

Transitions of Care Panel Discussion



April Gaines
Crete Area Medical
Center



Beverly Nelson
Boone County
Medical Clinic



Bill Calhoun
Kearney Regional
Medical Center

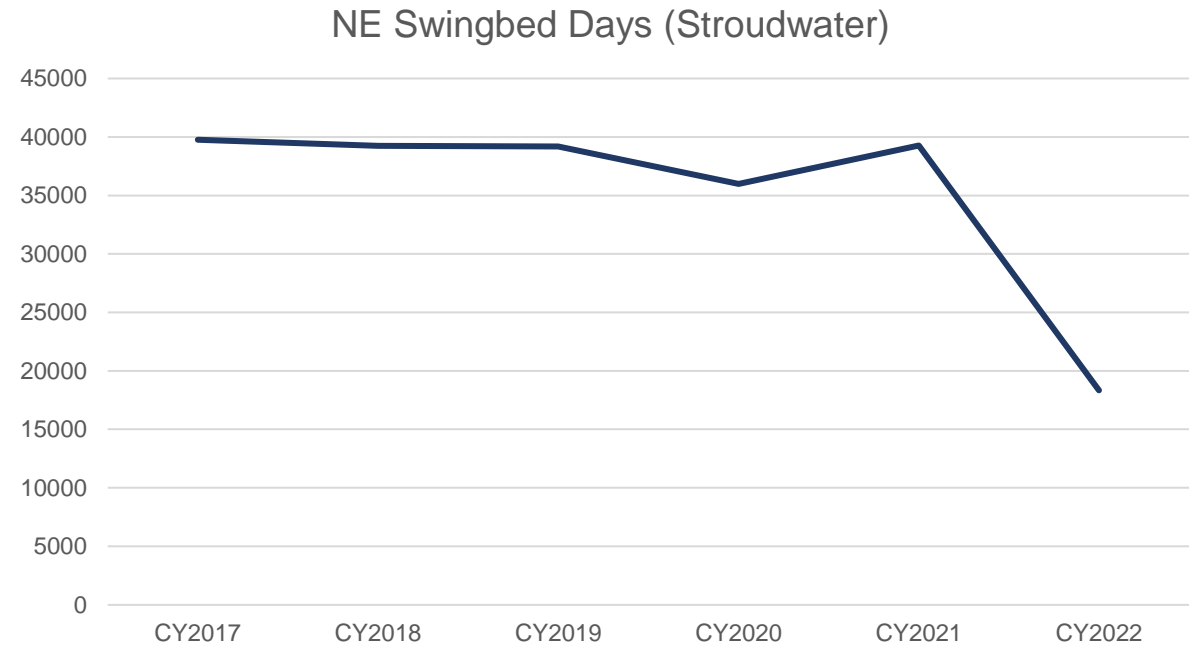
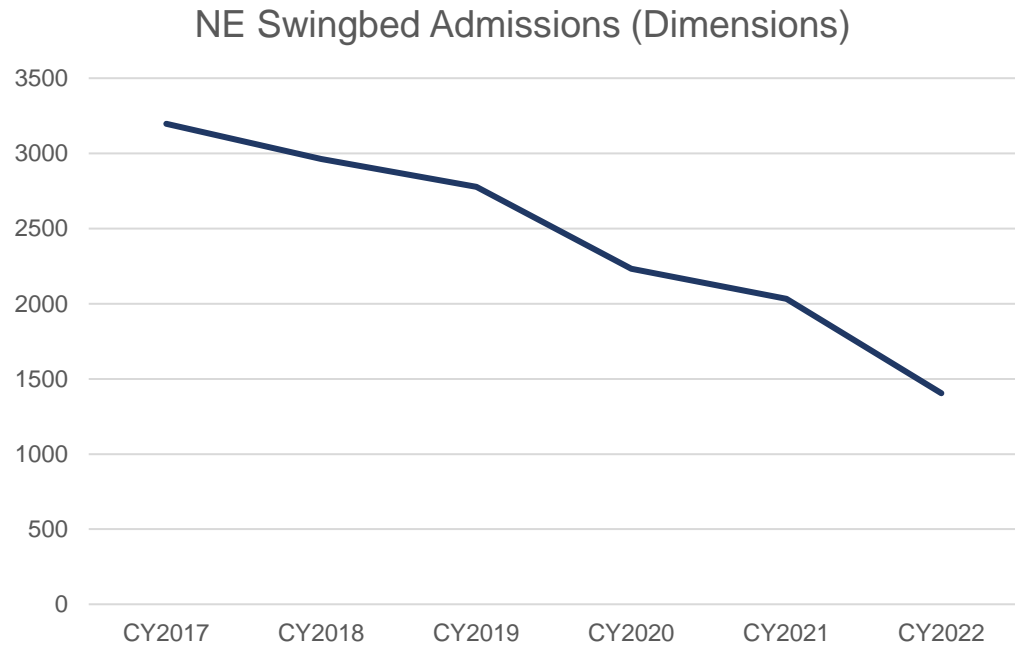


Shelly Graham
Memorial
Hospital



**Dr. Daniel
DeFreece**
CHI St. Mary's

Swingbed Admission Data



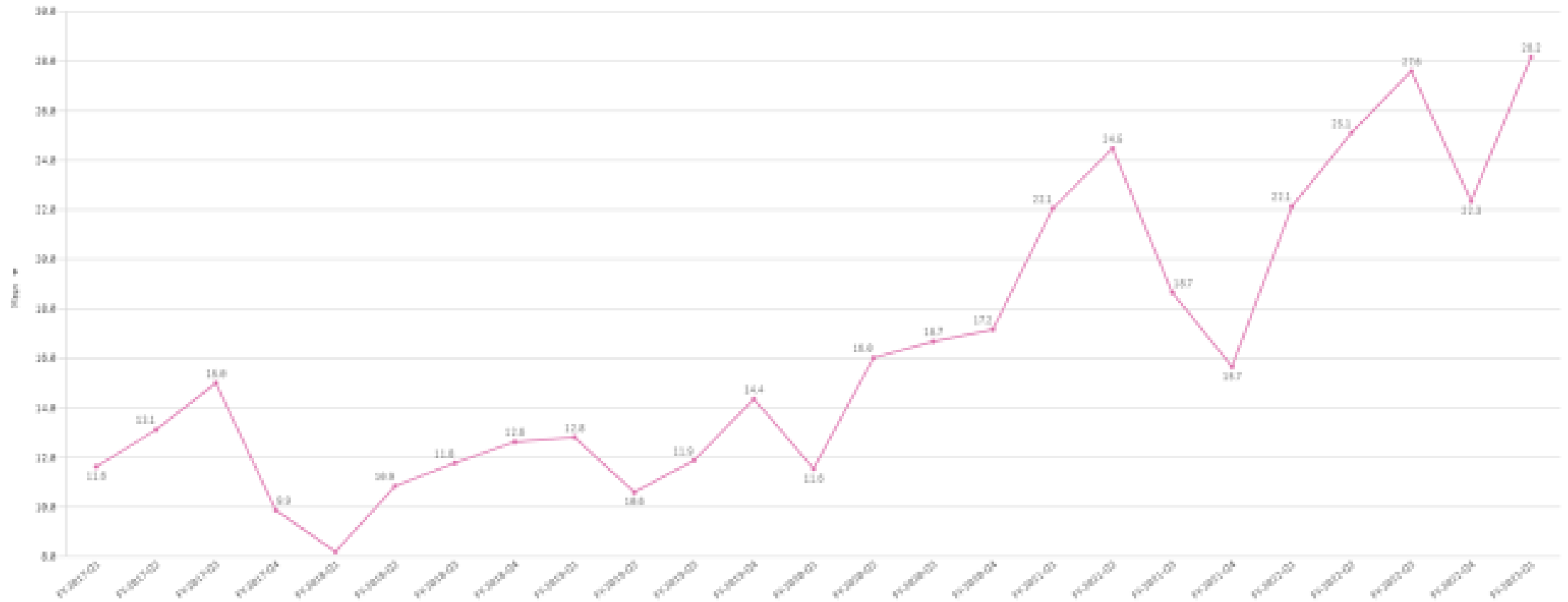
CHI Swingbeds

Results- AIDA Only for MO Valley, NE City, Schuyler, Plainview, and Corning

Volume Pattern Explorer

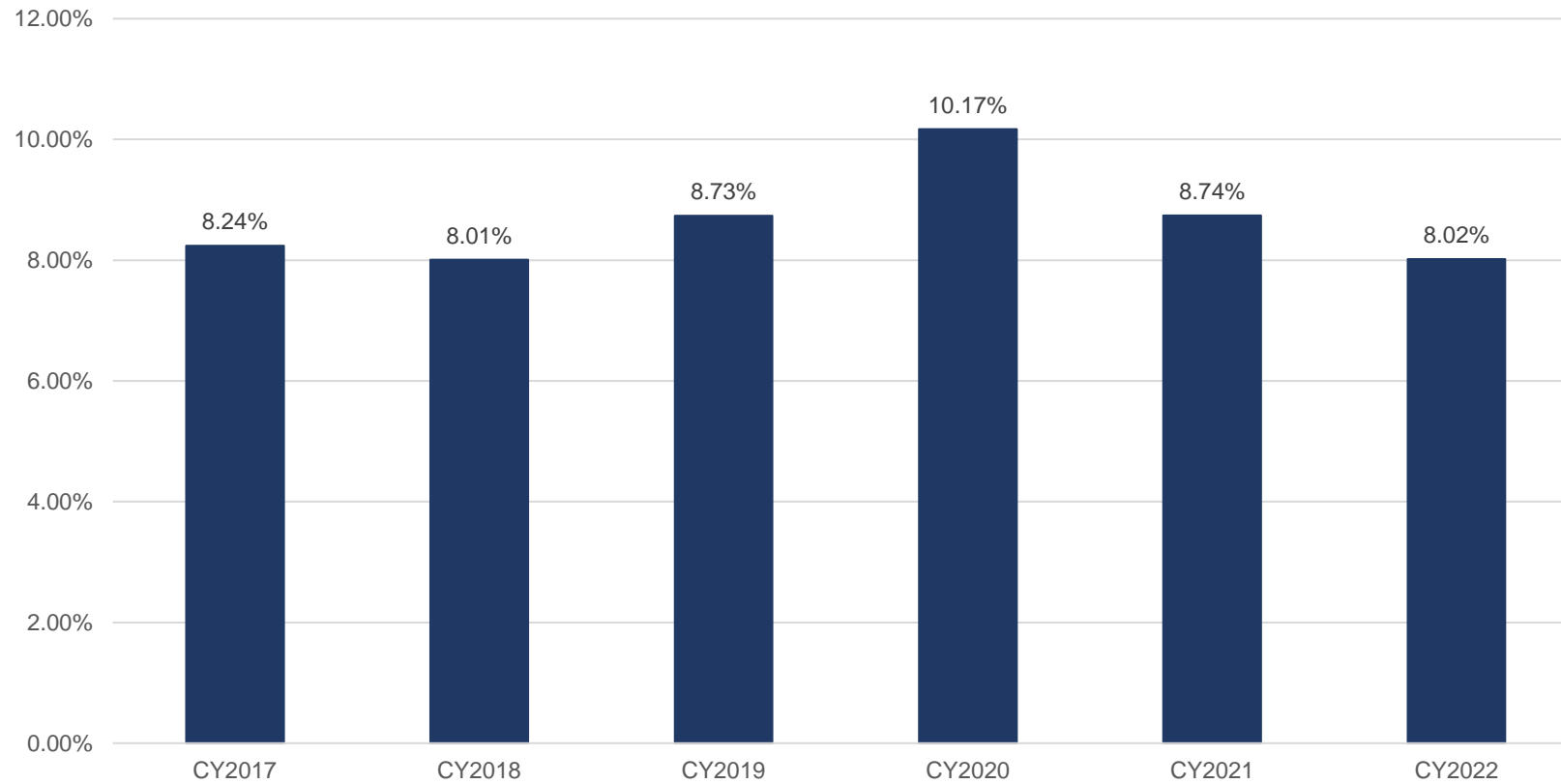
CommonSpire

Trend By Quarter View

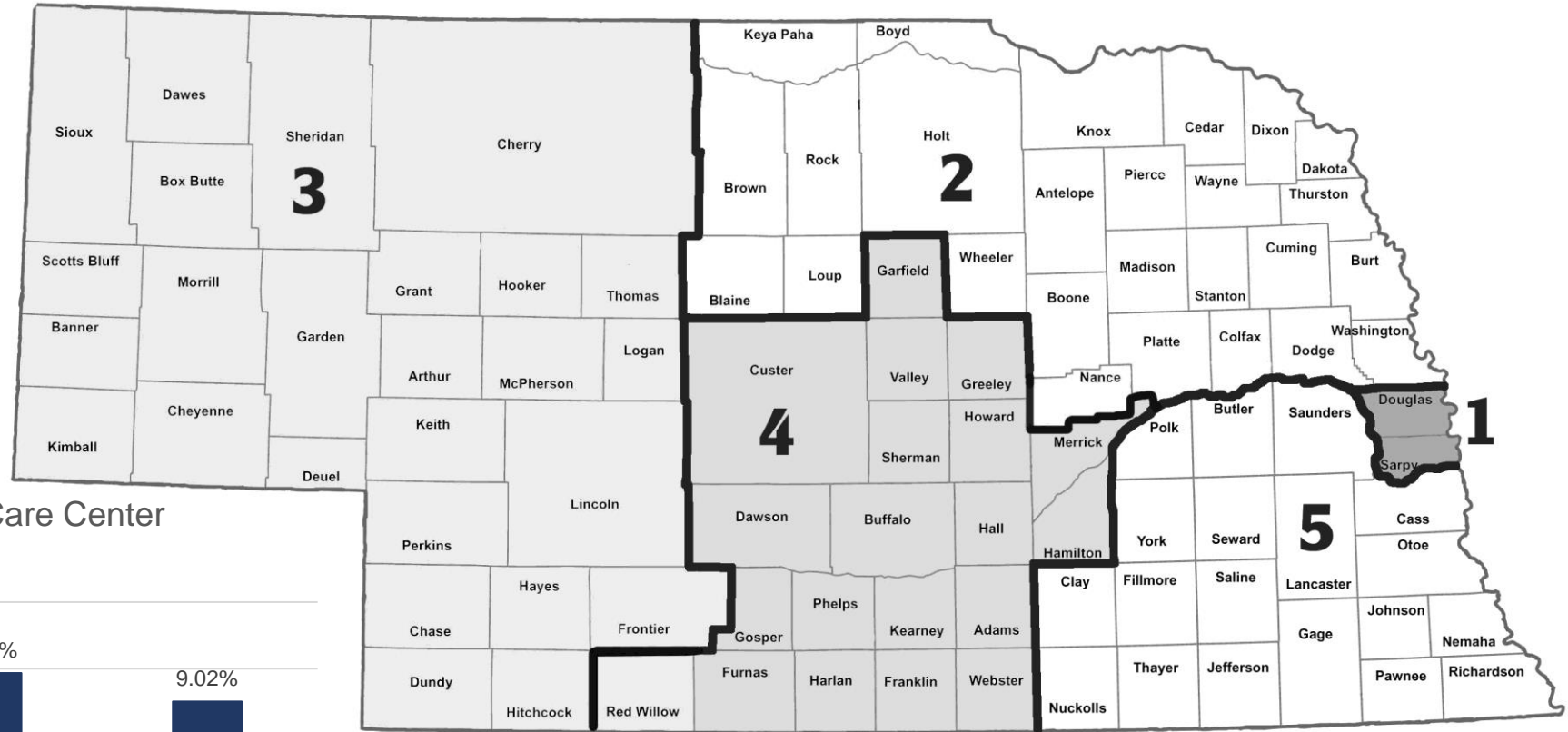


ED Transfer Data

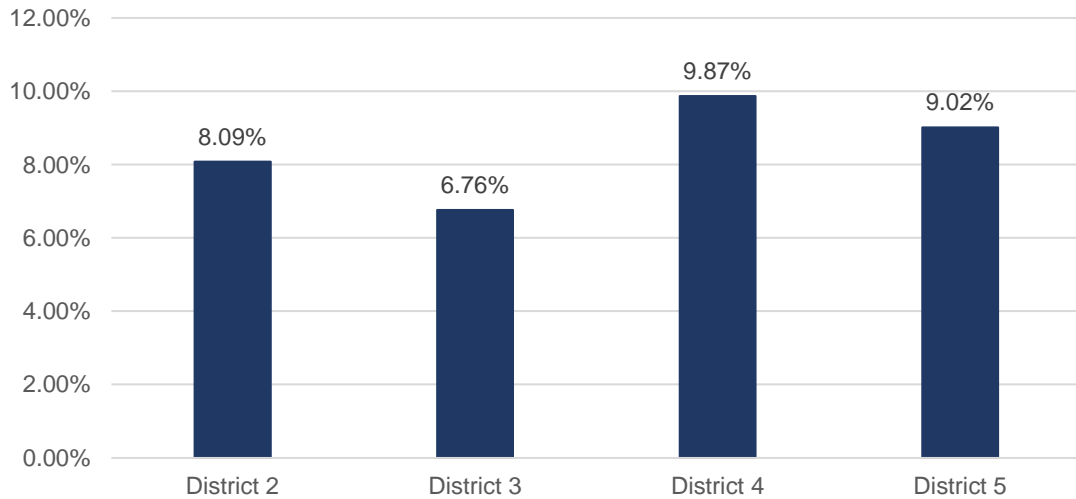
CAH ED Transfers to a Tertiary Care Center (Dimensions)



ED Transfer Data



CAH ED Transfers to a Tertiary Care Center
(by NHA District)



ED Transfer Top Diagnoses

- Cardiac Conditions
- Sepsis
- Diabetes
- Hypertension
- Pneumonia/Bronchitis
- Urinary Tract Infection
- Pain
- Cellulitis
- Behavioral Health Conditions
- COPD

Post-Acute Legislation

LB227

Provides a per diem Medicaid reimbursement to a hospital for a Medicaid patient who is eligible for discharge after receiving care but is unable to be transferred to an appropriate nursing facility due to a lack of available nursing facility beds or in cases where the State Court Administrator is unable to appoint a public guardian. The inability for acute care hospitals to discharge patients to skilled nursing facilities or similar long-term care facilities can cause capacity issues for hospitals and have an impact on their care. It is important that patients be placed in the appropriate level of care. Some patients essentially live in hospital rooms receiving one-on-one care and taking up precious bed capacity with no compensation provided to the hospital. Sometimes patients' stays can exceed 400 days.

The most common barriers include, but are not limited to:

- pending Medicaid;
- lack of a guardian;
- medically complex patients that may include tracheostomy, bariatric, traumatic brain injury, dialysis, or expensive medication; and
- Medicaid Advantage and private insurer claims being denied.

Post-Acute Legislation

LB517

Creates a pilot program that provides financial incentives to post-acute facilities to accept patients with complex health needs when hospitals are at or near capacity. The goal is for patients with complex health needs to access timely transition from an acute care hospital to a post-acute care setting so that patients receive the appropriate type of care. The pilot program will develop a process to direct payments to post-acute care facilities that support care to patients with complex health needs. The bill will appropriate \$1 million to this program

LB434

Long-term acute care hospitals (LTACHs) are facilities that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis but no longer require intensive care or extensive diagnostic procedures. These patients are typically discharged from the intensive care units and require more care than they can receive in a rehabilitation center, skilled nursing facility, or at home. Without this care available in Medicaid, patients receive rehabilitation services in acute care hospitals that are not designed to meet their specialized rehabilitation needs. This also takes additional resources away from acute care hospital capacity. Ensuring that LTACHs receive Medicaid funding would allow for more long-term acute care patients to be transferred to the appropriate level of care, freeing up precious bed capacity in hospitals.

Post-Acute Legislation

LB219

Directs the DHHS to rebase inpatient interim per diem rates for critical access hospitals. The department shall rebase the rates using the most recent audited Medicare cost report on an annual basis within ninety days of receiving the cost report. Critical Access Hospitals get paid a per diem rate shortly after providing patient care, which in Nebraska currently covers about 50-60% of the costs of this care. The Critical Access Hospitals then wait 18-24 months to receive the full payment from Medicaid. LB 219 would rebase the initial per diem rate to ensure Nebraska's Critical Access Hospitals can cover more of the costs of providing this care at the time the service is provided. There are 63 Critical Access Hospitals in Nebraska and more than half report that they have been operating with a negative margin for the past several years.