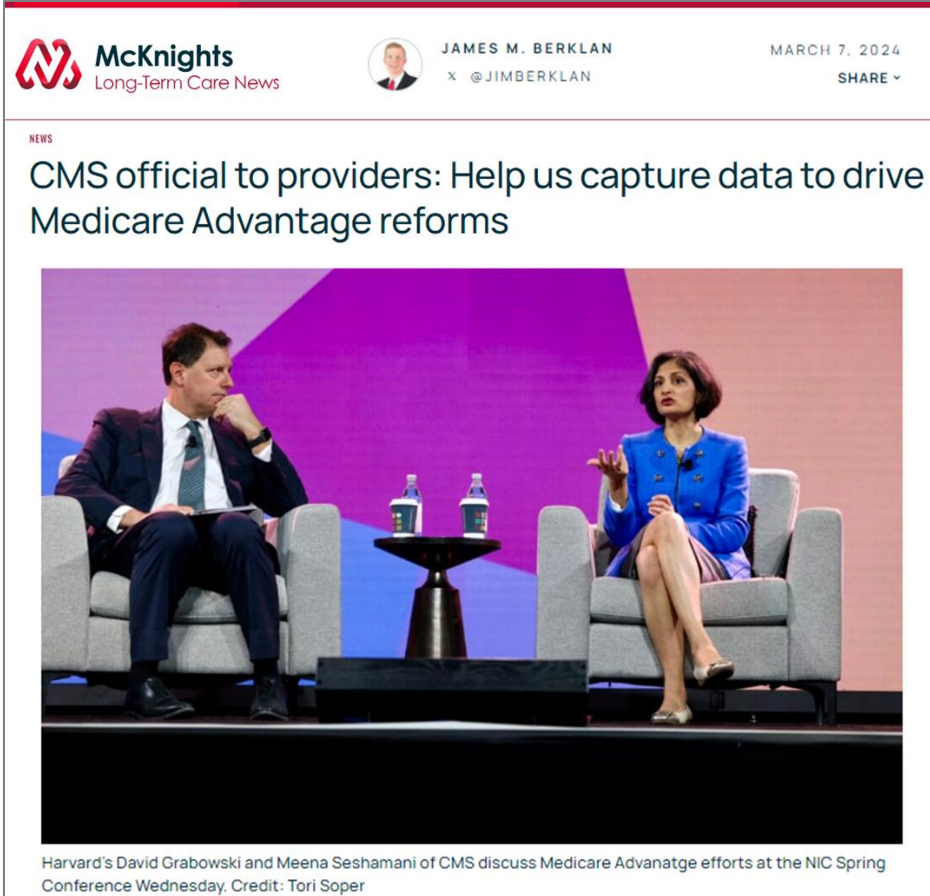

McKnights Long-Term Care News

JAMES M. BERKLAN

@JIMBERKLAN

MARCH 7, 2024

SHARE

NEWS

CMS official to providers: Help us capture data to drive Medicare Advantage reforms

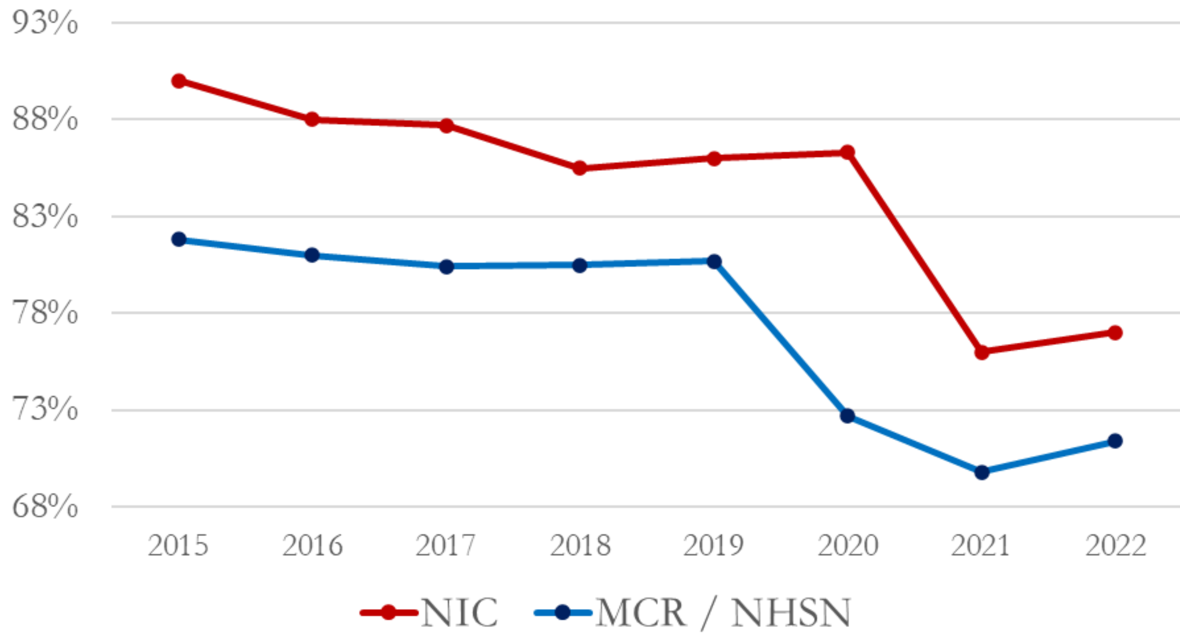
Harvard's David Grabowski and Meena Seshamani of CMS discuss Medicare Advanatge efforts at the NIC Spring Conference Wednesday. Credit: Tori Soper

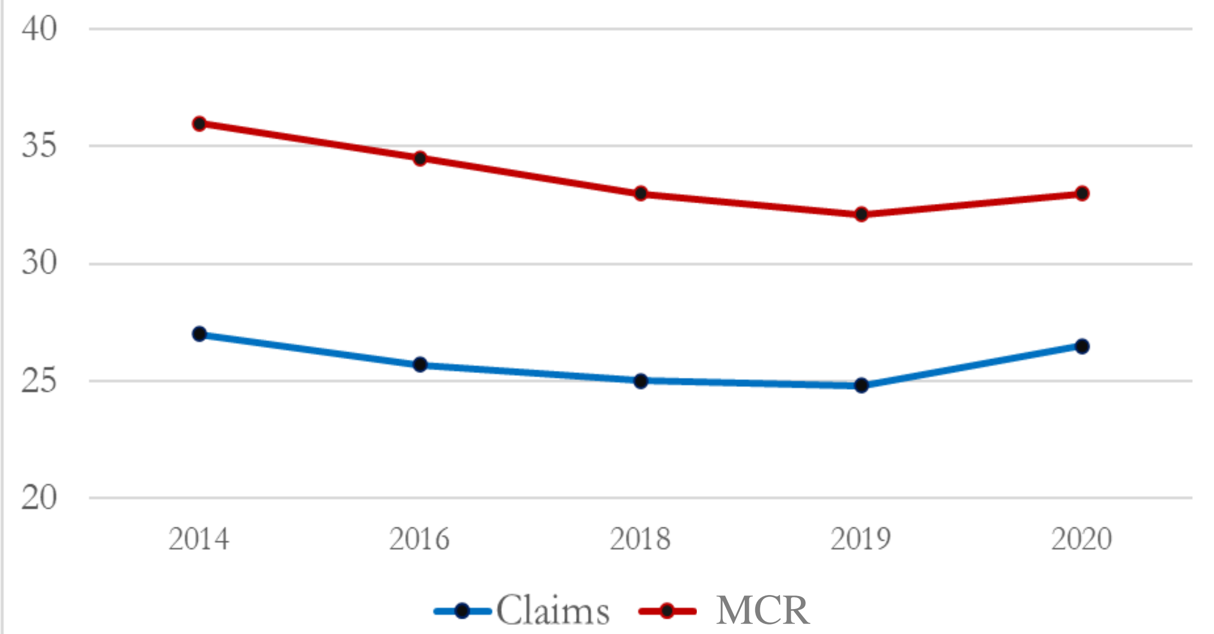
- ✗ Referrals & Contracting
- ✗ Authorizations / Case Management
- ✗ Documentation & Appeals
- ✗ Strategy / Narrow Networks
- ✗ Policy / Regulatory Updates
- ✗ Institutional Special Needs Plans
- ✓ Data Analytics **Problem: There is no data!**

# Skilled Nursing's eight "Data Domains"

*Fragmented reimbursement, regulatory, and reporting silos that define the provider-profile.*

## Numbers are not Data. Context Matters




PART I - STATISTICAL DATA

| | Component | Number of Beds | Bed Days Available | Inpatient Days / Visits | | | | | Discharges | | | | | Average Length of Stay | | | | Admissions | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Title V | Title XVIII | Title XIX | Other | Total | Title V | Title XVIII | Title XIX | Other | Total | Title V | Title XVIII | Title XIX | Total | Title V | Title XVIII | Title XIX | Other | Total |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 1 | Skilled Nursing Facility | 200 | 73,200 | | 3,489 | 43,855 | 18,339 | 65,683 | | 17 | 100 | 102 | 219 | | 205.24 | 438.55 | 299.92 | | 14 | 26 | 92 | 132 |

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# 2023 Medicare Part A Rates*

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Variability among states is explained primarily by reimbursement-management, not resident acuity. When CMS implemented its "Recalibration", the same 4.6% reduction was applied to all states. In other words, fixed Medicare funds were redistributed to high-performing states (i.e., facilities) from low-scoring regions. The result is **Reimbursement Inequality**.

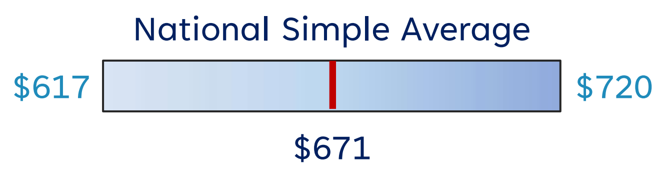
$672 $651 $642 $633 $653 $654 $678 $645 $658 $668 $720 $665 $651 $667 $639 $688 $695 $687 $688 $688 $692 $678 $671 $662 $654 $679 $679 $663 $675 $668 $696 $675 $682 $664 $617 $644 $666 $682 $657 $686

| | |
|---|---|
| CT | $685 |
| DC | $688 |
| DE | $685 |
| MA | $653 |
| MD | $686 |
| NH | $665 |
| NJ | $718 |
| RI | $666 |
| VT | $674 |

Source: LDS SAF
Contextualized by

ZIMMET HEALTHCARE SERVICES GROUP, LLC

ECAPINTEL eCapIntel.com




* All rates set to Urban Unweighted (AWI = 1.0) for comparative integrity.

# 2022 Waiver Share of Medicare Part A Days

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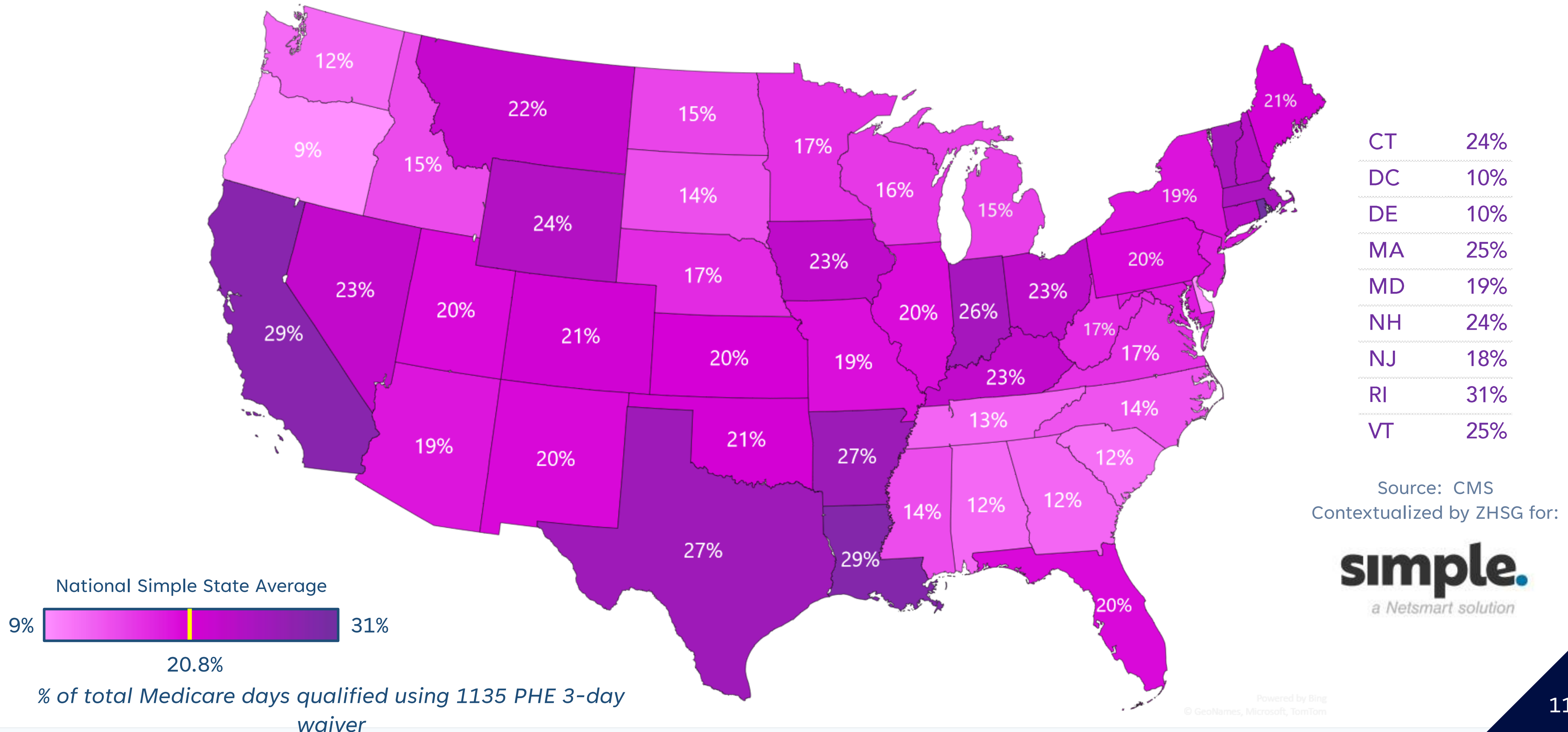
New Jersey Medicaid was relieved of 382,000 waiver days and saved $105 million in 2022.

The NET impact to SNFs of losing the waiver and replacing days with Medicaid = ($135 million)




| | |
|---|---|
| CT | 24% |
| DC | 10% |
| DE | 10% |
| MA | 25% |
| MD | 19% |
| NH | 24% |
| NJ | 18% |
| RI | 31% |
| VT | 25% |

# The “Crimson Tsunami”

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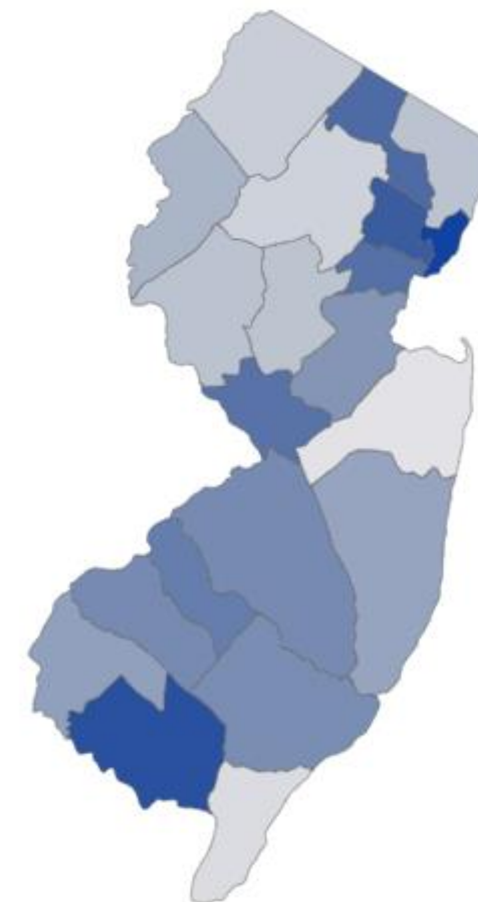
Medicare Advantage

## Medicare Advantage Enrollment

| 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| 35% | 37% | 39% | 42% | 46% | 48% | 50% |



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# The "Crimson Tsunami": Medicare Advantage Penetration

As of February 1, 2024, the percentage of Medicare beneficiaries electing Medicare Advantage officially crossed the threshold to plurality; more than half of those eligible have abandoned the Medicare FFS program.

33% 29% 24% 57%
55% 48% 54% 54%
20% 17% 59% 51%
35% 33% 52% 51%
50% 51% 39% 49% 53%
52% 33% 53% 50% 38%
53% 53% 55%
40% 45% 44%
50% 49% 42% 59% 55%
53% 55% 56%

| | |
|---|---|
| CT | 56% |
| DC | 33% |
| DE | 32% |
| MA | 32% |
| MD | 23% |
| NH | 34% |
| NJ | 40% |
| RI | 54% |
| VT | 32% |

National Weighted Average

16% 60%

*Traditional FFS to MA only* 49.2%

Source: CMS

Contextualized by ZHSG for:

# 2023 Medicare Attrition Rate

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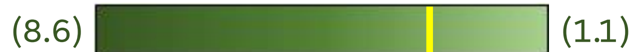
MAR measures the pace of Medicare Advantage growth relative to FFS decline in terms of people, not percentages. Medicare added 1.4 million total beneficiaries in 2023, yet the number covered under FFS declined by 1.3 million (for every two beneficiaries that elected Medicare Advantage, one FFS left the program or expired). 2023 was the first year the number of FFS beneficiaries declined in every state [Delaware lost FFS the fastest with an MAR = (8.6); for every 10 beneficiaries electing MA, there were 86 fewer in FFS].

(1.1) (4.4) (1.3) (1.9)
(1.9) (2.6) (2.9) (2.5)
(2.5) (1.7) (2.0) (1.6)
(2.7) (1.6) (1.9) (2.0)
(2.6) (3.1) (1.2) (1.8) (1.9) (1.2)
(2.8) (2.4) (1.8) (1.5) (2.1)
(1.8) (1.5)
(4.8) (2.2) (1.7) (1.3) (2.7)
(1.4) (1.6) (2.5)
(3.3) (1.7) (2.9)

| | |
|---|---|
| CT | (1.4) |
| DC | (1.1) |
| DE | (8.6) |
| MA | (4.0) |
| MD | (2.8) |
| NH | (4.0) |
| NJ | (3.6) |
| RI | (1.9) |
| VT | (1.8) |

National Weighted Average

(8.6)  (1.1)

*Traditional FFS to MA only* (2.01)

Source: CMS

Contextualized by ZHSG for:

# The SNFituation

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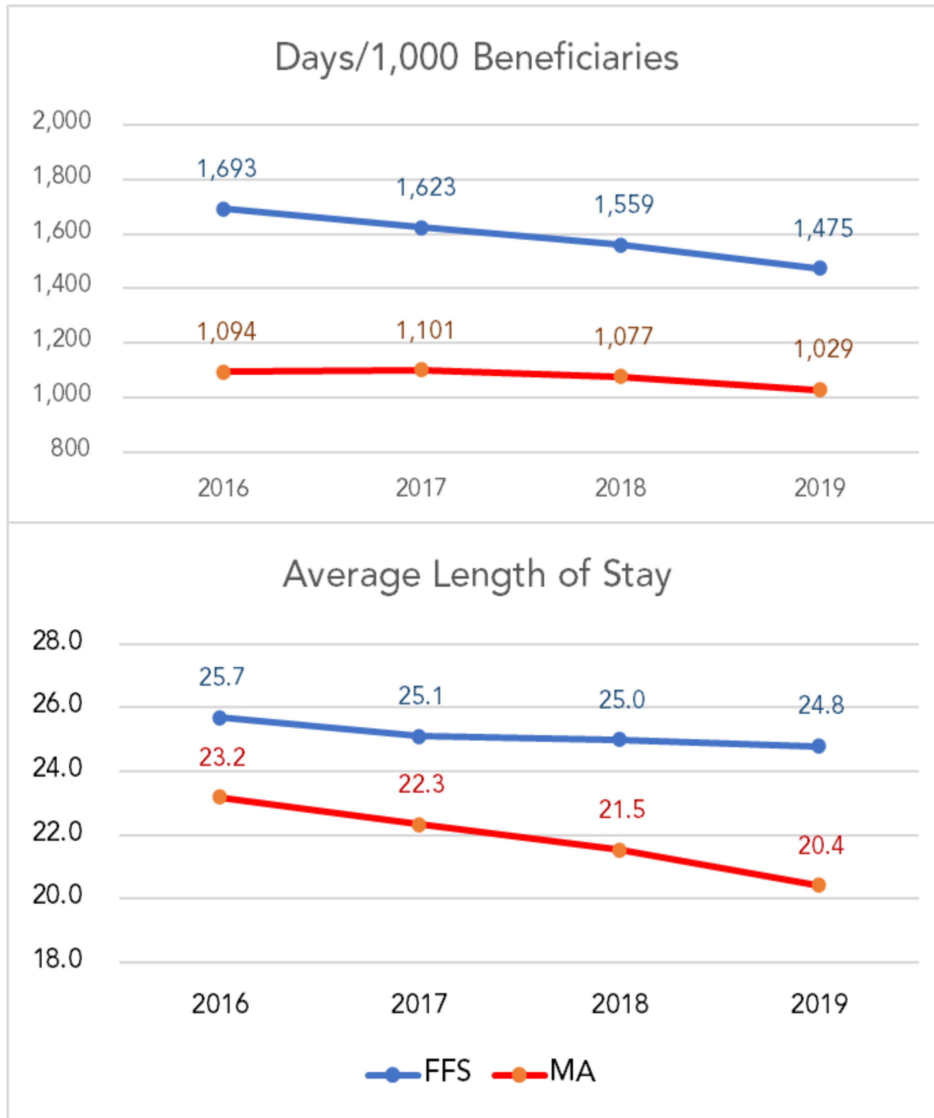


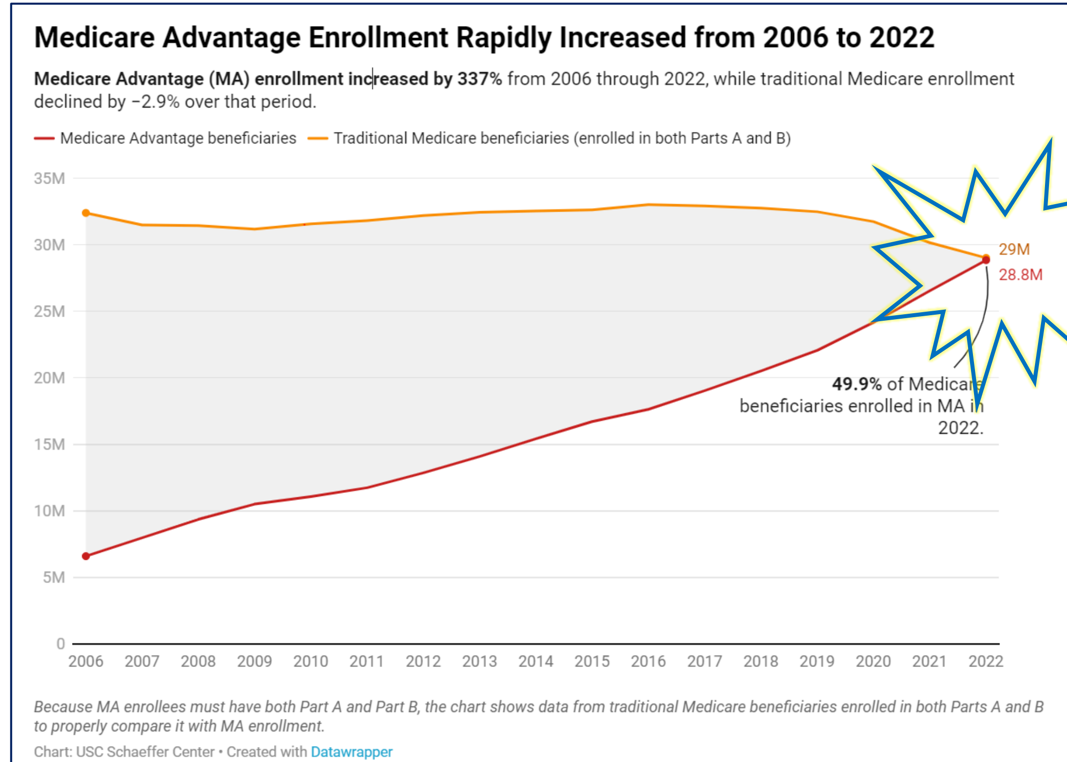


## Why Can’t SNFs Push Back?

# SNFs don’t write letters like this:

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- Insurance plans have grown to dominate major markets.
- Hospitals and physician practices have responded to ACA incentives for consolidation. Plans cannot meet CMS network requirements without them.

- SNFonomics
  - Fragmented SNFs market; Empty beds
  - No SNF industry leverage or protection
- Anti-Collusion restrictions
- IPA possibilities

**Dr. I Have Leverage**
Your Town, USA

**Sample Letter for Physicians Electing Not to Sign the Proposed Contract**

Dear NAME OF PATIENT:

We would like to inform you that PRACTICE NAME will no longer participate as a network provider for CARRIER NAME effective DATE. Optional: You may have received a notice from carrier name advising you of ISSUE, which became effective DATE.

CARRIER NAME has offered MY/OUR practice a contract whose terms I/WE AM/ARE unwilling to accept. Optional: You may wish to insert a statement here that the fee schedule offered represents a XXX decrease from current contract, or whatever the individual physician’s case may be. Based on CARRIER NAME’s offer, I/WE will no longer be participating provider(s) as of DATE, and will be considered out-of-network providers by your health plan.

I/WE greatly appreciate the opportunity to serve as your physician and will be very pleased to continue in that role. Our practice is open to patients of all types of plans, and as nonnetwork providers for CARRIER NAME. Optional: We are willing to work with you and have payment policies for patients who wish to pay us directly. You may wish to review your benefits under your CARRIER NAME to determine whether it will provide payment for out-of-network services. If you have questions about your benefits, you may wish to talk with your employer’s benefit manager, as these matters are determined by him or her.

As a long-standing member of this community, I/WE AM/ARE deeply committed to the health of the community and regret very much this intrusion into our relationship. I/WE hope I/WE can continue to be of service to you..

Sincerely,

____________________, MD

# MA Reimbursement Impact Analysis

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- Fewer SNF admissions
- Lower ALOS & $PPD rate

**1% share attrition = $275M annually**

| 2019 MA Utilization Analysis | | |
|---|---|---|
| **Variable** | **FFS** | **MA** |
| Enrollment Share | 37,898,471 | 22,314,992 |
| SNF Covered Stays | 2,069,107 | 1,150,964 |
| ALOS (days) | 24.6 | 20.4 |
| Average Rate $PPD | $621 | $425 |
| SNF Revenue | $31.87B | $10.01B |
| $/Beneficiary | $841 | $448 |
| **Spend Difference** | **$393** | ***Beneficiary per year*** |

| Trended to 2023 Enrollment | | |
|---|---|---|
| Spend Difference | $425 | *MBI @ 2%/year* |
| 2023 Beneficiaries | 64,697,030 | |
| 1% Shift in Share | 646,970 | *(e.g., 48% - 49% MA)* |
| **SNF Loss / 1% Shift** | **$274,956,945** | ***per year*** |

- Contract management
- Case Management
- Outcomes Benchmarking
- Negotiations

# Medicare Dollars Lost to MA Attrtition…

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SNF MEDICARE FFS REIMBURSEMENT LOST TO MEDICARE ADVANTAGE THIS YEAR:

Select State: National

$3,056,524,615

2023 SNF-MA loss = $13.1 billion

Your *SNF's* share $205,100

The "Medicare Advantage Debt-Clock" represents revenue lost by Skilled Nursing Facilities per year attributable to the Medicare Advantage program. As reported by the US Office of Inspector General, "CMS annual audits of MAOs (Medicare Advantage Organizations) have highlighted widespread and persistent problems related to inappropriate denials of services and payment." Additionally, MA plans reimburse SNFs at rates significantly below the Medicare fee schedule.

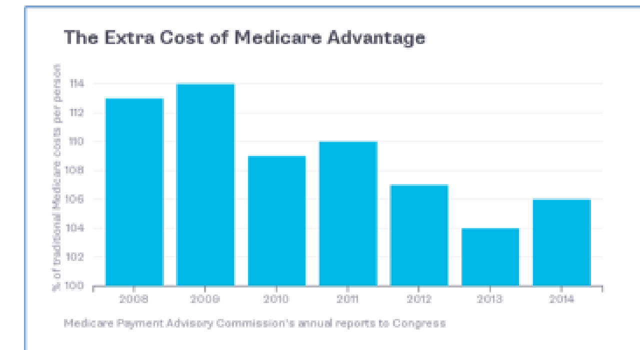
Zimmet Healthcare's analysis of CMS and third-party data projects that Medicare Advantage plans spent $393 per beneficiary/year less than the traditional, fee-for-service ("FFS") Medicare program. Trended and applied to 32 million+ MA beneficiaries, 2023 SNF revenue will be approximately $12.7 billion less than if all beneficiaries remained enrolled in FFS. To convey relative scale, the figure is applied evenly across 15,000+ certified facilities.

https://debt-clock.z-pax.com/

*As of March 25, 2024*

# MedPAC 2023: Medicare *DIS*-Advantage

Over the 35-year history of private plan contracting in Medicare, benchmark policy has not attained an appropriate balance of benefits for enrollees, payment adequacy for plans, and responsible use of taxpayer dollars that fund the program. The current benchmarks that determine payments to Medicare Advantage plans have resulted in a very robust MA program with respect to plan participation, beneficiary enrollment, and the value of extra benefits provided to enrollees. But, in spite of the apparent relative efficiency of MA, **no iteration of private plan contracting has yielded net aggregate savings for the Medicare program. The Commission estimates that Medicare currently spends 4 percent more for beneficiaries enrolled in MA than it spends for similar enrollees in traditional fee-for-service (FFS) Medicare.**



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# MA Dictionary

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- **APK:** Admissions (to hospital) per thousand
- **Episode:** Precipitating medical event through resolution
- **Episodic:** Rate for a defined condition and calibrated outcome
- **HCC:** Hierarchical Condition Coding
- **HPP:** Hospital Pain Points
- **MLR:** Medical Loss Ratio
- **PMPM:** Per Member Per Month
- **PPD:** Per Patient Day
- **Premium:** Monthly payment Plan receives from the federal government
- **RAF:** Risk Adjustment Factor
- **Risk:** Probability that cost will exceed premium
- **Z-RAF:** Proprietary scoring system based on SNF UB-04

*Comprehensive MA enrollment data can be found here*

# HCC – RAF Coding

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CMS risk-adjustment method predicts resource utilization

Different risk adjustment models for different care settings

Scores are calculated using demographics & acuity

HCC codes are accretive: Complete and accurate coding is essential

HCC CODER
COMPLETE RISK ADJUSTMENT

Interactive Medicare HCC RAF Calculator

Use this calculator to see how various demographics and patient conditions affect a person's risk score.

Gender: Male

Age: 83

Risk Adjustment Factor

3.13

0 5

Note: not all interactions will cause the risk score to change.

Living Situation

COMMUNITY (HOME) INSTITUTION

Original Medicare Eligibility Reason

AGE DISABILITY (DIB) ESRD ESRD + DIB

Medicare/Medicaid Dual-Eligible

NONE PARTIAL FULL

Other Factors

NEW ENROLLEE SPECIAL NEEDS PLAN (SNP) MEDICAID

Conditions

CANCER

DIABETES

https://www.hcccoder.com/interactive-raf-calculator.php

# Z-RAF Scoring

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- HCC-RAF scoring is not a snapshot like the MDS, and conditions-drivers are not necessarily related to the SNF admission.
- ZHSG developed a SNF-specific scoring methodology: Z-RAF!
- Using Z-RAF to your advantage:
  - **Risk adjustment method utilized by CMS to predict resource utilization**
  - **PDPM was “birthed” by Acumen which used Part C/D risk models**
  - **Direct correlation between PDPM & HCC RAF scoring**
  - **Expect RAF scoring increases as states convert to Medicaid PDPM**
  - **Providers should understand RAF profile for ST & LTC populations**
  - **Using the Z-RAF to “talk-the-talk” with the MA plans**

| HCC | Z-Composite Score* | HCC Description | PDPM Impact** | HCC | Z-Composite Score* | HCC Description | PDPM Impact** |
|---|---|---|---|---|---|---|---|
| 8 | 2.3599 | Metastatic Cancer & Acute Leukemia | | 103 | 0.3646 | Hemiplegia/Hemiparesis | SLP, Nursing |
| 157 | 1.9237 | Pressure Ulcer of Skin with Necrosis to Muscle/Tendon/Bone | Nursing, NTA | 54 | 0.3615 | Substance Use with Psychotic Complications | SLP (BIMS) |
| 82 | 1.4793 | Respirator Dependence/Tracheos tomy Status | SLP, Nursing, NTA | 55 | 0.3615 | Substance Use Disorder, Mod/Sev, or Substance Use with Comp | |
| 106 | 1.4346 | Atherosclerosis of the Extrem with Ulceration or Gangrene | Nursing | 56 | 0.3615 | Substance Use Disorder, Mild, Except Alcohol & Cannabis | |
| 46 | 1.2100 | Severe Hematological Disorders | NTA | 111 | 0.3587 | Chronic Obstructive Pulmonary Disease | Nursing, NTA |
| 70 | 1.0422 | Quadriplegia | Nursing | 84 | 0.3512 | Cardio -Respiratory Failure & Shock | Nursing, NTA |
| 158 | 1.0402 | Pressure Ulcer of Skin with Full Thickness Skin Loss | Nursing | 17 | 0.3410 | Diabetes with Acute Complications | Nursing, NTA |
| 27 | 0.9491 | End -Stage Liver Disease | Nursing, NTA | 18 | 0.3410 | Diabetes with Chronic Complications | NTA |
| 9 | 0.9396 | Lung & Other Severe Cancers | | 34 | 0.3326 | Chronic Pancreatitis | NTA |
| 73 | 0.9250 | Amyotrophic Lateral Sclerosis & Other Motor Neuron Disease | SLP | 22 | 0.3309 | Morbid Obesity | NTA |
| 71 | 0.9087 | Paraplegia | | 85 | 0.3174 | Congestive Heart Failure | |
| 186 | 0.8436 | Major Organ Transplant or Replacement Status | NTA | 51 | 0.3089 | Dementia With Complications | SLP (BIMS) |
| 1 | 0.6904 | HIV/AIDS | Nursing | 52 | 0.3089 | Dementia Without Complication | SLP (BIMS) |
| 159 | 0.6513 | Pressure Ulcer of Skin with Partial Thickness Skin Loss | Nursing | 35 | 0.3075 | Inflammatory Bowel Disease | NTA |
| 10 | 0.6448 | Lymphoma & Other Cancers | | 11 | 0.3074 | Colorectal, Bladder, & Other Cancers | |
| 188 | 0.5924 | Artificial Openings for Feeding or Elimination | Nursing | 96 | 0.2996 | Specified Heart Arrhythmias | |
| 176 | 0.5888 | Complications of Specified Implanted Device or Graf | NTA | 170 | 0.2977 | Hip Fracture/Dislocation | |
| 47 | 0.5833 | Disorders of Immunity | NTA | 86 | 0.2838 | Acute Myocardial Infarction | |
| 189 | 0.5694 | Amputation Status, Lower Limb/Amputation Complications | | 59 | 0.2816 | Major Depressive, Bipolar, & Paranoid Disorders | Nursing (PHQ) |
| 83 | 0.5498 | Respiratory Arrest | NTA | 136 | 0.2715 | Chronic Kidney Disease, Stage 5 | Nursing |
| 161 | 0.5344 | Chronic Ulcer of Skin, Except Pressure | Nursing | 122 | 0.2711 | Proliferative Diabetic Retinopathy & Vitreous Hemorrhage | NTA |
| 110 | 0.5263 | Cystic Fibrosis | Nursing, NTA | 104 | 0.2690 | Monoplegia, Other Paralytic Syndromes | |
| 134 | 0.5160 | Dialysis Status | Nursing, NTA | 137 | 0.2627 | Chronic Kidney Disease, Severe (Stage 4) | Nursing |
| 135 | 0.5160 | Acute Renal Failure | Nursing | 87 | 0.2613 | Unstable Angina & Other Acute Ischemic Heart Disease | |
| 78 | 0.5151 | Parkinson's & Huntington's Diseases | Nursing | 33 | 0.2573 | Intestinal Obstruction/Perforation | |
| 6 | 0.4904 | Opportunistic Infections | NTA | 99 | 0.2512 | Intracranial Hemorrhage | |
| 21 | 0.4888 | Protein - Calorie Malnutrition | NTA | 100 | 0.2512 | Ischemic or Unspecified Stroke | SLP |
| 114 | 0.4820 | Aspiration & Specified Bacterial Pneumonias | Nursing | 108 | 0.2508 | Vascular Disease | |
| 57 | 0.4704 | Schizophrenia | SLP (BIMS) | 60 | 0.2442 | Personality Disorders | SLP (BIMS) |
| 72 | 0.4579 | Spinal Cord Disorders/Injuries | | 23 | 0.2361 | Other Significant Endocrine & Metabolic Disorders | |
| 76 | 0.4541 | Muscular Dystrophy | | 48 | 0.2003 | Coagulation Defects & Other Specified Hematological d/o | |
| 39 | 0.4481 | Bone/Joint/Muscle Infections/Necrosis | NTA | 79 | 0.1941 | Seizure Disorders & Convulsions | NTA |
| 169 | 0.4476 | Vertebral Fractures without Spinal Cord Injury | | 173 | 0.1887 | Traumatic Amputations & Complications | |
| 77 | 0.4341 | Multiple Sclerosis | Nursing, NTA | 29 | 0.1831 | Chronic Hepatitis | |
| 75 | 0.4245 | Myasthenia Grav/Myoneural d/o & Guil-Barre/Inflam & Toxic N. | | 112 | 0.1798 | Fibrosis of Lung & Other Chronic Lung Disorders | Nursing, NTA |
| 107 | 0.4208 | Vascular Disease with Complications | | 115 | 0.1736 | Pneumococcal Pneumonia, Empyema, Lung Abscess | Nursing |
| 58 | 0.4049 | Reactive & Unspecified Psychosis | SLP (BIMS) | 74 | 0.1695 | Cerebral Palsy | Nursing |
| 28 | 0.4018 | Cirrhosis of Liver | NTA | 12 | 0.1644 | Breast, Prostate, & Other Cancers & Tumors | |
| 80 | 0.3963 | Coma, Brain Compression/Anoxic Damage | Nursing, NTA | 162 | 0.1606 | Severe Skin Burn or Condition | Nursing, NTA |
| 166 | 0.3963 | Severe Head Injury | SLP | 88 | 0.1509 | Angina Pectoris | |
| 124 | 0.3933 | Exudative Macular Degeneration | | 19 | 0.1202 | Diabetes without Complication | NTA |
| 40 | 0.3802 | Rheumatoid Arthritis & Inflam Connective Tissue Disease | NTA | 167 | 0.0817 | Major Head Injury | SLP |
| 2 | 0.3767 | Septicemia, Sepsis, Systemic Inflam Response Synd/Shock | Nursing | 138 | 0.0580 | Chronic Kidney Disease, Moderate (Stage 3) | [illegible] |

*Z-Composite Score is weighted based on the following census distribution (20% Institutional Dual, 30% Non-Institutional Dual, 50% Non-Institutional, Non-Dual)

**HCC & PDPM ICD-10 code mapping differs, PDPM components impacted by each category are an estimate based on HCC coding analysis and ZHSG proprietary mapping and are not all-inclusive; PTOT impact exc

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# Medicare Advantage Rate Analysis



- MA utilization represents UB-04 claims uploaded to CORE Analytics' MAPAX application:
  - Approximately 1,400 Skilled Nursing Facilities
  - ~1.4M days billed 1/1/23 – 2/28/24
  - 83,000+ admissions
  - Markets with at least 10 SNFs or 1,500 admissions
  - PDPM HIPPS: KEKD
    - 100% gross rate
    - 27-day ALOS
    - Averaged for 2023 – 2024 AWI

# Medicare Advantage $PPD Relative to FFS

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| CBSA Code | Urban Area | FFS | MA | MA/FFS Ratio | 30-Day Re-H | ALOS | Comm D/C | Z-RAF Score |
|---|---|---|---|---|---|---|---|---|
| 35004 | Nassau County-Suffolk County, NY | $796 | $412 | 51.8% | 18.6% | 17.6 | 47.3% | 1.71 |
| 35614 | NYC-Jersey City-White Plains, NY-NJ | $810 | $441 | 54.5% | 21.8% | 15.2 | 33.9% | 1.63 |
| 33124 | Miami-Miami Beach-Kendall, FL | $619 | $342 | 55.2% | 26.8% | 17.5 | 44.9% | 1.78 |
| 14454 | Boston, MA | $740 | $418 | 56.5% | 6.6% | 16.4 | 35.6% | 1.66 |
| 15764 | Cambridge-Newton-Framingham, MA | $681 | $418 | 61.4% | 12.6% | 16.5 | 58.4% | 1.65 |
| 48424 | West Palm-Boca Raton-Delray, FL | $603 | $374 | 62.1% | 18.7% | 16.9 | 53.4% | 1.65 |
| 42540 | Scranton-Wilkes-Barre-Hazleton, PA | $577 | $360 | 62.4% | 13.5% | 17.0 | 37.3% | 1.61 |
| 29540 | Lancaster, PA | $614 | $385 | 62.7% | 10.8% | 14.7 | 47.4% | 1.65 |
| 41180 | St. Louis, MO-IL | $629 | $420 | 66.8% | 19.7% | 13.9 | 40.9% | 1.75 |
| 17140 | Cincinnati, OH-KY-IN | $672 | $459 | 68.4% | 14.8% | 14.8 | 41.5% | 1.67 |
| 35154 | New Brunswick-Lakewood, NJ | $696 | $484 | 69.5% | 25.4% | 16.3 | 47.4% | 1.59 |
| 35300 | New Haven-Milford, CT | $712 | $498 | 69.9% | 17.1% | 15.2 | 50.4% | 1.72 |
| 39300 | Providence-Warwick, RI-MA | $662 | $469 | 70.8% | 16.9% | 14.8 | 54.6% | 1.67 |
| 25420 | Harrisburg-Carlisle, PA | $636 | $451 | 70.9% | 14.4% | 15.9 | 42.2% | 1.64 |
| 31340 | Lynchburg, VA | $570 | $411 | 72.1% | 22.3% | 14.9 | 43.0% | 1.78 |
| 35084 | Newark, NJ-PA | $699 | $504 | 72.1% | 23.1% | 15.9 | 39.0% | 1.57 |
| 33874 | Montgomery-Bucks-Chester County, PA | $651 | $471 | 72.5% | 15.1% | 15.0 | 44.9% | 1.76 |
| 19124 | Dallas-Plano-Irving, TX | $637 | $462 | 72.7% | 14.1% | 18.4 | 55.1% | 1.45 |
| 23104 | Fort Worth-Arlington, TX | $639 | $465 | 72.8% | 23.4% | 16.7 | 47.9% | 1.47 |
| 47894 | Washington-Alexandria, DC-VA-MD-WV | $669 | $491 | 73.4% | 19.8% | 16.1 | 56.9% | 1.84 |
| 25540 | Hartford, CT | $702 | $519 | 74.0% | 13.3% | 17.1 | 49.9% | 1.72 |
| 15380 | Buffalo-Cheektowaga-Niagara Falls, NY | $673 | $503 | 74.8% | 18.9% | 16.1 | 46.7% | 2.02 |

# Medicare Advantage $PPD Relative to FFS

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| CBSA Code | Urban Area | FFS | MA | MA/FFS Ratio | 30-Day Re-H | ALOS | Comm D/C | Z-RAF Score |
|---|---|---|---|---|---|---|---|---|
| 31084 | Los Angeles-Long Beach-Glendale, CA | $802 | $607 | 75.7% | 13.2% | 17.7 | 33.9% | 2.01 |
| 37964 | Philadelphia, PA | $695 | $528 | 76.0% | 25.9% | 15.0 | 37.7% | 1.75 |
| 26420 | Houston-Woodlands-Sugar Land, TX | $652 | $497 | 76.3% | 25.5% | 16.2 | 41.1% | 1.88 |
| 41540 | Salisbury, MD-DE | $610 | $470 | 77.0% | 14.3% | 16.4 | 56.1% | 1.74 |
| 14860 | Bridgeport-Stamford-Norwalk, CT | $733 | $565 | 77.1% | 18.1% | 15.4 | 47.0% | 1.81 |
| 28140 | Kansas City, MO-KS | $652 | $504 | 77.4% | 26.6% | 12.6 | 43.1% | 1.98 |
| 44140 | Springfield, MA | $623 | $483 | 77.6% | 14.1% | 16.5 | 49.9% | 1.67 |
| 19430 | Dayton, OH | $599 | $468 | 78.1% | 15.1% | 16.1 | 54.4% | 1.79 |
| 12580 | Baltimore-Columbia-Towson, MD | $631 | $504 | 79.9% | 14.3% | 17.3 | 57.5% | 0.02 |
| 23844 | Gary, IN | $633 | $513 | 81.0% | 11.9% | 16.3 | 42.9% | 1.88 |
| 26900 | Indianapolis-Carmel-Anderson, IN | $639 | $518 | 81.0% | 23.5% | 13.7 | 33.9% | 2.08 |
| 34980 | Nashville-Davidson-Franklin, TN | $591 | $485 | 82.0% | 17.1% | 17.5 | 49.7% | 1.63 |
| 33340 | Milwaukee-Waukesha-West Allis, WI | $619 | $508 | 82.1% | 12.2% | 15.7 | 42.0% | 1.93 |
| 46140 | Tulsa, OK | $569 | $489 | 85.9% | 20.5% | 15.4 | 49.6% | 1.82 |
| 23224 | Montgomery | $633 | $550 | 86.9% | 21.4% | 15.2 | 54.1% | 1.64 |
| 38860 | Portland-South Portland, ME | $647 | $564 | 87.2% | 10.7% | 17.2 | 52.6% | 1.73 |
| 38300 | Pittsburgh, PA | $577 | $509 | 88.4% | 21.1% | 15.4 | 47.8% | 1.64 |
| 31700 | Manchester-Nashua, NH | $631 | $560 | 88.8% | 14.7% | 17.9 | 57.5% | 1.80 |
| 19804 | Detroit-Dearborn-Livonia, MI | $597 | $546 | 91.5% | 21.0% | 15.0 | 41.1% | 2.06 |
| 16984 | Chicago-Arlington Heights, IL | $672 | $620 | 92.3% | 22.3% | 16.8 | 34.1% | 2.02 |
| 47664 | Warren-Troy-Farmington Hills, MI | $605 | $571 | 94.4% | 16.6% | 16.2 | 58.5% | 1.98 |
| 43340 | Shreveport-Bossier City, LA | $577 | $556 | 96.4% | 14.1% | 17.7 | 55.6% | 1.09 |

# Medicare Advantage $PPD Relative to FFS

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| CBSA Code | RURAL | State | FFS | MA | MA/FFS Ratio | 30-Day Re-H | ALOS | Comm D/C | Z-RAF Score |
|---|---|---|---|---|---|---|---|---|---|
| 18 | Rural | KY | $680 | $418 | 61.5% | 16.6% | 18.2 | 44.2% | 1.60 |
| 33 | Rural | NY | $606 | $391 | 64.4% | 15.1% | 16.4 | 30.5% | 1.84 |
| 39 | Rural | PA | $589 | $393 | 66.7% | 11.8% | 17.7 | 42.3% | 1.46 |
| 14 | Rural | IL | $604 | $437 | 72.4% | 15.0% | 20.3 | 26.3% | 1.91 |
| 49 | Rural | VA | $587 | $456 | 77.7% | 14.3% | 14.4 | 59.0% | 1.82 |
| 52 | Rural | WI | $612 | $476 | 77.8% | 16.5% | 14.8 | 23.9% | 1.88 |
| 30 | Rural | NH | $688 | $543 | 78.9% | 14.7% | 17.0 | 51.1% | 1.72 |
| 36 | Rural | OH | $585 | $461 | 78.9% | 10.8% | 15.5 | 42.1% | 1.45 |
| 15 | Rural | IN | $602 | $506 | 84.1% | 17.0% | 12.0 | 43.7% | 1.85 |
| 45 | Rural | TX | $601 | $508 | 84.5% | 17.3% | 16.7 | 54.4% | 1.66 |
| 47 | Rural | VT | $583 | $504 | 86.4% | 10.4% | 18.4 | 38.5% | 1.86 |
| 20 | Rural | ME | $601 | $524 | 87.1% | 12.8% | 18.9 | 58.5% | 1.87 |
| 51 | Rural | WV | $545 | $476 | 87.4% | 14.9% | 13.8 | 38.1% | 1.86 |
| 19 | Rural | LA | $531 | $506 | 95.3% | 23.7% | 21.8 | 45.2% | 1.68 |

# MA Per Admission Relative to FFS

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| CBSA Code | Urban Area | FFS | Per Admit | MA | Per Admit | MA/FFS Ratio |
|---|---|---|---|---|---|---|
| 14454 | Boston, MA | $740 | $19,980 | $418 | $6,153 | 30.8% |
| 35004 | Nassau County-Suffolk County, NY | $796 | $21,499 | $412 | $6,794 | 31.6% |
| 33124 | Miami-Miami Beach-Kendall, FL | $619 | $16,700 | $342 | $5,592 | 33.5% |
| 42540 | Scranton-Wilkes-Barre-Hazleton, PA | $577 | $15,566 | $360 | $5,339 | 34.3% |
| 48424 | West Palm-Boca Raton-Delray, FL | $603 | $16,288 | $374 | $5,682 | 34.9% |
| 35614 | NYC-Jersey City-White Plains, NY-NJ | $810 | $21,870 | $441 | $7,774 | 35.5% |
| 35300 | New Haven-Milford, CT | $712 | $19,217 | $498 | $6,911 | 36.0% |
| 28140 | Kansas City, MO-KS | $652 | $17,597 | $504 | $6,360 | 36.1% |
| 15764 | Cambridge-Newton-Framingham, MA | $681 | $18,387 | $418 | $7,071 | 38.5% |
| 25420 | Harrisburg-Carlisle, PA | $636 | $17,159 | $451 | $6,687 | 39.0% |
| 39300 | Providence-Warwick, RI-MA | $662 | $17,881 | $469 | $7,048 | 39.4% |
| 29540 | Lancaster, PA | $614 | $16,565 | $385 | $6,532 | 39.4% |
| 41180 | St. Louis, MO-IL | $629 | $16,970 | $420 | $6,834 | 40.3% |
| 47894 | Washington-Alexandria, DC-VA-MD-WV | $669 | $18,056 | $491 | $7,299 | 40.4% |
| 33874 | Montgomery-Bucks-Chester County, PA | $651 | $17,564 | $471 | $7,181 | 40.9% |
| 34980 | Nashville-Davidson-Franklin, TN | $591 | $15,964 | $485 | $6,662 | 41.7% |
| 31340 | Lynchburg, VA | $570 | $15,390 | $411 | $6,523 | 42.4% |
| 35084 | Newark, NJ-PA | $699 | $18,873 | $504 | $8,193 | 43.4% |
| 25540 | Hartford, CT | $702 | $18,947 | $519 | $8,362 | 44.1% |
| 12580 | Baltimore-Columbia-Towson, MD | $631 | $17,037 | $504 | $7,567 | 44.4% |
| 19430 | Dayton, OH | $599 | $16,166 | $468 | $7,205 | 44.6% |
| 14860 | Bridgeport-Stamford-Norwalk, CT | $733 | $19,791 | $565 | $8,872 | 44.8% |

| CBSA Code | Urban Area | FFS | Per Admit | MA | Per Admit | MA/FFS Ratio |
|---|---|---|---|---|---|---|
| 35154 | New Brunswick-Lakewood, NJ | $696 | $18,779 | $484 | $8,453 | 45.0% |
| 23104 | Fort Worth-Arlington, TX | $639 | $17,246 | $465 | $7,783 | 45.1% |
| 37964 | Philadelphia, PA | $695 | $18,765 | $528 | $8,530 | 45.5% |
| 26420 | Houston-Woodlands-Sugar Land, TX | $652 | $17,597 | $497 | $8,052 | 45.8% |
| 41540 | Salisbury, MD-DE | $610 | $16,470 | $470 | $7,548 | 45.8% |
| 19124 | Dallas-Plano-Irving, TX | $637 | $17,186 | $462 | $7,897 | 46.0% |
| 17140 | Cincinnati, OH-KY-IN | $672 | $18,131 | $459 | $8,424 | 46.5% |
| 44140 | Springfield, MA | $623 | $16,808 | $483 | $7,949 | 47.3% |
| 15380 | Buffalo-Cheektowaga-Niagara Falls, NY | $673 | $18,171 | $503 | $8,710 | 47.9% |
| 23224 | Montgomery | $633 | $17,091 | $550 | $8,275 | 48.4% |
| 33340 | Milwaukee-Waukesha-West Allis, WI | $619 | $16,700 | $508 | $8,087 | 48.4% |
| 23844 | Gary, IN | $633 | $17,091 | $513 | $8,400 | 49.2% |
| 31084 | Los Angeles-Long Beach-Glendale, CA | $802 | $21,641 | $607 | $10,746 | 49.7% |
| 38860 | Portland-South Portland, ME | $647 | $17,469 | $564 | $8,711 | 49.9% |
| 38300 | Pittsburgh, PA | $577 | $15,566 | $509 | $7,833 | 50.3% |
| 26900 | Indianapolis-Carmel-Anderson, IN | $639 | $17,253 | $518 | $8,901 | 51.6% |
| 19804 | Detroit-Dearborn-Livonia, MI | $597 | $16,126 | $546 | $8,333 | 51.7% |
| 47664 | Warren-Troy-Farmington Hills, MI | $605 | $16,335 | $571 | $9,249 | 56.6% |
| 46140 | Tulsa, OK | $569 | $15,356 | $489 | $8,728 | 56.8% |
| 16984 | Chicago-Arlington Heights, IL | $672 | $18,144 | $620 | $10,389 | 57.3% |
| 31700 | Manchester-Nashua, NH | $631 | $17,030 | $560 | $9,776 | 57.4% |
| 43340 | Shreveport-Bossier City, LA | $577 | $15,579 | $556 | $9,835 | 63.1% |

# CORE Analytics' MAPAX Database

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# PDPM Impacted on HCC / RAF Scores



- Direct correlation between PDPM and HCC/RAF score increases.
- Z-RAF scores are 8% higher for PDPM-based Medicare Advantage claims.
- Why should we care? Other upstream referral sources certainly do
- Opportunity to leverage higher RAF scoring to managed care, VBC models.
- ISNP implications.
- Theoretical "Universal CMI" would likely be based on HCC/RAF scores.

- **Demonstrates incentive alignment with Medicare Advantage Plans.**
- **Improves SNF's share of ISNP gains.**
- **Each RAF point ~ $110 PMPM additional premium.**

# Data Driven Case Management

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| Primary Condition Category | % of Episodes | Level 1 | Level 2 | Level 3+ | ALOS | Z-RAF |
|---|---|---|---|---|---|---|
| Medical Management | 44% | 56% | 39% | 5% | 14.9 | 1.83 |
| *COVID* | - | *48%* | *30%* | *22%* | *14.6* | *1.49* |
| *UTI* | - | *57%* | *40%* | *3%* | *15.9* | *1.53* |
| *Respiratory Failure* | - | *55%* | *40%* | *5%* | *14.1* | *2.27* |
| *Sepsis* | - | *58%* | *37%* | *5%* | *16.3* | *2.13* |
| *Pneumonia* | - | *56%* | *41%* | *3%* | *16.0* | *1.90* |
| *COPD* | - | *57%* | *41%* | *2%* | *14.7* | *2.08* |
| Other Orthopedic | 25% | 53% | 44% | 3% | 17.3 | 1.48 |
| Acute Neurologic | 16% | 53% | 43% | 4% | 16.8 | 1.71 |
| Cardiac (Non-Surgical) | 11% | 56% | 41% | 3% | 14.8 | 1.90 |
| Major Joint Replacement | 4% | 47% | 48% | 5% | 15.5 | 1.27 |

*Source: CORE Analytics MAPAX database of claims*

# Level-Based v. PDPM MA Data



- Industry average Level 1 billing (lowest level) ~ 54%
- Efficient, centralized case management Level 1 is 25% - 30%
  - Securing Level 2 payment is like adding two MA days to the stay
- ~5% of MA admits had a level increase mid-stay
- Level increases mid-stay added 6 days; raised revenue ~$80 PPD
- ~ 15% of MA admits trigger for high-cost outlier medications
- Each approved case = $1,250 – $1,750 “carve-out” payment
- Providers can target cases by cost-to-charge ratio on claims/CR

- **PDPM:**
  - Subject to AWI changes October 1
  - Interim Payment Assessments
  - Staffing data impact
  - Assessment management

# Referrals

Referrals Home

Referral data for your selected hospital is displayed below.

Back to Atlantic Shores Nursing And Rehab Center

## Holmes Regional Medical Center

Hospital Discharges to SNF | SNF Referrals to Hospitals | Hospital Pain Points

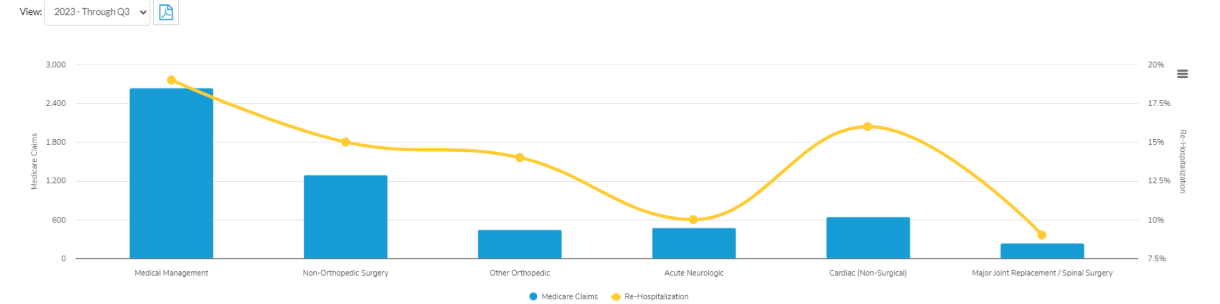
### Holmes Regional Medical Center Discharges to Skilled Nursing Facilities

This table quantifies the number of acute referrals to SNF (by SNF) and associated financial/clinical outcomes. These figures are estimated based on CORE's review of the Medicare claims file.

View: 2023 - Through Q3

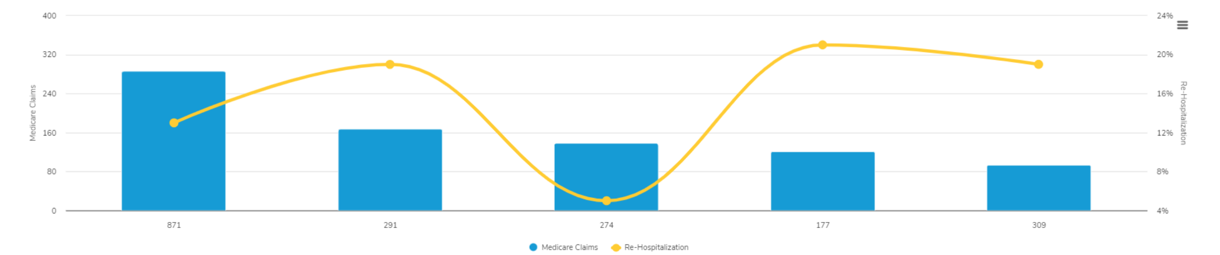
Showing 30 of 30 Top Referring SNFs

| Name | Distance (Miles Away) | Amt Paid to SNF | # Discharges to SNF | % Discharges to SNF | # Distinct Patients | SNF ALOS | Re-Admit from SNF | Five-Star Rating | Action |
|---|---|---|---|---|---|---|---|---|---|
| Melbourne Terrace Rehabilitation Center | 2.2 | $5,672,538 | 367 | 32.5% | 311 | 31.2 | 22.8% | ★★★★★ | View Details |
| Life Care Center Of Melbourne | 0.2 | $2,154,320 | 193 | 17.1% | 155 | 23.5 | 28.4% | ★★★★★ | View Details |
| Viera Del Mar Health And Rehabilitation Center | 10.4 | $1,325,861 | 75 | 6.7% | 71 | 34.6 | 25.4% | ★★ | View Details |
| Viera Health And Rehabilitation Center | 11.9 | $911,346 | 67 | 5.9% | 66 | 24.5 | 19.0% | ★★★★★ | View Details |




DRG Volume by Medicare Claims & Re-Hospitalization Rate

View: Top 5 DRGs 2023 - Through Q3




Hospital Discharges to SNF | SNF Referrals to Hospitals | Hospital Pain Points

### Holmes Regional Medical Center Pain Points

This table displays hospital Medicare claims submitted by Diagnosis-Related Group (DRG), along with associated financial and clinical outcomes. These figures are estimated based on CORE's review of the Medicare claims file.

View: 2023 - Through Q3

Showing 15 of 486 DRG Codes

| DRG | Description | Amt Received by Hosp | Total Medicare Claims | Re-Admit | ALOS | GLOS | SNF Total Medicare Claims | SNF Re-Admit | SNF ALOS |
|---|---|---|---|---|---|---|---|---|---|
| 871 | Septicemia Or Severe Sepsis W/O Mv 96+ Hours W MCC | $3,775,274 | 286 | 13.3% | 6.4 | 5.0 | 79 | 19.0% | 24.2 |
| 291 | Heart Failure & Shock W MCC | $1,597,617 | 167 | 19.2% | 6.0 | 3.9 | 34 | 17.6% | 19.0 |
| 274 | PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | $2,995,735 | 139 | 5.8% | 1.4 | 1.3 | <11 | N/A | N/A |
| 177 | Respiratory Infections & Inflammations W MCC | $1,517,835 | 121 | 21.5% | 6.5 | 5.2 | 45 | 24.4% | 18.3 |
| 309 | Cardiac Arrhythmia & Conduction Disorders W CC | $510,148 | 94 | 19.1% | 2.6 | 2.3 | <11 | N/A | N/A |

# Referrals

Hospitals

Physicians

Home Health

Hospice Health

# The ISNP Equation

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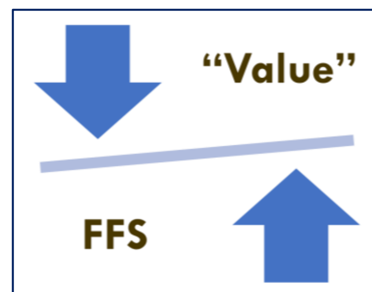
**Institutional Special Needs Plans have proven effective clinically, the primary concern is difficulty measuring financial outcomes.**

- **Variables:**
  - LTC Hospitalizations*
  - LTC-Medicare Part A $
  - Medicare Part B therapy $




** CMS Long Stay Hosp. Measure starts 2027*

- **Data Subtext**
  - Payment transparency and reconciliation
  - Gross v. Net Medicare Reimbursement
  - Therapy impact
  - Medicaid Reimbursement (CMI)
  - Compliance: Tech. Eligibility, Change-Status bill, 3-day waiver
  - Impact on SNF's Data Profile
  - Premium / RAF score
  - APK, Value, and PMPM

# ABCs of APK

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| Variable | Facility | County | State |
|---|---|---|---|
| Number of hospitalizations per 1000 long-stay resident days | 1.69 | 1.78 | 1.79 |
| Number of outpatient emergency department visits per 1000 long-stay resident days | 0.46 | 0.59 | 0.72 |

Hospitalizations/1,000 LTC day: 1.69 /

Neutralize for 12 months * 1,000: 33.3 *

Multiply by twelve 1,000-day units: 12,000 =

**Admits per 1,000 ("APK"): 501**

Calculation courtesy of

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LONGEVITY HEALTH PLAN | SNF360 | TOOLS & RESOURCES | NEWS | EXPLORE | SUPPORT

## Cliveden Nursing And Rehabilitation Center

6400 Greene Street Philadelphia PA - 19119 | 2158446400

Provider Insights | Change Facility

| Provider | County | Operational Status | Ownership | Hospital Based | # Medicare Certified Beds |
|---|---|---|---|---|---|
| 395852 | Philadelphia | Active | For profit - Corporation | No | 180 |

Profile | SNF-IQ | Staffing | Quality | Occupancy | Utilization | Rate Analysis | PDPM | Cost Centers | Facility News

*All values represent the most recent 12 months of data unless otherwise stated.*

**Composite Score: 77**

### Census

| Measure | Value |
|---|---|
| Average Daily Census (12-month) | 160 |
| Estimated ISNP Eligible (12-month) | 147 |
| Average Daily Census (most recent quarter) | 155 |
| Estimated ISNP Eligible (most recent quarter) | 143 |

### Medicare Part A

| Measure | Value |
|---|---|
| Medicare Days | 1,981 |
| Medicare Share | 1.2% |
| Waiver Share of Medicare Days | 6.0% |
| Medicare ALOS (days) | 20.4 |
| Gross Medicare Rate | $722.35 |
| Net Effective Medicare Rate | $617.13 |

*Subtract up to $70/day for Dual Eligible Benefit Periods days 21 - 100*

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### Medicare Net Revenue

| Measure | Value |
|---|---|
| Gross Medicare Rate | $722.35 |
| Less CMS offsets | $23.48 |
| Ancillary Part A | $81.74 |
| Non-reimbursable co-pay | – |
| Net Medicare Part A Rate | $617.13 |
| Waiver Use (Admits) | 11 |
| Waiver Use (days) | 120 |
| Waiver Share | 6% |

### Quality

| Measure | Value |
|---|---|
| Five Star Rating | 1 |
| Direct Care HPPD | 2.97 |
| Agency Direct Care Hours | 15.8% |

### ESRD

| Measure | Value |
|---|---|
| Number of Unique ESRD Patients | < 11 |

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## Medicaid

| | |
|---|---|
| Medicaid Rate | $243.85 |
| Medicaid Average Daily Census | 143.9 |
| Medicaid CMI | 1.17 |
| State Average CMI | 1.09 |

## Therapy

| | |
|---|---|
| Outsource Therapy? | N |
| Related Party | – |
| Part B Therapy Payment | $144,269 |
| Per LTC Resident Per Month | $82 |
| Average Unique Part B Patients Treated per Month (rounded) | 20 |
| Average Net Revenue per Part B Patient Billed per Month | $594 |

## Hospitalization

| | |
|---|---|
| Rehospitalizations | 11 |
| Medicare $/Hospitalization | $20,534 |
| ALOS in hospital | 6.4 |
| APK | 502 |
| EVPK | 312 |
| Part A re-admission rate | 34.9% |

### Revenue Analysis

| | |
|---|---|
| Medicare/Medicaid $ ratio | 2.96 |
| Medicare BP CMI Dilution | $2,392 |
| Relative Rate | – |
| Relative Rate CBSA | $291.60 |

### Quality Analysis

| | |
|---|---|
| Facility Stability Index | 6.36 |
| SFF Risk Profile | No Risk |

### CMI Analysis (Q1 2023)

| | |
|---|---|
| County Average Rate | $268.33 |
| State Average Rate | $239.2 |
| County CMI | 1.15 |

Export

# ISNP:  Key Considerations



## Understanding your Worth

- Quality
- Network adequacy
- Service availability
- Return to Hospital
- Length of stay
- Transitions of care
- ISNP participation
- Accept challenging admissions
- Coding

## Value Based contracting

- ACO
- ISNP
- Bundled Payments

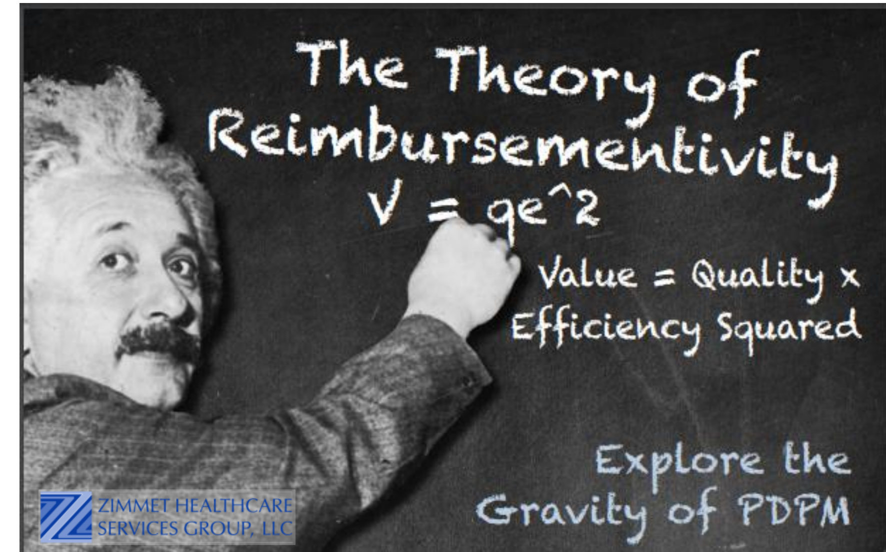
## Key challenges

- Understand your data
- Establish relationships
- Transparency
- Coordination:  Plans & Payors

# "Datanition" *(Data Ammunition)*



- What do MA plans want?
- Quantify your data-driven value.
  - CMS-HCC & Z-RAF scores
  - Comparative $/Episode
  - Target Hospital Pain Points
  - Comparative performance
  - Variable expenses (i.e., Ancillaries)
  - Physician expense (understand direct billing generated at your facility)
  - Patient satisfaction surveys
  - Input from local Hospitals re: ease of care transitions



# Other issues worth mentioning…

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- “New” MA coverage requirements, but none for payment rates
- “New” MA coverage requirements
- Billing Administration Requirements
- Traditional Medicare Advantage for LTC residents
- Disenrollment concerns
- New Dual-programs and derivatives
- Episodic payment
- Ancillary (therapy) pricing
- CMMI’s CMM*Irony*

# Modern Reimbursement Theory: Insights from Zimmet Healthcare Services Group, LLC

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## Medicaid Payment Reform

The "Great Transition": Medicaid Rate Construction Reform

ECAPINTEL

The Medicaid Rate Construction Crisis

## Medicare

The Daily Provider

Medicare SNF Rate Cut: $56/day!
Disadvantaged Communities Hit Hardest

2024 SNF Medicare Rates: Beware the "October Surprise"

Medicare FFS Attrition Rate

Approximately half of all Medicare beneficiaries have elected Medicare Advantage coverage in lieu of the traditional Fee-for-Service ("FFS") program. MA represents the greatest financial threat to Skilled Nursing Facilities because MA utilization and payment rates lag far behind FFS, and FFS is Skilled Nursing's most important pay class.

This document quantifies the financial impact on the SNF sector.

September 2023

Medicare Area Wage Index: September 2023

## Medicare Advantage

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www.zhealthcare.com

Spotlight on...

Medicare Advantage: Avoiding Common Pitfalls
October 20, 2014

*ZHSG's audits reveal most SNFs do not adequately manage Medicare Advantage claims, and significant revenue is lost.*

*The Rime of the New World Mariner*

Medicare Advantage & SNF Reimbursement

CORE analytics

Marc Zimmet
October 2021

## Insights & Analytics

ECAPINTEL

"Faux News"

*Data musings on a slow news day…*

On the Origin of SPEOCCUPANCIES

Marc Zimmet
December 2020

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THE COVID-EFFECT:

A Comparative Analysis of April 2020 Medicare SNF Claims

June 9, 2020

Happy ThankSNFing!

By Marc Zimmet
November 2020

CORE analytics

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## Cross-Domain Consulting

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- Reimbursement-Compliance
- Quality Innovations
- Reporting & Analytics
- Ancillary Innovations
- Advisory & Asset Monitoring
- Market Insights
- Payment System Reform

- Scalable PDPM/CMI Solutions
- Remote MDS Monitoring – full department Outsourcing
- HMO Authorizations
- Managed Care Contracting
- ISNP-Arbitrage
- In-House Corporate Support

- Consulting-enhanced software
- Open Development Platform & market
- Start-up incubator.

- Comprehensive SNF analytics
- Rationalizing underwriting, business development, and policymaking.

| FINANCIAL | MDS | MEDICAL RECORD | QUALITY | UB-04 | COST REPORT | CDC DATABASE | PROVIDER INFO |
|---|---|---|---|---|---|---|---|
| Accounting/billing | CMS-JRAVEN | Notes, orders, etc. | PBJ, Care Compare, etc. | LDS-SAF claim data | HCRIS database | Nat. Health Safety Network | CMS file |

*ZHSG's diverse subject matter expertise spans Skilled Nursing's eight "Data Domains"; fragmented reimbursement, regulatory, and reporting silos that define the provider-profile. Our ability to cross-contextualize yields insights that are indiscernible from single-domain perspectives.*

SNF REIMBURSEMENT

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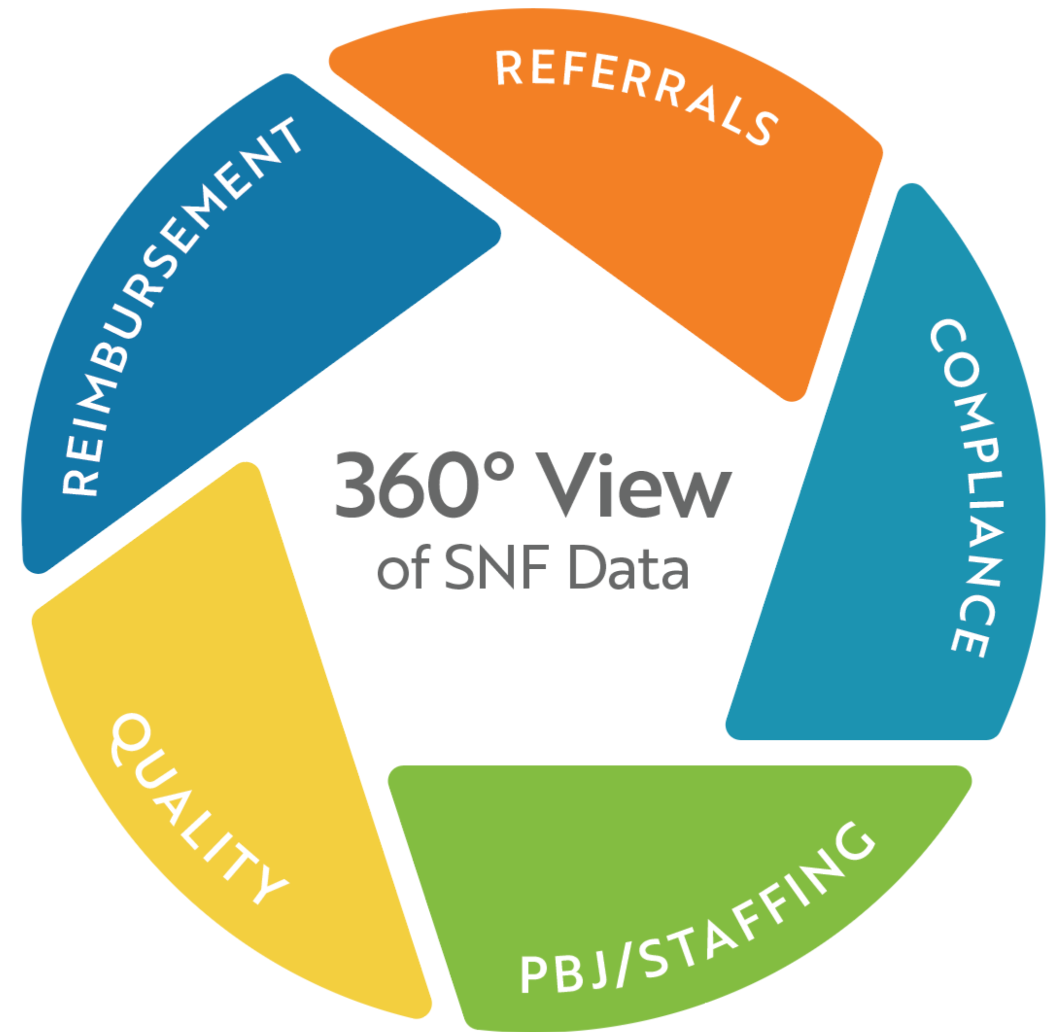


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# QUESTIONS

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# Thanks for attending!

Slides and recording are available at:

*www.simpleltc.com/ma-data-strategies*

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