

Set Up for Financial Health in 2024

A WEBINAR PRESENTED ON SEPTEMBER 26, 2023

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Presented By



Beau Sorensen is the COO at First Choice Home Health and Hospice in Orem, Utah. He has over 25 years of experience in home health and hospice and has extensive knowledge of healthcare systems and processes. Sorensen is an expert in healthcare IT and has worked with organizations across the U.S. to help them better utilize their EMRs and create value from the data in their systems. Sorensen is actively involved in the home care and hospice community and has served as president for the Utah Association for Home Care, in addition to being on the HHFMA Advisory Board, NAHC's Advocacy Council, and the HCTAC Education Committee. Beau also trains agencies around the country on how to create loyal customers and employees with his firm Visionbound International.

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Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Reduce expenses without compromising care
 - Plan for the future of value-based purchasing
 - Demonstrate your value to Medicare Advantage payors
 - Implement steps to recruit and retain steps

Reducing Expenses Without Compromising Care and Staying Safe From Audits

Pinching Pennies

Most of your low-hanging fruit is already gone...where do you go from here?



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Clinical

- Visits have already been targeted
 - Patients were seen 18.7 times per episode (60 day) in 2008, now just 16.54 times per episode
 - Most patients average fewer than 1 home health aide visit per episode
- We can't reduce care any further without harming patients, so what can we do to be more efficient here?

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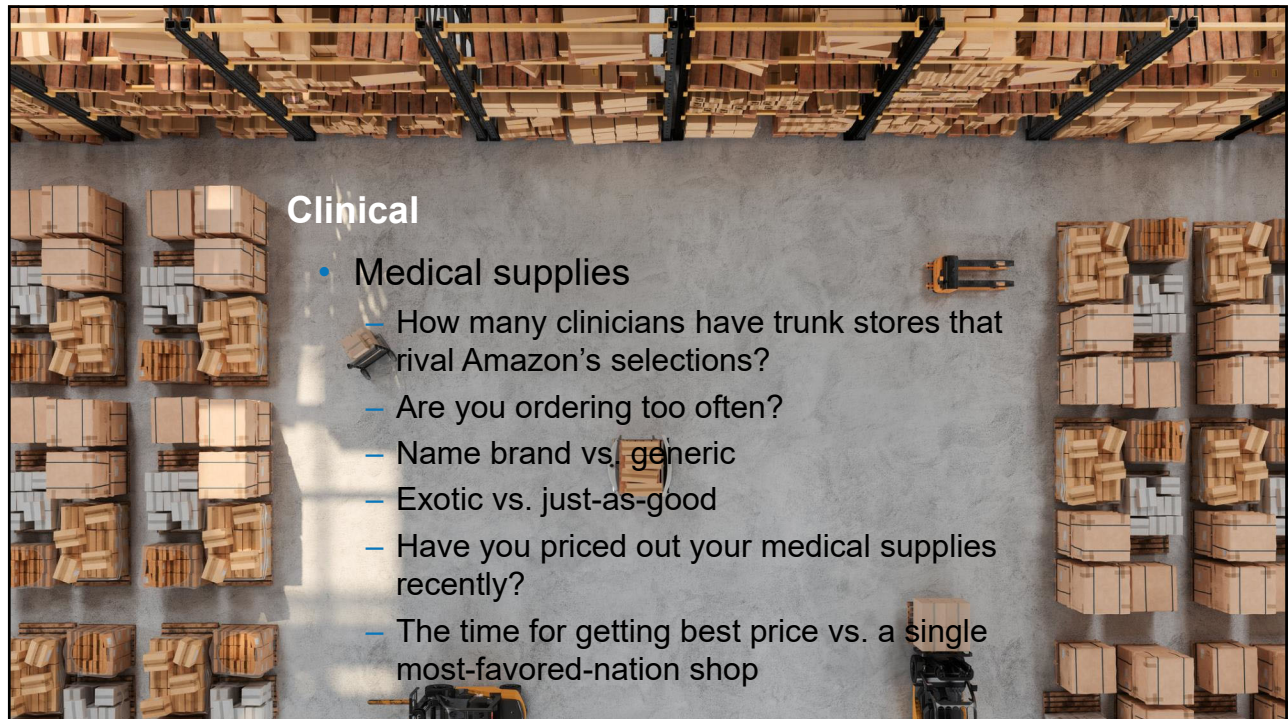
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Clinical

- Competing priorities:
 - Reductions in visit numbers or types should not negatively impact your bottom line, it can make the problem worse if you have any per-visit payors or if it increases your LUPAs
 - Value Based Purchasing incentivizes quality care; if reducing visits in the short term saves money at the cost of outcomes, in the long term it will cost money
- Where are areas you can effectively substitute visits without negative effect?
 - LPNs/LVNs instead of RNs
 - PTAs and COTAs instead of PTs and OTs
 - Note that some payors pay and/or authorize differently for LPN/PTA/COTA visits vs RN/OT/PT visits
- On-call visits
 - Substituting a triage nurse with a video platform instead of in-person visits

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Clinical

- Medical supplies
 - How many clinicians have trunk stores that rival Amazon's selections?
 - Are you ordering too often?
 - Name brand vs. generic
 - Exotic vs. just-as-good
 - Have you priced out your medical supplies recently?
 - The time for getting best price vs. a single most-favored-nation shop

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Clinical

- Mileage and vehicle costs
 - Did you raise your rates in 2022, but never decrease them?
 - Consider a “sliding scale” – allocate a flat amount to vehicle costs (consumables, lease cost, etc.), then have the remainder go up and down based on the gas price in your service area
 - A lease may be more economical than paying mileage if your clinicians are driving more than 11,000 miles/year – but only if those vehicles stay in the field.
- Routing
 - Are your clinicians driving optimized routes? Most EMRs won’t do this, but you can use external tools like WorkWave or Onfleet as well.

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Operational

- Look at office space options, there may be value in renegotiating existing contract or moving
 - Office space vacancy rate is 17.1% nationwide, putting pressure on landlords
- Do you still need all your space?
 - As more things move to the cloud, employees may be able to work from home permanently
 - If you do move fully remote, make sure that you still take the time and opportunity for team building in different ways
- Balance productivity with fixed costs

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Information Technology

- IT should be a savings center, not a cost center
- Stretch the replacement cycle for devices and look at HP Renew/Dell Outlet products
 - Devices built within the past 5 years are plenty fast for almost every task your clinicians need them for
 - Don't be afraid of eBay, they have excellent devices. I have bought thousands of devices from there and never had an issue (with the right seller)
- If your EMR has both tablet and Windows apps, look at migrating to the tablet app
 - Android tablets can be found for under \$100 each, iPads for \$200 or so

Information Technology

- Start investing in AI
- Bring IT into the conversation in other departments to get their ideas on how to reduce costs through greater use of technology.
- Shop around for server replacements when they come due. In general, leased private cloud options are less cost-effective than purchasing outright.
- Using commercial SaaS services for phones, EMR, storage, etc. may reduce the need for server space you lease

Medical Records Review

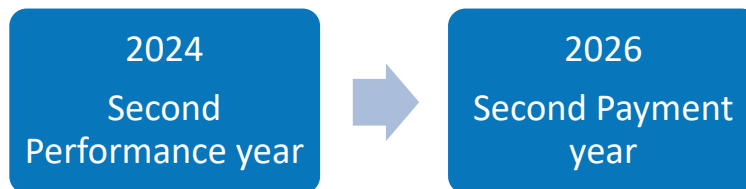
- While it's tempting to skimp on records review, Medicare and other payors are continuing to increase requests and scrutiny, so I would be wary on reducing headcount here.
- Spot audits with increased scrutiny on poorly performing clinicians and reduced scrutiny on top performers
- Utilize an AI tool like nVoq to perform audits of text-based data, freeing up FTEs for other tasks

Monitoring Your VBP and Planning for VBP Future

Value-Based Payment Structure



Value-Based Payment Structure



VBP Measures (Initially)

- OASIS (35% weight)
 - Improvement in dyspnea
 - Discharge to community
 - Improvement in oral med management
 - Self-care composite score
 - Mobility composite score
- Claims (35% weight)
 - Hospitalizations in first 60 days of home health
 - ED use in first 60 days of home health

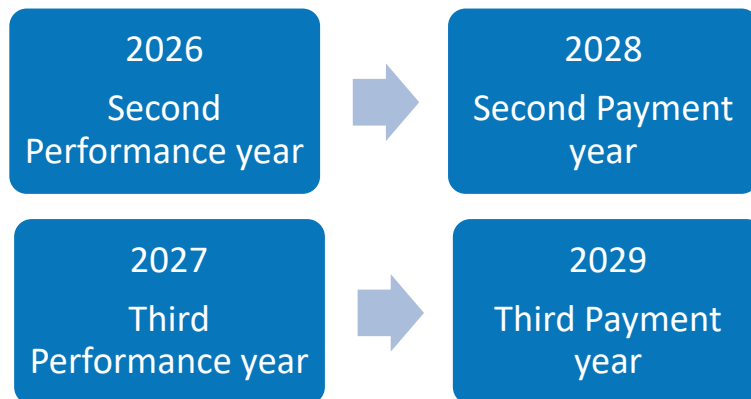
VBP Measures (Initially)

- HHCAHPS (30% weight)
 - Care of patients
 - Communication between provider and patient
 - Specific care issues
 - Overall rating of care
 - Willingness to recommend

VBP 2.0



VBP 2.0



VBP Measures (2025)

- OASIS (35% weight)
 - Improvement in dyspnea (8.75%)
 - Improvement in oral med management (8.75%)
 - Discharge Function score (GG data set)* (17.5%)
- Claims (35% weight)
 - Potentially preventable hospitalization* (26.25% weight)
 - Discharge to community without a hospital stay or death 31 days after discharge from home health* (8.75% weight)

VBP Measures (2025)

- HHCAHPS (30% weight)
 - Care of patients (6%)
 - Communication between provider and patient (6%)
 - Specific care issues (6%)
 - Overall rating of care (6%)
 - Willingness to recommend (6%)

Measurement Data

- HHCAHPS vendor
 - They have historical data, and you can use their information to build your model
- Claims data
 - Track internal information. Unfortunately, there's not a better way to do this.
- OASIS data
 - Track internally or via your coding/scrubbing vendor. Most EMRs have analytics dashboards that can help you with this
- iQIES
 - Report from July 2023 will give you your baseline data and achievement thresholds

Improving Your Scores

- Measure closest to the point of collection.
- Slice data by clinician and work on a performance improvement plan for them to do better.
- Training, training, training.
- Track your progress on scoreboards so your staff can see if their efforts are winning or losing.

Demonstrating Value to MA and Moving Into MA/accepting New Payors

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Demonstrating Value to Medicare Advantage

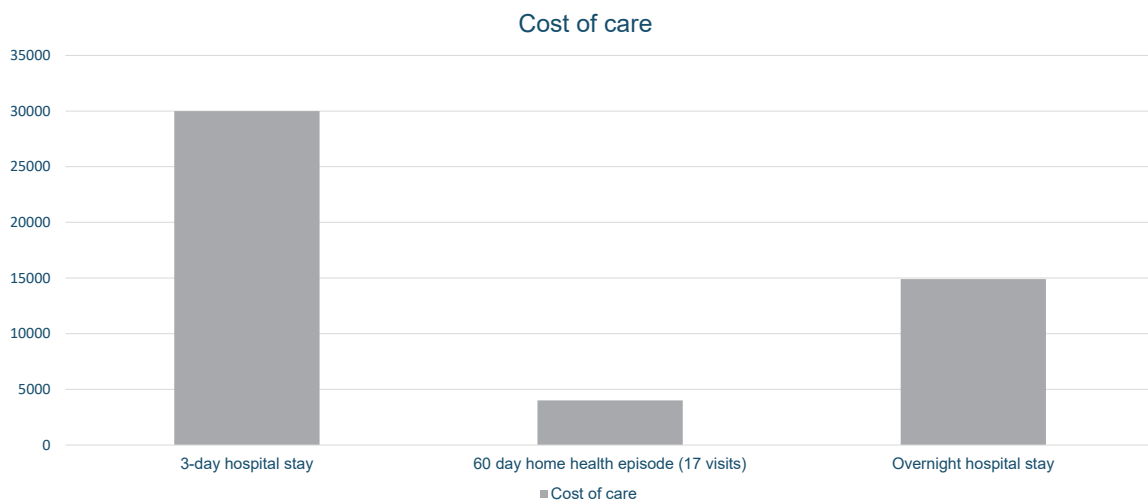


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Key Metrics for Insurance Companies

- 30-day rehospitalization rate
- Patient satisfaction rates
 - Use their language.
- Coverage area
- Your rates

Hospitalizations



*Data from Healthcare.gov, CMS.gov, and AHRQ

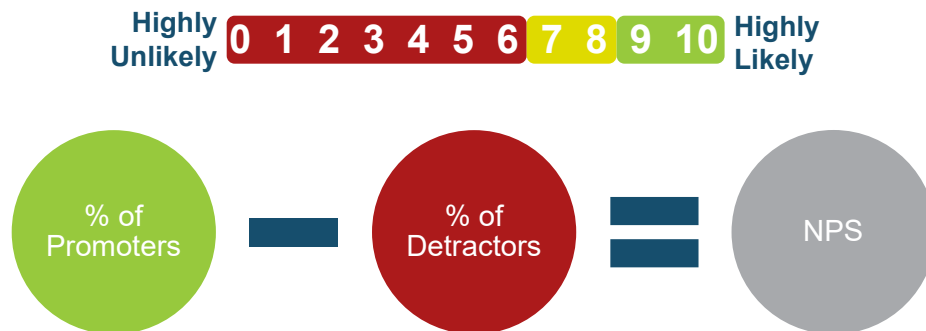
As insurance companies grow,
they want to know that they
don't have to piece together a
patchwork network. It's easier to
work with one provider instead
of 10.

**Negotiate in their world. Persuasion is not about
how bright or smooth or forceful you are. It's
about the other party convincing themselves
that the solution you want is their own idea. So
don't beat them with logic or brute force. Ask
them questions that open paths to your goals.
It's not about you.**

A white handwritten signature on a black background, consisting of a stylized, cursive 'Q' followed by a horizontal line.

What Is a Net Promoter Score?

How likely is it that you would recommend us to a friend or colleague?



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Getting Data

- Your EMR
- Data.medicare.gov
- Trella Health
- SimiTree
- SHP
- etc...

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Identify Your Objective

- Why are you getting (deeper) into Medicare Advantage?
- Identify your win.

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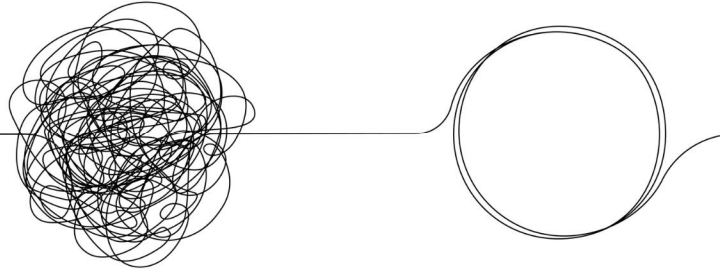
Identify Your Constraints

- What are your current costs?
- What will be your additional costs for a new payor?
- What will be your opportunity costs?
- Is your EMR set up for these new payors? Do you know what you need to do to set it up for them?

Research the Plans

- What are their medical record review practices?
- What kind of collaboration do they want from you?
- What are their timely filing deadlines?
- What are their authorization requirements and do they change depending on the plan?
- How do they bill and pay?
 - Professional/Institutional
 - Discipline payments
 - Max visits per day

Do You Have the Capacity for Complexity?



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Complexity Added by Medicare Advantage Plans

- Multiple plans, even amongst a single payor
- Leased networks
- Institutional vs. Professional claims
- Authorizations
- Medical review
- “We follow Medicare guidelines” – until they don’t.

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Identify Your Opportunities

- Will this increase your market penetration somewhere?
- Is there a referral source that wants you to be on a Medicare Advantage network?
- What other providers are on that network in your area?

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Identify the Changes You Need to Make

- What differences will there be between your current processes and your new processes?
- What new job responsibilities will be needed?
- What staff will be needed?
- Where does it make the most sense to put these new responsibilities?

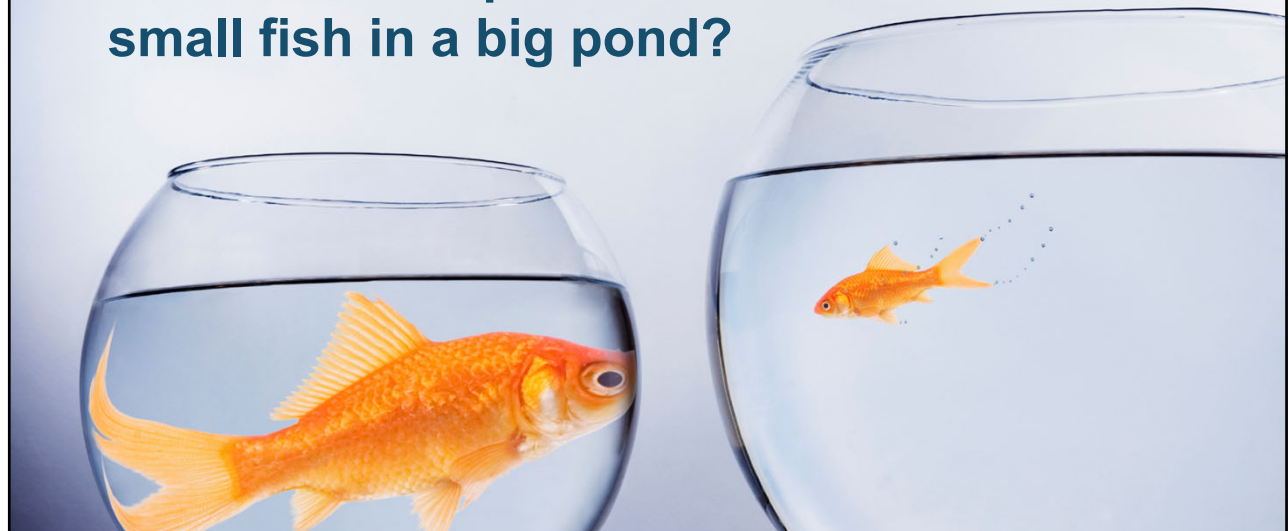
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Changing Your Orientation

- Every aspect of your intake/care/billing/collections process needs to be oriented around individual payer requirements.
- Communicating changes when they occur. Who is responsible, how does it happen?

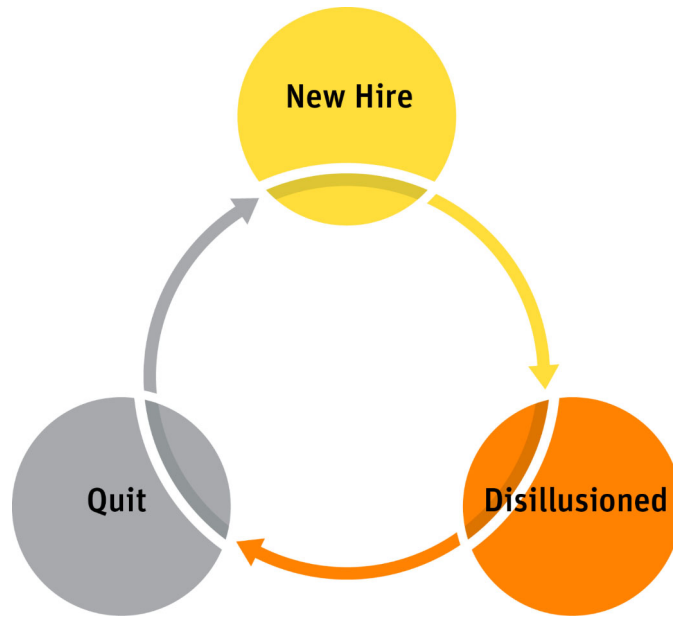
Do you want to be a big fish in a small pond or a small fish in a big pond?



**The thing that keeps
a business ahead of
the competition is
excellence in
execution.**

Tom Peters

Successfully Recruit and Retain Your Best Staff Members



Employees Only Want 2 Things:



1. Unleash My Potential



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2. Leave me Feeling Great About Working for You



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**Be Curious, Not
Judgmental.**

Wall Whitman

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Don't Blame the Employee Before You Blame the Process

Eighty percent of [companies'] problems are caused by bad systems, not by bad people.

A handwritten signature in black ink, appearing to be 'J. G. Smith'.

Unleashing Your Staff

- Will vary based on age/experience
 - Mentoring or other pairing for younger and newer employees
 - Assigning Mentor roles for senior staff
 - Balance flexibility that younger staff crave with predictability that older staff desire
 - Adjust management style based on the employee – you can't manage everyone the same.

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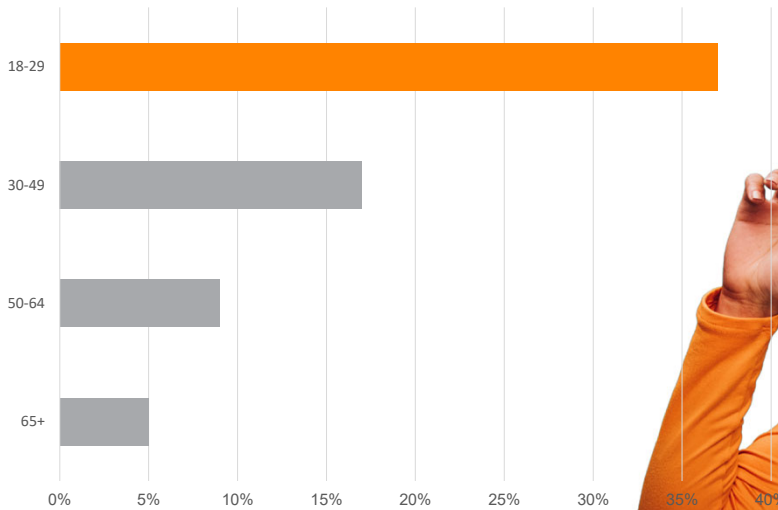
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**Leave Them Feeling Great
About Working For You**

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Who Quits?



Pew Research Center 2021 Study

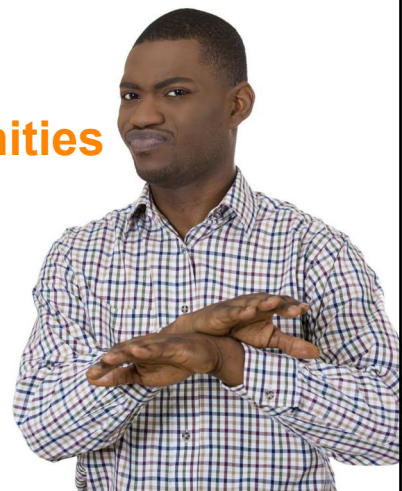


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Why do Employees Quit?

- 37% Low pay
- 35% **Feel disrespected**
- 33% **Lack of advancement opportunities**
- 24% Lack of schedule flexibility
- 20% Too many work hours
- 16% Too few work hours

Pew Research Center 2021 Study



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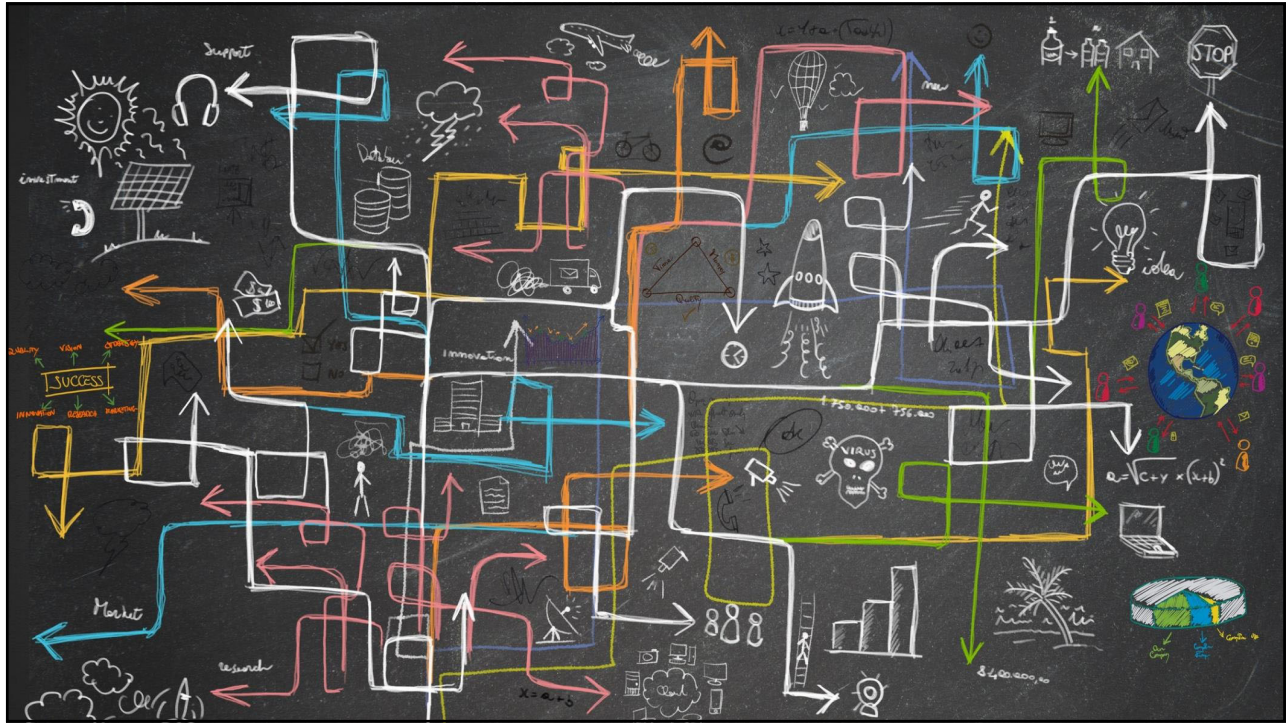
Key 1: The Interview



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The interview is the first opportunity for people to really know your company.

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17%
make up their minds
about a company in
an interview's first 5
minutes.

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Orientation can Make or Break Your Retention.

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Key 3: Train and Reinforce Learning Continually



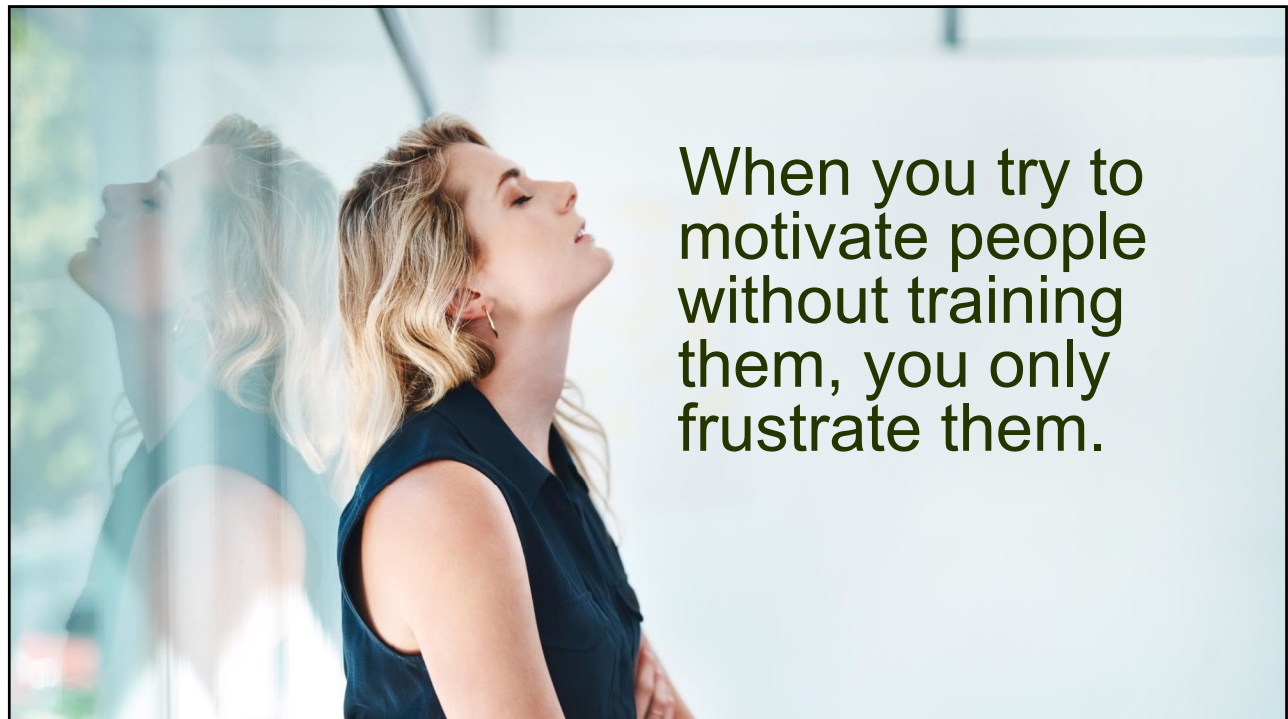
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If you want to improve an organization, improve its training.

Frankel

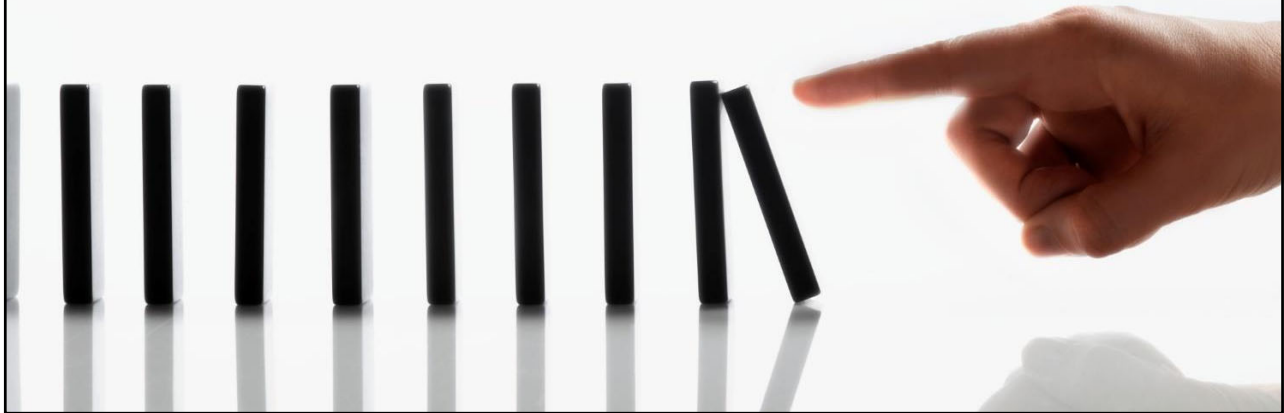
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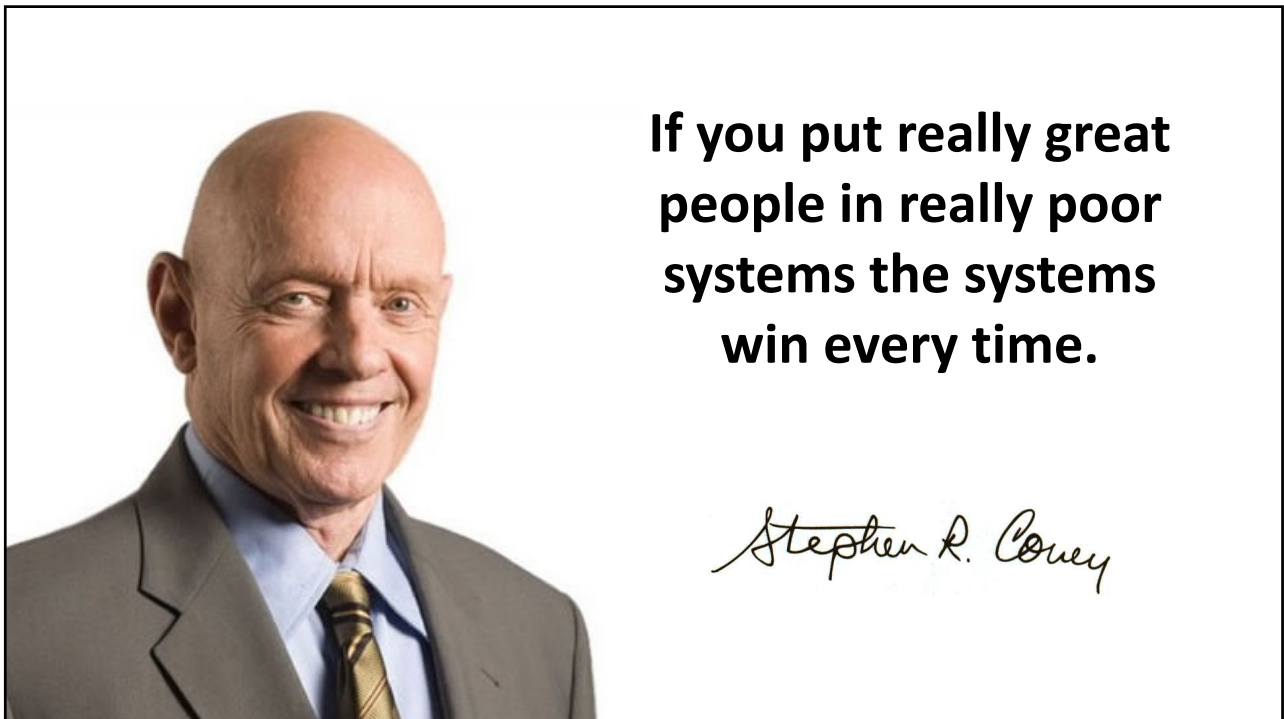
When you try to motivate people without training them, you only frustrate them.

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Key 4: Your Processes



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**People leave managers, not
companies.**

A white, handwritten signature in cursive script, appearing to be 'R. G. J.', centered on a black background.

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Key 6: Your Culture

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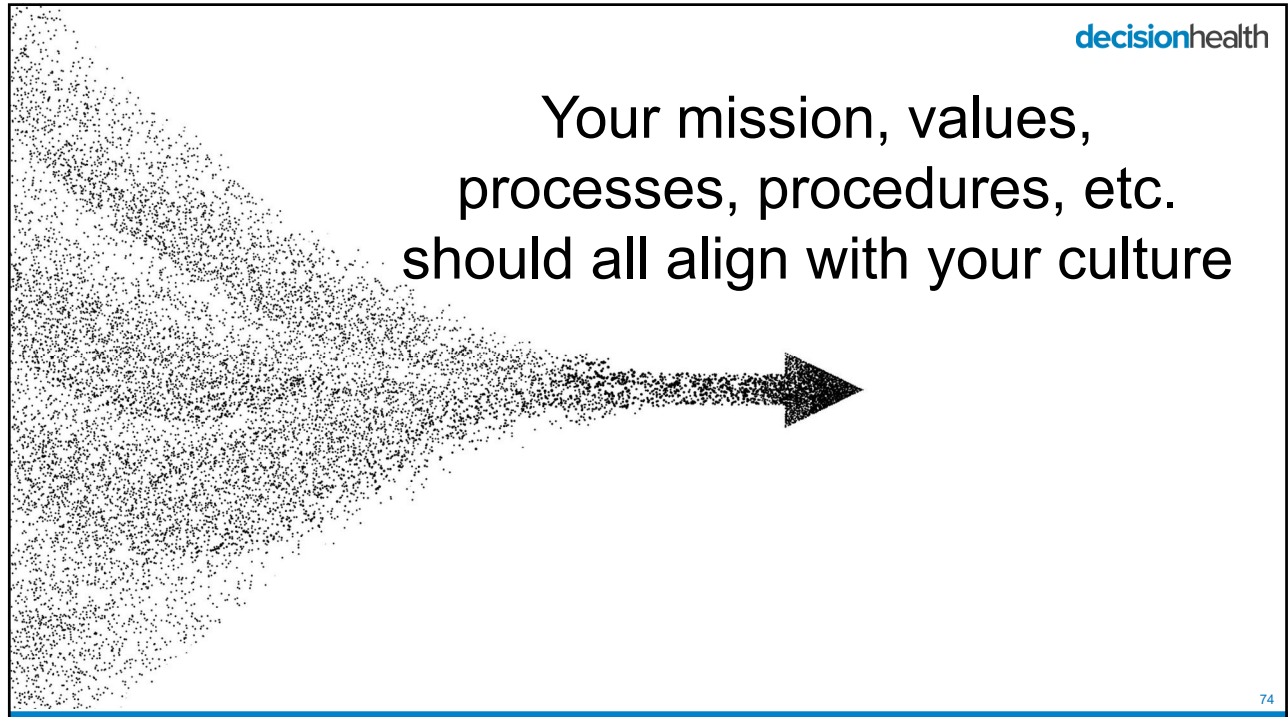
**Culture isn't the most
important thing, it is the
only thing.**

Jiminy G

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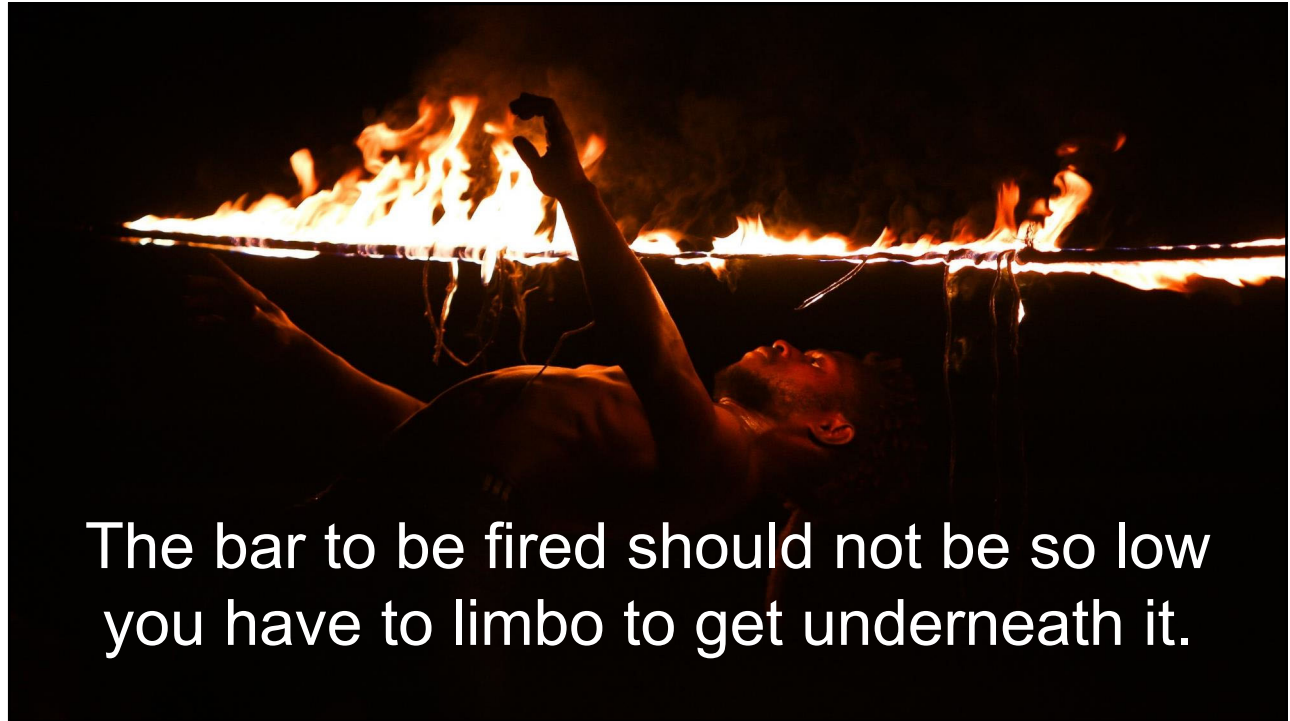
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Your mission, values,
processes, procedures, etc.
should all align with your culture



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The bar to be fired should not be so low you have to limbo to get underneath it.

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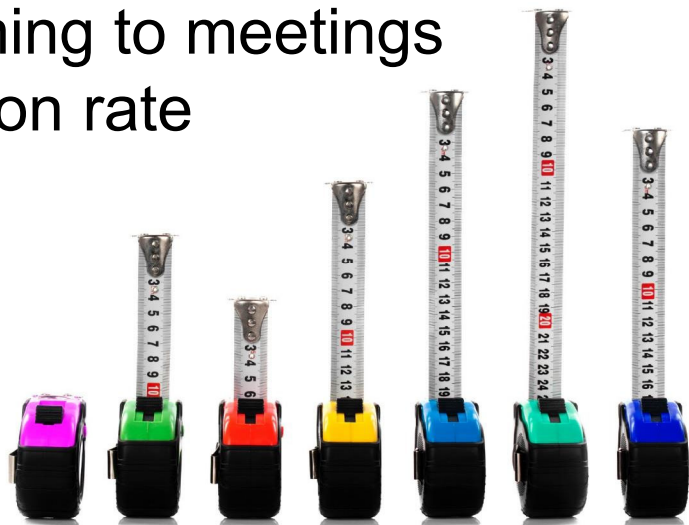
If your culture rewards poor behavior, your high performers will leave.

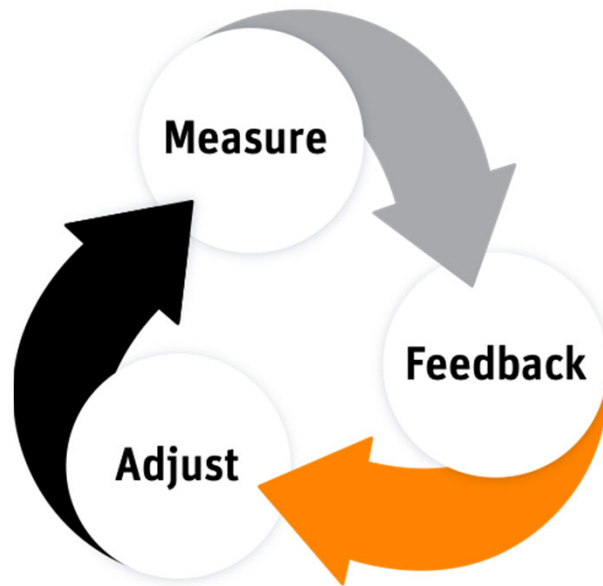
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Key 7: Measure Staff Loyalty and Make Adjustments



Ways to Measure Loyalty:
Percentage coming to meetings
Turnover/retention rate
Feedback
eNPS





Questions & Answers



Beau Sorensen
COO

First Choice Home Health and Hospice
Organization
Orem, UT

To Submit a Question: Go to the Q&A box located in the lower left area of your screen. Type your question in the lower text box, then press your “Enter” key.

Thank you for attending!

We would appreciate your feedback.

Please complete and submit the program evaluation within 14 days of the live program date at the link below, which has also been sent to the person who registered for this event at your facility.
We kindly request that they forward it to everyone in your group:

<https://app.keysurvey.com/f/41682638/7c30/>

Note that you must complete the evaluation within 14 days of the live program date in order to receive a general certificate of attendance.

This concludes today's program.

Be sure to register for our upcoming program:

I Passed My HCS-D Exam, Now What? A New Coder's Survival Guide

November 6th, 2023 at 1:00 p.m. ET

<https://store.decisionhealth.com/new-coders-survival-guide>

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