

# Case study



## How a large health plan improved member outcomes, increased provider satisfaction, and reduced cost of care using Carelon's Post Acute Facility Benefits Management Solution.

Following a hospital stay, members may need the extra support of a post-acute care facility before transitioning home. There are a lot of moving parts that need to be coordinated to provide the smoothest transition of care possible. At Carelon, we coordinate with all stakeholders to ensure members receive quality care and appropriate lengths of stay in all post-acute care settings.

This case study shows how our post-acute services partnered with a large health plan to improve member outcomes, provide seamless transitions of care, and achieve cost of care savings.

### The challenge

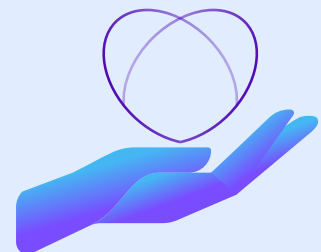
The health plan managed their own post-acute facility care in-house. They were beginning to feel the strain of fragmented processes. This resulted in a poor member experience, sub-optimal outcomes, and higher care costs due to inefficient utilization of post-acute care facilities. Providers felt frustrated by manual, administrative systems. The plan began searching for a platform that was entirely focused on post-acute care and encompassed all parts of the process.

“I absolutely love the Carelon portal and the ability to get an immediate approval.”

– Indiana provider

“This has been by far the easiest platform for prior authorization.”

– Missouri provider



## Success rates:

See the success rates by the numbers. Members were transitioned to the most appropriate care facilities utilizing CMS criteria and transferred home faster.

### Inpatient rehab facility (IRF) impact

# 51%

increase in appropriate care redirection

### Long-term acute care hospital (LTACH) impact

# 61%

increase in appropriate care redirection

### Average skilled nursing facility (SNF) length of stay

# 24%

decrease in length of stay

### Skilled nursing facility impact admits per 1,000

# 14%

decrease in admissions

## The solution

After reviewing their options, the health plan determined that our Post Acute Facility Benefits Management Solution was the best fit for their needs. The easy-to-use provider portal and commitment to clinical appropriateness reviews made the decision simple.

We immediately hit the ground running with an implementation plan for the health plan. The teams recognized the importance of getting the relevant clinical assessments to ensure members were transferred to the most appropriate level of post-acute care.

Because we provided proactive education on their provider portal, as well as ongoing support after launch, providers felt comfortable with the implementation.

## The launch

The health plan experienced great success using the facility-based solution, exceeding expected target metrics. Providers raved about the user-friendly portal and immediate visibility into approval processes. Requests that met clinical review guidelines were automatically approved, reducing delays in care. If cases didn't meet criteria, the conversation didn't stop there. The requesting provider or facility was given the option for a peer-to-peer discussion to present additional information that may impact the member's care, minimizing grievances and appeals.

There was also a significant reduction in cost of care and over utilization. Our clinical appropriateness reviews helped divert members to post-acute care facilities where they received more appropriate levels of care and length of stay.

After only six months in the program, the health plan saved over \$5 per member per month through redirection of care. They also saw 77% portal adoption while ensuring quality clinical member outcomes.

At Carelon, we're committed to providing an excellent experience for plans and providers. Let's create better outcomes for your members.

Learn more about our post acute care solutions [here](#).