

# Removing Links in the Chain: How a non-clinical team helped our care management teams work more efficiently

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### Care Management Operations

#### Program Development

How

Why

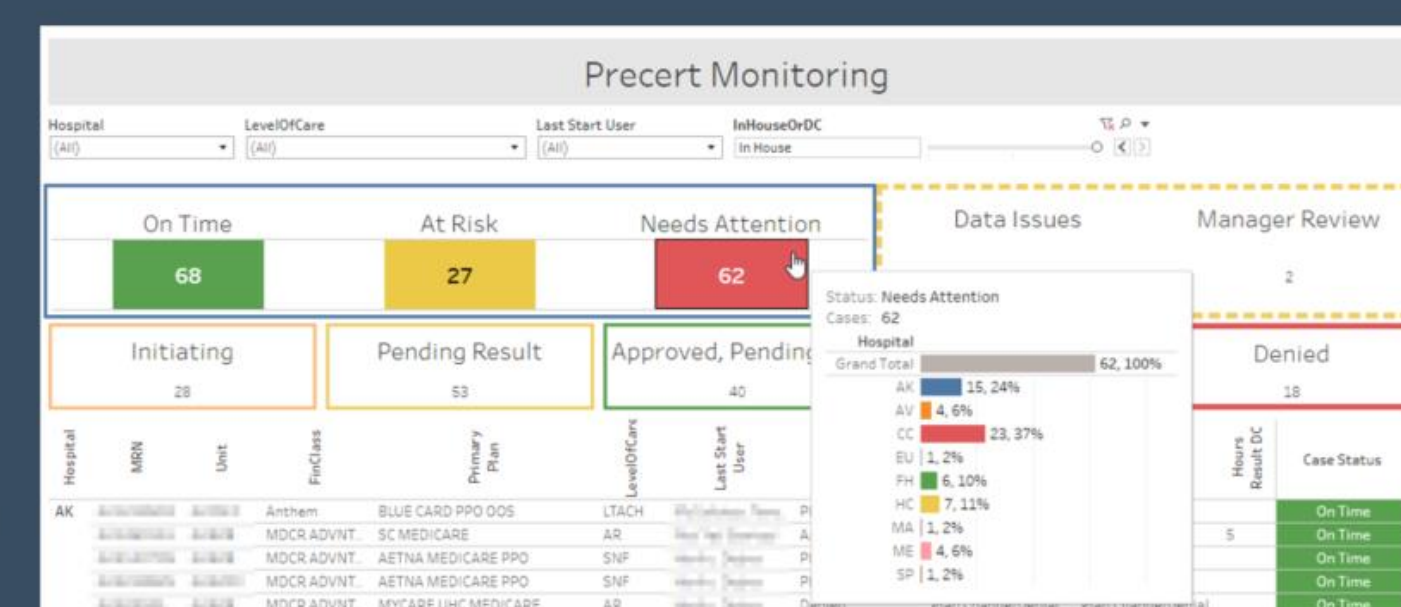
When

- Began using CarePort Tasks to engage CMRC Precert team
- Developed measurement and key milestone procedures
  - CM Tasking → CMRC Initiates → Clinical Review Started → Result → PI Discharge
- More accurately addressing issues and opportunities in process using CarePort Interventions (starting March 2019)
- Delays in discharge readiness leading to increased length of stay
- Minimal transparency in Precert Process
  - Process was only documented in referral notes and was not measurable
- Lack of oversight was not operating in the best interest of our patients
- 90 Day Pilot at Main Campus (Units H80/81, G80/G8)
  - Pilot end – February 27, 2019
- Since March, 2019
  - 10 hospitals rolled out
  - ~29,000 Distinct Patients
  - ~34,000 Precert Attempts
  - 89% Approval Rate
  - ~118,000 Precert Communications

#### Care Management Tools

##### CMRC Specialist Monitoring Dashboard

- Daily workflow dashboard
- 'Real-Time' prioritization of cases based on milestone and timeliness
- Intimate view of process flow and management
- Quickly find problem cases, hospitals with high exception volumes, etc.



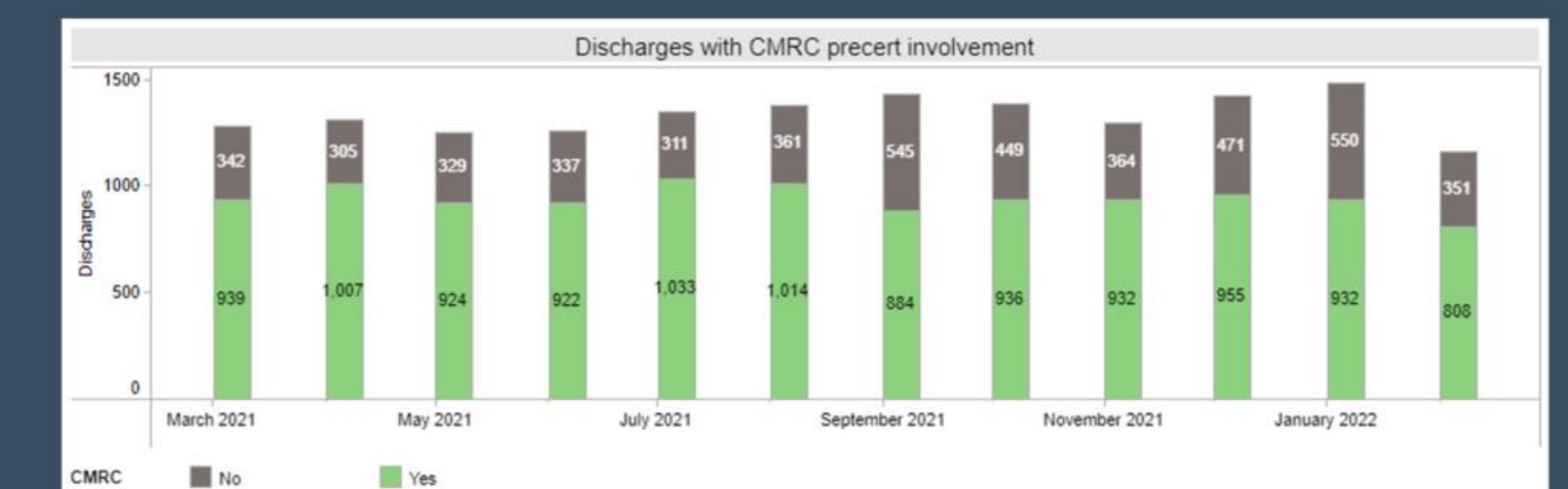
#### Care Management Tools

##### Care Management Hospital Performance Report

- Key Performance Measures, monthly
  - Historical Average
  - Average Time Per Attempt
  - Approval Rate
  - DC Plan Change Rate
  - Average time from Approval to DC



#### Care Management Tools



##### Care Management Hospital Usage Report

- Percentage of Adoption, monthly
- Volume of cases tasked, or not, to CMRC

#### Care Management Tools

Avg Time by Payor

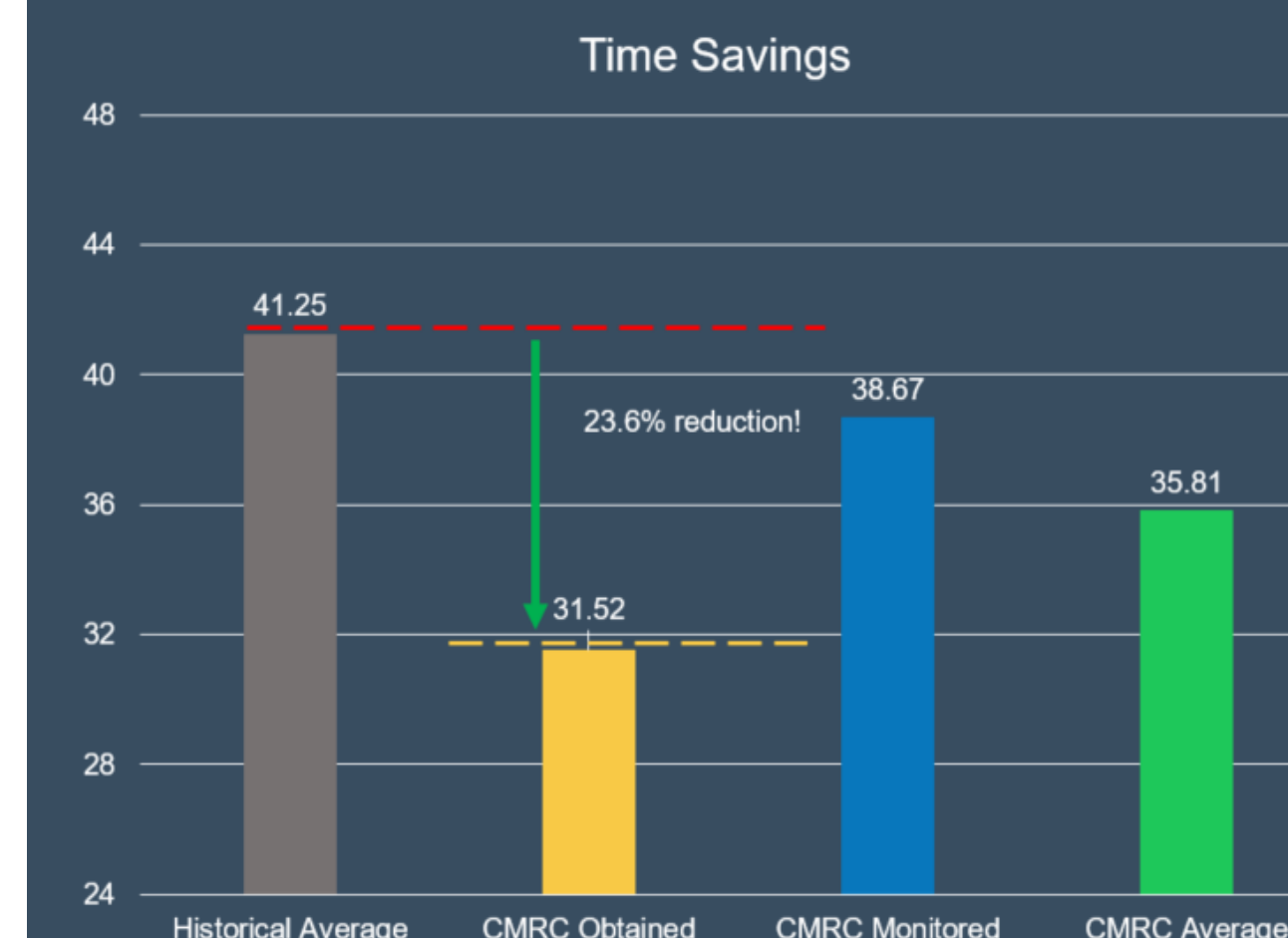
Payorname F	July	Q3	Start Date	October	Q4	November	December	January	February
United Healthcare	32.53	32.44	13.60	14.29	25.91	19.96	17.73	14.14	
Medicare	28.86	31.90	29.70	16.09	31.14	24.65	13.68	29.61	
Humana	34.32	28.41	15.67	13.51	18.19	16.70	15.03	16.05	
Centimark	46.09	31.36	11.88	20.42	39.12	19.51	17.50		
Centimark	48.57	55.94	27.80	28.87	29.62	31.22	26.57	27.10	
Centimark	36.33	43.01	36.87	35.46	45.59	36.44	33.82	58.25	
Humana	42.11	39.55	20.83	29.53	33.11	22.83	11.58	14.14	
Medicare	24.62	29.53	17.51	13.77	21.22	25.61	14.45	14.50	
Medicaid	48.51	47.88	22.12	23.54	39.12	38.98	29.59	26.45	
Centimark	39.23	48.60	20.16	27.30	35.50	25.70	32.05	30.13	
Centimark	34.15	44.20	20.23	10.71	14.00	4.39	15.63	4.50	
Centimark	34.14	25.49	8.99	7.88	42.00	13.40	11.53	11.29	
Centimark	41.26	20.67	23.00	39.81	36.67	27.63	34.73	33.96	
Centimark	21.97	18.00	52.64	21.10	32.78	25.56	36.63		
Centimark	32.83	33.59	4.83	19.61	34.23	14.94	32.15	4.42	

- Payor Performance Table
- Sorted by volume
  - Average time per precert attempt

#### Key Successes- Service Expansion

- Portals embraced for faster results and electronic submission
- Managed the tracking of emergency waivers during COVID surges for process continuity
- Leverage Floor-To-SNF programs when possible

#### Key Successes - Timeliness



- Average of 9.73 hours saved in precert process per attempt for cases pursued by CMRC
- Cases monitored or pursued by CMRC see a reduction in time
- Opportunity for decreased LOS

#### Result Communication

##### Email Triggers for Care Managers and CM Management Teams

- Automatically sent within 30 minutes any Result intervention logged
- Does not take place of individual communication
- Expedited communication allows for quicker progress toward discharge



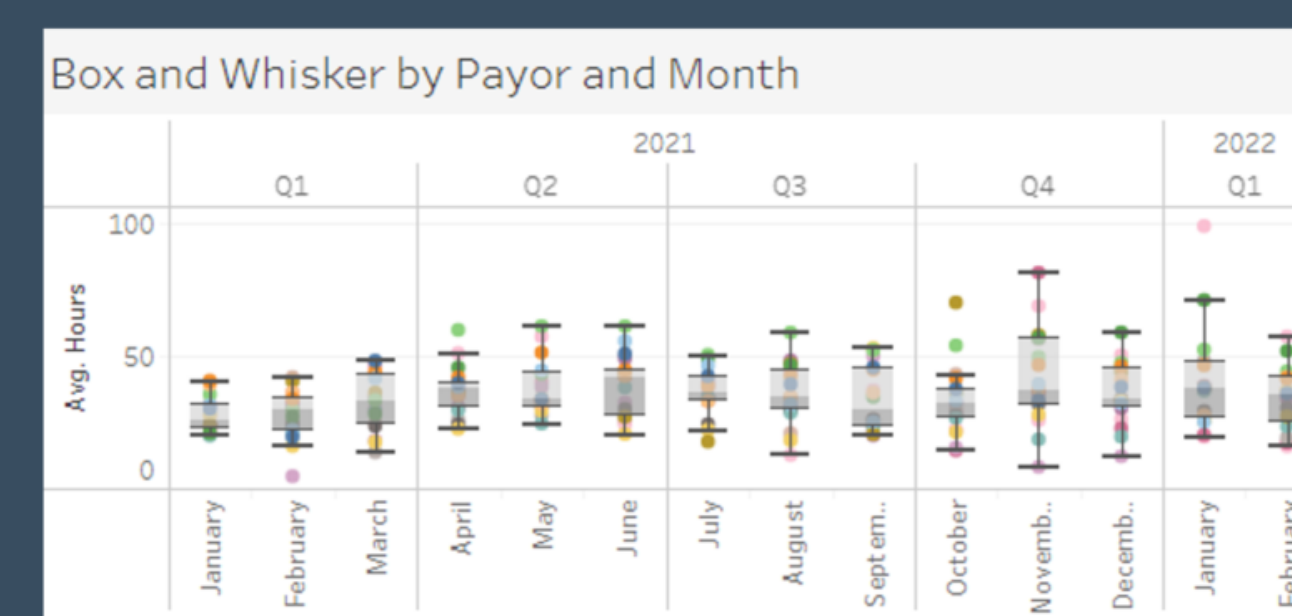
#### Result to Discharge

##### Approval to Discharge Dashboard for CM Management Teams

- Any case with a Precert Approval that is still in house is included
- Manager Review note is included in other reports (Monitoring), for expedited communication across teams
- Allows for prioritization of patients who have an active Precert Approval



#### Payor Relations



##### Payor Response Time Analysis

- Timeliness study of payor tendencies
- Identify payors that are outliers relative to their peers
- Can be used in ongoing collaborative efforts between CCF and payor partners
- Identifies priority moving into 2022

#### Opportunities for 2022

- Continued collaboration across Inpatient Care Teams
  - Recently began working with PM&R on Clinical Documentation efforts for Acute Rehab cases
  - Supporting Peer to Peer and Post-Acute denial process
- Payor collaboration
  - Obtain versus monitor
  - Reduce response times wherever possible
- Realization of Precert Time Savings
  - Further reduction of time from approval to discharge likely resulting in length of stay savings

#### Contact Information

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