

How to balance accurate funding with efficient rosters under AN-ACC

Webinar

Thursday 9 February 2023



Agenda



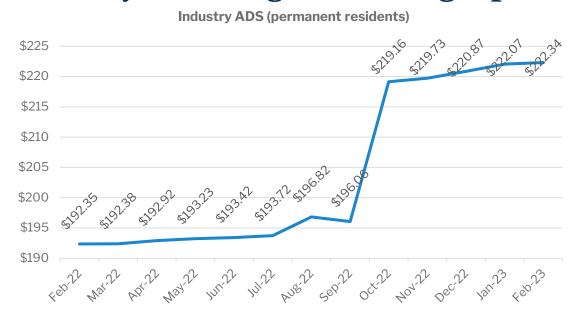


- Welcome
- Industry stats & insights on AN-ACC and star ratings
- Reclassification traps the new AN-ACC tree
- A new process is required
- The impact of star ratings and care minute compliance
- The Target Operating Model accurate classifications and efficient rosters
- Q&A
- Close





Industry claiming is catching-up to care obligation

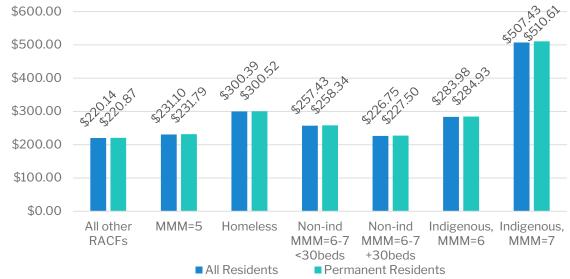


	Total	AIN	RN
Minutes PRPD	197.31	157.93	39.38
Total Daily Hours	628,093	502,739	125,354

	Estimated min. cost
Daily	\$31,647,027
Annual	\$11,551,164,737

Cost assumptions	Hourly Wage	Loading	Per mir	nute	
RN	\$46.00		68%	68% \$1.29	
AIN	\$26.0	0	68%	\$0.73	

ADS by Facility Type



	Subsidy
Daily	\$42,327,623
Annual	\$15,449,582,527

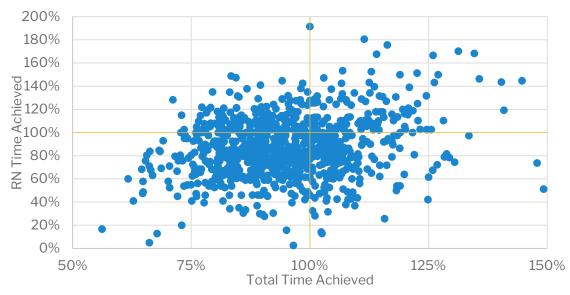
Optimal operating result	
74.77%	

Percent of total subsidy to staffing costs

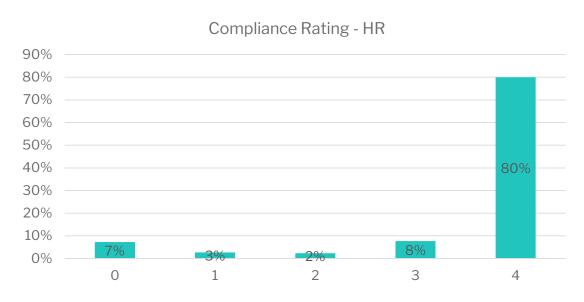
Cost assumptions can be modelled further in Mirus Metrics. Based on the assumptions used for AIN/RN the operating result considers total subsidy over staffing costs.



QFR Care Minutes reporting & Star Rating performance in staffing



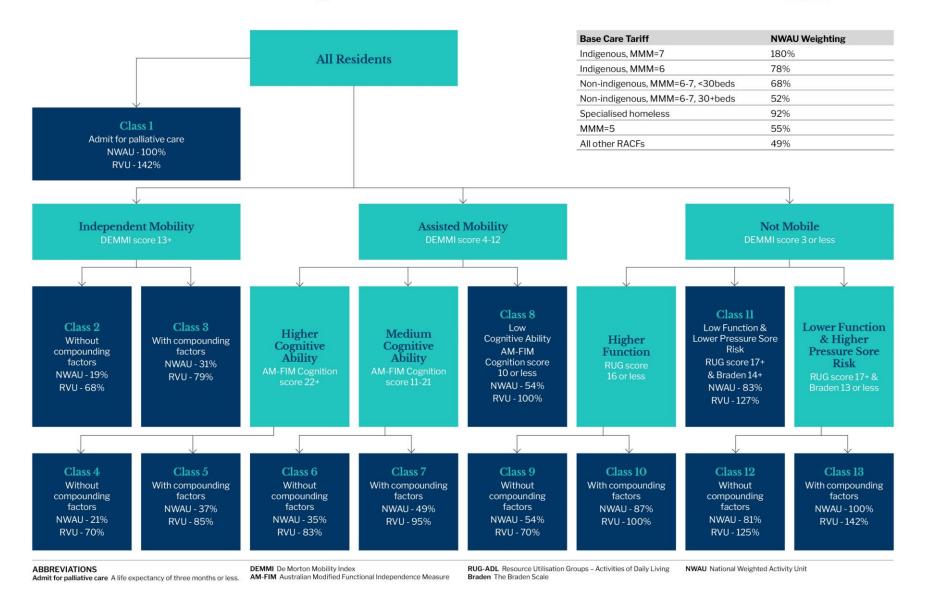
Define the target workforce strategy & rostering demand template to the required care obligation and the desired star rating outcome.



Registered Nurse Care	Overall Care Minutes (including RN minutes) target and % target met				
Minutes target and % target met	Well below (<90%)	Below (90- <100%)	Meets (100- <105%)	Above (105- <115%)	Well above (>115%)
Well below (below 75%)	*	*	**	**	***
Below (75 - <100%)	**	**	**	***	***
Meets (100 - <115%)	**	***	***	***	****
Above (115 - <125%)	***	***	****	****	****
Well above (>125%)	***	****	****	****	****

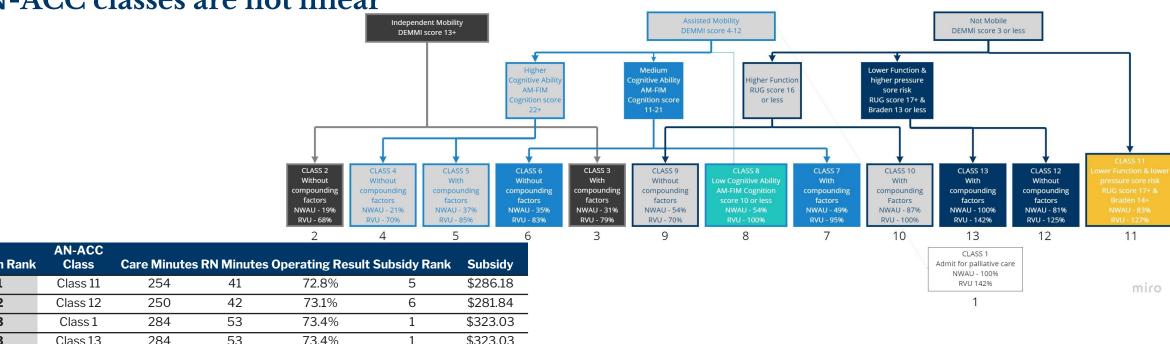
The Australian National Aged Care Classification (AN-ACC)







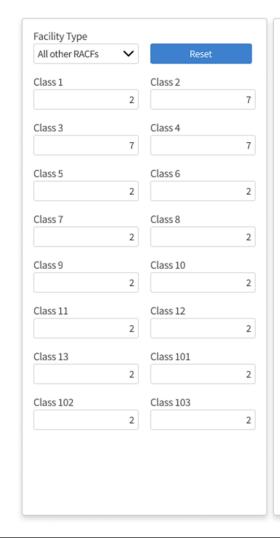
AN-ACC classes are not linear

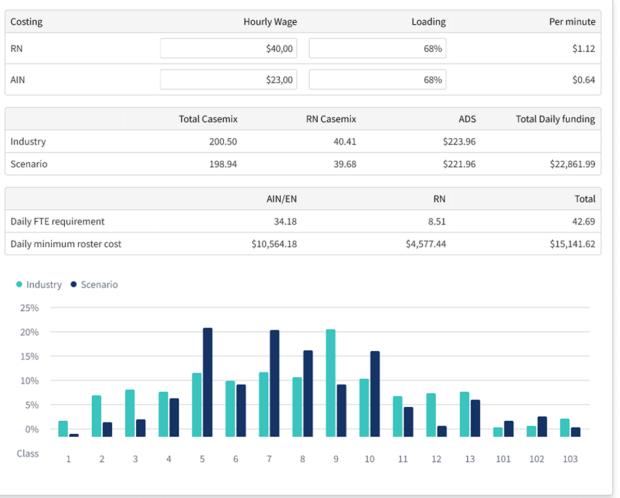


Margin Rank	Class	Care Minutes	RN Minutes	Operating Result	Subsidy Rank	Subsidy
1	Class 11	254	41	72.8%	5	\$286.18
2	Class 12	250	42	73.1%	6	\$281.84
3	Class 1	284	53	73.4%	1	\$323.03
3	Class 13	284	53	73.4%	1	\$323.03
4	Class 101	151	30	73.8%	14	\$172.14
5	Class 10	261	52	74.5%	3	\$294.85
6	Class 7	189	37	74.7%	9	\$212.46
7	Class 8	200	38	74.9%	7	\$223.30
8	Class 9	200	44	76.4%	7	\$223.30
9	Class 3	157	34	77.1%	13	\$173.44
10	Class 6	166	35	77.3%	12	\$182.11
11	Class 5	169	39	77.9%	11	\$186.45
11	Class 4	139	30	77.9%	15	\$151.76
13	Class 2	135	32	79.0%	16	\$147.42
14	Class 102	185	35	79.8%	10	\$193.82
15	Class 103	282	62	82.0%	4	\$293.55













A new process is required

You must be able to manage all of the drivers at the same time, not independently





A new process is required

Each part of the process requires visibility, through data, of all the other parts

Classifications

- Assess accurately
- External process is for confirmation only

Efficient rosters

- Execute rosters efficiently to achieve margin
- One part can not operate independently of the other

Care minutes

- Manage your care minutes to desired outcome
- Available resources, Care minutes, profitability



Designing your funding & workforce strategy

These are the steps to work towards being in control of AN-ACC.

- Normalise your AN-ACC Classes / Casemix
 (Undertake an internal AN-ACC review of all residents to understand typical claim profile for your sites and where each resident would align today.)
- Align your rostering demand templates to your target star rating & occupancy.

 (Track reclassifications, planned resident movements (admissions/discharges), occupancy levels per day and across all facilities.
- Control and understand your data
 Continually monitor residents' changing care needs and accurately estimate future potential classifications. Track reclassifications, planned resident movements (admissions/discharges), occupancy levels per day and forecasted outcomes across all in situ consumers.
- Strategically request your classifications

 Manage the resident claim profile (Case mix distribution) to offset resident movements and maintain a case mix that aligns to the workforce strategy.

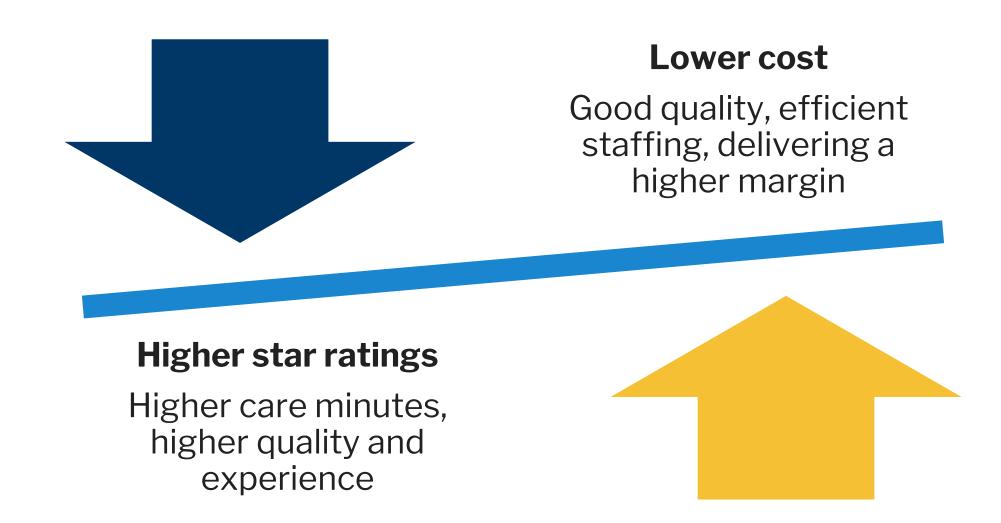


3 Steps you can take before October 2023

Steps		Outcomes	Complete by
1.	Ensure all processes are connected end to end and accountabilities clear	 Assessment knowledge and capability in your key staff across admissions, funding and clinical Process maps of NEW processes especially decision making on reclassification vs care mins 	APRIL 2023
2.	Ensure you have data in a system visible to all areas but available at a central point	 NO SPREADSHEETS – they are temporary solution and have no history and cannot manage complex data safely Data must be available to all areas in real time to ensure transparency and efficient decision making 	APRIL 2023
3.	Ensure control and reporting is available to monitor and communicate	 Control reports will help team and management ensure that process is working More control over margin (Financial), more control over compliance (Quality), more control overachieving star ratings (Competitiveness) 	JULY 2023

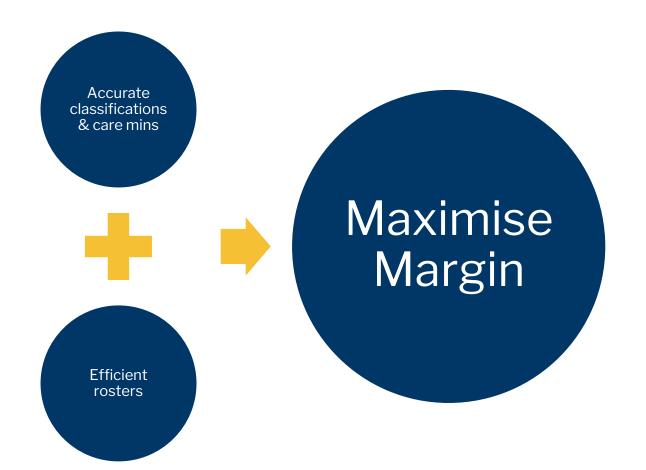


Balance the cost of star ratings and efficiency of the operations



The target operating model





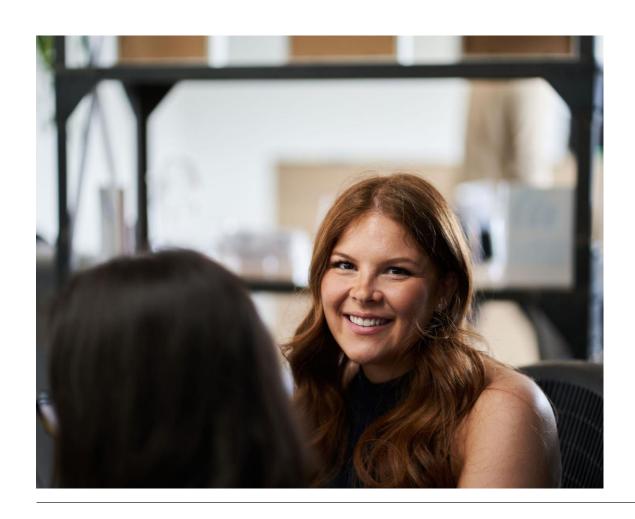
- ✓ Optimise star ratings
- ✓ Minimise cost of Agency and uncontracted/penalty hours
- ✓ Lock in a predictable margin from your operations
- ✓ Keep Clinical team focused on care
- ✓ Funding team can manage the funding process
- ✓ Multi function team with admissions and rostering will be required to balance the outcome

.... and seek help if you need it, it's a new model and we are all learning.









Increase accuracy in your AN-ACC funding and create more efficient rosters

5 phases

- 1. Educate your key clinical and funding staff on the funding framework
- 2. Identify gaps between actual care needs and classifications
- 3. Ensure your clinical documentation supports your requests
- 4. Analyse the impact of classification changes on your current rosters
- 5. Ensure you have reporting and processes in place



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The first 6 months of AN-ACC

Thursday 23 March 12pm – 1pm AEDT

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