

A Spotlight on Home Health Case Management

Health system partners with McBee to incorporate clinical best practices for LUPA and Outlier management for home health business



Enhancing Case Management Under PDGM

The rollout of the Patient-Driven Groupings Model (PDGM) in early 2020 spurred home health organizations to use a variety of strategies to optimize their performance under the new reimbursement structure. One important key performance indicator (KPI) of 5-star organizations is a Low Utilization Payment Adjustment (LUPA) rate that benchmarks below the national average. Another significant KPI — sometimes overlooked — is a low outlier percentage. Outlier payments are made for episodes when estimated costs exceed a threshold amount.

The importance of these two metrics is rooted in the PDGM reimbursement structure as the Centers for Medicare & Medicaid Services (CMS) moves to a stronger emphasis on more efficient and effective case management for value-based care delivery.

The PDGM reimbursement model shifted home care to 30-day billing periods, with a visit threshold identified for each 30-day period. If the patient does not receive a total number of visits equal to or greater than the threshold for the 30-day period, the agency receives a per visit, or Low Utilization Period Adjustment, payment for that period rather than the full episodic period payment amount. This new equation is much more difficult to manage than the previous five-visit LUPA threshold within the PPS 60-day episodes. Analyzing your LUPA rate and implementing best practice episode management strategies is one of the most significant ways to improve financial outcomes under PDGM. Without a solid strategy in place, agencies can experience reimbursement losses of anywhere from \$1,500-\$2,700 on average, per LUPA.

Additional opportunities exist to reduce the number of outlier visits, which, if not well-managed, can cause gross margins for periods of care to plummet. For example, staff overutilization within one period of care can negatively impact margins and patient care since vital staff members are unable to move on to support other patients. With a comprehensive patient care plan analysis, clinical management may find that fewer visits are needed to achieve positive clinical outcomes.



So, how can home health providers meet the challenges of PDGM, minimize LUPAs, effectively manage their outlier populations and improve the quality of case management? Let's take a deep-dive into how one organization achieved these goals in partnership with McBee.

Optimizing episode management

This health system's large, regional home health organization services patients across multiple states. The organization identified that there were areas for improvement related to episodic care and case management after the introduction of PDGM.

Realizing the need to benchmark and adjust current practices in care delivery and operations, they turned to McBee for an expert assessment and recommendations.

The two organizations formed a strategic partnership and together tackled complex challenges to deliver quality care to their patient population, while ensuring sound clinical operations and financial success. In sum, they set out to manage the percentage of LUPAs and outliers, improve clinical operations, and optimize EMR capabilities.

McBee approach

The McBee episode management and advisory consulting teams developed a tailored strategy to address the unique needs of the home health organization.

The teams did a deep-dive assessment to benchmark current clinical operations through stakeholder interviews and data analysis; pinpointed key areas for improvements; and designed a path forward leveraging education to further incorporate best practices into their caring culture. McBee equipped the home health organization with specific resources and strategies to address barriers and implement operational improvements. Examples include:

Leveraged frontloading to incorporate acuity

- Assessed patient condition and front-loaded visits based on acuity and risk for hospitalization. This involved assuring that patients who met certain risk-for-hospitalization criteria had three visits with clinicians in their first seven days of care.

Implemented targeted processes to improve timeliness of care and reduced missed visits

- Implemented trainings to emphasize importance of timeliness of care. This included adding timepoints to the standard workflow within the EMR to ensure that the need for acuity-driven care is identified and addressed.

Assessed visit utilization for opportunities to leverage additional disciplines to improve clinical outcomes

- Added a “discipline trigger” process to help clinical staff decide when to bring various disciplines into the plan of care. For example, if a patient’s MAHC-10 fall risk score was 4 or greater, a physical therapy order was requested from the physician. Or if a patient was diagnosed with COPD or pneumonia, OT was considered to support the patient with energy conservation practices.

Promote next-level clinical team coordination and communication

- Cultivated the Start of Care (SOC) handoff process and created a service refusal scripting tool for clinical managers to help them educate patients on the importance of home care services.
- Held regularly scheduled check-ins to review patient-level analysis and discuss methods to manage periods of care more efficiently and effectively, including addressing barriers to care and identifying patient-stated goals of care.

McBee services utilized:

Episode Management Services

- Track care patterns and document deviations from clinical best practices ultimately resulting in LUPAs to improve care planning, deliver quality care and ensure financial viability.

Advisory Consulting Services

- Clinical Operation Assessment
 - Bring together clinical expertise and data to improve operations and case management
- EMR Optimization
 - Unlock the full potential of the EMR to deliver patient-centered care
- Process Improvement
 - Developed dashboards to track progress toward goals

Tap into EMR Capabilities

The electronic medical record (EMR) is the foundational element for effective management of patient care. McBee collaborated with multiple departments and recommended several areas to better maximize the potential of their EMR. These changes helped staff ensure continuity of care by working more effectively within their geographical areas.

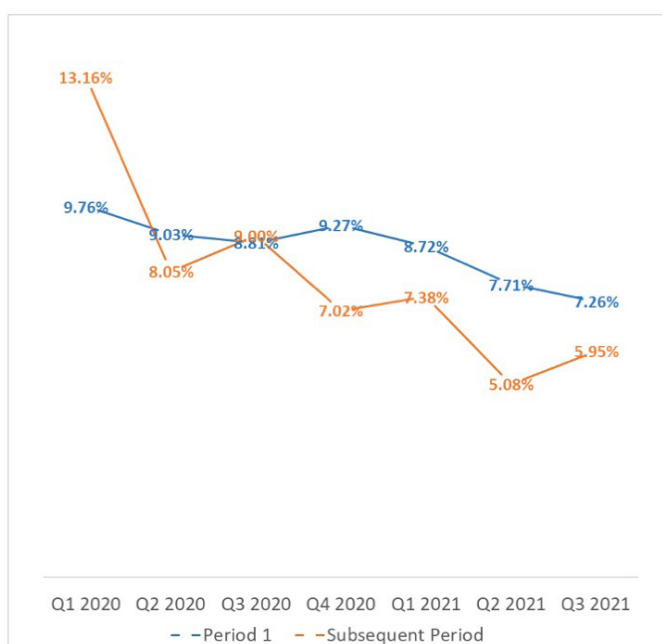
- Reduced clinician documentation time at point-of-care by removing redundancies and duplication when trying to answer OASIS assessment items, while also maintaining regulatory compliance and “whole patient” focus for documentation.
- Implemented streamlined workflow processes to allow current-state users more efficiency and control in completing daily tasks with dashboard development, reports and standardized training.

Tangible Results Driven by Organizational Excellence

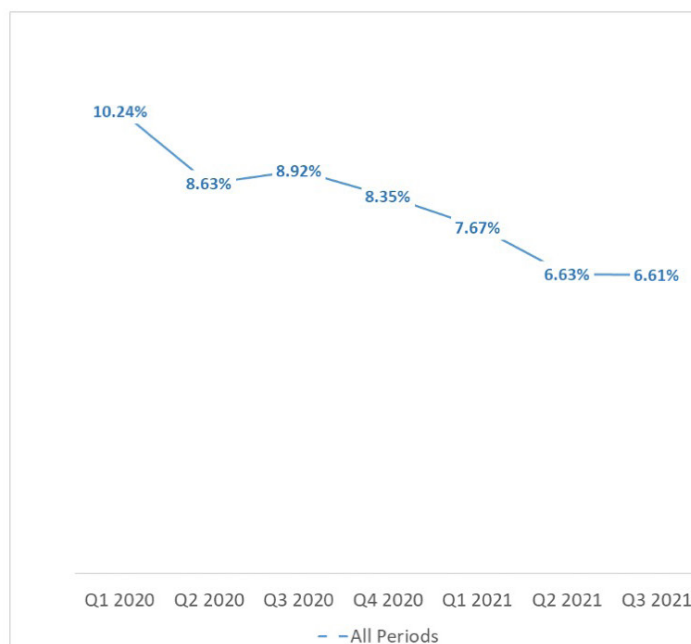
The collaborative, team-focused approach of the partnership enabled the home health organization and patients they serve to benefit from enterprise-wide PDGM process improvements within 8 months, with an additional ongoing guided support.

The home health organization's LUPA rate decreased more than 35% - Achieving an average 6.61% LUPA rate in Q3 2021.

**Average LUPA Rate Per Quarter
(Period One (SOC) & Subsequent Periods)**



**Average LUPA Rate Per Quarter
(All Billing Periods)**



Their partnership with McBee also drove a significant decrease in outlier episodes through more effective case management strategies. The outlier rates were reduced by 58% as a result of the performance improvement initiatives.

Through this team-based partnership with McBee, the home health organization continues to deliver quality home health services to their patients with even more effective case management strategies, lower LUPA rates, and reduced outlier payments.

