

Evernorth Post-Acute Care

Improving quality and outcomes of care with detailed and effective post-acute support



The costs of admission and readmission to care facilities for those with chronic conditions can add up quickly, making post-acute care a vital opportunity to improve health outcomes and save on future spend

With more than **1.5 million members**² in our care and expertise in government health programs, Evernorth's PAC solution simplifies and reduces the cost of care. Our robust program leverages in-home, virtual and telephonic capabilities, supported by a team of clinicians from a range of specialties. This collaborative and flexible approach to care results in reduced re-admission rates and faster patient recovery rates.

How it works

1. Evernorth is notified of a patient in need of PAC services.
2. Our nurses and physicians assess the patient's individual care needs using evidence-based clinical guidelines.
3. A care plan is developed and shared with the patient, providers and facility.
4. Weekly case conferences ensure that patient is getting the appropriate care and making expected progress toward recovery.
5. Evernorth coordinates transition of care planning, medication adherence management and durable medical equipment, as needed.

Evernorth's Post-Acute Care (PAC) program

Works with health plans and risk-bearers to ensure patients receive appropriate care in skilled nursing facilities, rehabilitation facilities and long-term acute care facilities, and transition safely home following treatment.

15%

of total Medicare spend results from post-acute care¹

Features



Comprehensive care teams



Multi-modal delivery



Transition-of-care support



Flexible offerings

Evernorth Post-Acute Care has long-term benefits for plans and members

Delivering better results with multi-layered support

Evernorth's PAC solution focuses on whole-person health and proactive strategies across the continuum of care to reduce costs while promoting total health.



Health equity: Social workers partner directly with our nurses and PAC facility staff to address social determinants of health barriers to facility discharge and identifying community resources to support patients as they transition home.



Clinical expertise: For high-risk and high-cost patients, our physicians have expertise in post-acute care clinical guidelines. As needed, we'll also bring in board-certified specialists for additional case review.



Collaborative client partnership: We're flexible to meet individual payer needs—from pricing to network engagement to working with existing vendor relationships.



Increased savings: With risk-based funding models, we assume financial responsibility for all delegated PAC medical spend and readmission trend.

Recovery after hospitalization doesn't happen overnight, and no one should do it alone. Evernorth will be there every step of the way to help your members worry less about coordinating complex post-acute care and more on getting and staying healthy.

Cost-saving readmission avoidance

Our far-reaching support ensures patients maintain health progress after facility care and are connected to the management resources they need, including:

- + Primary care provider (PCP) and specialist follow-up
- + Referrals to health plan care management and benefits
- + Individualized risk assessments
- + Home visits for high-risk members
- + Social worker support
- + Medication reconciliation
- + Caregiver education
- + Regular RN outreach and health surveys

Improved savings and outcomes

By providing optimal, efficient and effective care for each individual, our post-acute care program yields better results:

10-20% average savings³

53% decrease in long-term acute care (LTAC and inpatient rehab admissions)⁴

27% shorter length of stay in skilled nursing facilities (SNF)



Prevent gaps in care and readmission for your members with Evernorth's Post-Acute Care solution.

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1. <https://www.aha.org/advocacy/long-term-care-and-rehabilitation> 2. Subject to change. 3. Savings may vary. Dependent on the overall services provided. Does not include internal administrative cost reduction. 4. Per 1,000.

Evernorth Home-Based Care is a suite of health care service solutions provided by various Evernorth affiliates. Clinical services are provided by licensed health care providers through medical practices managed and/or contracted with Evernorth Home-Based Care's health services management organization, as well as by other network providers. Clinical services delivered through MDLIVE's virtual care platform are provided by medical practices affiliated with MDLIVE, Inc. Medical management, utilization management/utilization review, network management, and third party administrator services related to the Evernorth Home-Based Care suite of solutions are provided by eviCore healthcare MSI, LLC, an Evernorth affiliate. 976002 04/23 © 2023 Evernorth. Some content provided under license.