Using OASIS as your guide to PDGM Success

Home Health Strategic Management

- **Arnie Cisneros PT** – President and Founder
- S.U.R.C.H. – Utilization Review (UR) for Home Health
- Proprietary PAC Clinical Acuity Utilization Review
- BPCI Awardee – Detroit Medical Center (CJR)
- Utilization Review Clinical Indicator Model – Payer Side
- Post–Acute PPS Trial – 30–Day Post-Acute Program
- MI Pioneer ACO PAC UR – Global PAC Mgmt
- 3rd Party Payer HH UR Med Advantage
- UR V2V Transition for addresses CMS reforms
- PDGM, PCR, VBPM, Post-Acute PPS (2020 – 2023)
CMS Reforms outline New Care Landscape as Volume to Value Transition Arrives

CMS Reforms slated for Implementation

- Impact Act Reforms (2014) – Post-Acute Care Transition
- Impact Act – eliminates silo approach quality measures
- Rewires quality measurement and resource utilization
- Redefines Quality Care as measured across settings
- Eliminates series of Providers for Episodic Model (DRG 2.0)
- Unified PPS – Post-Acute PPS for seamless acute episodes
- PAC PPS – single payment for Inpatient + 30 days
- Hospital (Convener) pays Post-Acute Providers directly
- Trans – setting metrics will standardize Quality elements
- Post-Acute Costs/Volume/Outcomes – will be redefined
- Significant Volume Loss – Hospitals DRGs >70% volume loss
CMS Reforms slated for Implementation

- PDGM – Patient-Driven Grouper Model 2020 kickoff
- Replaces 60-day episode with two 30-day units
- Removes therapy as payment factor – creates rehab levels
- Eliminates RAP payment from traditional reimbursement
- Separates Post-Acute & Community Referrals payments
- National Value-Based Purchasing Expansion for 2020
- Loss of Home Health Providers predicted (for-profit?)
- PAC PPS Value Approach - reduces inpatient care (11%)
- PAC PPS Rewiring– significant HH growth opportunity
- Value Identity (Cost vs. Outcomes) - favor HH after reforms
- HH’s Value failure in future - creates 3rd party opportunities

How to Assess your Agency for Value Potential related to HH PDGM Reforms
Assessing your HH Agency for UR Value Potential

- Is your programming philosophy to maximize at every turn?
- Do you have a culture of crisis management for essential tasks?
- Examples: OASIS timepoints, DC audits, recert culture, audits?
- Are you seeking (rewarding) recertifications in your agency?
- Are Star Ratings 4 or less? Agency reported? CMS reported?
- Are SN visit totals greater than 6 per episode/? Staff Productivity?
- Are SOC LUPAs/NTUCs greater than 5%? Is approval required?
- What is your Potentially Avoidable Events level - >20%?
- What are your HHCAHPS ratings? Do they match clinical Stars?
- Is HH LOS >30 days? Self-scheduling? Missed Visit totals?
- Do your clinicians create/manage their own care programs?
- Are you threatened (or held hostage) by loss of clinical staff?

Home Health PPS: Review of the Acuity-Based Care Model
Home Health PPS Reimbursement Model

- Six disciplines & med supplies – SN, PT, OT, ST, MSW, HHA
- HH PPS Reimbursement Goal: Cover care costs + margin
- HHRG rates seek to cover care costs for efficient episodes
- HH Negative margins create unsustainable business sector
- Acuity-based HHRG payments affected by multiple factors
- Address both Clinical & Fiscal in two-sided HH PPS model
- Efficient management of Covered/Skilled care required
- HH PPS Global POC - from multi-disciplinary assessment
- Post – Acute vs. Community-Based referral value emerges

Home Health PPS Operational Targets for Value Era Reforms
Home Health PPS Operational Targets for Value Era

- Intake Management - Referral Integrity for rapid SOC (24 hr)
- OASIS Accuracy – Clinical education not the solution
- Clinical Profile for Plan of Care - accuracy/global POC
- Traditional 60-day certification period belies value model
- Front-line Clinical Management unseen other CMS Providers
- Clinical Frequency/Duration order control – Safety-Based freq
- Lack of Scripting for patient-centered and standardized care
- Lack of CMS-Qualified care & CMS-Required documentation
- Resultantly, lack of required in-episode clinical content
- Volume-Based HH Care – excessive costs/time to DC/Stars
- Compromised clinical goals, care costs, and margins result

Value Era
HH Utilization Management for Value Outcomes
(Volume to Value Shift)
Value Era Management of Home Health

Create specific care plans for HH programming based on QA identified clinical concerns or deficits.

A refined OASIS clinical profile is employed to create an individualized SOC patient program. Modifying the clinical delivery program in an ongoing manner with In-Episode Management for response to treatment, clinical efficiency, skill, required documentation, and rapid VALUE outcomes.

OASIS use in HH PDGM POC Development

Patient Profile & Clinical Targets
PDGM Nursing Clinical Targets

Home Health PDGM Nursing Clinical Targets

- (M1242) Pain – relevant when affects function
- (M1400) Respiratory – essential to functional PLOF return
- (M1610/1615) – Incontinence – Falls, UTI, breakdown
- (M2020) Oral Medications – med ability – affected by ADLs
- (M2030) Injectable Medications – affected age, vision, ADLs
- (M2040a) Prior Oral Med Mngmnt – Prior to decline onset
- (M2040b) Prior Inject Med Mngmnt - Prior to decline onset
- (M1306/M1330/M1340) Stasis/Ulcer/Sur Wound – Skin ID
PDGM
Rehab Clinical Targets

Home Health PDGM Rehab Clinical Targets

- (M1800) Grooming – Demos level of function
- (M1810) Dressing Upper Body – IND requires safe mobility
- (M1820) Dressing Lower Body – IND requires safe mobility
- (M1830) Bathing – Safety/IND requires safe mobility
- (M1840) Toileting – IND requires safe mobility (Asst Level)
- (M1845) Toilet Transfers - IND req safe mobility (Asst Level)
- (M1850) Transfers - IND requires safe mobility (Asst Level)
- (M1860) Ambulation – Safe mobility baseline of ADLs
HOME HEALTH UTILIZATION REVIEW INSTALLATION
(Step by Step Guide to Value Outcomes)

Home Health for Value Era – UR Value Chronology

- Assurance of complete referral management at Intake
- *Timely* Scheduling of Start of Care Admission (24 hrs)
- *Qualified* SOC OASIS visit from SN s/p UR OASIS training
- *UR OASIS SOC Protocol* - provides standardized admits
- *Assures* – 1) OASIS Guidance Manuel use, 2) OASIS Walk
- SOC Collaboration w UR staff – *Call live* from home
- PPS HH SOC performed – *Global* programming employed
- *Safety* – *Based* POC orders developed for all disciplines
- *Patient* participation in POC development essential
Home Health for Value Era – UR Value Chronology

- OASIS - admission document to guide ALL disciplines
- Identical to MDS role in Sub – Acute PAC programs
- Subsequent disciplines follow SOC within 48 hours
- Rehab - call from home to assure POC compliance
- Qualified requirements assured at each step for value
- SOC/Evaluation Accuracy – re objective clinical baselines
- STG/LTG – for all disciplines – all goals
- Compliance/Caregiver Involvement – SOC/Evals & visits
- Home Program Development – for ALL disciplines

Home Health for Value Era – UR Value Chronology

- In – Episode Management (IEMs) – essential for value
- IEMs offer weekly individual patient program mgmt.
- IEMs eliminate costly/relatively un-productive Case Conference
- ALL disciplines with clinical supervisory (one-one)
- Assures qualified content retained throughout episode
- Safety – Based orders modified once safety achieved
- Weekly data runs allow for real-time metric tracking
- Weekly Leadership calls w HH administration – live metrics
- Focus on Transition to HH staff-managed care elements
Home Health for Value Era – UR Value Chronology

- Increase in SOC Case-Mix – greater than 25% increase
- Increase in SOC HHRG – greater than 27% increase
- Improvement in ER visits – Improved 61%
- Improvement in Hospital Readmits – Improved 31%
- Improvement from to 4.5/5 Stars or better
- Staffing Cost decrease (>30% SN) & Productivity increase
- SOC LUPA reduction (conversion to full episode) - >65%
- Decrease in Potentially Avoidable Events - >60%
- Increase in HHCAHPS due to patient scripting/involvement
- Minimal loss of clinical staff, referral sites, patients

How Utilization Review in Home Health Mirrors PDGM, VBPM, & Pre-Claim Review Requirements
Clinical Case – Mix is POC & Reimbursement basis in PDGM

• HH PPS Case-Mix specifics mirrors Authorization model
• OASIS admission to ID patient specifics for HH auth
• OASIS has been challenge for Home Health since intro
• Timely admission, struggle for accuracy, “INTERVIEW”
• OASIS accuracy rates = 70% despite ongoing education
• In-accurate OASIS ADL profile – both nursing & rehab
• OASIS accuracy is basis of PDGM Case-Mix and Success
• Accurate Patient profile - for content and clinical path
• Evolved clinical profile, decline depth, support/home

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