Managing Utilization under PDGM with Star Ratings in Mind

June 26th, 2019

- SHP Wednesday Winning Webinars

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Agenda

- Reviewing the latest updates to star ratings and how PDGM may impact your scores
- Sharing examples on differences in approaching patient care under PDGM vs. PPS
- Identifying how to manage inappropriate LUPAs under new 30 day periods
- Providing examples of improving functional status cost effectively
- Exploring some of the PDGM analytics in preparing for the new Model

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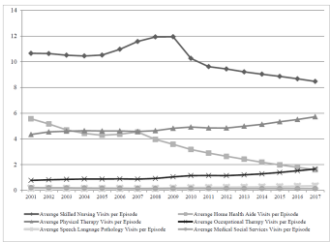
Utilization and Outcomes under the microscope

- Therapy utilization has continued to increase over the years



Source: Figure 2: Average Number of Visits by Discipline - Home Health ProposedRule – CY 2019

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Utilization and Outcomes under the microscope

- Quality of Patient Care (QoPC) Star Measures Functional Outcomes have likely benefited

All Agencies	12 months ending *				Percent Change Y over Y		
Outcome Measure	Mar-15	Mar-16	Mar-17	Mar-18	Mar-16	Mar-17	Mar-18
Improvement: Ambulation	63.5	67.6	72.4	75.6	6.5%	7.1%	4.4%
Improvement: Transferring	58.9	63.9	69.7	74.8	8.5%	9.1%	7.3%
Improvement: Bathing	68.5	71.5	75.3	77.9	4.4%	5.3%	3.5%
Improvement: Mgt. Oral Meds	53.2	57.3	62.3	66.7	7.7%	8.7%	7.1%
Improvement: Pain	68.0	71.2	75.5	78.6	4.7%	6.0%	4.1%
Improvement: Dyspnea	66.0	70.1	74.3	77.8	6.2%	6.0%	4.7%

Source: Home Health Compare * Jan 2019 reporting episodes April '17 - March '18

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Utilization and Outcomes under the microscope

- Revenue shifting from Higher Therapy Cases to Nursing

Nursing/Therapy Visits Ratio	Number of Agencies	PDGM $ % Impact
1st Quartile (Lowest 25% Nursing)	2,630	-9.6%
2nd Quartile	2,630	-1.0%
3rd Quartile	2,630	6.2%
4th Quartile (Top 25% Nursing)	2,630	17.3%

- Within 1st Quartile - Median impact agencies over 20 PPS Episodes is -11.1% ranging up to -50%!

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Utilization and Outcomes under the microscope

- Quality Scores have continued to improve over the years along with therapy (PT, OT, ST) visit utilization
- How much are they connected?
- CMS is recalibrating case-mix weights using the resource and cost estimates from CY 2017 (updating to CY 2018 for the start of PDGM)
- How will agencies impacted by revenue declines adjust to the new reimbursement system
- Decreasing utilization may impact patient quality and by extension your agency star ratings
- Is the industry ready to determine best practices or some kind of efficiency score?

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Quality of Patient Care (QoPC) Star Ratings

- Summary of Current Methodology
  - For each of the 8 measures, ranks all agencies based on score and assign into 10 equally-sized groups (deciles).
  - Adjust (or not adjust) the HHA's initial individual measure rating to help distinguish scores that are different from the national median based on a statistical test
  - For each agency, average the adjusted ratings across all measures (at least five needed) and round to the nearest 0.5
  - Assign ratings from 1 to 5 in half-star increments
- At least 5 of the 8 quality measures must have 20 or more completed quality episodes

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Recent Changes in QoPC Star Ratings

- CY 2018 Final Rule (April 2018 HHC)
  - Removed Flu Vaccinations
- CY 2019 Final Rule (April 2019 HHC)
  - Removed Drug Education
  - Added Improvement in Oral Medications
- Just one process measure remains – Timely Initiation of Care

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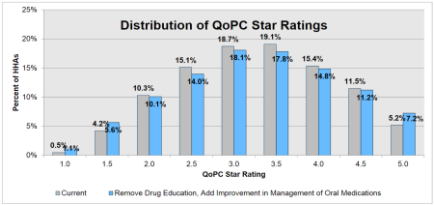
Distribution of QoPC Star Ratings

- Current: 8,963 HHAs (76.8%) reporting with average rating of 3.27
- After added and removed measures: 8,917 HHAs (76.4%) reporting with average rating of 3.27



Data: Episodes ending between 7/1/2016-6/30/2017

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Impact of Algorithm Change

- Agencies with high Drug Education scores compared to Improvement in Oral Medications will possibly see a reduction in their star ratings
- Agencies with low Drug Education scores compared to Improvement in Oral Medications may possibly see an increase in their star ratings
- It will depend on your adjusted rating average and how close that score is to being rounded up or down
- Home Health Compare Changes this year – 44.0% of the star ratings released in May 2019 changed from those reported on in Jan 2019 with just over half (56.0%) improving across the two periods

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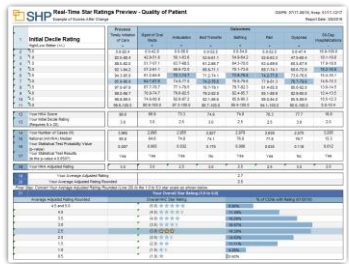
Update based on change in Star Ratings between the added and removed measures



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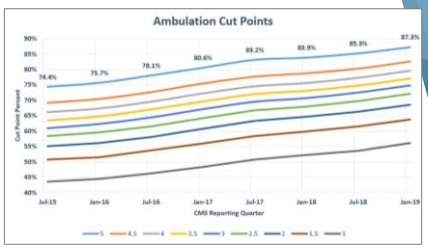
Setting your QoPC target



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PDGM TIDBITS NEED TO KNOW

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Diagnosis of the PDGM HIPPS Code

- Each character of the Health Insurance Prospective Payment System (HIPPS) is associated with the PDGM variables as previously described

– Position #1: Timing and Admission Source
– Position #2: Clinical Grouping
– Position #3: Functional Impairment Level
– Position #4: Comorbidity Adjustment
– Position #5: Placeholder

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Correlating HIPPS Code TO PDGM Elements

- **Primary DX**: COPD unspecified
- **Secondary DX**: *ARF with hypoxia, Hyp Hrt & Chr Kidney disease with hrt fail and stg 1-4/unsp chr kidney, acute on chronic diastolic heart failure, Type 2 Diabetes Mellitus with diabetic chronic kidney disease, Hyperlipidemia unspecified*
- **HIPPS Code**: 2LB21
  - 2=Institutional Early
  - L=MMTA Respiratory
  - B=Medium Functional Impairment
  - 2=Low Comorbidity Adjustment
  - 1=Placeholder
- **CMW**: 1.3346

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60-Day Care Episode versus 30-Day Unit of Payment

- What will be **different**?
  - Bill 60 day episode in two 30 day increments
  - Two RAPs and Two Final Claims Submitted
  - Therapy will not drive reimbursement
  - All PDGM Elements derived from final claim except functional scoring which comes from OASIS
- What stays the **same**?
  - Orders for 60 days
  - POC for 60 days
  - Responsible for cost of care while improving quality
  - Responsible to keep patients out of hospital and ED for 60 days
  - Responsible to improve functional status of patient
  - OASIS Timepoints
  - 5 Star Ratings/VBP reflect changes between SOC/ROC and Discharge

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Secondary Diagnoses Source of Truth

- Three Instructions:
  - Claim-ICD 10 guidelines
  - OASIS-diagnosis that impacts the POC
  - POC-any known diagnosis per COPs
- *Updated Medicare Claims Processing Manual:*

"For claim 'From' dates on or after January 1, 2020, the ICD code and principle diagnosis used for payment grouping will be claim coding rather than the OASIS item. As a result, the claim and OASIS diagnosis codes will no longer be expected to match in all cases."

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What happens if there is a different primary diagnosis for the 2nd 30 days?

- Appropriate to change primary diagnosis if change in patient
- Unsure of what CMS will require to document the change in patient condition
- Will need agency process in place once CMS defines

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Options for Improving Functional Status While Managing Costs

- Utilize therapy assistants if state allows
- Utilize rehab aides to reinforce exercises or getting patient up and moving as directed by therapist
- Virtual rehab exercise classes
- Centralized therapist model
- Utilize therapist for wound assessment or wound care
- Utilize other discipline visiting patient to reinforce exercises or getting patient up and moving as directed by therapist

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Key Things to Know about PDGM LUPAs

- LUPA thresholds range between 2-6 visits under PDGM
- PDGM LUPA 'speak' is that you will be paid by the visit for visits less than the threshold (EX: A '4 visit LUPA' means reimbursement by the visit if 3 visits or below)
- LUPA thresholds vary based on clinical grouping and episode timing
- Clinical Groupings with highest LUPA % are in complex nursing, MS Rehab and in Wounds clinical groupings (2nd 30-day period)
- LUPA thresholds will be evaluated annually by CMS

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Are your LUPAs Appropriate?

Randomly review about 25 episodes with LUPAs monthly for next 2 months

Determine if LUPAs are clinically appropriate by asking these questions:

- *Does patient's clinical picture match visit utilization provided?*
- *Was LUPA a result of missed visits, staffing issues, not homebound, patient refusal?*
- *Did patient require more visits to meet goals/improve outcomes?*

From findings of audit, determine your internal benchmark and, develop an action plan to address trends in inappropriate LUPAs cases

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PDGM PATIENT SCENARIOS

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Balancing Care of Patient with Reimbursement and Efficiencies

REVENUE

- Intake approach to include:
  - Co-morbidities
  - Acceptable primary dx

OUTCOMES

- Responsible for quality outcomes over 60 day episode
- Focus on preventing re-hospitalization and emergent care
- Focus on 5 Star Ratings

EXPENSES

- Improve functional status of patient while managing costs
- Be aware that subsequent 30 day periods are reimbursed less than early 30 day period unless there is a gap of 60 days
- Be aware that community admit source patients are reimbursed less than institutional sourced patients

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Patient Scenario #1: Diedra Thompson, 77 year old

Patient Primary Diagnosis: E11.621 Type 2 Diabetic Foot Ulcer

Admission Source/Timing: Institution/Early (1st 30 day); Community/Late (2nd 30 day)

Clinical Grouping: Wound

Functional Score: Grooming-1, Dress Upper-1, Dress Lower-2, Bathing-2, Toilet Transferring-0, Transferring-1, Ambulation-2, Risk of Hosp-4=**Low** Functional Score

Comorbidities: Non-pressure chronic ulcer, left heel and mid-foot with fat layer exposed, HTN with HF, Heart Failure Unspecified, Atrial Fib

Other: positive caregiver support

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Patient Scenario #1: Diedra Thompson

HIPPS: 2CA31(first 30 days) 3CA31 (second 30 days)
CMW: 1.5865 (first 30 days) 1.0005 (second 30 days)
LUPA Visit Threshold: 4 (first 30 days) 3 (second 30 days)

5 Star Ratings Focus:

- *__Pain__
- *__ADLs__: *Ambulation, Bathing, Lower Body Dressing*
- *Prevent **Re-Hospitalization** and **Emergent Care**

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Caring for Diedra
60-Day Episode: 15 visits planned

First 30 days-10 visits

- SN visits: 3W2, 2W1
- PT visits: 2W1 (begin after pt/cg performing wound care)

Second 30 days-5 visits

- PT visits: 2W2, 1W1

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Diedra's Patient Goal:
Walk in her garden without pain

POC Interventions-SN

- SN-Wound Care
- SN-Wound Teaching & Return Demo(caregiver)
- SN-Assess HTN
- SN-Assess knowledge of Cardiac Meds & Educate as needed
- SN-Assess knowledge of DM2 and meds through teach-back
- SN-Educate as needed re: disease process, foot care, medications
- SN-Assess nutritional status & educate

POC Interventions-Therapy

- PT-initiate HEP in first 30 days
- PT-Evaluate pt/cg ability to dress wound, knowledge of foot care and meds
- PT-assess wound healing and check feet during 2nd 30 days

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Diedra Thompson - Financial Impact of Care

Comparison of 30-Day Periods:

Diedra Thompson	Revenue	Costs	Net	% Var.
Period 1: 10 visits	$ 2,782	$ 1,492	$ 1,290	46.4%
Period 2: 5 visits	$ 1,755	$ 801	$ 954	54.4%

* Revenue based on National Rate of $1,753.68
Costs use the National LUPA value for comparison

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Patient Scenario #2: Junie B. Jones

- **Patient Primary Diagnosis:** I69.351 Hemiplegia following cerebral infrc affecting right dominant side
- **Admission Source/Timing:** Institution/Early (1st 30 day); Community/Late (2nd 30 day)
- **Clinical Grouping:** Neuro
- **Functional Score:** Grooming-1, Dress Upper-2, Dress Lower-2, Bathing-3, Toilet Transferring-2, Transferring-2, Ambulation-3, Risk of Hosp-4=**Medium** Functional Score
- **Comorbidities:** Hypertensive heart disease with heart failure, Acute on chronic combined systolic and diastolic heart failure, Type 2 diabetes mellitus without complications, COPD unspecified
- **Other**: Caregiver is unreliable

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Patient Scenario #2: Junie Jones

HIPPS: 2BB21(first 30 days) 3BB21 (second 30 days)
CMW: 1.5987 (first 30 days) 1.0126 (second 30 days)
LUPA Visit Threshold: 6 (first 30 days) 2 (second 30 days)

5 Star Ratings Focus:
- *__ADLs__: *Ambulation, Bathing, Transferring, Upper & Lower Body Dressing*
- *__Dyspnea__
- *Prevent **Re-Hospitalization** and **Emergent Care**

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Caring for Junie
60-Day Episode: 26 visits planned

First 30 days-20 visits

- SN visits: 2W1,1W2
- PT visits: 1W1
- PTA visits: 2W2
- OT visit: 1W1 (start week 2)
- OTA Visits: 2W2
- Rehab HHA visits: 2W3

Second 30 days-6 visits

- PT visits: 1W1
- OTA visits: 2W1
- OT visits: 1W1
- HHA visits: 2W1

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Junie's Patient Goal:
Bathe and dress herself without assistance of aide

POC Interventions-SN

- SN-assess cardiopulmonary status, Junie's knowledge of her medications, provide education, and utilize teach-back
- SN-discuss with family, behavioral implications of stroke

POC Interventions-Therapy

- PT-assess home environment for equipment needs and determine program to improve ADLs
- PT: set plan for PTA
- OT-work with Junie on increasing right upper body strength and using non-dominant side for dressing/bathing
- OT-work on energy conservation

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Junie Jones - Financial Impact of Care

Comparison of 30-Day Periods:

Junie Jones	Revenue	Costs	Net	% Var.
Period 1: 20 visits	$ 2,804	$ 2,591	$ 213	7.6%
Period 2: 6 visits	$ 1,776	$ 777	$ 999	56.3%

* Revenue based on National Rate of $1,753.68
  Costs use the National LUPA value for comparison
* Note: Cost would be less for PTA/OTA

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Patient Scenario #3: Larry Lupart

- **Patient Primary Diagnosis:** COPD with acute lower resp infection
- **Admission Source/Timing:** 1st 30 days community/early; 2nd 30 days community late
- **Clinical Grouping:** MMTA Respiratory
- **Functional Score:** Grooming-0, Dress Upper-1, Dress Lower-2, Bathing-2, Toilet Transferring-0, Transferring-1, Ambulation-1, Risk of Hosp-4=**Low** Functional Score
- **Comorbidities:** HTN heart disease with heart failure, Acute on chronic combined systolic and diastolic heart failure, Type 2 DM without complications

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Scenario # 3: Larry Lupart

HIPPS: 1LA21 (1st 30 days) 3LA21 (2nd 30 days)
CMW: 1.0087 (1st 30 days) .6046 (2nd 30 days)
LUPA Visit Threshold: 4 (1st 30 days) 2 (2nd 30 days)

5 Star Ratings Focus:
*__ADLs__: Bathing, Lower Body Dressing, Transferring,
*__Dyspnea__
*Prevent __Re-Hospitalization__ and __Emergent Care__

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Caring for Larry
60-Day Episode:12 visits planned

First 30 days-10 visits

- SN visits: 3W1, 2W1, 1W1
- Telehealth Visits: 2W1 (during 4th week of 30 day period)
- OT Visits: 2W2

Second 30 days-2 visits

- SN visits: 1W2
- Telephonic/Telehealth Visits: 2W2 (in between SN visits)

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Larry's Patient Goal:
Get back to his woodworking

POC Interventions-SN

- SN-assess knowledge of COPD and his medications
- SN-assess cardiac status
- SN-Medication Teaching, Reinforce Teach-Back
- Telephonic Visits-towards end of 30 day episode and into 2nd 30 days to check on Larry's ability to self manage

POC Interventions-Therapy

- OT-work with Larry on energy conservation
- OT-work with Larry on improvements in bathing and lower body dressing
- OT-assess equipment needs

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Larry Lupart's - Financial Impact of Care

- Comparison of 30-day periods:

Larry Lupart	Revenue	Costs*	Net	% Var.
Period 1: 10 visits, 2 calls	$ 1,769	$ 1,624	$ 145	8.2%
Period 2: 2 visits, 4 calls	$ 1,060	$ 393	$ 667	62.9%

* Plus $100 per month for telemonitoring

- If visit is missed in the second 30-day period:

Larry Lupart	Revenue	Costs*	Net	% Var.
Period 1: 10 visits, 2 calls	$ 1,769	$ 1,624	$ 145	8.2%
Period 2: 1 visit, 4 calls	$ 147	$ 247	$ (100)	-68.3%

* Plus $100 per month for telemonitoring

* Revenue based on National Rate of $1,753.68
Costs use the National LUPA value for comparison

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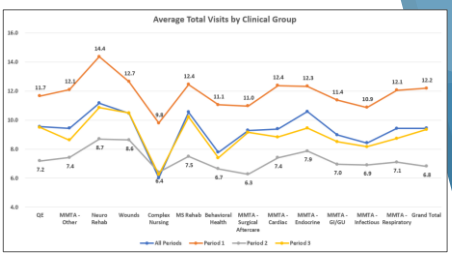
Exploring some of the PDGM analytics in preparing for the new Model

Utilization based on First, Second and 3+ Periods



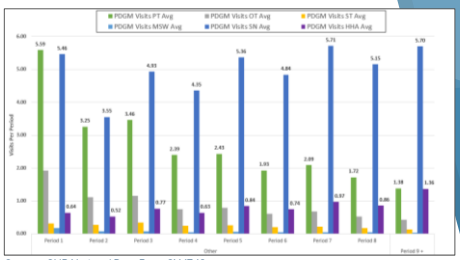
Source: SHP National Data Base CY 17,18

Average Visit Utilization based on Selected Periods

Clinical Group	All Periods	Period 1	Period 2	Period 3	Period 4	Period 5 +
QE	9.6	11.7	7.2	9.5	7.3	8.3
MMTA - Other	9.4	12.1	7.4	8.6	6.9	9.1
Neuro Rehab	11.2	14.4	8.7	10.9	8.2	9.2
Wounds	10.5	12.7	8.6	10.5	8.8	10.2
Complex Nursing	6.0	9.8	6.4	6.2	5.7	5.3
MS Rehab	10.5	12.4	7.5	10.2	7.7	8.8
Behavioral Health	7.8	11.1	6.7	7.4	6.0	5.7
MMTA - Surgical Aftercare	9.3	11.0	6.3	9.2	6.9	8.7
MMTA - Cardiac	9.4	12.4	7.4	8.8	7.0	7.8
MMTA - Endocrine	10.6	12.3	7.9	9.5	7.8	12.3
MMTA - GI/GU	9.0	11.4	7.0	8.5	6.8	6.9
MMTA - Infectious	8.4	10.9	6.9	8.2	6.7	6.1
MMTA - Respiratory	9.4	12.1	7.1	8.7	6.7	7.3
Grand Total	9.4	12.2	6.8	9.4	7.0	8.1

Source: SHP National Data Base CY 17,18

Discipline Utilization By Period



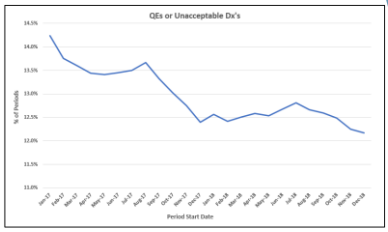
Source: SHP National Data Base CY 17,18

LUPA rates by Clinical Group and Periods

Clinical Group	All	Period 1	Period 2	Period 3	Period 4	Period 5+
MMTA - Other	7.8%	9.2%	12.0%	3.1%	7.8%	4.5%
Neuro Rehab	7.6%	8.5%	10.0%	2.4%	7.1%	4.7%
Wounds	8.3%	8.4%	14.3%	4.8%	10.2%	5.1%
Complex Nursing	20.0%	9.5%	14.1%	18.1%	14.6%	23.1%
MS Rehab	9.3%	9.7%	12.2%	2.2%	7.8%	2.9%
Behavioral Health	7.8%	8.5%	10.2%	3.8%	7.4%	7.1%
MMTA - Surgical Aftercare	11.2%	9.3%	17.5%	3.6%	9.8%	4.1%
MMTA - Cardiac	7.4%	8.1%	11.9%	3.3%	7.8%	3.7%
MMTA - Endocrine	7.0%	8.0%	12.1%	3.2%	7.3%	3.8%
MMTA - GI/GU	9.9%	9.3%	12.8%	5.6%	8.9%	9.3%
MMTA - Infectious	10.8%	8.1%	12.4%	6.1%	8.9%	16.0%
MMTA - Respiratory	7.8%	8.0%	11.8%	3.0%	7.4%	3.2%
Overall Average	**8.9%**	**8.8%**	**12.4%**	**3.9%**	**8.3%**	**7.3%**

Source: SHP National Data Base CY 17,18

Unacceptable Dx Coding is Improving



Source: SHP National Data Base CY 17,18

LUPA revenue versus Period Revenue

Compares revenue difference for LUPA rates one visit below the threshold versus national 30-day period of care rate for selected HIPPS codes

Admission Source and Timing	Clinical Group and Level	Comorbidity Adjustment?	HIPPS Code	Weight	Visit Threshold (greater of 10th percentile or 2)	National Rate	LUPA Payment	$ Difference at Threshold
Early - Institutional	Wound - High	2	2CC31	1.8588	4	$ 3,259.39	$ 563.31	$ 2,696.08
Early - Institutional	MMTA - Endocrine - High	2	2C31	1.7449	4	$ 3,060.00	$ 563.31	$ 2,496.69
Early - Institutional	Neuro - High	2	2BC31	1.8228	5	$ 3,196.61	$ 709.81	$ 2,486.80
Late - Institutional	Wound - High	2	4CC31	1.7194	4	$ 3,015.28	$ 563.31	$ 2,451.97
Late - Institutional	Neuro - High	2	4BC31	1.6836	4	$ 2,952.50	$ 563.31	$ 2,389.19
Late - Community	MMTA - Respiratory - Low	0	3LA11	0.546	2	$ 955.76	$ 270.31	$ 685.45
Late - Community	MMTA - Surgical Aftercare - Low	1	3GA21	0.5381	2	$ 943.66	$ 270.31	$ 673.35
Late - Community	MMTA - GI/GU - Low	0	3JA11	0.5277	2	$ 925.42	$ 270.31	$ 655.11
Late - Community	Behavioral Health - Low	0	3FA11	0.5015	2	$ 879.47	$ 270.31	$ 609.16
Late - Community	MMTA - Surgical Aftercare - Low	0	3SA11	0.4784	2	$ 838.96	$ 270.31	$ 568.65

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Contribution Margin (C.M.) by Group and Period

- Uses National 30-day rate of $1,753.68 and CY 2019 LUPA rates as cost
- Percent C.M. reflects the implied margin for comparison

	Period 1		Period 2		Period 3		Period 4		Period 5+	
Clinical Group	CMW	% C.M.	CMW	% C.M.	CMW	% C.M.	CMW	% C.M.	CMW	% C.M.
MMTA - Other	1.28	12.6%	0.81	14.5%	0.75	2.4%	0.74	18.4%	0.74	-2.0%
Neuro Rehab	1.47	7.5%	0.99	16.8%	0.94	-2.2%	0.92	19.2%	0.95	17.9%
Wounds	1.49	23.2%	1.05	22.1%	1.02	12.3%	1.02	22.7%	1.04	18.9%
Complex Nursing	1.23	27.9%	0.79	25.3%	0.75	23.2%	0.75	33.4%	0.79	41.3%
MS Rehab	1.38	14.9%	0.89	19.4%	0.83	-7.1%	0.82	14.8%	0.84	10.8%
Behavioral Health	1.15	10.4%	0.71	12.7%	0.65	2.4%	0.64	18.3%	0.63	19.9%
MMTA - Surgical Aftercare	1.33	23.5%	0.82	23.5%	0.78	-2.1%	0.73	12.7%	0.78	4.1%
MMTA - Cardiac	1.32	14.2%	0.83	16.9%	0.79	5.1%	0.76	20.0%	0.77	16.0%
MMTA - Endocrine	1.31	13.6%	0.85	12.3%	0.80	-1.2%	0.79	12.6%	0.79	-25.9%
MMTA - GI/GU	1.30	19.4%	0.81	19.3%	0.80	8.8%	0.76	21.3%	0.77	23.7%
MMTA - Infectious	1.28	22.5%	0.80	18.9%	0.75	6.0%	0.72	18.4%	0.72	21.9%
MMTA - Respiratory	1.32	16.5%	0.82	19.5%	0.79	6.5%	0.76	22.6%	0.77	21.1%
Total	1.36	16.1%	0.88	18.5%	0.83	3.9%	0.81	19.6%	0.83	15.4%

Source: SHP National Data Base – Non-LUPA CY 17

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Questions?

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