

# GNYHA Foundation's NY-RAH Project Concludes Successful First Year

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GNYHA Foundation recently concluded the first year of Phase Two of a demonstration project to improve the delivery of nursing facility care and help GNYHA member hospitals reduce avoidable hospitalizations. The project, New York–Reducing Avoidable Hospitalizations (NY–RAH), is sponsored by the Medicare-Medicaid Coordination Office of the Centers for Medicare & Medicaid Services (CMS) in partnership with the CMS Center for Medicare & Medicaid Innovation. NY–RAH is one of six projects being conducted across the country under this demonstration, known as the CMS Nursing Facility Initiative (NFI).

## NFI, NY-RAH Goals

The NFI was established in 2012 with the goal of testing clinical and process improvement interventions that would improve health care outcomes and avoid unnecessary hospitalizations for long-stay nursing facility residents. GNYHA Foundation's NY–RAH project was one of seven projects selected for participation in Phase One. GNYHA Foundation and its partner, the Icahn School of Medicine at Mount Sinai, collaborated with 29 nursing facilities in the downstate New York region to improve recognition of changes of condition, promote effective communication strategies and better palliative care, and test electronic solutions to achieve the NFI's goals.

The Phase One evaluation, which was conducted by RTI International, found that the NFI overall reduced long-stay residents' hospitalizations and saved CMS \$50 million. The RTI evaluation of NY–RAH found that the project reduced both the probability of a resident having an all-cause hospitalization and the probability of a resident having a potentially avoidable hospitalization. Based

on the evaluation results, CMS created a Phase Two for the NFI and added a payment reform component to further drive positive outcomes.

## **NY-RAH Phase Two Activities**

The NY-RAH project and five other NFI Phase One projects were selected to participate in Phase Two. GNYHA Foundation recruited additional participants in Phase Two and is now working with 58 nursing facilities throughout New York (see attached). The only way a New York nursing facility can participate in the NFI is through the NY-RAH project. Because the NFI is a demonstration project with a formal evaluation protocol that evaluates the effects of interventions during the project period, no additional nursing facilities can join the NFI at this time.

All Phase Two facilities are eligible for the payment reform component that CMS added. The principal payment reform component includes the opportunity for a nursing facility to bill Medicare Part B for a newly created facility payment that is intended to support the nursing facility in delivering care in place for six qualifying conditions (pneumonia, urinary tract infection, congestive heart failure, dehydration, chronic obstructive pulmonary disease, and skin ulcer/cellulitis). According to CMS, research has demonstrated that these six conditions account for 80% of the avoidable hospitalizations among long-stay nursing facility residents. As part of the NFI, CMS also created new billing codes to permit practitioners to receive an enhanced reimbursement for treating these six conditions in the nursing facility and conducting interdisciplinary care conferences.

Phase Two nursing facilities in New York have been working closely with the NY-RAH team to identify these six conditions in their facilities and avail themselves of the new billing opportunities. As of October 2017, over \$3 million in new Medicare reimbursement has been received by the NY-RAH participating nursing facilities. The GNYHA Foundation appreciates these nursing facilities' commitment to improving their processes and reducing the number of avoidable hospitalizations their long-stay residents might otherwise incur.

## **Coordination with Other New York State Initiatives**

The NFI's goals align with the goals of other New York State initiatives, including the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP performing provider systems (PPSs) have been working with partner organizations, including nursing facilities, to identify opportunities to reduce avoidable hospitalizations. Since the inception of NY-RAH and continuing into Phase Two, NY-RAH staff have updated GNYHA member hospital staff and DSRIP PPS staff on lessons learned from the NFI and how the NY-RAH project experience might assist with meeting DSRIP goals and other goals. This sharing of information has included presentations at GNYHA's DSRIP Post-Acute Care Workgroup and in other venues. As Phase Two of the NY-RAH project progresses,

GNYHA will continue to inform its members about our work on the NY-RAH project and NFI activities.

Centers for Medicare & Medicaid Services

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