HM Home and Community Services LLC (HM HCS) was established in 2016 to address the importance of post-acute care (PAC) and its impact on clinical outcomes, patient experience and overall cost of care. The vision of HM HCS is to transform PAC by removing barriers to collaboration, closing the gaps in uncoordinated care, and transforming quality, service, and value. HM HCS deploys a payer-provider agnostic network management model and acts as a solutions aggregator by optimizing the deployment of various technology partnerships and collaborations. HM HCS leverages data in order to disrupt the PAC model from a financially-driven incentive model, to a quality and outcomes-based incentive model, beginning with a Pennsylvania health plan as its first customer. HM HCS’ management model helps build higher performing PAC provider networks and supports a health plan’s pay for value (P4V) contractual provisions to align incentives and drive sustainable transformation.

Skilled Nursing Facilities (SNFs) and Home Health agencies (HHAs) are measured by robust quality and outcomes scorecards, which are produced quarterly and used to stack rank both SNFs and HHA agencies across Pennsylvania. HM HCS Network Performance Managers are engaged with SNFs and HHA agencies to provide scorecards detailing quarterly outcomes data with the aim of facilitating collaborative communication and continuous improvement initiatives. This data drives improvement of patient outcomes and, as a result, reduces overall medical costs. P4V provisions will be implemented by health plans in the future to further incentivize high performing providers.

**SNF and Home Health Quality Metrics**

- **30 Day Readmit Rate**
- **Risk Adjusted LOS Variance**
- **Functional Improvement at Discharge**
- **Discharge to Community**
- **Overall Star Rating**
- **Cost per SNF Episode**
- **Risk Adjusted 30-Day SNF Readmit Rate**
- **CMS Quality Star Rating**
- **60-Day Readmit Rate**
- **Tier 1 & 2 Adverse Events**
- **Health Plan Quality of Care Star Rating**
- **Timely Initiation of Care**
- **ER Transfers**
- **Quality Assessment Only Formula**

**Results* for health plan client’s Medicare Advantage Population in Pennsylvania**

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2018</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Stay</td>
<td>22.7</td>
<td>18.1</td>
<td>20.1%</td>
</tr>
<tr>
<td>SNF Readmit Rate</td>
<td>13.6%</td>
<td>12.4%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

*The activities that drove these results began internally at a health plan in early 2015 leading to the formation of HM HCS, the commercialization of the HM HCS model, and exploration of partnerships with post-acute care vendors.

HM HCS is in the initial stages of transforming the approach to managing PAC at the national level and offers scalable solutions for payers and providers at-risk for spend in the PAC space. Rarely in healthcare are quality improvement, broad access, and a superior patient experience attainable. HM HCS achieves a win-win-win that benefits the patients, payer, and the providers.