



Improving Home Health Performance

Common Pitfalls

- Low reimbursement
- Billing problems
- Census below expectations
- Regulatory compliance issues
- Inefficient therapy utilization

Dodging the Pitfalls

- Comparison to benchmarks
- Utilizing OBQI and OBQM data
- Billing and accounts receivable reviews
- Performing chart and personnel file audits
- Customer service pathway mapping

Benchmarks

Item	Benchmark Statistic
Profit Margin	13.5%
Recertifications	50%
Therapy Patients	37%
Non-Medicare Patients	30%
Reimbursement Each Certification Period	\$2,965
Cost Per Visit	\$143
Therapy Visits per Episode	12
Skilled Nursing Visits per Episode	9.6

Source: Medpac Report to Congress, Home Health Services, March 2017

Reimbursement Problems

- Underutilization of therapy
- Low therapy visit frequency
- Low scoring of functional need
- Not claiming all the clinical diagnoses
- Improper scheduling

How to Fix Reimbursement Problems

- Review OASIS for functional scoring of 1 or more on dressing, bathing, transferring, ambulation and refer to therapy
- Review therapy planned frequencies and require strict approval process for less than 6 visits
- Nurses must have the patient demonstrate how they dress, bathe, and transfer to ensure maximum functional coding
- OASIS scrubber catches overlooked errors
- Focus marketing effort on more clinically complex patients or patients with more rehabilitation needs.

Payment Issues

- Not billing timely not only can slow your cash flow, but cause the RAP money to get pulled back and you have to start all over again.
- Failure to obtain pre authorization for private insurance.
- Failure to file on a timely basis for various private insurance plans. The filing deadline varies: 60, 90, 180, 365 days. Filing too late means you don't get paid.
- Failure to transmit claim according to private insurance guidelines.
- Failure to follow up on claims to ensure paid.

How to Fix Payment Problems

- Review accounts receivable each month
- Review insurance claims every two weeks
- Track active episodes
- Complete an admission checklist:
 - Verification of payer/insurance and patient information
 - Pre-authorizations received and recertification call scheduled
 - Completion of face to face, 485, OASIS and comparison for consistency
 - Visit schedule in software matches care plan
 - Aide care plan created if applicable
 - Referrals sent

Census Benchmarks

- Is 5% of the 65+ population receiving home health services?
- Are 37% of your home health patients on therapy services?
- Are 80% of your Medicare hospital discharges referred to home health?
- Recertification rate at 50%
- Average certification periods per patient are 1.9 episodes

Census Problems

- Lack of practitioner or referral source understanding of what qualifies a patient for home health.
- Not recertifying patients and having a process to ensure thorough review prior to the decision
- Misunderstanding the definition of homebound status
- Focus of therapy providers on outpatient therapy

How to Fix Census Problems

- Marketing, marketing, marketing!
- Provider, referral source, and agency staff education
- Weekly case meetings with nursing and therapy staff prior to recertification or discharge
- Partnership with assisted living facilities

Regulatory and Quality Issues

- Staff not meeting frequencies in care plan or orders
- Failure to obtain orders for services provided
- OASIS and 485 do not match
- Lack of justification for recertification
- Failure to educate on items listed on care plan
- Failure to perform supervisory visits for LVNs and nurse aides
- Failure to provide ABNs within 5 days
- High hospitalization or emergency service rates
- Failure to improve patients' condition or decrease in patients' conditions
- Incidents and infections for patients during home health services

How to Address Regulatory and Quality Problems

- Chart audits
- Review 485 care plan on each visit
- Provide educational documents
- Monitor scheduling and visits for completion
- Increase communication with staff regarding issues
- Monitor and address OBQI and OBQM

OBQI and OBQM Analysis

- Look at a percentage of charts with the problem
- Review the chart for what happened three to five days prior to the event
- Look at a percentage of charts with success in the problem area
- Compare care plan and nursing interventions
- Develop three to five interventions that should be done based on the diagnosis or problem
- Audit for those on each patient with the problem area to ensure corrected

Example of OBQI and OBQM Problems

- Agency percentage on improvement in toileting hygiene and transfers are lower than national average
- Agency percentage on improvement in dyspnea is lower than the national average
- Agency percentage for hospitalizations is higher than the national average
- Agency percentage for emergent care caused by fall is higher than national average

Chart Audits

- Audit 10% of patient charts monthly
- Of that percentage:
 - 50% should receive therapy services
 - 30% discharged patients
 - 10% should receive wound care services
 - 10% should receive home health aide services

Components of a Chart Audit

- Timely completion of OASIS, orders, visit notes, face to face, supervisory visits, ABNs, discharge summaries
- Compliance with frequencies
- Compliance with care plan items to be taught or assessed
- Evaluation of recertifications the progression and changes to the care plan

Personnel Audits

- Audit 10% of the personnel files on a quarterly basis
- Of that percentage audit:
 - 40% new hires
 - 20% discharged employees
 - 20% long term employees

Components of a Personnel Audit

- Background checks
- In-service and continuing education
- Licensure and certification
- Competency and orientation checklists
- Annual evaluations
- Valid driver's license and car insurance

Customer Service Pathways

- Like clinical pathways, a healthcare organization also has service pathways.
- Service pathways map the activities involved in customer encounters by following these steps:
 - Identify all customer contact points
 - Identify staff encountered by customers
 - Conduct encounter analyses by listing all experiences and events. Create lists of internal and external customer contact points.
 - Determine the best way to deliver/improve each event in the encounter
 - Revise policies and procedures to improve customer encounters

Source: O'Malley, John F., Healthcare Marketing, Sales, and Service, pg. 113



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