Therapy Underutilization: Avoid the Risk and Defend Your Reimbursement

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Trends in Therapy Utilization

A Bad Rap or Just the Facts

- Medicare Payment Advisory Commission (MedPac) believes that the current PPS encourages providers to base therapy regimens on financial incentives and not patient characteristics.
- Industry argues that patients are just receiving the therapy they deserve.
- There is an argument to be made that home health therapy was underutilized in the past.
Patterns of Behavior

Prior to 2000 Medicare paid home health per visit not per episode

1997 therapy comprised 10% of the total visit type

In 2000 therapy comprised 19% of the total visit type

Patterns of Behavior

2001-2007 home health had a single payment adjustment for therapy that increased payment for episodes with 10 or more therapy visits

Therapy increased to 33% of the total visit type
Patterns of Behavior

2008 CMS lowered payments for episodes with 10-13 therapy visits and increased payment for episodes in the 6-9 and 14 or more therapy visit ranges.

Episodes with 6-9 therapy visits increased 43%

Episodes with 14 or more therapy visits increased 27% with continuing growth

Episodes with 10-13 therapy visits decreased 27%

Patterns of Behavior

2011 CMS implemented the requirement for functional re-assessments to be conducted at least every 30 days and at the 13th and 19th visit.

- Agencies began to limit the number of therapy visits to 12 or less.
- Agencies began to discharge patients at the end of four weeks.
Denials

- Medical necessity not supported
- Assessment, measurement, and documentation of therapy effectiveness not submitted
- HIPPS code change due to partial denial therapy
- HIPPS code change - documentation contradicts MO items
- Amount, frequency, duration not reasonable and necessary
- Duplication of services
- Services billed were more than ordered
- No physician orders for services

Understand What’s Happening in Your World

- Misunderstandings
- Poor communication
- Poor documentation
- Lack of knowledge
- Bad decisions
- Poor processes
It’s All About Appropriate Utilization

- The right discipline
- At the right time
- For the right amount of time
- With the right documentation to support it all

Who is making the decision?

- The physician
- The therapist
- The nurse
- The agency

Who Should Be Making the Decision?
Preventing Underutilization

Coordination of Services

- Team
- Modalities and treatment
- Programming
- Outcomes
- Payers
Coordination of Services: Team

Traditional
- Physician
- Nurse
- Therapist
- Patient/Resident
- Family

What about?
- Care Coach
- Community
- Pharmacy
- Payer
- Hospital
- Skilled Nursing
- Audiologist

Coordination of Services: Modalities and Treatment

Traditional
- Gait training
- Therapeutic exercise
- Therapeutic activities
- ADL’s
- Swallow

What about?
- Electrical stimulation
- Ultrasound
- Kinesio Taping
- Cognitive assessment
- Pilates
- Yoga
- Relaxation techniques
Coordination of Services: Programming

Traditional:
- Physical therapy
- Occupational therapy
- Speech therapy
- Falls
- Pain
- Incontinence
- Dementia
- Home Exercise Program

What about?
- Put a name to the program
- Gather data
- Utilize tracking tools
- Social media
- Off the shelf

Coordination of Services: Outcomes

Traditional
- Patient specific case study
- Overview of key areas:
  - ADL's
  - Dressing
  - Bathing
  - Grooming
  - Gait
  - Transfers
  - Bed mobility
  - Swallow
  - Cognition

What about?
- By diagnosis
- By community
- By age group
- By program
- By evidence based treatment protocol
**Coordination of Services: Payers**

- Traditional
  - Medicare
  - Commercial
  - HMO
  - Medicaid

- What about?
  - ACO’s
  - MMAI
  - And more!

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**Discharge Planning**

“Begin with the end in mind.” ~Stephen Covey

Think BIG...

- NO hospital
- NO skilled nursing facility
Understanding Options

“There’s no place like home.”
~Dorothy, Wizard of Oz

◆ Wellness Programming
◆ Outpatient
◆ Home Health Part B
◆ Quarterly outcomes tracking

Defend Your
Reimbursement
Functional Limitations and Medical Necessity Documentation

- Services provided must require the skills of a qualified therapist and must be reasonable and necessary for the treatment of the patient’s illness or injury
  - Documentation must show why unskilled personnel can’t perform the service
  - Patient’s care plan must identify the clinical condition and/or functional limitations which require the specialized skills, knowledge, and judgment of a therapist

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Functional Limitations and Medical Necessity Documentation

- Amount, frequency and duration must be reasonable
  - Every visit must reflect the need for the skilled medical care provided and the skilled services provided
  - Each visit must include the H&P (per benefit policy manual) exam pertinent to the current visit including the pt’s response to previous services
  - The plan for the next visit based on results
  - Evidence of communication with members of the home health team
Functional Limitations and Medical Necessity Documentation

Assessment, Measurement and Documentation of Therapy Effectiveness

Current requirements

- Initial assessment
- At least once every 30 days
- Prior to the 14th and 20th therapy visit

Assess if the goals of the plan of care have been achieved or if the plan of care requires updating

If no progress defend why you should continue

Document and Defend Covered Services

Documentation must show one of three things:

1. Skills are needed to restore patient function
2. Patient’s clinical condition requires the specialized skills, knowledge and judgment of a qualified therapist to establish or design a maintenance program or
3. The skills of a qualified therapist are needed to perform maintenance therapy
Conflicting Documentation

- OASIS versus orders
- Diagnoses versus therapy
- Nursing versus therapist
- Aide versus therapist
- Therapist versus therapist

Reasonable and Necessary

**Documentation**
- Does it indicate it is time for discharge?
- Are we focusing on what is *still* needed v. what has been accomplished?
- What are we doing about the bumps in the road?
- What is our reference point?
- Medicare Benefit policy
Should I stay or should I go?