

Readmission Prevention Program

Improving health outcomes and containing the cost of care

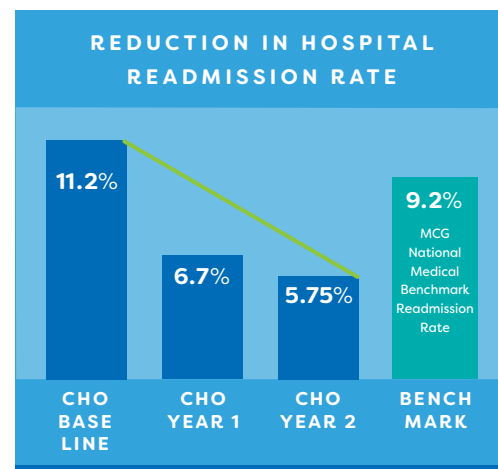


Large and small businesses alike are struggling to manage the cost of healthcare benefits, each year hoping for competitive renewal rates. Community Health Options (Health Options), a Maine-based non-profit health insurer and health plan administrator understands, and is doing something about it by implementing programs that make a positive difference.

In ongoing efforts to simultaneously lower health care costs, improve quality and increase Member satisfaction, the Health Options' Medical Division placed significant focus on reducing hospital readmissions. Adopting MCG's Health guidelines¹ in July 2019, the team began completing risk assessments with every inpatient authorization. At that time, MCG's analysis of Health Options' claims determined that the 30-day medical readmission rate was 11.2%, a rate the team believed they could reduce.* With the enhancements made to the readmission prevention program, the MCG 30-day rate decreased significantly in the most recent two-year measurement period. Read on for details on results and actions taken.

RESULTS

- The MCG 30-day hospital readmission **rate fell from 11.2% to 6.7% in year one and to 5.75% in year two**, representing a **48.7% total decrease in the hospital readmission rate**. Additionally, the rates fell well below the most **current MCG national medical benchmark readmission rate of 9.2%**².
- Programs like this one have led to improved outcomes and reductions in the total cost of care, which is one of the reasons **average renewal rates offered by Health Options across all quoted large groups in 2020 and 2021 were below the expected national average**.



Reducing hospital readmission rates is just one of the ways Health Options is working hard every day to improve health outcomes and the total cost of care.

Average renewal rates offered by Health Options across all quoted large groups in 2020 and 2021 were **lower than the national average of expected premium** increases of **3.4%**³ and **4.4%**⁴ respectively.

*Based on 2018 Claims

¹ <https://www.mcg.com/about/company-overview/>

² <https://www.mcg.com/care-guidelines/benchmarks/>

³ <https://www.mercer.us/what-we-do/health-and-benefits/strategy-and-transformation/mercer-national-survey-benefit-trends.html>

⁴ <https://www.mercer.com/newsroom/health-benefit-costs-expected-to-grow-4-4-in-2021-as-employers-face-continued-economic-uncertainty-mercer-survey-finds.html>

Steps Taken

READMISSION PREVENTION PROGRAM

Members identified as at risk for readmission due to having a diagnosis of stroke, diabetic complications, COPD, heart failure, pneumonia or joint replacements were referred to the Health Options' Care Management Team, and enrolled in the **Readmission Prevention Program**. The program included:

- Outpatient provider support during the 30-day readmission period and beyond;
- Barrier removal support to follow-up care, including receipt of medications, and durable medical equipment; and
- Care Managers who provided education on disease processes, medications and treatment plans.

TRANSITION OF CARE PROGRAM

Members who did not qualify for the Readmission Prevention Program but were discharged from a facility were enrolled in a **Transitions of Care Program**. This program included:

- Assistance with removal of barriers to follow-up care including receiving medications and durable medical equipment; and
- Care Managers who provided education on disease processes, medications, and treatment plans.

In both groups, a **Point of Service Program** was instituted and offered, which included:

- A one-touch resolution model with support for medication barriers (cost, prior authorizations, provider outreach, formulary education), and transportation barriers including utilization of community partners or local services to assist Members with getting to and from appointments/treatments; and
- Out-of-network/out-of-area support with finding providers, all specialties, in-network or in the geographic area which included assistance with finding alternatives to out-of-network, durable medical equipment companies, and other suppliers.

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