



PDGM SUCCESS

USING AXXESSCARE



PRESENTED BY

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Senior Vice President
Professional Services, Axxess





OBJECTIVES



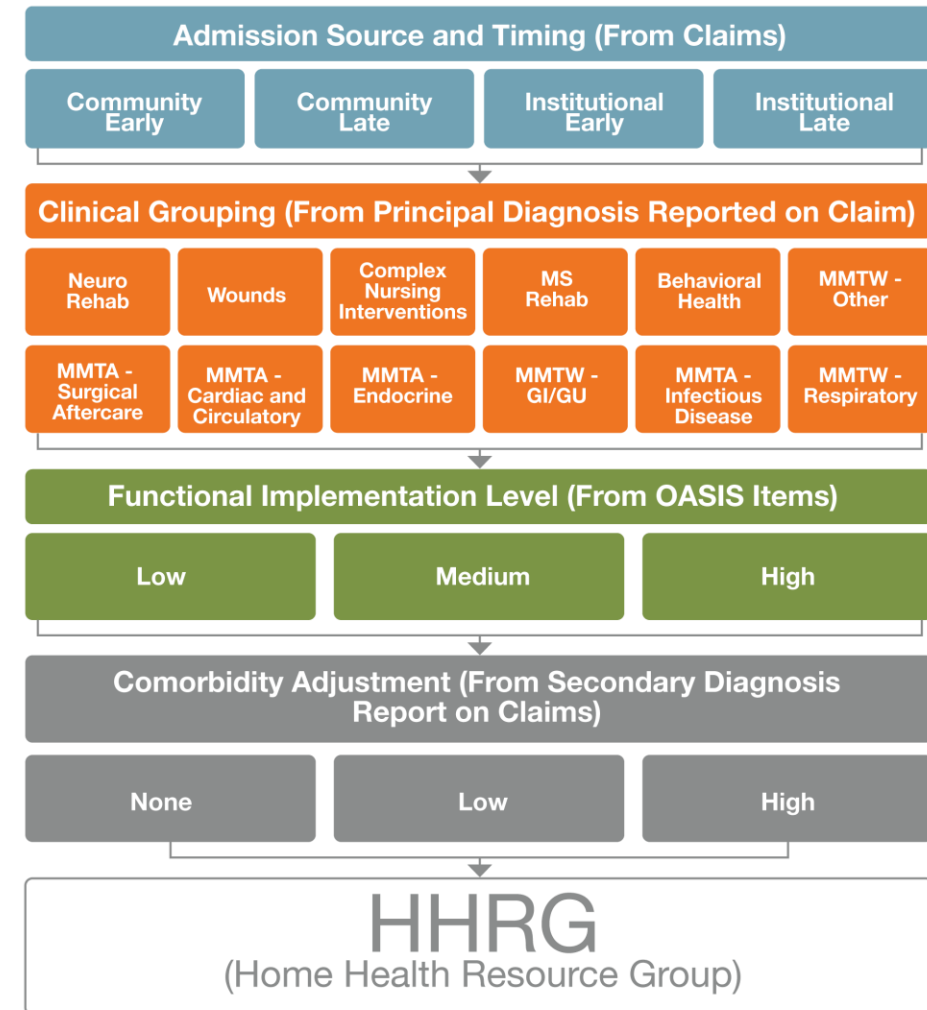
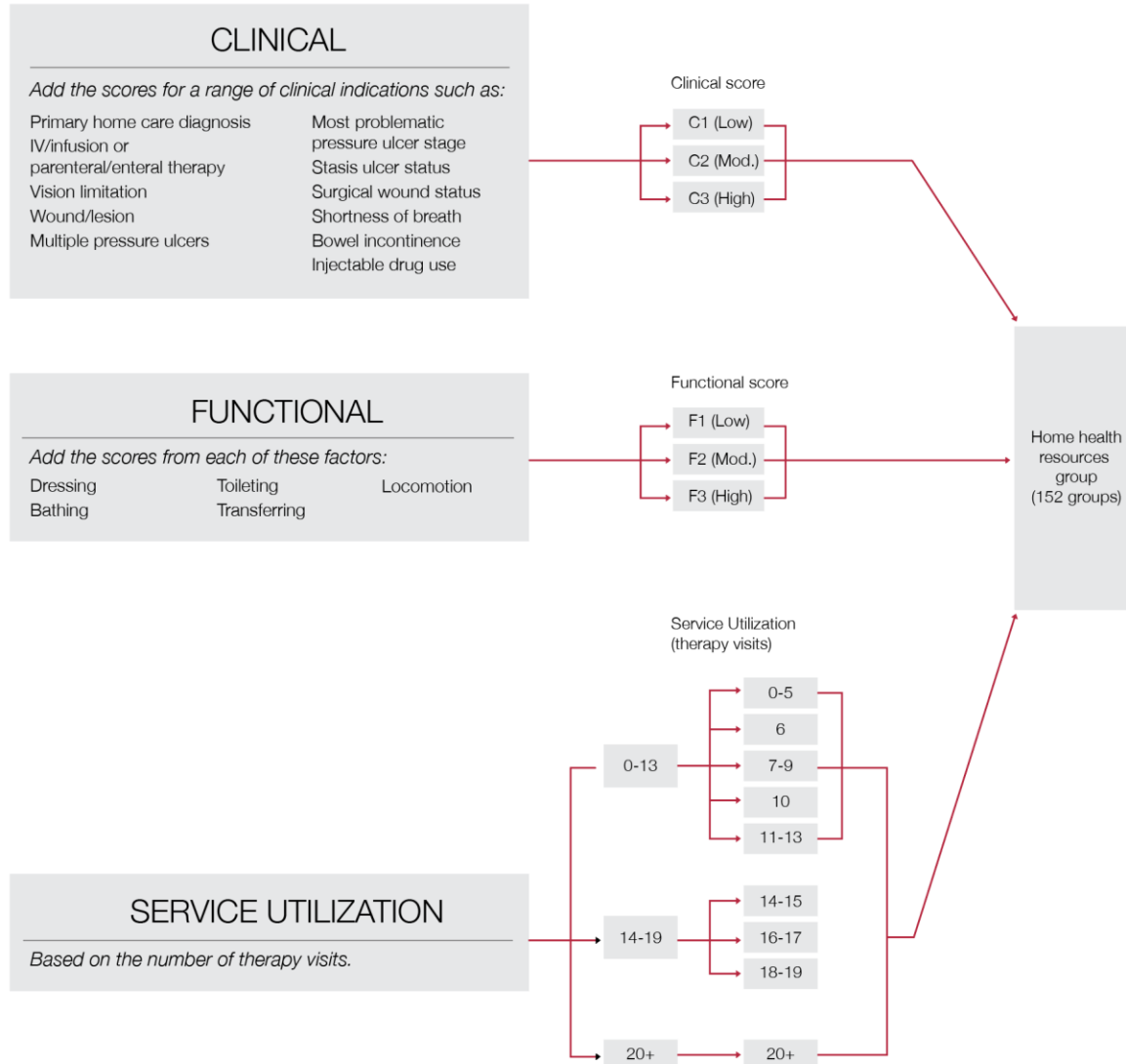
- Patient-Driven Groupings Model (**PDGM**) Basics
- Low Utilization Payment Adjustments (**LUPA**) Avoidance
- Rehabilitation Management
- Management and Evaluation of Plan of Care
- Cost Benefits



- 30-Day payment units
- Episode timing is “early” or “late”
- Admission source of community vs. institutional
- Provides comorbidity adjustment with secondary diagnosis
- Therapy level domain eliminated
- Establishes 432 payment groups within six clinical groupings
- January 1, 2020



CURRENT PPS





Impact on therapy

Incentives to focus on
inpatient discharges
and avoid community
admissions

LUPA structure
changes

(2-6 per 30-day episode per DX)

Behavioral adjustment
wild card

- Diagnosis coding
- Comorbidities
- LUPA avoidance

Elimination of RAPS
for new agency with
possible elimination in
RAPS for existing agency

Non-specific coding



Key Performance Indicators (KPIs)

- Current LUPA rate
- Control of missed visits
- Loss of revenue
- Therapy utilization
- Increase billing demands
- Case management/documentation
- Episode management
- Staff education and training
- Referral source (community vs. acute)
- Coding
 - Primary DX fitting into one of clinical groups
 - Comorbidity diagnoses not supported



Home Health Prospective Payment System (HHPPS)

- \$3,154: National standard 60-day episode payment rate
- \$15 – \$570: Non-routine supply (NRS) payment add-on per 60-day episode based on OASIS responses

Patient-Driven Groupings Model (PDGM)

- \$1,753.68 estimated proposed national 30-day period payment rate
- Before 6.425% decrease for behavioral adjustments
- NRS is built into payment rate
- Actual rate will be set in 2020 payment final rule



Home Health Prospective Payment System (**HHPPS**)

- Admission source and timing (from OASIS)
- Clinical domain (from OASIS)
- Functional domain (from OASIS)
- Service utilization domain (from OASIS)
- Non-routine supply (NRS) adjustment calculation (from OASIS)
- **153** home health resource groups (HHRG)

Patient-Driven Groupings Model (**PDGM**)

- Admission source and timing (from claims data)
- Clinical severity (primary diagnosis on claim)
- Functional severity (from OASIS)
- Possible comorbidity adjustment (from secondary diagnoses on claim)
- **432** home health resource groups (HHRG)



Home Health Prospective Payment System (HHPPS)

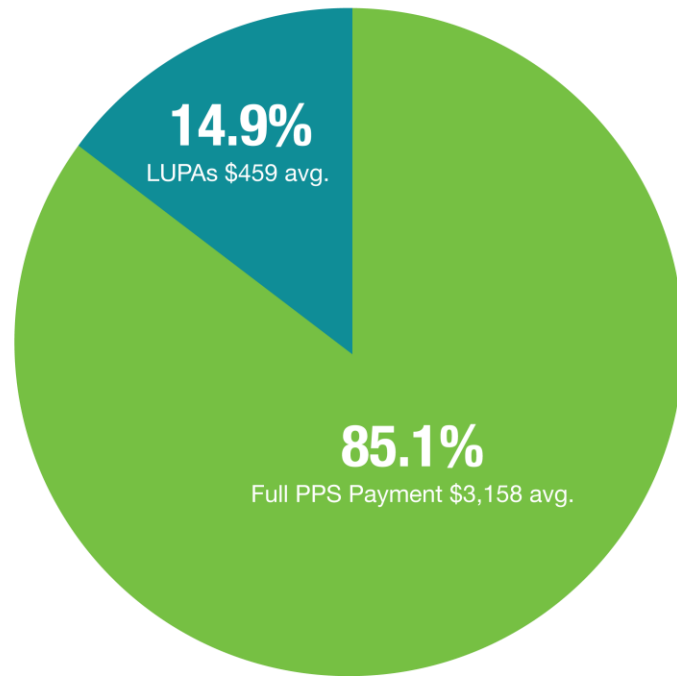
- All billable visits count toward visit utilization
- Fewer than five visits in a 60-day episode will be reimbursed at the LUPA rate

Patient-Driven Groupings Model (PDGM)

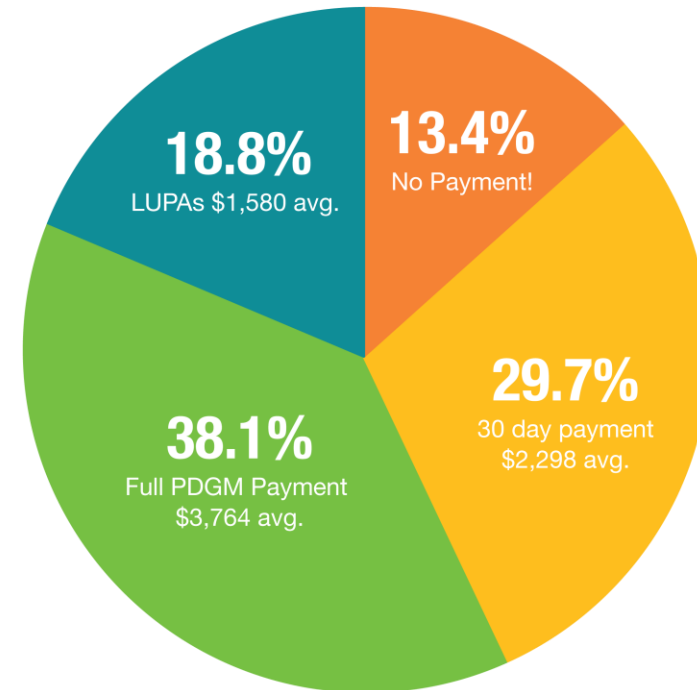
- All billable visits count toward LUPA
- LUPA threshold 2-6 visits
- LUPA based on clinical grouping
- LUPA are calculated for 30-day billing periods



Total Revenue Decreases By \$665,085



Total PPS = \$6,460,255



PDGM = \$5,795,170



- What is the intent?
- It succeeds in reducing certain “gaming” risks, and in shifting payment to priority needs.
- But it is a major change that will affect each agency differently.
- The major risk is unaccepted primary diagnoses.



LUPA avoidance



Rehabilitation management



Cost containment



Program development



Distribution of Resource Use Across Current Episode Configuration

Mean visits & resource use in each 15-day segment of a (full) and first 60-day episode among CY 2013 episodes; n=836,815

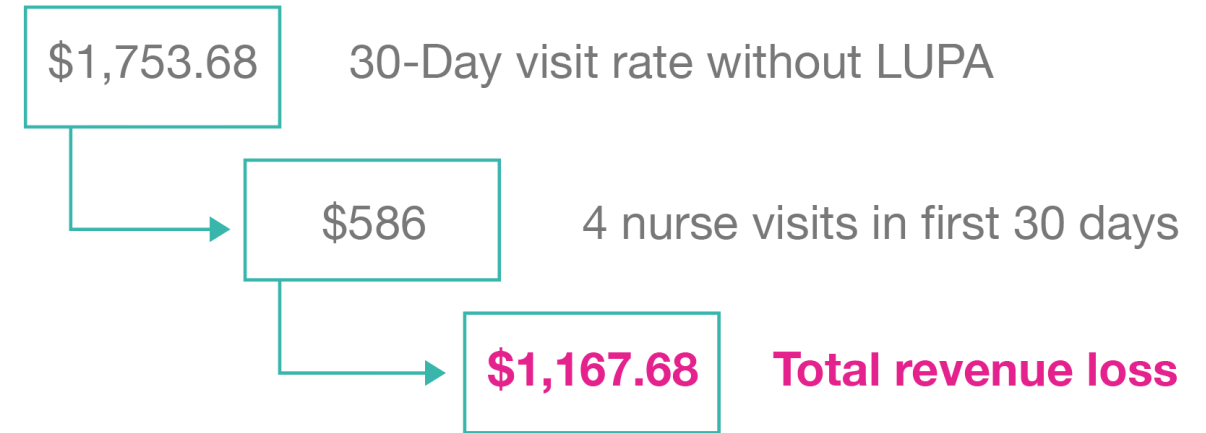
	Days 1-15	Days 16-30	Days 31-45	Days 46-60
Total Visits	8.1	6.3	5.0	4.5
SN Visits	4.2	2.6	2.3	2.3
PT Visits	2.4	2.1	1.5	1.2
OT Visits	0.7	0.6	0.4	0.3
SLP Visits	0.1	0.1	0.1	0.1
Aide Visits	0.7	0.7	0.6	0.5
MSS Visits	0.1	0.1	0.0	0.0
Resoure Use	\$307.45	\$210.89	\$166.23	\$153.81

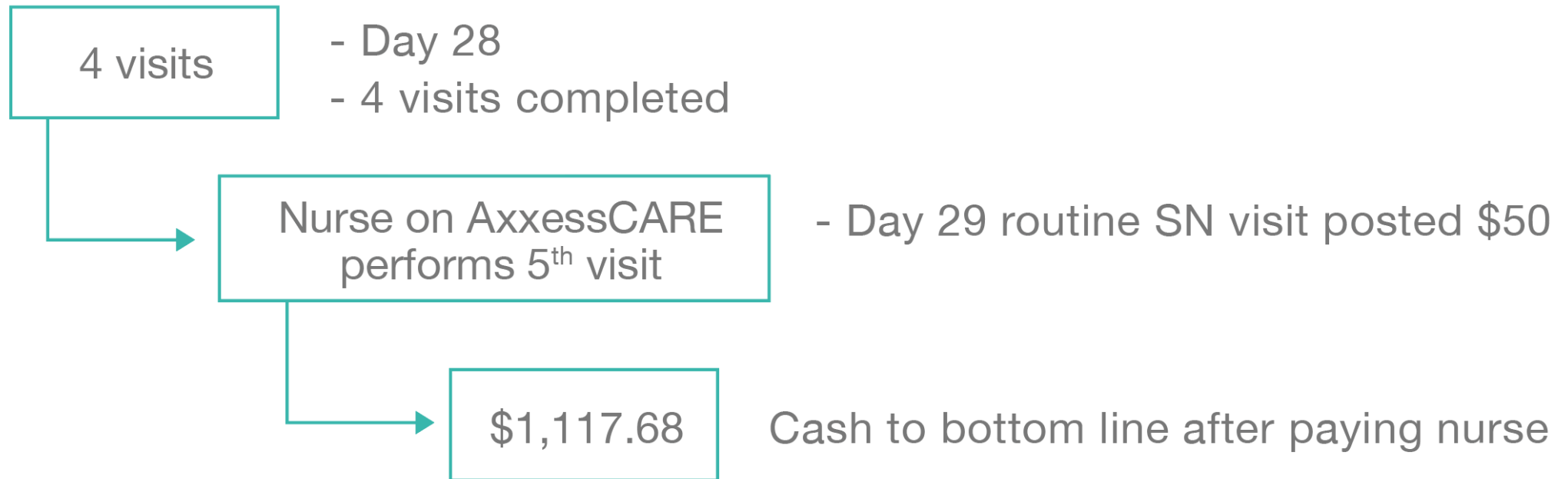


2019 LUPA Rates

Home health aide	\$66.34
Medical social worker	\$234.82
Occupational therapy	\$161.24
Physical therapy	\$160.14
Skilled nursing	\$146.50
Speech therapy	\$174.06

Cost of a Single Nurse Visit



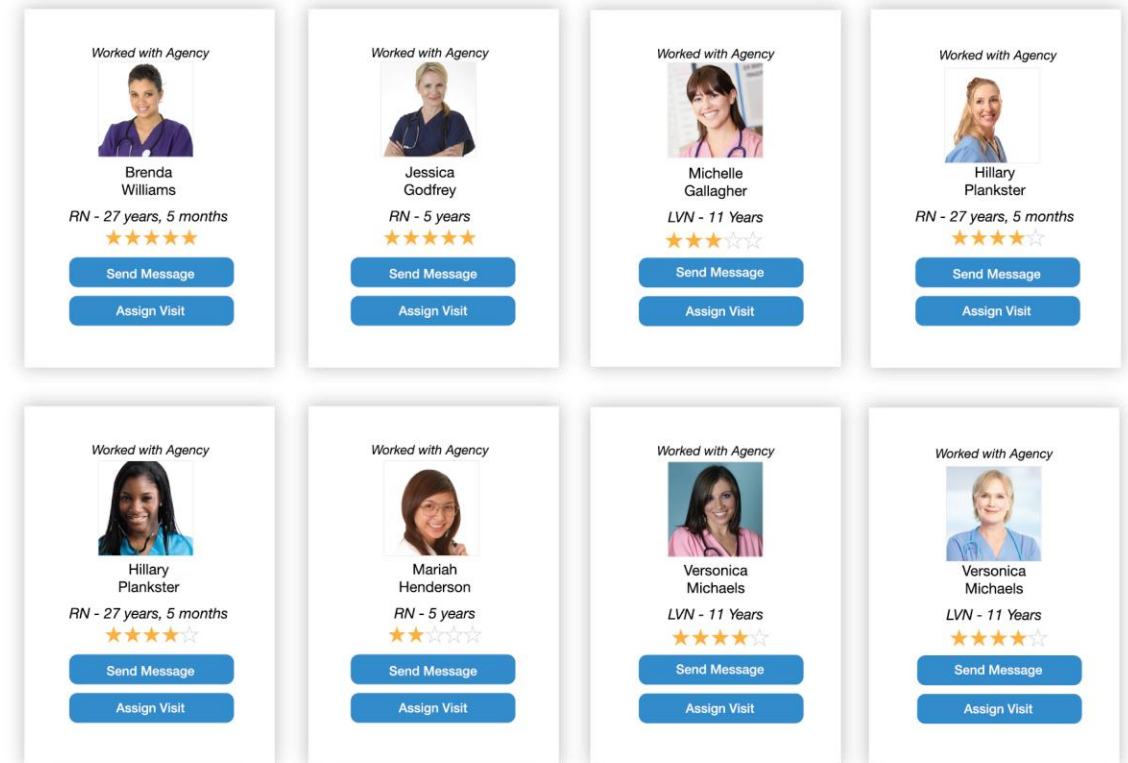




REHAB OUTCOMES



- No additional payment for rehabilitation thresholds
- Rehabilitation outcomes must be maintained
- AxxessCARE
 - ✓ Decreases full-time equivalency (FTE) and costs
 - ✓ Ability to use unlimited therapists
 - ✓ Provides additional opportunities for physical therapists





- 10-23-12 out of court CMS settlement Jimmo v. Sebelius
- Medicare now agrees that services will be paid for if they are needed to “maintain the patient’s current condition or prevent or slow deterioration.”
(Do not have to show improvement)
 - Includes management and evaluation of care plan
 - Includes maintenance therapy

- Underlying conditions or complications
- Non-skilled care must be provided by someone in the home
 - Provider services
 - Home health aides
 - Family caregivers
- **RN** must manage the case
- Has caregiver lived in the home or assisted frequently outside the home?



NOTE: Physician must document need for management and evaluation.

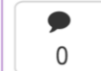


AXXESSCARE INTERNAL POSTING



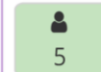
- AxxessCARE allows internal posting for your clinicians
- Management and evaluation of plan of care uses to supplement RN visits
 - Reduces cost of episodes
 - Prevents LUPA
 - Promotes patient satisfaction
 - Promotes HHA satisfaction
 - Supports medical necessity

Visits

[All Posted Visits](#)

Richard Elder ♂

09/04/2018 Internal Visit



Skilled Nurse Visit - Home Pumps (Elastomeric)

Posted by Christine Smith RN on September 4, 2018 11:38 AM

[View Visit](#)

Janice Wickens ♀

09/04/2018 Internal Visit



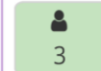
Skilled Nurse Visit - Insertion/discontinuation

Posted by Christine Smith RN on September 4, 2018 9:25 AM

[View Visit](#)

Mark Collins ♂

09/04/2018



Skilled Nurse Visit - Bladder Training

Posted by Christine Smith RN on September 3, 2018 7:25 PM

[View Visit](#)



"AxxessCARE helps my agency and my clinicians succeed."

- **Jessica B.**

President and CEO, Restoring Function HHC



"Completing all of my documentation in the patient's home is easy."

- **Dawn S.**

Registered Nurse using AxxessCARE



CASE STUDY

- Increased workloads
 - Documentation requirements
 - Drive time
- Use of administrative staff to cover visits
 - Double work for administrative staff
 - Burnout managers
- Personal reasons
 - Fatigue
 - Drive time
 - Work/Life balance



Sources: Texas Center for Nursing Workforce Studies and
Home Health and Hospice Nurse Staffing Study 2017



TURNOVER COST

According to the 2016 National Healthcare Retention & RN Staffing Report, the **average cost of turnover** for a nurse ranges from **\$37,700 to \$58,400**.





EMPLOYEE BENEFITS COST SAVINGS



The average home care staff
RN salary: \$78,953*

Cost of benefits: 31.7%

AxxessCARE Cost Savings:
One full-time equivalent

\$25,000

*as of December 28, 2018 (Salary.com)

- Social security: 6.2%
- Medicare: 1.45%
- Worker's compensation: 1%
- Average routine visit: \$40
- Mileage reimbursement: \$5.45
- Cost savings per routine visit: \$8.91

Over 20%
SAVINGS



- **OIG**
 - Excluded providers list website or software program
- **Background checks**
 - Cost \$50-\$100 depending on state
- **Licensure verification and actions**
 - State licensure verification website or software program
- **Survey fines**
 - Set by states
 - Level A \$100-\$200
 - Level B \$500-\$1,000

Background Verification Completed on 05/09/2018

[Download](#)

OIG Check Completed on 02/01/2019

[Download History](#)

Licenses

Type	Number	Initial Verification Date	Verified Date	State	Expires
RN ✓Verified	711121	05/09/2018	01/31/2019	TX	11/30/2019

Certifications

Type	Expires	Photos
ACLS	09/29/2019	
CPR	07/31/2020	

Documents

Type	Verified Date	Documents
Terms of Service	05/08/2018	
Tuberculosis Fact Sheet	05/09/2018	
Hepatitis B Vaccination	05/09/2018	
Flu Shot Vaccination	11/29/2018	



TIMELINE

Agency Action	Timeframe
Conduct Agency Risk Assessment	CY2018 Q4
Develop Preparedness Plan	CY2019 Q1
Develop Industry Partners (Coding, Telehealth, Professional Services)	CY2019 Q1
Educate Staff*	CY 2019 Q1
Beta Test Plan	CY 2019 Q2
Referral Source Education	CY 2019 Q3
Revise Plan and Re-Educate	CY 2019 Q4
Fully Implement Plan	CY NOV 19
PDGM Go Live	CY 2020 Q1

*continue to educate staff throughout the year



RECOMMENDATIONS



- AxxessCARE for internal visit posting
- AxxessCARE for external visit posting
- Know the per-visit rate
- Post consistently to retain quality staff
- Post visits in clusters in geographic areas
- Communicate with the staff to develop relationships

NOTE: AxxessCARE is already included in your AgencyCore subscription





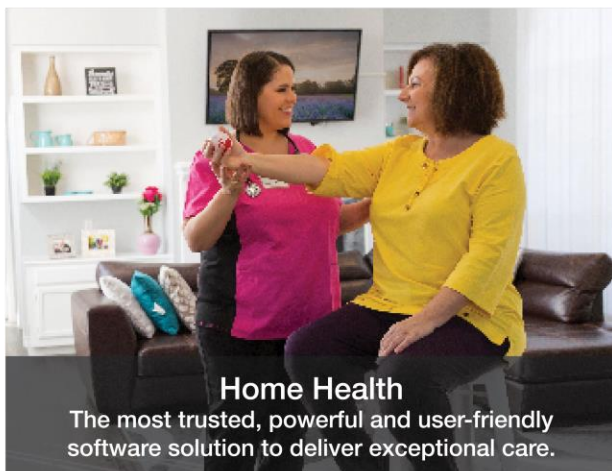
Prepare for PDGM Now

PDGM Success with AxxessCARE

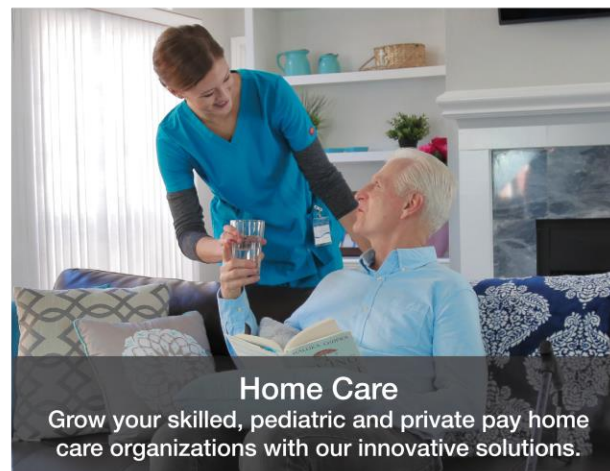
- Cost containment
- LUPA prevention
- Rehabilitation management
- Program development



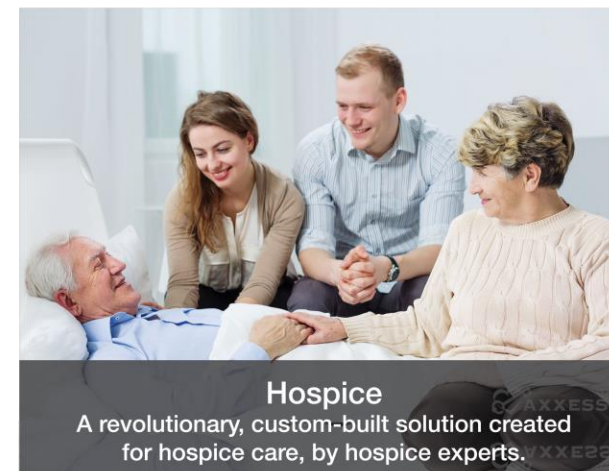
A COMPLETE SUITE OF SCALABLE HOME HEALTHCARE SOLUTIONS



Home Health
The most trusted, powerful and user-friendly software solution to deliver exceptional care.



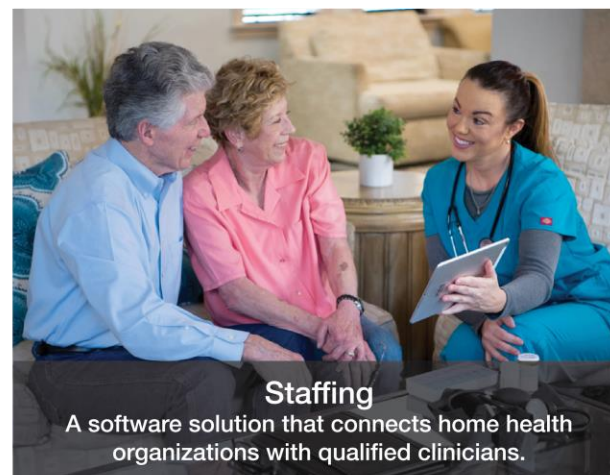
Home Care
Grow your skilled, pediatric and private pay home care organizations with our innovative solutions.



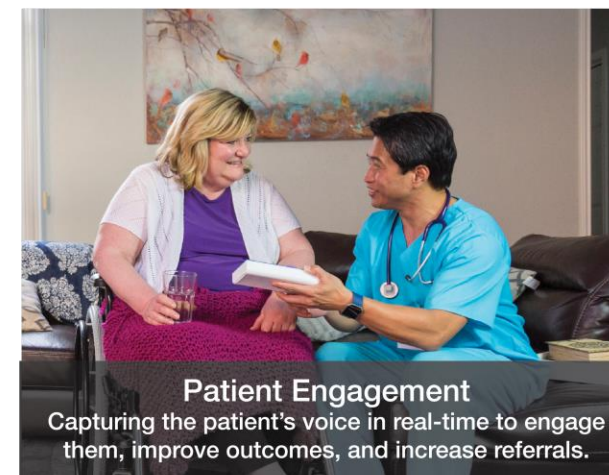
Hospice
A revolutionary, custom-built solution created for hospice care, by hospice experts.



Revenue Cycle Management
Get paid more and get paid faster by all payers with our real-time, automated claims processing.



Staffing
A software solution that connects home health organizations with qualified clinicians.



Patient Engagement
Capturing the patient's voice in real-time to engage them, improve outcomes, and increase referrals.



Q&A