CMS TEAMS: A True Team Sport

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EnduraCare Acute Care Services

An Enhance Therapies Company

BRAND OVERVIEW

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Founded in 1981 EnduraCare began providing rehab services to hospitals and joined the Enhance Therapies Brands in 2022.

40+ years' experience providing contract therapy services to Acute Hospitals, Outpatient Therapy Clinics, Inpatient Rehabilitation Units within hospitals, and Skilled Nursing Facilities.

Experts in inpatient rehabilitation unit management with successful patient outcomes and census development within hospital distinct part rehabilitation units.

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Experienced therapy clinicians with the average years of experience of 15 years.

Longstanding partnerships with hospitals with oldest contract over 35 years,

Experienced management team with over 40 years experience in hospitals and inpatient rehabilitation units.

Superior patient outcomes with 80% of rehabilitation patients returning to the community.

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WHAT IS CMS TEAMS?

Transforming Episode Accountability Model

MODEL PURPOSE

- People who undergo a surgical procedure in an inpatient or outpatient hospital setting may experience fragmented care that can lead to complications in recovery, avoidable hospitalization, and increased spending.
- Acute care hospitals participating in the Transforming Episode Accountability Model (TEAM) will be accountable for ensuring that people with Medicare receive coordinated, high-quality care during and after certain surgical procedures.
- TEAM participants will be required to refer patients to primary care services to support optimal long-term outcomes.

TIMELINE

- January 1, 2026, to December 31, 2030

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TEAM GOALS

Improve the patient experience from surgery through recovery by supporting care transitions between providers and supporting a successful recovery.

Incentivize hospitals to implement care redesign to

- Reduce hospital readmissions and ED visits
- Reduce recovery time
- Reduce Medicare spending (estimated $6B in savings)
- Improve equitable outcomes

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WHAT PROCEDURES ARE INCLUDED?

5 Surgical Procedures are Included

- Surgical Hip and Femur Fracture Treatment
- Coronary Artery Bypass Graph (CABG)
- Major Bowel Procedure
- Spinal Fusion
- Lower Extremity Joint Replacement

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WHO IS ELIGIBLE?

Traditional Medicare Beneficiaries who meet all the criteria below:

- Enrolled in Medicare A and B
- Do not have ESRD
- Cannot be enrolled in any Medicare Advantage Plan
- Are not covered under United Mine Workers of America Plan
- Have Medicare as a primary payer

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WHAT HOSPITALS ARE INCLUDED?

Hospitals that initiate an episode of care, receive payment from Inpatient Prospective Payment System (IPPS), and are included in a CMS-defined Core Based Statistical Area (CBSA).

CMS has published mandatory participants in CBSA's on the CMS innovation priorities webpage

[Transforming Episode Accountability Model (TEAM) | CMS]

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WHAT TREATMENTS ARE INCLUDED?

All Medicare Part A and B Services (30-Day)

- Physicians' services
- Inpatient hospital services (including hospital readmissions)
- Inpatient Psychiatric Facilities (IPF) services
- Long-Term Care Hospital (LTCH) services
- Inpatient Rehabilitation Facility (IRF) services
- Skilled Nursing Facility (SNF) services
- Home Health Agency (HHA) services
- Hospital outpatient services
- Outpatient therapy services
- Clinical laboratory services
- Durable Medical Equipment (DME)
- Part B drugs and biologicals, except for those specifically excluded
- Hospice services

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HOW IS PAYMENT DETERMINED?

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- CMS set a baseline period of January 1, 2022, to December 31, 2024, for target payment amounts.
- TEAM participants will bill normally, and reconciliation will occur at the end of each performance year.
- TEAM participants will be compared to the baseline target price and will receive a payment increase or decrease
- Quality measures will also be implemented with a composite quality score given and compared to expected quality scores for an additional payment or penalty.

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PARTICIPATION TRACKS WITH VARYING RISK

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	Track 1	Track 2	Track 3
Eligibility	**PY 1:** All Team Participants **PY 2–5:** Safety Net Hospitals	**PY 2–5:** Participants: Medicare Dependent hospitals, safety-net hospitals, rural hospitals, sole community hospitals	**PY 1–5:** All TEAM participants
Financial Risk	Only upside risk Stop-gain limit:10% Stop-loss limit: None	Upside and downside risk of 5%	Upside and downside risk Stop-gain limit: 20% Stop-loss limit: 20%
Composite Quality Adjustments	Positive reconciliation amounts up to 10%	Positive reconciliation amounts up to 10%	Positive reconciliation amounts up to 10%
	No downside risk	Negative reconciliation amounts up to 15%	Negative reconciliation amounts up to 10%

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QUALITY MEASURES

PY 1

- Hospital-wide all cause readmissions
- THA/TKA Pro performance measure for LEJR

PY 2–5

- Falls with injury
- Postoperative respiratory failure
- Standardized death rate among surgical inpatients with complications

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CONCERNS FOR INPATIENT REHAB PROVIDERS

- Limit access to post acute care
- Refer to the lowest cost post acute care provider
- Move patients quicker through the care continuum
- Confusion between inpatient rehab and skilled nursing facilities that offer rehab
- 3-day hospitalization for SNFs is waived for patients in TEAM
- Ownership of post acute providers

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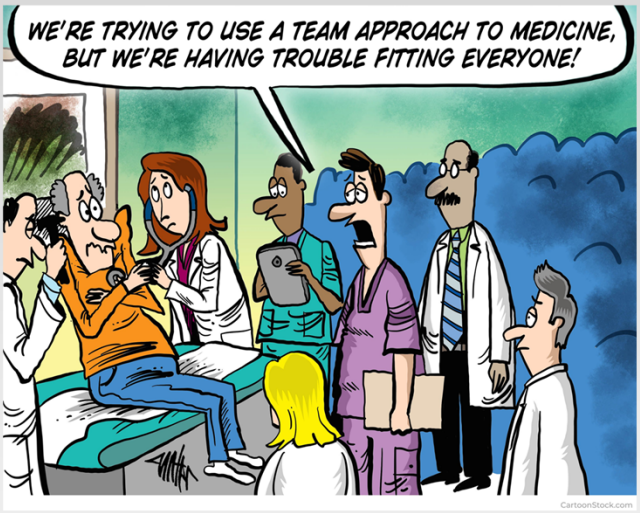
CMS TEAM APPROACH



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WHAT CAN INPATIENT REHAB PROVIDERS DO?

Analyze your data

- Volume of traditional Medicare Beneficiaries that had one of the 5 surgical procedures included in TEAM
- Know your cost
- Know your LOS
- Know your readmission rates

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REVIEW YOUR OPERATIONS

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- What barriers do you have to quickly respond to referrals?
- Do you take admissions 7 days/week?
- Do you provide therapy 7 days/week?
- Do you provide therapy on the day of admission?
- Do you have a cut off time for admissions?

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KNOW THE COMPETITION

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- What other IRF/U's are in your region?
- What is their volume of patients with the 5 surgical procedures in TEAM?
- What is their IRF stay readmission rate?
- What is their 30-day readmission rate?
- What are their outcomes?
  - DC to Community
  - Functional mobility
  - Self care scores

IRF Compare	IRF 1	IRF 2
Conditions Treated Hip or Fenur Fracture	120	16
Hip or knee replacement, amp or other bone/joint condition	207	18
IRF Stay Readmission National Avg. 4.75%	6.71%	4.48%
30-day Readmission after IRF DC National Avg. 8.90%	10.53%	8.92%
DC to Community National Avg 66.95%	71.2%	67.7%

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KNOW THE COMPETITION

- What is the star rating of local SNF's offering short-term rehab?
- What are the acute care readmission rates for the local SNF's?
- How does the readmission rate compare to your readmission rate?
- What is the average cost per readmission for a THA?

National Readmission Rate
for Short-Term SNF Stays
25.2%

$27,000

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MAKE THE VALUE PROPOSITION

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MEET WITH HOSPITALS PARTICIPATING IN TEAMS

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- Who is the hospitals primary point contact for CMS TEAMS?
- Ask to meet with that person
- Ask them what the plan is for patients that need more intensive rehab
- Be prepared to share your data
- Let them know you want to be their preferred PAC provider

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THE VALUE PROPOSITION FOR REHAB

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Share local SNF providers' information

- What are their star ratings?
- What are their 30-day readmission rates?
- Do they provide therapy 7 days/week?
- Do they accept patients on the weekends?

Share IRF information

- Discharges to community
- Acute readmission rates
- Timeliness for start of therapy
- Therapy 7 days/week
- Anticipated LOS by surgical procedure

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REGULAR MEETINGS WITH TEAM HOSPITALS

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- Schedule monthly meetings with TEAM hospitals to discuss your IRF's successes and learn about opportunities for improvement
- How is the hospital doing compared to the targeted benchmark for cost and quality?
- Are there opportunities for additional partnerships to improve patient outcomes?

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CONCLUSION

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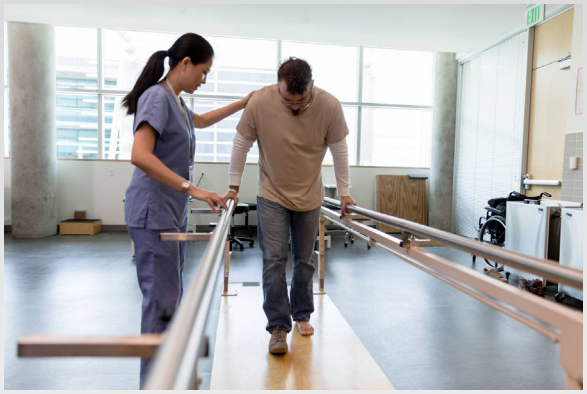
- Hospitals participating in TEAM will be incentivized to move patients quickly out of the hospital and to the lowest cost care provider for 30-day follow-up care
- IRF/U's need to be proactive in reaching out to participating hospitals to become the preferred provider for patients requiring more intensive post acute care.
- Make the value proposition so that patients can get the care they deserve



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QUESTIONS

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