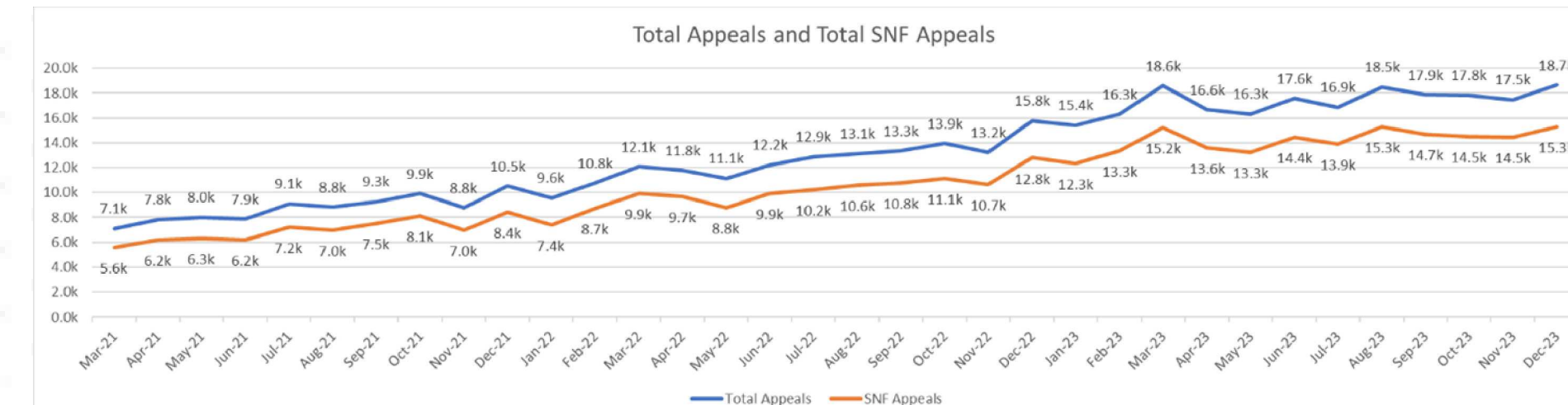




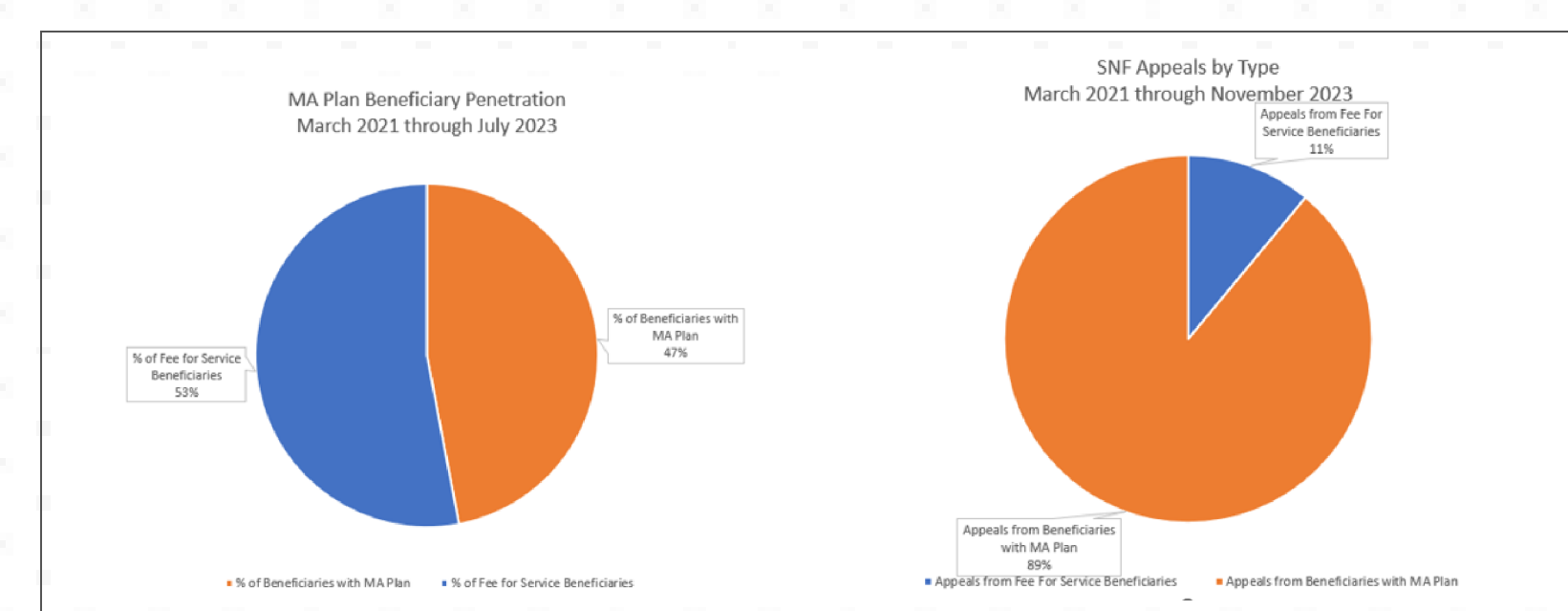
Problem Statement

The Beneficiary and Family Centered Quality Improvement Organizations (BFCC-QIO) gather and analyze numerical data from appeals reviews. Understanding these patterns and their consequences is vital for creating specific interventions and policies to guarantee the effective and efficient provision of healthcare service to Medicare beneficiaries. Therefore, it is imperative to analyze the quantitative data from appeals reviews and identify potential factors contributing to these trends, ultimately aiming to improve the quality of care and optimize resource allocation within the Medicare program. The graphs below depict a few notable trends identified by Kepro.

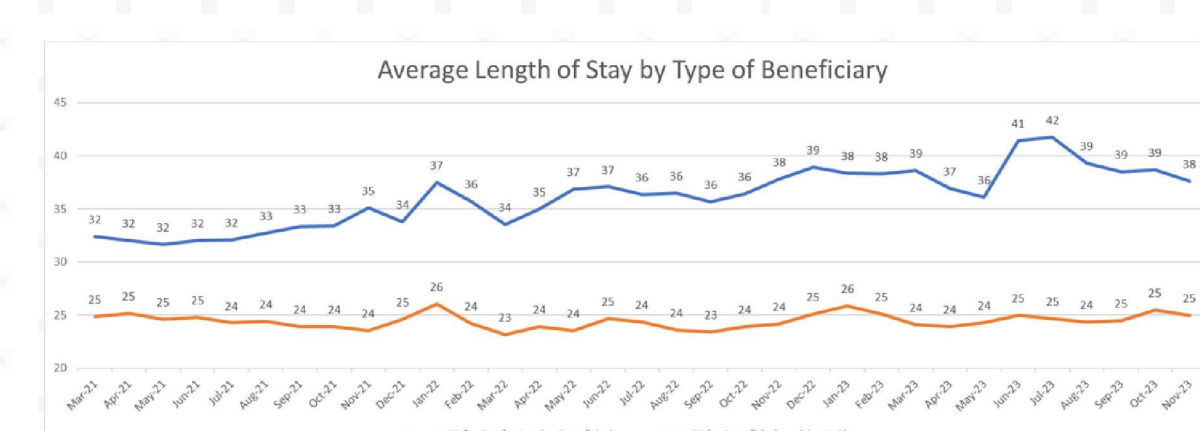
1. There has been 156% increase in monthly appeals volume from March 2021 to November 2023. Approximately 80% of this volume is due to appeals from the skilled nursing facility (SNF) setting.



2. Although 47% of Medicare beneficiaries are enrolled in a Medicare Advantage (MA) plan, 89% of appeals from the SNF setting come from MA plan beneficiaries.



3. There is a significant difference in the length of stay at SNFs for Fee-For-Service beneficiaries compared to Medicare Advantage beneficiaries.



Purpose

To better analyze the noted quantitative data trends, Kepro identified the need to collect qualitative data with a focus on beneficiary clinical characteristics. Gathering and analyzing qualitative data leads to a better understanding of the factors driving the trends in Medicare beneficiaries' appeals. By interpreting the clinical characteristics of Medicare beneficiaries who file appeals, Kepro aims to identify potential issues that could impede access to care and compromise the quality of care. Through this analysis, we seek to develop and implement targeted solutions to enhance the overall quality of care provided to Medicare beneficiaries.

Method

1. Identification of Clinical Indicators:

Kepro identified a few key clinical characteristics used to determine a Medicare beneficiary's need for services in a SNF. These clinical indicators included:

- The admitting diagnosis of the beneficiary.
- The distance a beneficiary was able to walk prior to their admission to the SNF and at the time the appeal was filed.
- The assistance a beneficiary needed for walking prior to their admission to the SNF and at the time of appeal.

2. Auditing of Appeals Cases:

- Kepro audited a representative sample of 5% of appeals cases from the SNF setting between September 2023 and November 2023.
- The purpose of the audit was to gather information regarding the key clinical indicators identified in step 1.

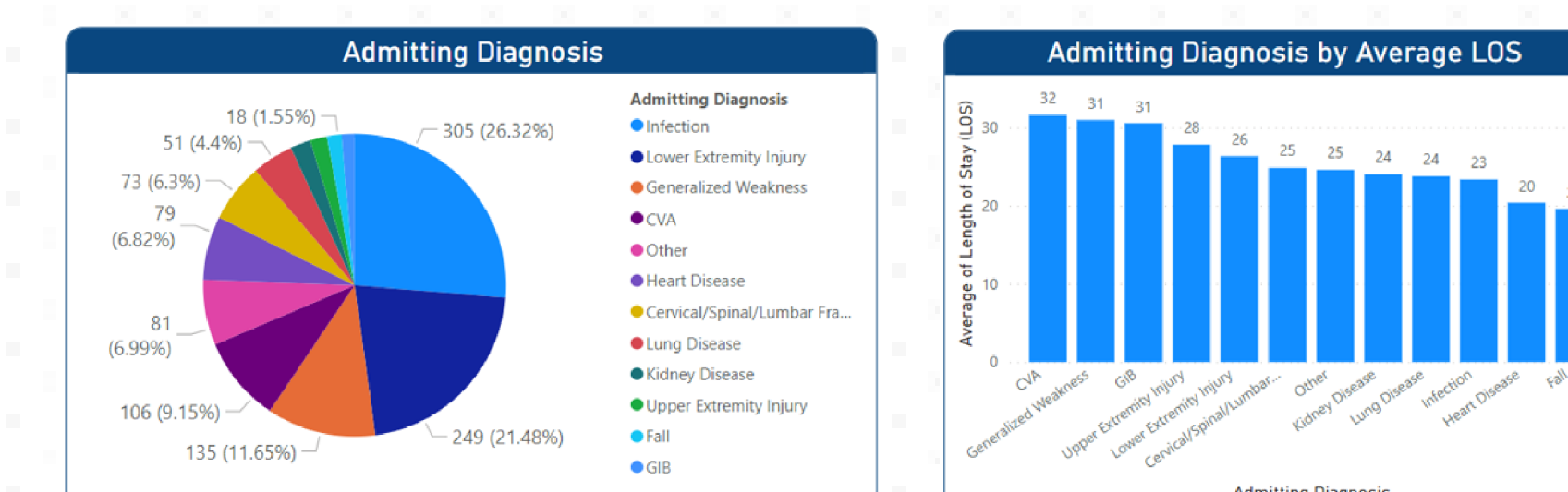
3. Data Abstraction:

- Data was abstracted from 2,812 appeals cases.
- The abstraction process involved extracting relevant data from the appeals cases and recording it for analysis.

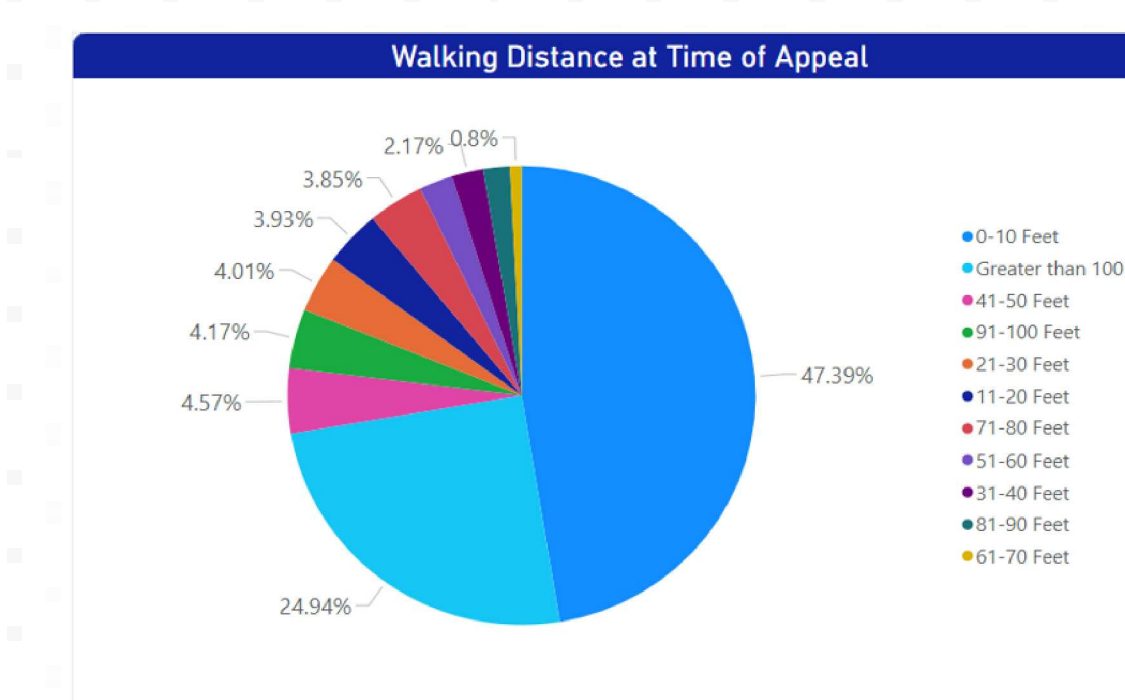


Results

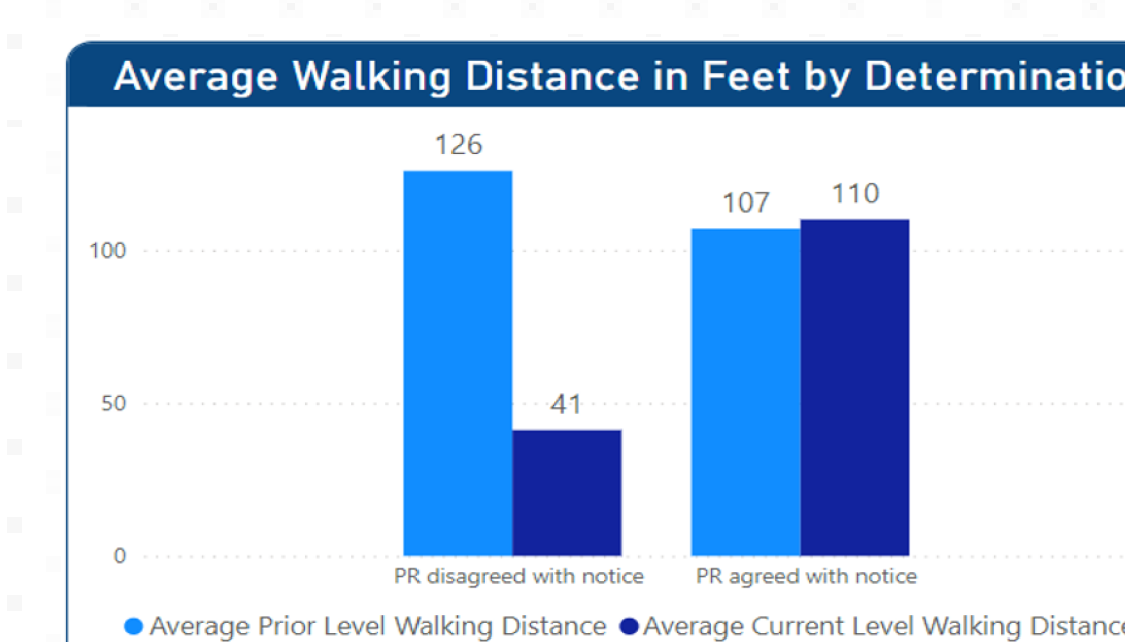
1. Approximately 50% of Medicare beneficiaries admitted to a SNF had previously been treated in a hospital for either an infection or a lower extremity injury. Beneficiaries with generalized weakness or those who had suffered cerebral vascular accident (CVA) experienced the longest length of stay at SNFs.



2. Nearly half (47%) of Medicare beneficiaries were only able to walk a distance of 0 to 10 feet when they filed an appeal.



3. Physician reviewers typically disagreed with the Notice of Medicare Non-Coverage when the distance that a beneficiary was able to walk at the time of the appeal was significantly lower compared to the distance they were able to walk prior to the onset of their illness or injury.



Conclusion and Next Steps

In conclusion, the audit of clinical indicators from a 5% sample of post-acute care (PAC) cases at SNFs between September and November 2023 has provided valuable insights into the dramatic 156% increase in the volume of monthly appeals observed from March 2021 to November 2023. Additionally, it shows the disproportionate number of appeals originating from Medicare Advantage (MA) plan beneficiaries who represent only 47% of Medicare enrollees yet account for 89% of the total appeals from SNFs. This disparity raises concerns about the MA plans' management of care and potential issues with premature issuance of Notice of Medicare Non-Coverage, particularly given the notable decline in a beneficiary's functional status at the time of appeal. The average walking distance of beneficiaries decreased from 126 feet prior to admission to a mere 0 to 10 feet at the appeal stage. This signals a potential gap in care continuity or inappropriate discharge planning for those enrolled in MA plans.

These preliminary findings underscore the necessity for ongoing monitoring and assessment of the clinical characteristics of Medicare beneficiaries. A deeper understanding of the differences in outcomes for those in MA plans versus traditional Fee-For-Service arrangements is imperative to ensure the delivery of high-quality care. This will also safeguard the rights of beneficiaries to access the benefits to which they are entitled under the Medicare program. To facilitate the ongoing monitoring and assessment of the clinical characteristics of Medicare beneficiaries, programmatic changes were introduced to Kepro's proprietary appeals processing system. This will facilitate data collection and allow data about key clinical characteristics of Medicare beneficiaries to be collected for 100% of appeals reviews from the SNF setting by March of 2024.

