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LHS Health Network

March 20th, 2018



Population Health Current State

- > ACO began in 2012
- Managing >80,000 lives through Commercial Shared Savings Programs and Medicare Next Generation ACO
- ➤ 140+ Primary Care Physicians consisting of 2/3 Independents.
- Infrastructure to fully support programs including Physician Leadership, Care Management, Provider Relations and Analytics
- Recognized as a leader in Population Health space within Trinity Health
- ➤ MSSP 2016
 - Most successful program in NJ with \$8.4M in savings and
 - > 4th highest performance nationally out of 400 programs
- Recipient of the 2018 NAACOS Innovation Award



Success Factors

- ➤ Strong Care Coordination and Social Worker programs
- ➤ Clinical Program development to support healthcare care gaps
 - ➤ SNF Extensivist Program
 - ➤ Integrated Behavioral Health
 - ➤ Systematic Case Review
 - ➤ Community Based Palliative Care
 - ➤ Medication Management Program
- ➤ Data-driven focus



First Step: Review the Claims Data

Medica						
Rank	Row Labels	Count of Member Src ID	Average of ED Visits2	Average of Acute IP Admits2		Average of Total Medical Cost2
1	Top 1%	200	1.10	4.12	1.47	\$152,722
2	Top 2%-5%	801	0.84	2.18	0.85	\$67,539
3	Top 6%-10%	1,001	0.64	1.19	0.44	\$37,078
4	Top 11%-30%	4,005	0.57	0.51	0.07	\$14,520
5		14,006	0.17	0.02	0.00	\$2,324
	Grand Total	20,013	0.31	0.30	0.09	\$10,616

The Problem: How does a Hospital-Based ACO Impact Skilled Nursing Facility Costs?

In 2014, Annual Per Beneficiary SNF Costs for MSSP exceeded National FFS Average by over 35%:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	MSSP ACOs	National FFS
\$1,002	\$1,012	\$1,081	\$1,102	\$706	\$816

- SNF cost > 10% of our overall MSSP cost
- Our Medicare beneficiaries use over 100 different SNFs located throughout South and Central New Jersey
- LHS Health Network had not engaged the SNFs in the goals of the ACO and we were naive about the business of a SNF
- But we knew we needed to address this cost to be successful



Goals of the SNF Initiative

Phase I (Started 9/1/2014)

- Establish Post-Acute Committee to share information and provide two-way education
- Build a network of Post-Acute Providers to deliver superior outcomes:
 - Lower readmissions
 - Lower Length of Stay
 - Improved patient condition on discharge
 - Care transitions
 - Avoidance of adverse outcomes



Goals of the SNF Initiative

- Create a data-driven SNF Report Card reflecting highest performing SNFs
 - High quality and patient-centered focus
 - ALOS reduction
 - 90 day readmission rates reduction
 - Medicare's Five Star Quality Rating System, minimum 3 Stars
 - Identify Preferred Providers based on performance
- Share Report Card with all SNFs and outline our expectations for participation in Network
- Share "Preferred Provider List" with patients and families in the hospital at time decisions are being made on postacute care
- Update Report Cards and Preferred Provider Lists Quarterly



Transparency Was Key to Post-Acute Care Buy-In

- Began in September 2014 meeting with post-acute providers
- Explained every step of the way what we were doing and why
- Worked closely with several SNFs to verify and authenticate the claims data
 - Compared our data with their payer submissions
 - Did this for Medicare, Horizon and Aetna
 - When the claims data tied out to their submissions we had their confidence in the tool



MSSP April 2014 to March 2015 SNF Claims Data

Weighti	na					10			1				30
						ALOS	readmits	readmits	readmits	readmits	readmits	Total 90	Total 90 Day
Facility Blinded	SNF ADMITS	DAYS	PAID AMT	PAID AMT PER SNF ADMIT	PAID AMT PER SNF				60 percent		90 percent		Readmits Percent
A	1,498	39,368	\$16,704,391	10.000.000.000.00	\$424	28							41%
AR	102	3,626	\$1,553,546	\$15,231	\$428	38	35%	14	14%	10	10%	60	51%
N	97	2,297	\$1,109,906				24%						39%
AA	82	1,641	\$740,223				33%						
Н	79	2,477	\$906,179				20%						33%
Ĺ	71	1,643	\$689,186	1			20%						
AE	67	2,070	\$837,778				24%						38%
С	64	1,372	\$653,646				17%						25%
AM	61	1,727	\$776,139	9.50.000.000	\$449		25%						51%
AQ	60	1,655	\$729,044				28%						49%
AC	59	1,875	\$785,699				15%						35%
٧	57	1,351	\$543,707	\$9,539	\$402	26	21%	6	11%	2	4%	20	37%
K	56	1,434	\$659,221	\$11,772	\$460	28	18%	11	20%	2	4%	23	40%
AK	55	1,550	\$682,447	\$12,408	\$440	32	25%	4	7%			24	39%
M	51	1,223	\$530,691	\$10,406	\$434	26	18%	8	16%	2	4%	19	35%
AF	51	1,684	\$780,451	\$15,303	\$463	35	18%	5	10%	4	8%	18	38%
S	50	1,532	\$641,115	\$12,822	\$418	33	24%	5	10%	1	2%	18	33%
0	40	230	\$75,403	\$1,885	\$328	5	23%	2	5%	5	13%	16	51%
D	32	854	\$277,920	\$8,685	\$325	27	28%	1	3%	2	6%	12	32%
AJ	29	529	\$224,076	\$7,727	\$424	19	41%	2	7%	3	10%	17	45%
AN	23	707	\$275,604	\$11,983	\$390	24	4%	4	17%	4	17%	9	40%
Y	18	526	\$234,678	\$13,038	\$446	31	22%	1	6%	2	11%	7	35%
AS	18	516	\$212,745	\$11,819	\$412	27	33%	1	6%	1	6%	8	60%
AB	17	436	\$184,043	\$10,826	\$422	27	29%	¥	0%	3	18%	8	47%
J	16	370	\$166,145	\$10,384	\$449	23	19%	2	13%	-	0%	5	36%
T	15	516	\$194,550	\$12,970	\$377	22	20%	-	0%		0%	3	40%
AD	15	358	\$141,706	\$9,447	\$396	25	27%		0%	84	7%	5	44%
AH	15	466	\$188,855	\$12,590	\$405	38	20%	5	33%	2	13%	10	68%
Al	15	466	\$188,855	\$12,590	\$405	38	20%	5	33%	2	13%	10	68%
G	14	283	\$117,475	\$8,391	\$415	25	21%	1	7%	1	7%	. 5	42%
U	13	634	\$242,325	\$18,640	\$382	58	8%	1	8%	1	8%	3	24%
Q	11	252	\$130,001	\$11,818	\$516	22	18%	2	18%	1	9%	5	53%
×	11	428	\$184,291	\$16,754	\$431		27%	-	0%		0%	3	
Z	10	255	\$113,870				30%				0%		31%
AO	10	235	\$112,297				40%	1	10%	2	20%	7	58%
AP	10	356	\$162,480	\$16,248	\$456	31	10%	1	10%	1	10%	3	44%
DESTRUCTION OF				111721	1.121	10750	10000	1	2 AST 162	1	1515	10.5	1.138



Our Dilemma: We Had Our Claims Data, But No Quality Data

We needed actionable quality data

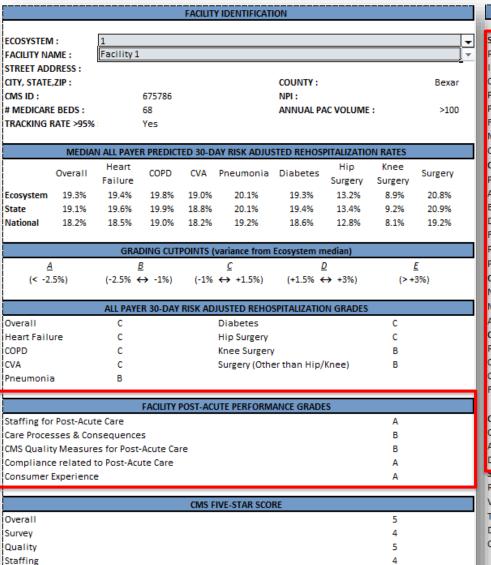
- SNF staffing
- Leadership and clinical coverage
- Process expertise, compliance and consumer experience

Why we selected PointRight

- Largest provider of analytics to Skilled Nursing Facilities nationally
- Database of over 45 million Minimal Data Set (MDS) records
- MDS from 2400 SNFs.
- Patient-level data (MDS) linked to public domain facility-level data
- More data points than CMS "Nursing Home Compare"
- Good representation of indicators of SNF capabilities



PointRight's SNF ScoreCard



	ENCHMARKS			
	Measure	EcoSystem	State	National
STAFFING FOR POST-ACUTE CARE				
RN to Total Licensed Ratio	46%	32%	35%	47%
Indirect Care Percentage	22%	19%	22%	18%
Contract Licensed Percentage	0%	0%	0%	0%
PT/OT: % Delivered by Assistants	68%	63%	59%	50%
PT/OT: % Delivered by Contractors	0%	100%	100%	100%
FTE of NP or PA	No			
Medical Dir. on site more than 1 day/wk	No			
On-Site Mental Health Professional	No			
CARE PROCESSES AND OUTCOMES				
Pain Management: % of Patients	59%	40%	45%	50%
Advanced Directives: % of Patients	100%	30%	29%	57%
Behavior Management Ratio	10%	20%	22%	19%
Diagnosed with Depression: % of Patients	7%	43%	48%	43%
Facility Acquired Contractures %	2%	2%	4%	3%
Respiratory Therapy: % of Patients	12%	8%	11%	13%
Patients with Tracheostomy or Suctioning	No			•
QUALITY MEASURES FOR POST-ACUTE CARE				
New/Worse Pressure Ulcers	3%	0%	0%	1%
Moderate/Severe Pain	14%	15%	17%	17%
Antipsychotic Med Use	0%	4%	3%	2%
COMPLIANCE RELATED TO POST-ACUTE CARE				
Recurrent Citations Relevant to PAC	0	2	1	1
Citations = Pattern of non-compliance	0	5	3	1
Citations for actual harm or jeopardy to Pt.	0	0	0	0
Facility at Risk for Special Focus Facility	No			•
CONSUMER EXPERIENCE (ALLEGATIONS)				
Quality of Care	0	2	2	1
Abuse or Neglect	0	4	4	0
Dietary	0	0	0	0
SPECIAL CARE BEDS				•
Rehabilitation	0			
Ventilator	0			
Trauma	0			
Dialysis	0			
Other Special Care	0			



RN Staffing

Applying the Data: Facility Performance Grades

FACILITY POST-ACUTE PERFORMANCE GRADES						
Staffing for Post-Acute Care	В					
Care Processes & Outcomes	С					
CMS Quality Measures for Post-Acute Care	D					
Compliance related to Post-Acute Care	A					
Consumer Experience	D					

5 Domains for Quality Reporting:

- Overview of Domain scores
- Detail is reflected on the second page of ScoreCard
- These are the Domains that we use for our SNF Report Card



Applying the Data: Staffing

BENCHMARKS								
	Measure	EcoSystem	State	National				
STAFFING FOR POST-ACUTE CARE								
RN to Total Licensed Ratio	73%	49%	52%	46%				
Indirect Care Percentage	13%	17%	16%	19%				
Contract Licensed Percentage	6%	0%	0%	0%				
PT/OT: % Delivered by Assistants	46%	33%	30%	53%				
PT/OT: % Delivered by Contractors	0%	100%	100%	100%				
FTE of NP or PA	Yes							
Medical Dir. on site more than 1 day/wk	Yes	\neg						
On-Site Mental Health Professional	Yes							

Detail from ScoreCard:

- This is a high performing SNF
- High percentage of licensed RNs
- Indirect care is adequate though lower than EcoSystem
- APN coverage "yes"
- Medical Director on site > 1 day per week
- On-site Mental Health Professional



Applying the Data: Staffing

BENCHMARKS								
	Measure	EcoSystem	State	National				
STAFFING FOR POST-ACUTE CARE								
RN to Total Licensed Ratio	41%	49%	52%	46%				
Indirect Care Percentage	10%	17%	16%	19%				
Contract Licensed Percentage	0%	0%	0%	0%				
PT/OT: % Delivered by Assistants	56%	33%	30%	53%				
PT/OT: % Delivered by Contractors	0%	100%	100%	100%				
FTE of NP or PA	No							
Medical Dir. on site more than 1 day/wk	No							
On-Site Mental Health Professional	Yes							

Detail from ScoreCard:

- This is a poor performing SNF
- Low percentage of licensed RNs
- Too much of PT provided by Assistants
- No APN coverage
- No Medical Director on site > 1 day per week
- On-site Mental Health Professional



Applying the Data: Care Processes and Outcomes

CARE PROCESSES AND OUTCOMES

Pain Management: % of Patients Advanced Directives: % of Patients Behavior Management Ratio

Diagnosed with Depression: % of Patients

Facility Acquired Contractures %

Hospice Care Utilization

Respiratory Therapy: % of Patients Observed Drug Administration Errors

Patients with Tracheostomy or Suctioning

45%	40%	37%	51%
6%	41%	39%	58%
	100%	100%	100%
33%	27%	26%	41%
4%	1%	1%	2%
3%	4%	3%	4%
6%	12%	13%	13%
No			
Yes			

Poor processes demonstrated by:

- Low level of patients with Advanced Directives
- High facility acquired contractures
- Low % of patients receiving respiratory therapy, indicates lower level of function of nursing care



Applying the Data: Quality Measures Compliance

QUALITY MEASURES FOR POST-ACUTE CARE

New/Worse Pressure Ulcers Moderate/Severe Pain Antipsychotic Med Use

COMPLIANCE RELATED TO POST-ACUTE CARE

Recurrent Citations Relevant to PAC
Citations = Pattern of non-compliance
Citations for actual harm or jeopardy to Pt.
Facility at Risk for Special Focus Facility Status

0%	1%	1%	1%
29%	8%	8%	15%
1%	1%	1%	2%
0	0	0	0
3	1	1	1
	•	0	0
2	0	U	U

Compliance concern:

- 3 citations with pattern of non-compliance above state average
- Citations for actual harm to patient

SNF Report Card #7 Data Thru August 2017

40% Utilization/Cost 60% Quality													
Tri-county SNF Scorecard, updated Nov 2017, with data from Sep 2	2016 - Aug	,2017	70 0	HEGGIO,	-0050			,	TCY				
₩eighting			10%		30%		12%	12%	12%	12%	12%		
Facility Name			Average LOS		Total 90 day readmit percent	<u>Overall Rating</u> – CMS rating system fo both Long and Short term stays, not specific for post- acute	Staffing for Post- Acute Care - RN to total licensed; Indirect or care proportion > 10%;		Measures with Special Post- Acute Significance - Long stay ulcers; Depress	Compliance Especially Important to Post-Acute	Consumer. Experience - nt Complaints over 18 months to CMS ie food quality; safety;	Iotal Assigned Score	Preferred.
AA Benchmark Average Values	1708											67	
BRANDYWINE SENIOR CARE AT MOORESTOWN ESTATES	50						A	В	A	В	A	86	4
STERLING MANOR	15						В	С	A	A	A	84	
ABIGAIL HOUSE FOR NURSING AND REHABILITATION	7	*,					В	В	A	A	В	84	4
MEDFORD LEAS	23						A	В	В	A	A	81	
PITMAN MANOR	12	. ,					В	A	В	A	A	81	4 . 7
ATRIUM POST ACUTE CARE OF WOODBURY	98						В	A	С	С	В	78	
MARCELLA CENTER - GENESIS	38						D	В	С	A	A	78	4
COLLINGSWOOD MANOR	19						В	В	E	A	A	78	
THE VOORHEES CARE & REHABILITATION CENTER	10						В	D	A	С	A	78	A:=
LION'S GATE	100						В	В	D	С	A	76	
ASPEN HILLS HEALTHCARE CENTER	41						В	D	D	A	A	76	4
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	36						С	В	С	A	С	76	
MANOR CARE OF VOORHEES	33	+,					В	В	D	В	В	76	4
POWERBACK REHABILITATION MOORESTOWN	200					_	A	В	С	С	A	75	
CADBURY NURSING AND REHAB CENTER	61						A	С	E	D	A	72	4
LAUREL MANOR	17						С	В	E	С	A	72	
MANOR CARE-WEST DEPTFORD OF PAULSBORO NJ LLC	35						В	В	С	В	С	71	4
KRESSON VIEW CENTER - GENESIS	33						В	В	С	A	D	71	
VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY	69						В	В	В	С	D	69	
ARISTACARE AT CHERRY HILL	33				Iran	cforro	d to the	CNEF	referr	and Br	ovider	List	
LUTHERAN CROSSINGS ENHANCED LIVING	14	. ,					d lutille	SIVE	/ CECH	EUBET	Ovider		4
CAREONE AT MOORESTOWN	76						A	E	E	A	В	67	
POWERBACK REHABILITATION VOORHEES	149						A	С	В	Α	E	66	
VIRTUA BERLIN REHAB	42						В	В	С	С	С	64	لست
ELMWOOD HILLS HEALTHCARE CENTER	25						D	D	D	A	E	64	
MEDFORD CONVALESCENT & NURSING CENTER	10						A	A	С	В	D	63	
CAREONE AT EVESHAM	59						A	С	E	С	В	62	
St Marys Catholic Home	45						D	В	E	В	A	62	
BARCLAYS REHABILITATION AND HEALTHCARE CENTER LLC	14						С	С	E	D	D	62	
AVISTA CARE AT CHERRY HILL	36						D	С	С	С	D	61	
MASONIC HOME OF NEW JERSEY	29						D	A	E	В	A	59	
COOPER RIVER - GENESIS	16	+-,					D	D	D	E	D	58	
BURLINGTON WOODS CENTER - GENESIS	30						В	В	В	В	A	57	
MANOR CARE HEALTH SERVICES - WASHINGTON TOWNSHIP	68						E	С	С	С	С	56	
KENNEDY HEALTH CARE CENTER	78						В	С	E	E	E	50	
INNOVA HEALTH AND REHAB AT BURLINGTON	25						E	С	D	E	Е	46	
MEADOWVIEW NURSING & RESPIRATORY CARE	28						В	A	E	E	E	39	
ALARIS HEALTH AT CHERRY HILL	34	\$13,333	3.0	32%	6 52%	6 2	R R	C	F	F	F '	35	



Preferred Provider List

- Ultimately we wanted a means to fairly evaluate SNF performance
- ➤ Develop a "Preferred Provider" list to be taken to bedside to assist patient's and family in the decision on facility
- This has had a profound and positive impact on the SNFs
 - They were totally engaged
 - Working hard to improve quality and utilization to make the list
 - > At least one SNF made management changes based on results
 - Initially 35% of patients chose the "starred providers" this has now increased to 50% and this has gotten a lot of attention

SNF Preferred Provider List

COMMUNITY PROVIDER LISTING

This listing of community providers is being given to you to assist you and your family in making a decision about which facility to receive your care from upon discharge from the hospital. A representative from case management will discuss your options with you.

The listing is organized by the county in which the facility is located. Those facilities with a STAR next to their name are PREFERRED PROVIDERS. This means that the facility is a top performer under our Quality and Performance Program which compares available quality and performance information for each facility such as Medicare's Five Star Quality Rating System for Nursing Homes.

^{*}See the bottom of this listing for additional information regarding the Quality and Performance Program.

	Camden County	
Abigail House for Nursing And	Alaris Health at Cherry Hill	Aristacare at Cherry Hill
Rehabilitation	1417 Brace Road	1399 Chapel Avenue W
💢 1105 - 1115 Linden Street	Cherry Hill	Cherry Hill
Camden	856-795-3131	856-663-9009
856-365-8500		
Avista Care at Cherry Hill	Barclays Rehab and Healthcare	Cadbury Nursing and Rehab Cente
3025 Chapel Avenue W	1412 Marlton Pike East	2150 Route 38
Cherry Hill	Cherry Hill, NJ 08034	Cherry Hill
856-675-3000	856-428-6100	856-667-4550
Collingswood Manor	Cooper Center for Rehab (Majestic)	Cooper River - Genesis
460 Haddon Avenue	2 Cooper Plaza	5101 N. Park Drive
Collingswood	Camden	Pennsauken
856-854-4331	856-342-7600	856-665-8844
Elmwood Hills (CCHS)	Kresson View Center - Genesis	Laurel Manor
425 Woodbury Turnersville Road	2601 E. Evesham Road	18 W. Laurel Road
Blackwood	Voorhees	Stratford
856-374-6600	** 856-596-1113	856-784-2400



Integrating the PointRight SNF ScoreCard

Invaluable tool for working with SNF:

- Coaching SNF administration
- Helps them focus on the areas that need work in the 5 Domains
 - Staffing, leadership and management
 - APN coverage
 - Process issues
 - Like immunizations
 - Depression screening
 - Patient sedation
- Often the SNF is not aware of what is causing their deficiencies and this gives specific actionable information



Set Up Meetings with SNFs to **Evaluate Performance**

- Focus on Average LOS
 - > Set expectations for the staff, patient and providers that LOS is based on patient functional status not predetermined number of days
 - More intense therapy
 - Additional NP coverage to evaluate patients more frequently
 - Development of clinical protocols



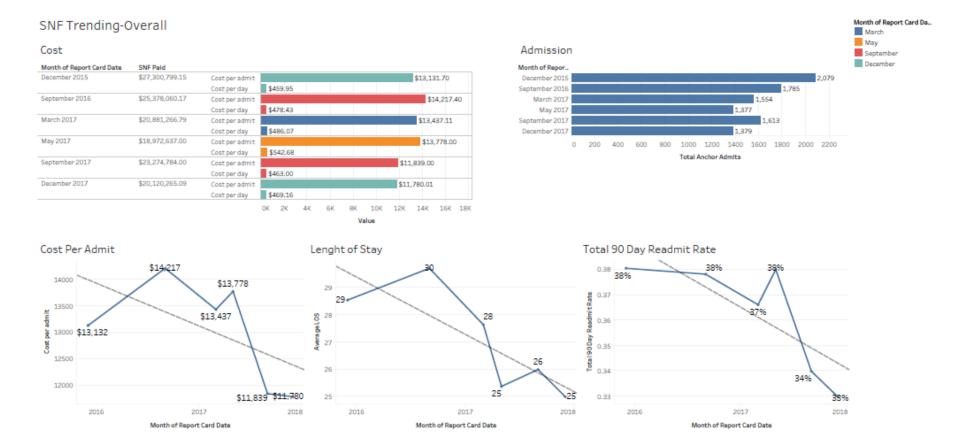
Set Up Meetings with SNFs to Evaluate Performance

Focus on Re-Admissions

- Found that sometimes the providers had very low resistance to sending patients to ED when treatment could be handled at the SNF, especially at night
- Recently began three way meetings with SNF, Provider and ACO to help work these issues out
- Again enhanced coverage with NP thought to help reduce re-admissions
- Need to change everyone's mental model to limit transfers to hospital



SNF Report Card Trending





The MSSP Results: Phase I

Remember 2014 Quarter 4 Annual Per Beneficiary SNF Cost?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	MSSP ACOs	National FFS
\$1,002	\$1,012	\$1,081	\$1,102	\$706	\$816

In 2015, significant reduction of Annual Per Beneficiary SNF Costs for Network:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	MSSP ACOs	National FFS
\$1,055	\$1,038	\$1,027	\$918	\$700	\$832

- 14% decrease in SNF days and 17% decrease in cost (PMPM)
- Reduced SNF PMPY cost by \$184
- Reduced MSSP cost by overall \$6.7M
- SNFs are taking action to change their results including adding staff and relooking at how care is delivered



Goals of the SNF Initiative

Phase II (Beginning 5/1/2016)

Implement Physician Extensivist Model

- Hired SNF Extensivist
- 2. Placement of APNs in SNFs
- SNF Care Coordinator
- 4. Continue to Monitor Quality



Phase II Expected Cost Reduction: (Pilot 8 Facilities)

1 Day LOS Reduction: \$589,401

2 Day LOS Reduction: \$1,178,845

3 Day LOS Reduction: \$1,768,213



Phase II SNF Initiative

- SNF Report Card provided valuable information on best candidates for Extensivist Program
 - High volume/high cost institutions
 - Overlap with our existing ACO providers that cover the SNFs
 - No billing so we do not interfere with the PCP
- Identified 8 SNFs
 - Also had administrative commitment to change culture
 - Willing to credential our SNF Extensivist Team
 - Allow SNF Care Coordinator to participate in discharge planning



SNF Extensivist Pilot (Phase II)

- ➤ Anita Chopra MD Medical Director, SNF Extensivist Program
 - ▶ Geriatrician
 - ≥2 APNs specializing in SNF medicine
 - ➤ SNF Care Coordinator

SNF Pilot Performance thru October 2017

Period	Start Date	End Date SNF	SNFAdmits	SNFPaid	TotalAnchorAdmits	Average LOS	Total readmit rate 90day	Total 90 readmit rate	Cost per day	Cost per admit
Baseline	11/1/2015	10/31/2016 CARE ONE AT MOORESTOWN	50	\$659,779	43	30	19	44%	\$440	\$13,
Baseline	11/1/2015	10/31/2016 MANORCARE HEALTH SERVICES - WASH	INGTC 46	\$581,073	37	7 29	9	24%	\$436	\$12,
Baseline	11/1/2015	10/31/2016 ARISTACARE AT CHERRY HILL	32	\$575,431	29	40	12	41%	\$450	\$17,
Baseline	11/1/2015	10/31/2016 MARCELLA CENTER	28	\$326,915	22	25	4	18%	\$467	\$11
Baseline	11/1/2015	10/31/2016 ELMWOOD HILLS HEALTHCARE CENTER	LC 24	\$446,776	21	45	6	29%	\$414	\$18
Baseline	11/1/2015	10/31/2016 BURLINGTON WOODS	19	\$186,999	16	23	7	44%	\$428	\$9
Baseline	11/1/2015	10/31/2016 LAUREL MANOR HEALTHCARE AND REH.	ABILIT, 18	\$376,848	15	45	2	13%	\$465	\$20
Baseline	11/1/2015	10/31/2016 AVISTA CARE AT CHERRY HILL	14	\$200,190	15	32	6	40%	\$447	\$14
Baseline	11/1/2015	10/31/2016 Total	231	\$3,354,012	198	33	65	33%	\$442	\$14
Period	Start date	End date SNF	SNFAdmits	SNFPaid	TotalAnchorAdmits	Average LOS	Total readmit rate 90day	Total 90 readmit rate	Cost per day	Cost per adm
Performance	11/1/2016	10/31/2017 CARE ONE AT MOORESTOWN	65	\$884,257	55	27	19	35%	\$504	\$13
Performance	11/1/2016	10/31/2017 MANORCARE HEALTH SERVICES - WASH	INGTC 64	\$717,477	58	21	19	33%	\$534	\$11
Performance	11/1/2016	10/31/2017 AVISTA CARE AT CHERRY HILL	29	\$412,462	19	27	5	26%	\$527	\$14
Performance	11/1/2016	10/31/2017 ARISTACARE AT CHERRY HILL	28	\$372,344	24	26	9	38%	\$511	\$1
Performance	11/1/2016	10/31/2017 ELMWOOD HILLS HEALTHCARE CENTER	LC 23	\$297,630	16	26	4	25%	\$498	\$12
Performance	11/1/2016	10/31/2017 BURLINGTON WOODS	21	\$228,798	16	25	8	50%	\$436	\$10
Performance	11/1/2016	10/31/2017 MARCELLA CENTER	20	\$211,704	12	2 20	4	33%	\$529	\$10
Performance	11/1/2016	10/31/2017 LAUREL MANOR HEALTHCARE AND REH	ABILITA 15	\$326,723	12	2 43	5	42%	\$507	\$2:
Performance	11/1/2016	10/31/2017 Total	265	\$3,451,396	212	2 26	73	34%	\$509	\$13
		Difference	34	\$97,384	14	-7	8	1%	67	-\$1
Projected Cost Avoidance	\$396,280	Av	erage LOS	S Reduc	ed 7 Days					
Summary:	\$330,280		_		_					
Average LOS				00.0	ov Do Adr	niccion	Increased 1	0/		
decreased by	-7			90 0	ay Ke-Aui	HISSION	Increased 1	70		
Cost per admit										
decreased by	\$ (1,495)									

Projected Cost Avoidance \$396,280



The Results MSSP: Phase II

- In 2016, significant reduction of Annual Per Beneficiary Costs for Network:
- 22% Decrease in Per Member Per Year Cost Overall

Historical BM	2016	MSSP ACOs	National FFS
\$12,725	\$9,943	\$10,159	\$9,926

> 32% Decrease in SNF Per Member Per Year in 4 Quarters

Quarter 1	Quarter 2	Quarter 3	Quarter 4	MSSP ACOs
\$863	\$649	\$570	\$585	\$698

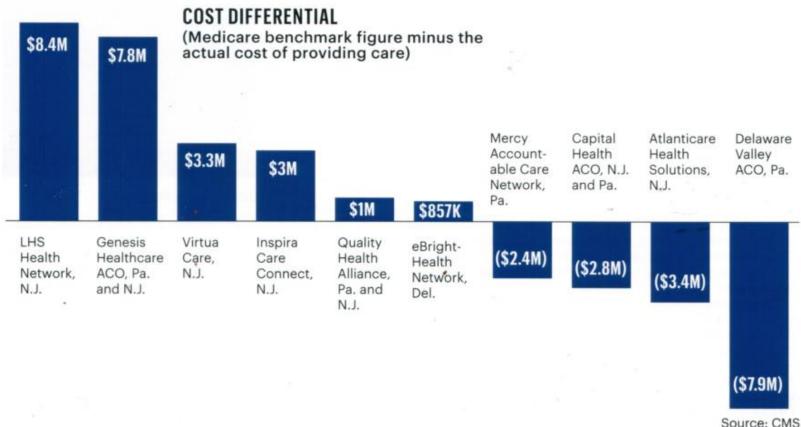
> Overall MSSP cost reduction \$8.4M and we earned \$3.4M



Philadelphia Business Journal

MEDICARE ACO PERFORMANCE REPORT

The 2016 financial reconciliation report recently released by the Centers for Medicare & Medicaid Services show whether Accountable Care Organizations provided care at cost above or below a benchmark figure set by the federal government. Among the 10 local ACOs, only LHS Health Network provided care at a rate below the benchmark to qualify for a share of the savings.





SNF Work Plan For Phase III

	Count of Rendering	,		Average of Medical								
Row Labels	Provider NPI -	Sum of Da 🔻	Average of Day	Paid Amount	▼ LHS Preferred	CMS Star	ACO PCP	Rowan	Roni 💌	SNFist Team Member 🔻 Rehab 🔻	Search Tool	Tier Lev
POWERBACK REHABILITATION MOORESTOWN	125	3,041	24	\$11,96	2 *	5					Yes	3
POWERBACK REHABILITATION VOORHEES	112	2,110	19	\$9,54	*	5		Rowan			Yes	1
LION'S GATE	89	1,777	20	\$10,23	*	5		Rowan			Yes	3
Atrium Post Acute of Woodbury	59	1,710	29	\$14,41	.3 *	5	Venuti			Tracy/Kim	Yes	5
CARE ONE AT MOORESTOWN, LLC	55	1,391	25	\$13,26	9 *	5		Rowan	Roni	Paul/Tracy\Kim	Yes	5
KENNEDY HEALTH CARE CENTER	54	1,077	20	\$10,30	*	5	Venuti?				No	0
CAREONE AT EVESHAM	51	1,775	35	\$15,50	8	2					Yes	1
MANOR CARE HEALTH SERVICES - WASHINGTON	47	984	21	\$11,14	3	3	Venuti	Rowan	Roni	Kim/Paul	Yes	5
VIRTUA HEALTH AND REHABILITATION CENTER A	39	940	24	\$11,64	2	2					No	0
VIRTUA BERLIN REHAB	36	618	17	\$8,96	2	4					No	0
St. Mary's Center for Rehabilitation & Healthcare	32	896	28	\$12,28	37	5		Rowan			Yes	3
PREMIER CADBURY LLC	31	1,247	40	\$18,99	2	2		Rowan	?		Yes	3
Meadowview Nursing Respiratory	27	480	18	\$8,73	2						Yes	1
ARISTACARE AT CHERRY HILL LLC	26	812	31	\$15,55	*	3			Roni	Paul Prime Tracy/Kim	Yes	5
ASPEN HILLS HEALTHCARE CENTER LLC	25	706	28	\$12,68	*	4			Roni		Yes	4
ADVANCED SUBACUTE REHABILITATION CENTER	24	931	39	\$20,13	2 *	5	Venuti				No	0
MANOR CARE OF VOORHEES NJ LLC	24	609	25	\$11,58	*	4		Rowan	?		Yes	3
Silver Healthcare (Alaris)	22	579	26	\$12,59	5	2		Rowan	Roni		Yes	4
AVISTA HEALTHCARE LLC	21	. 562	27	\$14,25	1	2	Goldis		Roni		Yes	4
MASONIC HOME OF NEW JERSEY	20	528	26	\$12,01	.9	3					No	0
BURLINGTON WOODS CENTER - GENESIS	19	456	24	\$10,97	0	2			Roni	Lee/Kim	Yes	5
KRESSON VIEW CENTER - GENESIS	19	588	31	\$13,26	i5 *	3		Rowan			Yes	3
MEDFORD LEAS	18	358	20	\$10,03	4 *	5					No	0
COLLINGSWOOD MANOR	16	438	27	\$10,19	*	5					Yes	1
MANOR CARE-WEST DEPTFORD OF PAULSBORO I	16	595	37	\$17,77	'9	2					No	0
MARCELLA CENTER - GENESIS	16	316	20	\$10,76	*	3			Roni	Paul/Kim	Yes	5
ELMWOOD HILLS HEALTHCARE CENTER LLC	15	451	30	\$14,85	0	3	Venuti	Rowan	Roni	Kim/Tracy	Yes	5
COOPER RIVER - GENESIS	12	176	15	\$5,37	'8	1	Goldis				Yes	2
LAUREL MANOR	12	581	48	\$24,44	9	2	Goldis	Rowan	Roni	Tracy/Kim	Yes	4
BARCLAYS REHABILITATION AND HEALTHCARE CE	9	296	33	\$18,32	1	3		Rowan	Roni		Yes	3



Lessons Learned

- ➤ Take time to establish relationships with the SNFs and engage them in the goals of the ACO – They will respond!
- Learn the operations and business of SNFs including understanding how SNFs are reimbursed



- An ACO (even a Hospital-Based ACO) can positively impact SNF costs
- Strongly consider SNF Care Coordinator
- This is a marathon, not a sprint

