

Integrating post-acute and palliative to reduce total cost of care



How Carelon improved engagement, coordination, and care decisions for high-risk members

Health plans face increasing pressure to control rising costs while improving outcomes for high-risk, high-cost members — particularly during the post-acute phase of care. While palliative care is proven to improve quality of life, many plans struggle to deliver it in a way that drives engagement, integrates seamlessly into existing workflows, and produces measurable financial results.

To address this challenge, Carelon evaluated whether integrating Post-Acute Solutions with Palliative Care could deliver earlier engagement, improved coordination, and demonstrable reductions in total cost of care.

The challenge

Post-acute care is often fragmented, with multiple vendors and limited coordination once members transition out of acute settings.

Engagement with supportive services is inconsistent, and palliative care is often misunderstood or confused with hospice. As a result, referrals are delayed and opportunities to improve outcomes and reduce avoidable utilization are missed.

Health plans needed a solution that:

- Improves engagement among high-risk members
- Reduces avoidable emergency department and inpatient utilization
- Delivers measurable financial savings
- Minimizes operational complexity and vendor burden

The integrated model delivered measurable improvements in engagement, utilization, and total cost of care.*

5,069

Post-Acute members assessed as part of the study



Engagement results:

25%

of referrals to palliative care originated from post-acute

22%

higher engagement rate for Post-Acute Solutions referrals compared to other MA referrals

Utilization results :

27%

reduction in acute inpatient admissions among post-acute members enrolled in palliative care

Financial impact:

31%

incremental savings driven by higher engagement

42%

of savings attributed to ER and inpatient cost reduction

The integrated solution

Carelon integrated post-acute and palliative care by establishing a structured referral pathway for eligible members. Members over age 75, or those meeting specific CMS Outcome and Assessment Information Set (OASIS) criteria, were referred from post-acute care into palliative care.

This approach enabled:

- Earlier, more consistent identification of appropriate members.
- Seamless care coordination across post-acute and palliative services.
- Clear clinical differentiation between palliative care and hospice.

“ By aligning Carelon's Palliative Care with Post-Acute Solutions, we enable care that's connected — especially when it's complicated — bringing clarity for members and meaningful cost-of-care impact for health plans.

— Dr. Anthony Burgess,
National Medical Director, Carelon Post-Acute Solutions

Why this matters

For members:

- Improved quality of life through compassionate, personalized care
- Better understanding of care options, including hospice
- Reduced stress and fewer crisis-driven hospital visits

For health plans:

- Lower total cost of care through reduced acute utilization
- Earlier engagement with high-risk members
- Greater visibility into outcomes and financial impact

For the care continuum:

- Fewer late, unplanned hospice referrals
- More timely, informed end-of-life decisions
- Better coordination across care settings

Integrating post-acute and palliative care helps health plans deliver earlier support, clearer care pathways, and measurable savings, while ensuring hospice care is introduced at the right time, for the right members.

“ This integrated approach helps members stay out of the hospital and feel more supported — while giving health plans clear, clinically credible, measurable value.

— Dr. Michael Gabriel,
National Medical Director, Carelon Palliative Care



Discover how Carelon can support your members today.

Scan the QR Code to schedule a consultation.

* Internal Carelon data, 2023. Methodology: analysis basis on 2023 Post-Acute referral data comparing engaged vs. non-engaged cohorts, adjusted for baseline risk.