

Hospital Management, Administration and Compliance Consulting Firm, Post Acute Advisors LLC is meeting the Needs of In-Patient Rehab, Out-Patient Therapy, Long-Term Acute Care, Skilled Nursing, Home Health and Hospice Providers



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“We provide the expertise for post acute levels of care for which there may not be in-house compliance expertise. When organizations run into issues in post-acute, they are not lost. All they have to do is contact us and we can fill that gap for them.” - Jane Snecinski, FACHE

CEOCFO: *Ms. Snecinski, would you tell us the concept behind Post Acute Advisors?*

Ms. Snecinski: Post Acute Advisors is a consulting firm that really focuses on meeting the needs of post-acute healthcare providers, that is, any levels of care after the acute care hospital stay. That would be in-patient rehab, out-patient therapy, long-term acute care, skilled nursing, home health and hospice.

CEOCFO: *How do you help the various entities?*

Ms. Snecinski: We do about 80% of our work in the private sector in compliance currently, so that would be anything from medical record review to appeal assistance, risk assessment, clinical and medical staff training and so forth. We do about 10% of our work in clinical operations, and about 10% of our work in accreditation assistance. We also do extensive work with Veterans Association in accreditation assistance.

CEOCFO: *What is the regulatory atmosphere for the various groups?*

Ms. Snecinski: In post-acute, because of the type of services that are provided, the vast majority of patients are Medicare or currently Medicare Advantage. What we have found is that despite regulations, Medicare Advantage is not meeting the same criteria as Medicare fee for service, so that presents a set of different challenge for post-acute providers. In general, the challenge for post-acute providers is that even in a larger healthcare system, contributing revenue is only a small percentage of the bottom line. As a result, many times, especially in regard to compliance, the same amount of attention on compliance is not paid to the post acute levels of care, unless a problem occurs. At that point, there is a

tremendous amount of attention paid and often, without a lot of expertise in-house and that is where we come in to provide that expertise.

CEOCFO: *Would you walk us through a couple of engagements?*

Ms. Snecinski: We have several clients that we work with on an ongoing basis. I can think of one particular provider who engaged us to work with their in-patient rehab unit and they were involved in the targeted Probe and Educate effort currently in place. We have completed two rounds of Targeted Probe and Educate (TP&E) reviews, denials and appeals with them and have been able to recoup about half-a-million dollars, so that was about 70% of what they originally denied as a result of our appeal assistance. We were able to recoup those funds for them by writing their appeals and providing education and tools to help them or prevent them from have a high denial rate for the third round of TP&E.

With another client, we were called in because they had a phone call on their compliance hotline and someone suggested that there was something not quite right going on. After we did our analysis for this particular unit, we were ready to present the results. I will never forget it because it was fortunately about a week before Christmas and presenting to the C-Suite to explain to them that through self-disclosure they would end up paying back to the government of a minimum of a \$250,000. The CEO said to me “you mean to tell me I am going to end up paying back \$250,000 because I cut \$5000 out of the education budget?” And that was exactly right. That is one of my favorite stories.

CEOCFO: *How do you encourage people to reach out to you before there is a problem?*

Ms. Snecinski: Many compliance officers are fully engaged in the OIGs effective guidelines for a compliance program, so they are proactively doing audits on an ongoing basis, trying to identify potential areas of concern before they are involved in a formal audit by a CMS contractor. Many times we are asked to conduct those audits in the post-acute levels of care because the healthcare system may not have the expertise. In that case, we get involved proactively and we are very actively involved with documentation and educating staff.

CEOCFO: *Do you find when you are doing an education component, that staff is interested and willing to pay attention?*

Ms. Snecinski: I think the clinical staff is very much open, the physicians are not so apt to be receptive the first go-around. One of the comments I hear most often is, “I have practiced this way for x number of years, so why should I change now?” The reason to change is because there is so much at risk and it has solely to do with documentation, whether it is physician or clinical staff documentation.

One of the challenges in the marketplace is the electronic record which offers a wide variety of tools to improve your documentation, however most of the time we are actually using it and it ends up with a negative result. For example, the cut and paste function and the copy forward function. Both clinicians and physicians will use that carry over information from a previous day’s note, and I truly believe their intent is they will go back and change that day’s note. But most often they have so much to do and so little time that they do not change the note, so what you have is a repetitive documentation form day-to-day, which clearly does not demonstrate medical necessity or that any new services were provided.

CEOFCO: *Do you think the medical records will ever get easier?*

Ms. Snecinski: I think it has great potential. One of the challenges with post-acute is that most of the EMRs are developed with an acute care focus. So for post-acute you are trying to put a square peg in a round hole, and without any customization, that software does not meet the needs of post-acute. Quite often when we are working with a software provider, you will hear the comment that it is "hard coded" so you cannot change it. Well if you cannot change it then it is not going to be of value to post-acute providers. Many post-acute providers are still using some handwritten documentation/components.

CEOFCO: *When you are engaged with an organization, do they typically follow what you recommend?*

Ms. Snecinski: I would say 70% of the time. For organizations in the 30% group, it actually becomes an ethical issue for us especially if we are asked back to do additional work, because we see that our recommendations are not taken into consideration. It becomes a compliance issue and an ethical issue because at that point, the organization knowingly is not doing what they should be doing.

CEOFCO: *What do you do in that case?*

Ms. Snecinski: You speak to the leadership and explain the severity of the situation. You mention the False Claims Act, the potential signs and then even at some point you tell them that you are just not comfortable working with their organization.

CEOFCO: *What is the competitive landscape for Post Acute Advisors?*

Ms. Snecinski: We have some competition. Much of our competition are very large consulting firms who may not have the post-acute expertise. Quite often if one of the large consulting firms has a job that has a post-acute component that they will ask us or hire us out as subcontractors. We do have competition in specific areas, so we might have a competitor that does SNIF (Skilled Nursing Facilities) work, skilled nursing work, or another one that does LTCH (Long Term Acute Care) work, but I think we are one of the few organizations that actually can cover all of the post-acute levels.

CEOFCO: *Are you able to take on projects as they come to you, and can you gear-up if there is a lot of interest at a certain point in time?*

Ms. Snecinski: Yes, we are able to gear-up, we have many subcontractors that work for us as well so based on the size of a project we can gear-up quickly or use a minimal number of staff. I was just speaking to one of our subcontractors today and one of the interesting things that happened was that we are often contacted by a provider that says they need work completed right way, we gear-up, pull the team together and then we wait for months for them, for their urgency to kick-in. I think sometimes we are able to gear-up faster than the providers, unless they are being forced by an outside source.

CEOFCO: *How do you work with the VA?*

Ms. Snecinski: I have worked with the VA since the beginning of Desert Storm. At that time congress decided that when our soldiers came back from Iraq and Afghanistan, they would be treated in the VA, and many of them then came back with blast injuries which were the first encounters that we had. The VA at that time was used to treating older vets, not young and not active duty and not severely injured, so the VA sought

external help that knew how to do brain injury. I was fortunate enough to begin working at the VA at that time. We were successful in building a continuum of care. We found out as the conflict continued, we started seeing the veterans having issues not so much in physical medicine but in behavioral health, substance abuse, and with homeless issues. The VA in its infinite wisdom, stretched out their resources and provided the total continuum of care: behavioral health, vision, employment and community services and medical rehab. We have hands-on expertise on all those levels of care.

CEOFCO: *What do you understand about working in this arena?*

Ms. Snecinski: When I first started consulting, there were a lot of new programs being implemented in all levels of care. It was a less scrutinized environment, so organizations would say, "Let's have a hospital-based skilled nursing unit or we should develop an in-patient rehab program". We went in and helped them develop and implement it. In the beginning it was costly, so it was just a stressful environment to work in. Now, every dollar coming out of the government is being scrutinized and every level of care is scrutinized where you have someone who does not know the patient, making a determination of where a patient should be treated, whether that is in the best interest of the patient or not. I think the big change for me is we went from that cost based environment when we were focusing on meeting the needs of patients at all levels of care, to one where we are being heavily scrutinized and regulated, trying to provide even a minimum of care that is cost-effective for the patient.

CEOFCO: *What is ahead for Post Acute Advisors?*

Ms. Snecinski: Post-acute is significantly changing at the federal level and Medicare is moving towards bundled payment, and payment based on quality. I think we are going to see organizations have to step back and apply expertise patient care combined with their financial systems. For instance, if healthcare system is paid in one lump sum for everything provided after acute care, they are going to have to have some clinical competence to be able to identify where the patient should go and when, and that has to be coupled with financial knowledge to know when is it most cost-effective to ship the patient.

CEOFCO: *We came upon your company from the Healthcare Compliance Association Conference. How do you stand out when you are among a large group of people offering services?*

Ms. Snecinski: We usually have a booth at Healthcare Compliance Association Conference, every year. The reason we stick out is because of our niche market. I have noticed that most of the other booths are big with a lot of technology and we are a small booth but we get a lot of interest because people say they need that kind of expertise and they do not have it. In some cases people actually seek us out for specific reasons and in other cases people will hold onto our information for sometimes years. I actually engaged with a client for the past two years and I met them at the Healthcare Compliance Association Conference three years ago. Many times there is a long wait time because people become aware of who we are but do not need our services at that moment.

CEOFCO: *Why is Post Acute Advisors an important company?*

Ms. Snecinski: I think we are important because we fill the gap that most healthcare systems and many legal counsels may not have. We

provide the expertise for post acute levels of care for which there may not be in-house compliance expertise. When organizations run into issues in post-acute, they are not lost. All they have to do is contact us and we can fill that gap for them.

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