

# **Restoring Case-Mix levels through UR-Based Care Programs**

**(Part1)**

**A Cisneros – HHSM**

## **Arnie Cisneros, P.T.      HHSM**

- 30 years Medicare Care Continuum
- 30 year Home Health clinician/consultant
- Progressive rehab clinical delivery
- ACO Post-Acute Bundling Consultant
- DMC - Pioneer ACO Grant Awardee
- Seton Health Alliance – Pioneer ACO Awardee
- Atrius Health System – Pioneer ACO Awardee
- Model 2 BPCI Awardee – DMC 10/9/12

# **2014 Home Health Case-Mix Rebasing**

## **2014 Case-Mix Rebasing**

- Case-Mix Creates ID of Patient Program
- 1.0 Case-Mix average at PPS onset
- 2013 Case-Mix levels reach 1.35
- 2104 Rebasing reduces CM value 25.7%
- Case-Mix legacy – upcode, over-therapy
- Case-Mix – OASIS, Coding, Rehab
- New Era – Case-Mix as sign of quality

## **2014 Case-Mix Rebasing**

- Case-Mix Management outside of HH
- Acute Care – DRG Management
- IRF – Care content and Rehab control
- SNF – MDS management
- Case-Mix will define HH of tomorrow
- Case-Mix currently a front-line staff issue
- UR Case-Mix mgmt - healthcare standard

# **PATIENT PROTECTION & AFFORDABLE CARE ACT**

# **ACCOUNTABLE CARE ORGANIZATIONS**

## **Accountable Care Organizations**

An ACO is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

# **History of Utilization Review in Health Care**

## **Utilization Review**

**Create episode expectations and specific care plans for programming based on QA identified clinical concerns or deficits; manage and share those expectations with front line clinical staff prior to care initiation.**

## **Hx of Utilization Review**

- Effects on Providers across Care Continuum
- Acute Care DRG History – 77%
- In-patient Rehab Care - >50%
- Sub-Acute Rehab – SNF - > 50%
- Home Health - ??ACOs/Bundles/Value-based??
- Patients/Care Needs/Community Rx - constants
- 1984 – No one predicted < 4 day hospital LOS

# **UTILIZATION REVIEW IN HOME HEALTH**

## **Utilization Review in Home Health**

The development and delivery of Home Health services created from a Utilization Review, PPS - compliant perspective. Patient centered, case managed care, modified in an ongoing manner for patient response to treatment. UR-Managed Home Health produces levels of clinical/fiscal outcomes not regularly seen in homecare as it creates the episodic programs of the future.

# **Utilization Review in Home Health (How it Works)**

## **Utilization Review in Home Health**

- Intake Management
- OASIS Accuracy / Utilization Review Control
- OASIS QA Real – Time Management
- Proportional Care Plan Production
- Management of Nursing/Rehab Volumes
- Safety – Based Clinical Frequencies
- Provider – Managed Scheduling/Productivity

## **Utilization Review in Home Health**

- Frequency/Duration Control Nursing/Rehab
- Coding Accuracy
- Billing Performance
- IT management for Clinical Control
- Optimization (not Maximization) of PPS model
- Discharge for Outcomes
- Changing legacy of clinician – centered care



## **Intake Management**

- F2F Certification / Orders Management
- Intake Completion of Referral Issues
- Business Interests vs. Referral Completion
- Timely SOC scheduling – 24 hours
- This is where Home Health Interventions begin

## **OASIS Accuracy/Utilization Review Control**

- Timely SOC – 24 hours from acute DC
- Virtual Utilization Review Management
- Complete Programming
- Primary Care Diagnosis – post-acute
- ACO Care Management – vs. 60 day certification
- Same day Rehab Evals – when possible

## OASIS QA Real – Time Management

- Clinical Case-Mix Accuracy
- Case-Mix Rebasing – 25.7% cut – 1/1/14
- Functional Accuracy – Why involve rehab?
- Accuracy – springboard for interventions
- Complete Programming – clinical deficits
- Accuracy defines Efficiency
- Contemporary Performance Inaccuracies

## Proportional Care Plan Production

- Abandon Unskilled Care Content
- Assertive Safety-Based Frequencies
- 30 day Post-Acute Focus
- Caregiver Involvement
- Compliance Established Here
- POC establishes Care Plan & ACO Interface

## Management of Nursing/Rehab Volumes

- Utilization Review Control – IRF, SNF, Opt
- Assertive Nursing/Rehab Volumes
- Contract vs. Employee – RU in control?
- Rehab vs. Non-Rehab Control/Interaction
- Mandatory HEP/Compliance/Skilled Prog
- Value Based Care Delivery – PLOF based
- Manage staff for patient – centered POC

## Safety – Based Clinical Frequencies

- Proportional and Acuity - Based
- Avoid 60 – Day Certification Approach
- Where readmissions are solved
- Manage Patient/Caregiver here
- Assertive Resolution of Safety Issues
- Elevated Interaction w Safety Concerns
- Decrease Frequency when Safety Achieved

**Provider – Managed Scheduling/Productivity**

- Major Concern in Most Agencies
- Clinician Convenience Usually Paramount
- Concern with Traditional HH Schedules
- Rehab presents a Particular Concern Level
- Productivity Matches Other CMS Providers
- Total Agency – Based Schedule Control
- ALL Changes approved by Agency Personnel

**Frequency/Duration Control Nursing/Rehab**

- Front – Loading Concept of POC Management
- Legacy of “What fits in my Schedule”
- Legacy of Delayed Response
- Rehab Tendency to “Stretch it Out”
- Productivity Connection to Self Scheduling
- Address Patient Scheduling Control
- Manage in the Style of Acute Care Hospitals

## **Coding Accuracy**

- Essential for Optimal Reimbursement
- Focused Coding plays a role in ADRs
- Coding is beyond the level of clinical staff
- Over - Coding vs. Under – Coding Concerns
- Outsource Coding?
- Coding plays Major Role in Case – Mix
- ICD - 10

## **Contemporary Billing Performance**

- Limited by SOC OASIS Management
- Timely RAP Activity Required for Fiscal Health
- Focused Billing Required for Fiscal Health
- Clinician Support Required for Billing Integrity
- Timely DC Billing Necessary
- Create Culture of Optimizing Billing Protocols
- Clinical Under – Performance as it Affects Billing

## **IT Management for Clinical Control**

- Utilize IT Management as Cornerstone of Care
- UR Control/IT performance for Care Modeling
- Legacy of Un – Timely Documentation
- The era of IT Under – Performance is Over
- ACO Clinical Rounding will require IT use
- Standardized IT Produces Standardized Care
- Manage UR Case – Mix Issues via IT use

## **Optimization of PPS model**

- PPS Performance Defines Good Care
- PPS Model Must Be Embraced for Success
- Patient – Centered Care Produced via PPS
- Compliance with PPS Principles Rarely Seen
- From OASIS – RAP – Care Program – DC
- Employ PPS to Produce Outcomes
- ReWire Care Concession for PPS Compliance

## **Discharge for Outcomes**

- Discharge Preparation begins @ SOC
- UR controlled Care leads to Discharge
- Focused Clinical Delivery Elicits Outcomes
- Resist Benchmark Focused DC
- Case Management to Decide upon DC
- Reduce Unsuccessful Care Programs via DC
- UR Controlled Care Produces Outcomes

## **Changing legacy of clinician/centered care**

- Derive Outcomes under Decreased LOS
- Catering to clinical staff HH legacy
- Do staffing requests support Outcomes?
- What do your outcomes cost?
- The power of Standardized Programming
- Trickle – Down Home Health doesn't work
- Reinvent Care in this area

### **HHSM UR-Based HH Examples**

- Memorial Hermann Home Health - Houston
- Trinity Baptist Home Health – Memphis
- Methodist Le Bonheur HH - Memphis
- Three Provider Examples in last year
- All Experienced Significant Gains
- Fiscal gains match Clinical Outcomes

### **HHSM UR-Based HH Examples**

- Agency # 1
- 1.1 → 1.56 in 2013
- Agency #2
- 0.7 → 1.35 in 2014
- Agency # 3
- 0.7 → 1.34 in 2014



### **HHSM UR-Based HH Examples**

- Agency # 1
  - \$952.16 / 486 Cases / \$452,865
- Agency #2
  - \$1,256 / 71 Cases / \$89,148
- Agency # 3
  - \$1,567 / 56 Cases / \$87,782

**CAN YOU  
*MANAGE* TO  
IMPROVE YOUR  
CARE?**

**Webinar Part 2**  
***Real-time Examples of***  
***UR-Based***  
***Programming***

Home Health Strategic Management

**1-877-449-HHSM**

[www.homehealthstrategicmanagement.com](http://www.homehealthstrategicmanagement.com)