

Case Study

Reducing SNF LOS 37% Without Adding UM Burden



How Episodic Reimbursement Significantly Reduced Routine UM Touchpoints

At a Glance | The Performance-Based Opportunity

Most Medicare Advantage plans still rely on traditional SNF reimbursement, which does little to align provider behavior and often leaves UM teams managing avoidable utilization after the fact.



The role of UM shifts when incentives — not interventions — drive performance.

Leading plans are aligning incentives upstream so UM can focus on oversight and exception management within a model that better supports timely discharge and post-acute accountability.



Results Snapshot

↓ **37%**

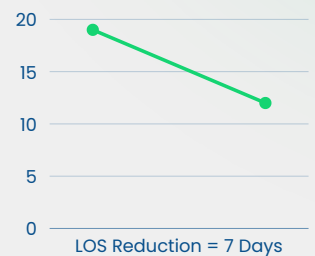
Reduced SNF LOS

Readmissions Remained Stable



19 → 12

7 Day LOS Decrease



\$4,200⁺

Savings / Patient

Inside the Episodic Model



The Challenge

An MA plan sought to reduce unnecessary days under a traditional SNF reimbursement model that created limited incentives for coordinated discharge planning. The goal: improve length of stay, strengthen coordination with home health, and support safe transitions back to the community.

Key Elements

- UM retains full approval/denials control
- Bundled payment (days 1–30)
- Outlier payments for extended stays
- Incentives tied to LOS and readmissions
- MNS care management supporting episode oversight

The Model

The plan implemented an episodic SNF reimbursement model aligned to the full episode of care — not individual days.

High-touch SNF and MNS care coordination, averaging:

 75 / EPISODE

How It Worked



Admission → Episode oversight begins



Monitoring → Progress, placement, LOS



Planning → Early discharge coordination



Transition → Home health coordination



Follow-up → Post-discharge support

Results at Scale



Across more than 2,500 SNF episodes, the model consistently reduced length of stay while maintaining stable readmissions and supporting smoother transitions back to the community.

This translated into meaningful cost savings at scale.

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Aligning reimbursement shifted post-acute accountability away from utilization management and toward providers managing the episode, improving coordination and supporting a better patient experience.

See How One MA Plan Reduced SNF LOS by 21.6% Without Disrupting Its Network

[Read the Case Study](#) → 

Ready to Evaluate Your SNF Model?

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Management & Network Services