Critical Revenue Growth Strategies for Home Health Agencies

NAHC Financial Management Conference
Nashville, TN
June 30th 2015

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Background

• Revenue Initiatives White Paper
• Release Date: TBD
• Young Financial Professional Committee
• Chair: Aaron Little, Managing Director, BKD LLP
Objectives

• Gain an understanding of strategies to maximize the value of Medicare PPS episodic revenue.
• Understand potential affiliation strategies to increase revenue streams.
• Improvement of strategies to increase revenue by development and participation in the new payment model such as bundling and accountable care organization.

Maximizing PPS Revenue

- Understanding Case Mix Scoring
  - Clinical Domain Scoring
  - Functional Domain Scoring
  - Therapy Utilization
- Strategies to Optimize Case Mix
  - Coding/OASIS Review
  - Episode Management
  - Other
Understanding Case Mix Scoring

- Clinical Domain Score (C1, C2, C3)
- Functional Domain Score (F1, F2, F3)
- Service Domain Score (S1, S2, S3, S4, S5)
- 2015 Base rate = $2,961.38

<table>
<thead>
<tr>
<th>Case Mix Weight*</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
<th>CY14</th>
<th>Chg CY11-12</th>
<th>Chg CY12-13</th>
<th>Chg CY13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Mix</td>
<td>1.316</td>
<td>1.362</td>
<td>1.392</td>
<td>1.056</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adj for 2014 Rebas</td>
<td>0.974</td>
<td>1.008</td>
<td>1.030</td>
<td>1.060</td>
<td>3.5%</td>
<td>2.2%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Understanding Case Mix Scoring

- Clinical Domain Scoring
  - 13 OASIS items that impact scoring

<table>
<thead>
<tr>
<th>Domain Score</th>
<th>Avg. Case Mix Weight</th>
<th>Difference</th>
<th>Avg. Reimb</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>1.161</td>
<td></td>
<td>$3,436.83</td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>1.241</td>
<td>7.0%</td>
<td>$3,676.38</td>
<td>$239.55</td>
</tr>
<tr>
<td>C3</td>
<td>1.398</td>
<td>12.7%</td>
<td>$4,141.46</td>
<td>$465.08</td>
</tr>
</tbody>
</table>
Understanding Case Mix Scoring

- Functional Domain Scoring
  - Six OASIS items that impact scoring
  - Activities of Daily Living (ADL) questions

<table>
<thead>
<tr>
<th>Domain Score</th>
<th>Avg. Case Mix Weight</th>
<th>Difference</th>
<th>Avg. Reimb</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>1.200</td>
<td></td>
<td>$3,552.27</td>
<td></td>
</tr>
<tr>
<td>F2</td>
<td>1.257</td>
<td>4.8%</td>
<td>$3,721.90</td>
<td>$169.63</td>
</tr>
<tr>
<td>F3</td>
<td>1.344</td>
<td>6.9%</td>
<td>$3,980.48</td>
<td>$258.58</td>
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</tbody>
</table>

Clinical/Functional Scoring Trends

<table>
<thead>
<tr>
<th>Clinical Domain*</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
<th>CY14</th>
<th>Chg CY11-12</th>
<th>Chg CY12-13</th>
<th>Chg CY13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>17.4%</td>
<td>24.2%</td>
<td>25.1%</td>
<td>25.4%</td>
<td>38.9%</td>
<td>3.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>C2</td>
<td>35.9%</td>
<td>33.8%</td>
<td>33.8%</td>
<td>33.6%</td>
<td>-5.8%</td>
<td>-0.1%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>C3</td>
<td>46.6%</td>
<td>42.0%</td>
<td>41.2%</td>
<td>41.0%</td>
<td>-10.0%</td>
<td>-1.9%</td>
<td>-0.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Domain*</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
<th>CY14</th>
<th>Chg CY11-12</th>
<th>Chg CY12-13</th>
<th>Chg CY13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>23.6%</td>
<td>19.3%</td>
<td>16.0%</td>
<td>12.5%</td>
<td>-18.2%</td>
<td>-17.3%</td>
<td>-21.8%</td>
</tr>
<tr>
<td>F2</td>
<td>55.1%</td>
<td>57.9%</td>
<td>58.9%</td>
<td>60.1%</td>
<td>5.0%</td>
<td>1.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>F3</td>
<td>21.3%</td>
<td>22.8%</td>
<td>25.0%</td>
<td>27.4%</td>
<td>7.2%</td>
<td>10.0%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

*Source: Strategic Health Partners
Understanding Case Mix Scoring

➢ Service Domain Score
➢ Based on therapy utilization

<table>
<thead>
<tr>
<th>Therapy Count</th>
<th>Avg. Case Mix</th>
<th>Difference</th>
<th>Avg. Reimb</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 Therapy Visits</td>
<td>0.685</td>
<td></td>
<td>$2,029.04</td>
<td></td>
</tr>
<tr>
<td>6 Therapy Visits</td>
<td>0.832</td>
<td>21.4%</td>
<td>$2,463.24</td>
<td>$434.20</td>
</tr>
<tr>
<td>7 to 9 Therapy Visits</td>
<td>0.978</td>
<td>17.6%</td>
<td>$2,897.46</td>
<td>$434.22</td>
</tr>
<tr>
<td>10 Therapy Visits</td>
<td>1.125</td>
<td>15.0%</td>
<td>$3,331.63</td>
<td>$434.17</td>
</tr>
<tr>
<td>11 to 13 Therapy Visits</td>
<td>1.272</td>
<td>13.0%</td>
<td>$3,765.81</td>
<td>$434.17</td>
</tr>
<tr>
<td>14 to 15 Therapy Visits</td>
<td>1.418</td>
<td>11.5%</td>
<td>$4,200.03</td>
<td>$434.22</td>
</tr>
<tr>
<td>16 to 17 Therapy Visits</td>
<td>1.621</td>
<td>14.3%</td>
<td>$4,800.22</td>
<td>$600.19</td>
</tr>
<tr>
<td>18 to 19 Therapy Visits</td>
<td>1.824</td>
<td>12.5%</td>
<td>$5,400.45</td>
<td>$600.24</td>
</tr>
<tr>
<td>20+ Therapy Visits</td>
<td>2.026</td>
<td>11.1%</td>
<td>$6,000.64</td>
<td>$600.19</td>
</tr>
</tbody>
</table>

Therapy Utilization Trends

<table>
<thead>
<tr>
<th>Therapy Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>52.9%</td>
</tr>
<tr>
<td>6</td>
<td>4.0%</td>
</tr>
<tr>
<td>7-9</td>
<td>11.9%</td>
</tr>
<tr>
<td>10</td>
<td>3.3%</td>
</tr>
<tr>
<td>11-13</td>
<td>9.6%</td>
</tr>
<tr>
<td>14-15</td>
<td>4.5%</td>
</tr>
<tr>
<td>16-17</td>
<td>4.8%</td>
</tr>
<tr>
<td>18-19</td>
<td>3.1%</td>
</tr>
<tr>
<td>20+</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Source: CY2015 home health Final Rule (CY2013 claims)
Strategies to Optimize Case Mix

- Coding/OASIS Review
- Define Process
- Comprehensive Review
- Certified Coders
- Certified OASIS Specialist

Strategies to Optimize Case Mix

- Episode Management
- Front Loading
- Therapy Optimization
- LUPA Management

<table>
<thead>
<tr>
<th>Visits</th>
<th>Avg. Reimb</th>
<th>Difference From Avg. LUPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$1,968.62</td>
<td>$1,640.39</td>
</tr>
<tr>
<td>6</td>
<td>$1,966.51</td>
<td>$1,638.45</td>
</tr>
<tr>
<td>7</td>
<td>$1,988.14</td>
<td>$1,660.08</td>
</tr>
<tr>
<td>8</td>
<td>$1,978.42</td>
<td>$1,650.36</td>
</tr>
<tr>
<td>9</td>
<td>$1,998.07</td>
<td>$1,670.01</td>
</tr>
<tr>
<td>10</td>
<td>$2,019.55</td>
<td>$1,691.49</td>
</tr>
</tbody>
</table>

Source: Community Health Systems Homecare Agencies, CY2014 episodes
Other Strategies to Optimize Case Mix

- Contracting
  - Episodic vs. FFS
- Analysis
  - Relating OASIS scores to utilization
- Outsourcing
  - Coding
  - OASIS Reviews
Align Providers
Development of Regional & System Governance: The Organized System of Care

CURRENT STATE:
A YEAR IN THE LIFE OF A PATIENT

5 Hospital Admissions
6 Community Referrals
6 Social Workers
2 Home Care Agencies
4 Occupational Therapists
5 Physical Therapists
19 Clinic Visits
5 Months of Home Care
22 Meds
37 Nurses
22 Physicians
16 Nursing Homes
6 Weeks SNF Care
5 Nursing Home Agencies

Source: Johns Hopkins, RWJ 2010 (G Anderson)
Process in Developing Affiliation

• Create a Strategic Business Plan
• Internal Evaluation
• External Evaluation
• Transition

Strategic Planning

• Who should be involved
  • Executive Leadership
  • Board of Directors
  • Ownership
• Should be done ever year
• Outside facilitator
• Keep it simple
  • 3-5 Objectives
• Long term/short term goals
• Determine capital/financing required
Internal Evaluation

1. Mission
2. Quality
   • Home Health Compare
   • OBQI Reports
   • Re-hospitalization rates
3. Reputation in the Community
   • Fundraising
   • Community Service
   • Patient Satisfaction
3. Compliance
   • OASIS Documentation
   • Susceptible to State or Federal Audit

Internal Evaluation

4. Financial Stability
   • Profitability
   • Cash Flow
   • Cost Efficiencies
   • Capital
5. Technology
   • Documentation
   • Utilization
   • Reporting
6. Market Share
   • Payer Mix
   • Referral Management
   • Intake Processes
External Evaluation

• What do I need to know about potential affiliations?
  • What’s available?
    • Hospitals
    • Skilled Nursing Facility
    • Assisted Living Facility
    • Rehab Facility
    • Physicians Group
    • Managed Care Organization
    • Other Home Health & Hospice
  • Geography
    • Service Area
    • Payer Mix

External Evaluation

• What do I need to know about potential affiliations?
  • Patient’s are a priority!
    • Population Health Management
    • Patient Care Management
  • Quality
    • Outcome Scores
    • Reputation in the Community
    • Patient Satisfaction Scores
  • Financial Stability
  • Vision of future healthcare delivery model
  • Bundled/Risk payment
External Evaluation

• What do I need to know about potential affiliations?
  • Utilization of Home Care & Hospice services
    • Patient Coordination
    • Referral/Intake Processes
    • Goals/Measurements
  • Back Office Operational Management
    • Management
    • Information Technology
    • Billing/Finance
    • Accounting
    • Intake
  • Managed Care Negotiations

Advantages

• Geography Expansion
• Financial Stability
• Increase in admission from affiliation
• Shared back office costs
• Improved Managed Care rates
• Bundled Payments
Disadvantages

- Back office understanding of Home Health operations (billing, intake, information technology)
- Unrealistic measurements and targets
- Increase in non Medicare patients
- Cost allocations
- Technology Integration
- Risk/Bundled payment

Post Affiliation – Transition

- Market Alignment vs Misalignment
  - Agency losing touch with its patients
- Management & Staff
  - Long term vision
  - Orientation, Training and Education
- Model & Processes
  - Outgrowing your model and processes
- Money
  - Outgrowing your money
- Momentum
  - Move forward as one team!
Affiliation Options

- Affiliate
- Merger/Acquisition with another Home Health or Hospice
- Diversification of Services (Hospice, Private Duty, etc)
- Joint Venture
- Outsourced Management Function

The future of home care
Medicare/Government

Healthcare costs continue to increase
18% of US GDP is healthcare spending

-Brookings Institution Health Policy Issue Brief, April 2014

HCPLAN
What is HCPLAN?

- Department of Health & Human Services payment reform initiative
- Cross-disciplinary:
  - Hospitals
  - Home health
  - Hospice
  - Doctors
- Ties 90% of ALL Medicare payments to quality or value by 2018
Increasing Managed Care Presence

• Increased pressure on payers to decrease costs across the board
  • Driven by shareholder ROI demands and M&A landscape
  • ACA cap on earnings is driving insurance companies to find ways to increase their
“Insurers, for their part, are trying to forge complex contracts with health-care providers that involve new forms of payment—arrangements that hospital systems aren’t likely to entertain unless an insurer covers a lot of their patients.”

June 16, 2015
THE WALL STREET JOURNAL.

“[Humana] is seen as a prize because of its powerful Medicare franchise, which is growing rapidly as baby boomers age into eligibility and opt for these plans, known as Medicare Advantage.”

June 16, 2015

Humana

• Move 75% of patients to Humana-driven ACOs by 2017
• Working on programs to improve the cost of their health populations inside these ACOs by providing services like meals on wheels at no cost to beneficiaries
Three Weaknesses of the current system:

1. The fee-for-service payments that reward providers for the volume and intensity of services delivered irrespective of quality or efficiency
2. A fragmented delivery system that inhibits care coordination across providers and care settings
3. Innovative approaches to care that rely on new lower-cost sites of treatment or wireless services that are not compensated in traditional payment systems.

The most promising payment reforms, dampen the financial incentives for providers to deliver more care and reward providers when they focus on the efficient delivery of services that improve patient health.
Collaborative Approach

- Tandem365 is a joint venture between multiple SNFs, ALFs, EMS services, and home health care providers to improve members’ health and decrease overall healthcare costs.
- There is no homebound requirement.
- They provide the full gamut of services provided by their member organizations as well as a healthcare navigator, telehealth, and meal services.
The App Economy

“Enter Apple. The most important health company in the world.”
-Forbes, June 16, 2015
Perhaps the most profound change and positive impact that iPhone will make is on our health.

Health may be the biggest frontier of all for Apple.
How will the tech industry transform home care?

- Healthcare will become more personalized and user controlled
- People will use apps on their phones and other smart devices to get information where it needs to go.
It’s already starting

How can you participate?

• With HealthKit and now ResearchKit, Apple is already putting in place the rails for thousands of innovators to build on and enabling millions of health professionals and consumers to contribute.

• iPhones can already help identify the severity of Parkinson’s Disease, COPD, gait and balance issues, and other disease processes.

-Forbes, June 16, 2015
In the first 24 hours of ResearchKit, we’ve had 11,000 people sign up for a study on cardiovascular health through Stanford University’s app. It normally would take 50 research institutions a year to sign up that many participants.

Which current app models will influence home care?
Questions?

Contact Us:

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Beau Sorenson – bsorenson@fchhh.com