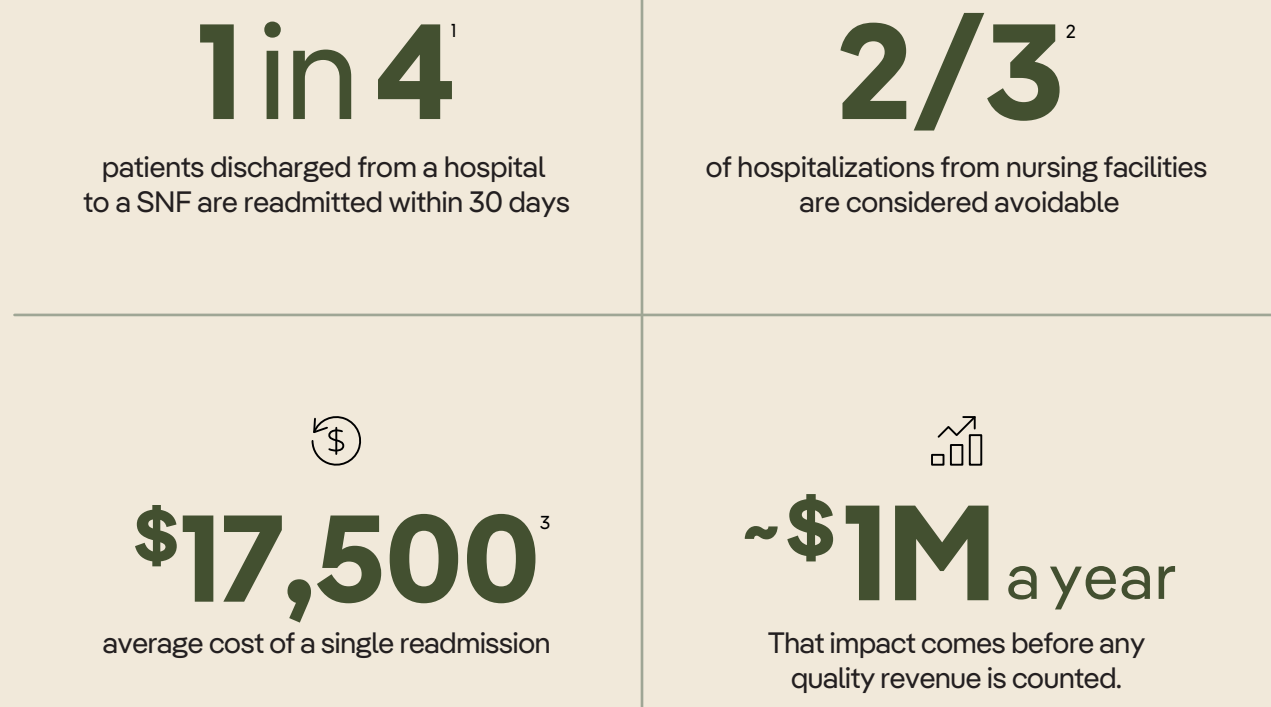


The Post-Acute Levers Inside Your HEDIS Performance

For Medicaid plans, a growing share of quality performance is decided during the post-acute stay. Here's why it matters, what it's worth, and how plans can act sooner.

THE MATH

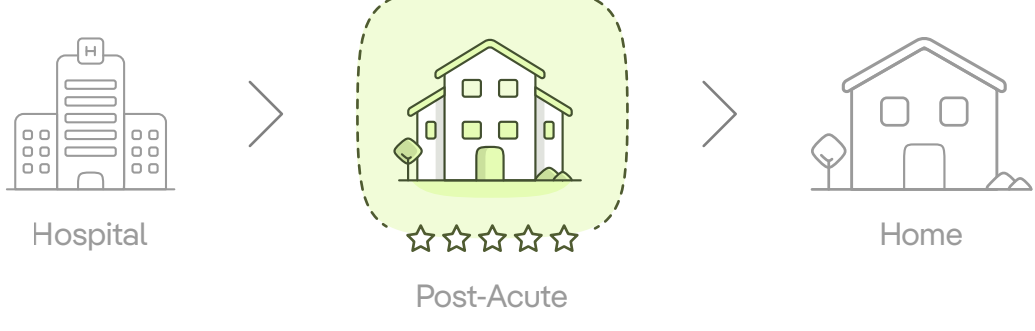
One prevented readmission per week means about a million-dollar impact to the bottom line.



The Why

Why The Post-Acute Stay Matters So Much to HEDIS Performance

For Medicaid plans, quality performance runs through the post-acute stay.




Quality dollars move quickly after discharge

Medicaid follow-up windows are short, and missed outreach affects both scores and revenue. By the time a claim confirms the gap, the opportunity to close it has often passed.


Your most complex members often rely on post-acute care

Dually eligible members, members with LTSS needs, and medically complex members rely more on post-acute care. As enrollment shifts, these members may make up a higher share of the plan's population, increasing the quality impact of every transition.

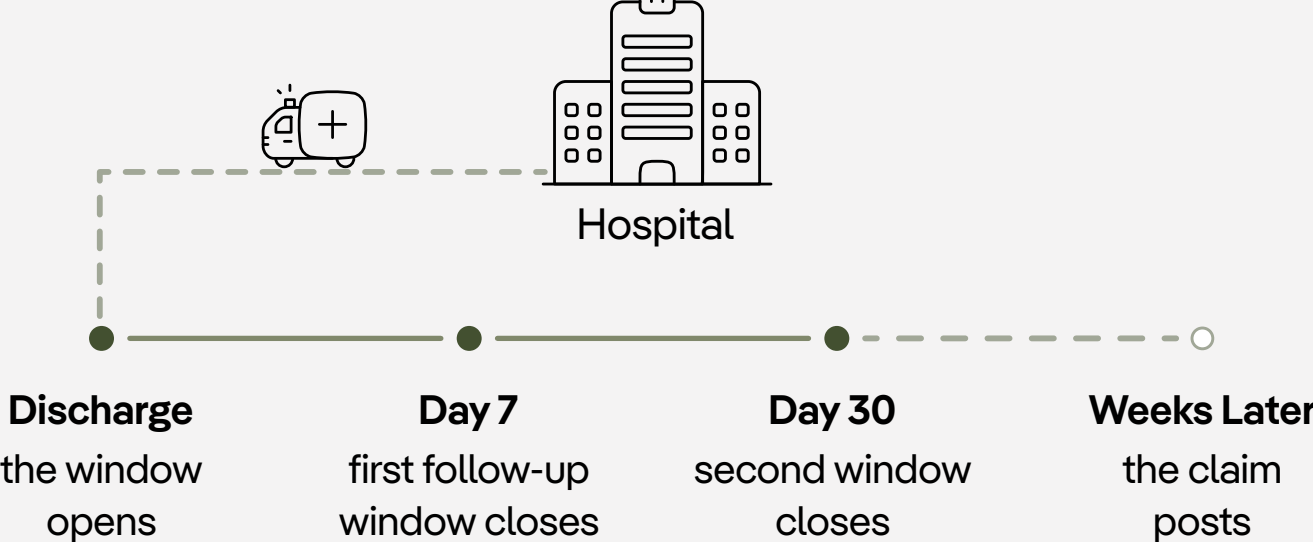

States expect smoother transitions home

Medicaid plans are increasingly accountable for whether members move safely from post-acute care back to the community. That outcome is shaped during the stay, not just after discharge.

THE CLOCK

Claims tell you what happened. They do not give you time to change it.

Many of the follow-up windows that state quality dollars are tied to open the day a member is discharged, and they are counted in days.



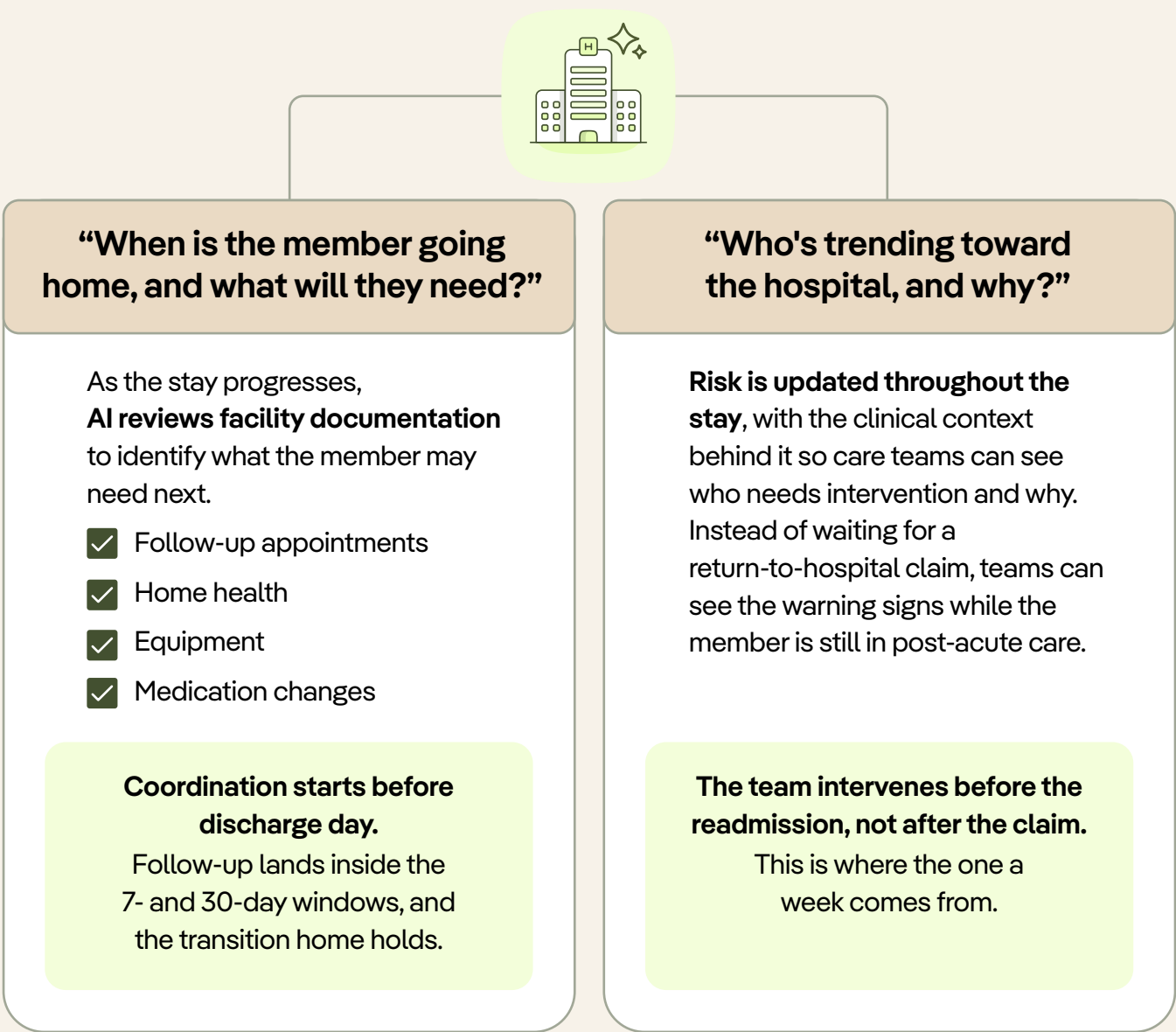
By the time a claim appears, the 7- or 30-day follow-up windows are already closed.

Plans need visibility during the stay, when there is still time to act.

THE HOW

Two Answers Plans Need Before Discharge

Two questions decide every member's transition. The answers now arrive while there's time to act on them.



THE RESULT


Readmissions prevented


Follow-up inside the windows


Withhold dollars protected

THE SELF-CHECK

Three Questions Every Medicaid Quality Team Should Ask

- ?**

Do you know your average length of stay by facility?
- ?**

Do you know your readmission rate from post-acute versus home discharge?
- ?**

Do you know which members are ready for discharge two days before it happens?

If the answers are hard to find, your next HEDIS opportunity may be inside the post-acute stay.

See How Plans Act Before the Window Closes

Sources
¹ The Revolving Door of Rehospitalization From Skilled Nursing Facilities, Health Affairs
² Potentially Avoidable Hospitalizations of Nursing Home Residents: Frequency, Causes, and Costs, Journal of the American Geriatrics Society
³ Clinical Conditions With Frequent, Costly Hospital Readmissions by Payer, 2020, AHRQ HCUP Statistical Brief #307

⁴ PointClickCare calculation: 52 readmissions x \$17,500 average readmission cost = \$910,000.

