56th Annual Meeting
Wednesday, August 27, 2025
11:15am-12:15pm

1a. Use VBP Lessons to Improve Clinical and Fiscal Outcomes

Presented by:

Arnie Cisneros, President, Home Health Strategic Management (HHSM) and
Kimberly McCormick, RN, BSN, Executive Clinical Director, HHSM

Thank you to our Sponsors:

Use VBP Lessons to Improve Clinical and Fiscal Outcomes

TAHCH 2025 Annual Conference

hhsm

1

Home Health Strategic Management

- HH Post-Acute Consulting Firm –Post-Acute Outcomes
- Arnie Cisneros PT – President, SURCH Developer
- Kimberly McCormick RN BSN – Exec Clinical Director
- UR Mgmnt Model for HH PDGM & VBP Reforms – SURCH
- PAC PPS Trials w PIONEER ACO – Value-Based Models
- Deliver VBP-Level HH Outcomes in Value Era
- HH Management model replicates Medicare Part A success
- Objective, real-time care production & delivery management

hhsm

2

Use VBP Lessons to Drive Operational Changes for Improved Outcomes

3

Addressing Value-based HH thru Outcomes

Traditional HH Operational practices were refined during the Volume-based HH PPS era, where rehab visit totals were the primary payment factor. Impact Act reforms require ongoing modifications on an in-episode basis to address patient improvement to date. Documentation for coverage, LOS management, visit content, best practice, and patient/CGVR education required. Operations must be modified to support these changes.

4

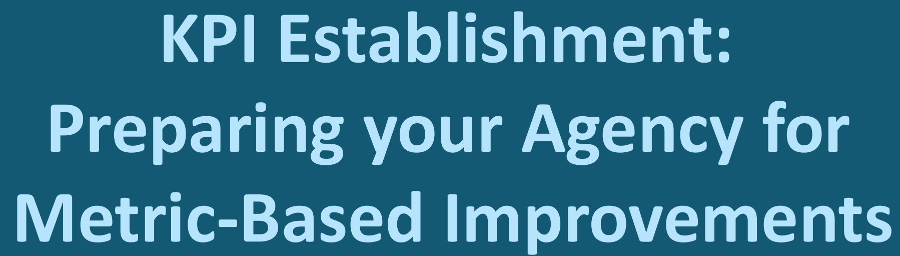
Focus on Operations & Care Delivery in the Value Era

5

Focus on Operations & Care Delivery

- Address all areas of care you don't think affects PDGM outcomes
- Eliminate un-necessary delays in patient processing or admission
- Assure processes to reduce down-time in referral management
- Address efficient care practices to decrease visit totals/episode
- Assure Managerial/Supervisory staff manages PDGM changes
- Establish regular PDGM meetings/department w outlined goals
- Eliminate resistant staff – this is the HH culture for the future
- Weekly In-services with the focus on efficient PDGM transition
- Assure education is ongoing until goals (4+/5 Star) rating

6



7

8

Addressing Data-Based Approach to Care

- PDGM is an objective, outcome-based capitated model
- VBP furthers the Value Identity of Home Health
- VBP creates Pay-for-Performance (P4P) model
- Data Management required for objective care tracking
- Key Performance Indicators (KPIs) required for care changes
- Real-time tracking of care production – delivery thru KPIs
- Share performance data with supervisory/management staff
- Use performance & outcome data to track objective care data
- Primary focus is care outcomes for regression or inefficiency

9

Addressing Data-Based Approach to Care

- WE ARE NOT REFERRING TO A PREDICTIVE DATA (PD) APPROACH
- This PD approach predicts SOC POC & care program outcomes
- NO other Part A Providers employ this approach – acute, IRF, SNF
- PD can create poor Star Ratings, readmits, & baseline outcomes
- KPIs essential in addressing VBP and Bonus Qualification
- Objective data creates positive care movement in HH agency
- HH KPIs data tracked daily & shared weekly w staff for objectivity
- What best practices can be identified & standardized?
- How do we identify and share the best practice approaches?

10

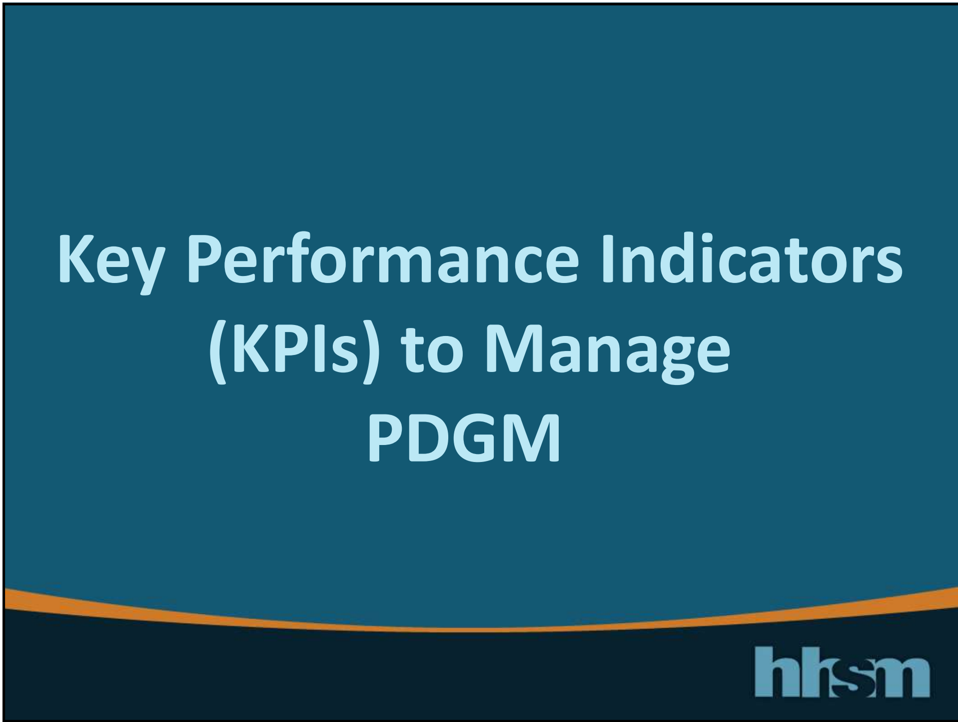
Summary of Data Performance In the PDGM - VBP Era

11

Summary of Data Performance in the PPDGM – VBP Era

- Remember, improved finances = quality, best practice care
- Clinical Improvements – 4+ Star rating, 4+/5 HHCAHPS
- Clinical Improvements – VBP-qualified care content & outcomes
- Greater than 40% improvement of fiscal bottom line
- KPI Metrics are the focus of Financial performance
- Review with admin, supervisory staff weekly, monthly
- Keeps focus on the drivers (& outcomes) of care processes
- We may compete with in-agency team re stats above
- Engages everyone on the team in the HH platform of today

12



13

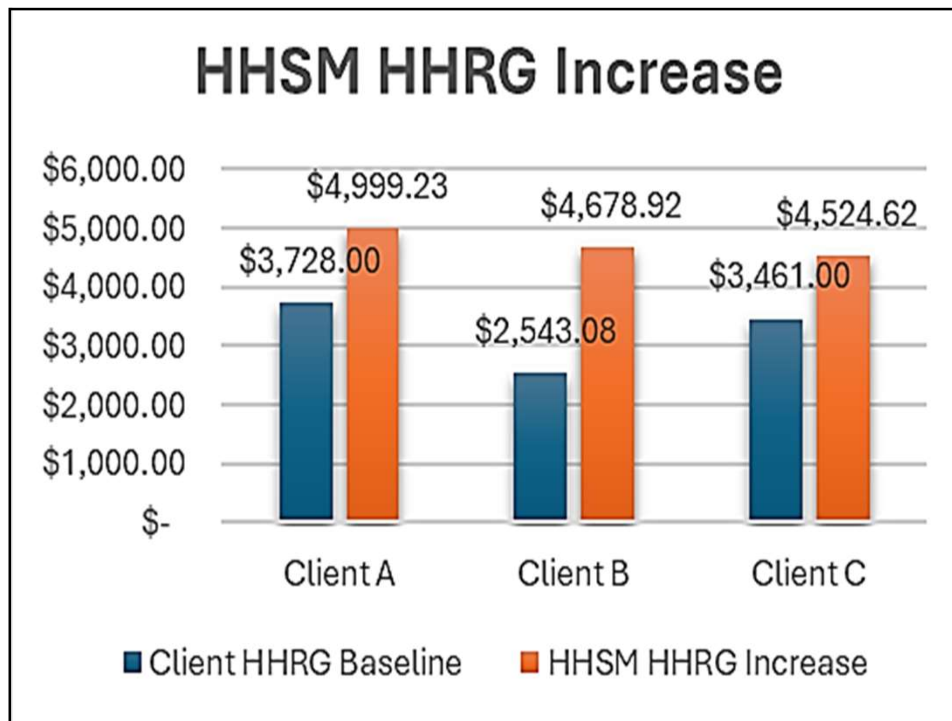
KPI							
	Baseline	Targets	March	April	May	June	July
HHRG 1-30 Days	$2,266.00	$2,700.00	3137.07-142 paid	3123.65-122 paid	3244.52-142 paid	3274.37-90 paid	3296.39-61 paid
HHRG 31-60 Day	$1,489.00	$1,800.00	2104.75-100 paid	2139.84-87 paid	2054.93-106 paid	2071.39-79 paid	1981.36-25 paid
Average HHRG Total Increase			$ 1,486.82	$ 1,508.49	$ 1,544.45	$ 1,590.76	$ 1,522.75
Average HHRG Percent Increase			40%	40%	41%	42%	41%
Nursing Savings/Rolling Total			$32,000.00	$59,900.00	$95,660.00	$125,360.00	$147,400.00
Nursing Visits/Episode	8.6	4.7	4.03	4.32	4.37	4.5	4.49
NTUC	33	7	4	2	0	2	1
LUPA 1-30 Day	22	5.5	5	7	4	6	5
LUPA 31-60 Day	29	8.9	6	5	3	5	7
Missed Visits	225	<50	63	22	19	34	37
Functional Impairment Level %	L=50, M=25.7, H=24.3	NA	L=5.9 M=35.3 H=58.8	L=7.8 M=28.8 H=63.4	L=7.2 M=26.7 H=66.1	L=6.6 M=21.9 H=71.5	L=4.9 M=20.5 H=74.6
Rehospitalization Episode Totals	66	<7.77%	41	45	38	32	38
VBP Analysis of Public Reported Outcomes (Medicare Home Health Compare)							
	Baseline	Targets	March*Not all SURCH	April	May	June	July
Star Rating	3	4.5+	4	5	4.5	5	5
Ambulation	86.5	NA	92.1	96.9	91	91.7	95.4
Bed Transferring	87.1	NA	91.8	94.7	93.8	92.5	94.8
Bathing	88.6	NA	96	97.3	95.6	94.1	95.4
Dyspnea	85.1	98.51	92.3	94.5	97.2	98.8	98.7
Timely Initiation of Care	95.9	100	94.6	97.4	97.5	99.4	99.4
Improvement Oral Med	81.5	97.9	94.3	100	100	97.9	99.6
60-day Rehosp All ACH 90th % = 7.77	24.8	<7.77%	15%	8%	8%	7.2%	-
TNC Self-Care-All Locations	2.338	2.733	3.02	3.167	3.141	3.122	3.227
TNC Mobility-All Locations	0.81	1.01	1.027	1.087	1.054	1.061	1.08

14

HHSM Financial Impact-Nov-Jan-Episodic Episodes Only								
	HHRG 1-30 Days Paid	HHRG 31-60 Days Paid	LUPAs 1-30 Days Paid	LUPAs 31-60 Days Paid	NTUCs 1-30 Days Paid	NTUCs 31-60 Days Paid	Nursing Utilization Savings	Total Financial Impact
HHSM Financial Impact November								
HHSM November Episodic Financials	$ 298,172.60	$ 36,596.49	$ 37,949.24	$ 27,883.04	$ 89,451.78	$ 29,625.73	$ 91,700.00	**$ 627,449.59**
Episodic Financials Pre-HHSM	$ 211,325.00	$ 31,206.00	$ 8,000.00	$ 9,500.00	$ -	$ -	$ -	**$ 272,389.00**
HHSM Financial Increase November	**$ 86,847.60**	**$ 5,390.49**	**$ 29,949.24**	**$ 18,383.04**	**$ 89,451.78**	**$ 29,625.73**	**$ 91,700.00**	$ 355,060.59
HHSM Financial Impact December								
HHSM December Episodic Financials	$ 292,812.84	$ 77,201.77	$ 39,171.44	$ 20,774.88	$ 84,048.13	$ 30,127.52	$ 101,900.00	**$ 705,081.83**
Episodic Financials Pre-HHSM	$ 213,300.00	$ 60,926.00	$ 8,000.00	$ 9,500.00	$ -	$ -	$ -	**$ 335,195.00**
HHSM Financial Increase December	**$ 79,512.84**	**$ 16,275.77**	**$ 31,171.44**	**$ 11,274.88**	**$ 84,048.13**	**$ 30,127.52**	**$ 101,900.00**	$ 369,886.83
HHSM Financial Impact January								
HHSM December Episodic Financials	$ 105,840.80	$ 64,326.35	$ 33,575.52	$ 22,506.12	$ 76,734.58	$ 26,078.25	$ 94,300.00	**$ 643,345.02**
Episodic Financials Pre-HHSM	$ 79,000.00	$ 54,982.00	$ 8,000.00	$ 9,500.00	$ -	$ -		**$ 319,452.00**
HHSM Financial Increase January	**$ 26,840.80**	**$ 9,344.35**	**$ 25,575.52**	**$ 13,006.12**	**$ 76,734.58**	**$ 26,078.25**	**$ 94,300.00**	$ 323,902.02
HHSM Financial Impact November - January								
HHSM Total Episodic Financials	$ 696,826.24	$ 178,124.61	$ 110,696.20	$ 71,164.04	$ 250,234.49	$ 85,831.50	$ 287,900.00	**$ 1,975,876.44**
Pre-HHSM Total Episodic Financials	$ 503,625.00	$ 147,114.00	$ 24,000.00	$ 28,500.00	$ -	$ -	$ -	**$ 927,036.00**
HHSM Financial Increase Nov-Jan	**$ 193,201.24**	**$ 31,010.61**	**$ 86,696.20**	**$ 42,664.04**	**$ 250,234.49**	**$ 85,831.50**	**$ 287,900.00**	**$ 1,048,849.44**

15

16

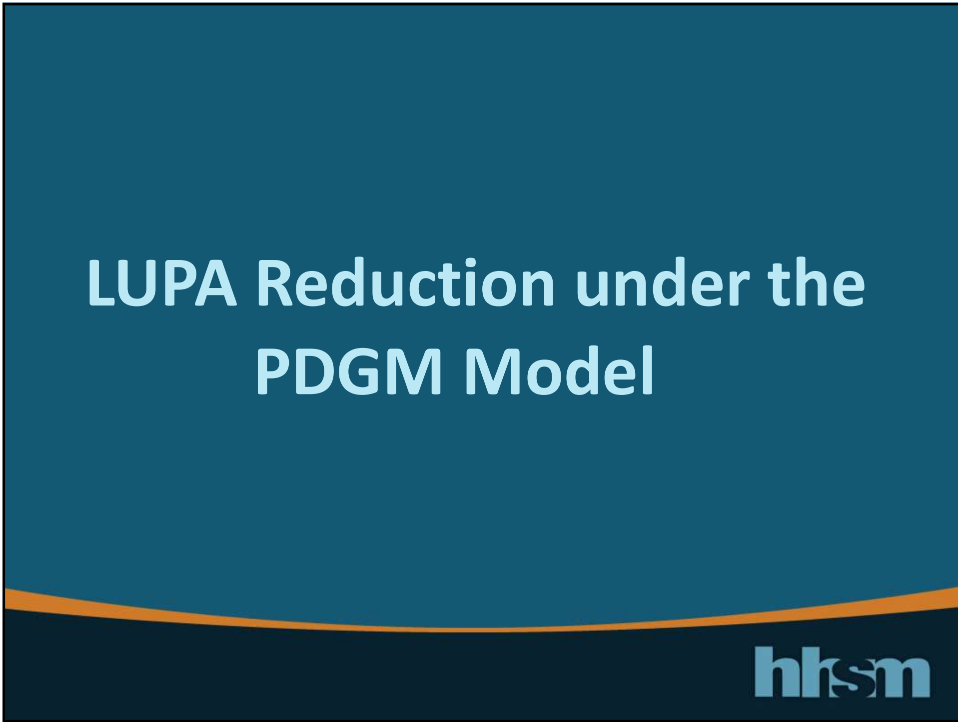


17

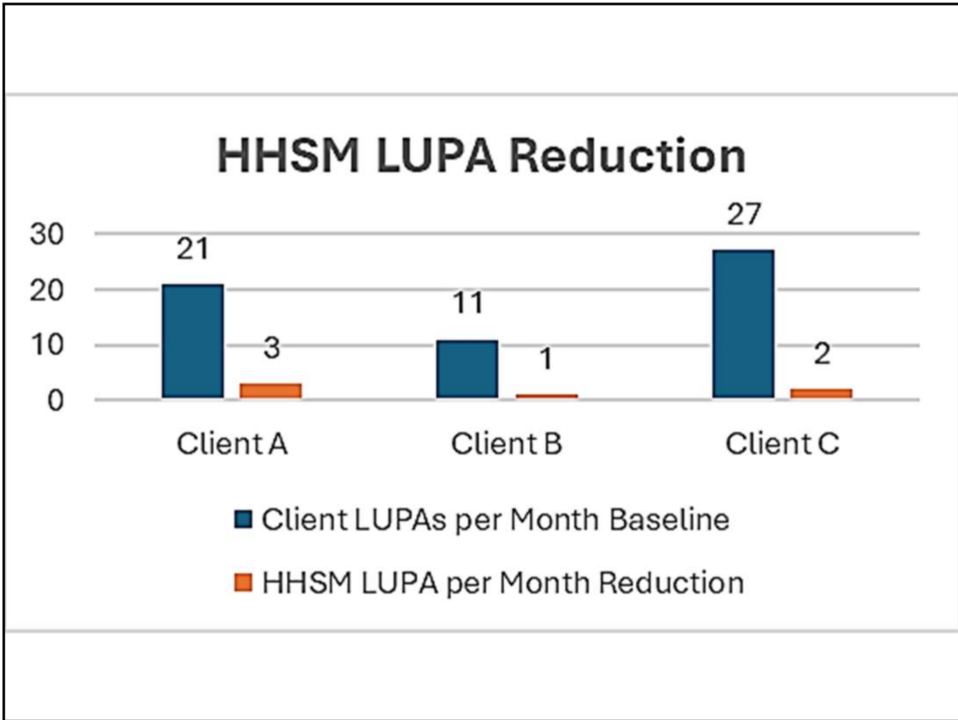
HHRG Payment Increases under PDGM

- PDGM HHRG Payments (Acuity) - primary payment factor
- HH Case-Mix average – 1.0 is national baseline (50% above)
- This is new compared to PPS – *Its' all about acuity now*
- Take steps to elevate your performance in this area
- Turn a "One-size fits all" HH mitten to a "Form-fitting Glove"
- Essential for the VBP outcomes you hope to produce
- Assure OASIS walk, Real-time Guidance Manual use
- Global Programming, Script for Success, Rights/Resp, CGVR

18



19



20

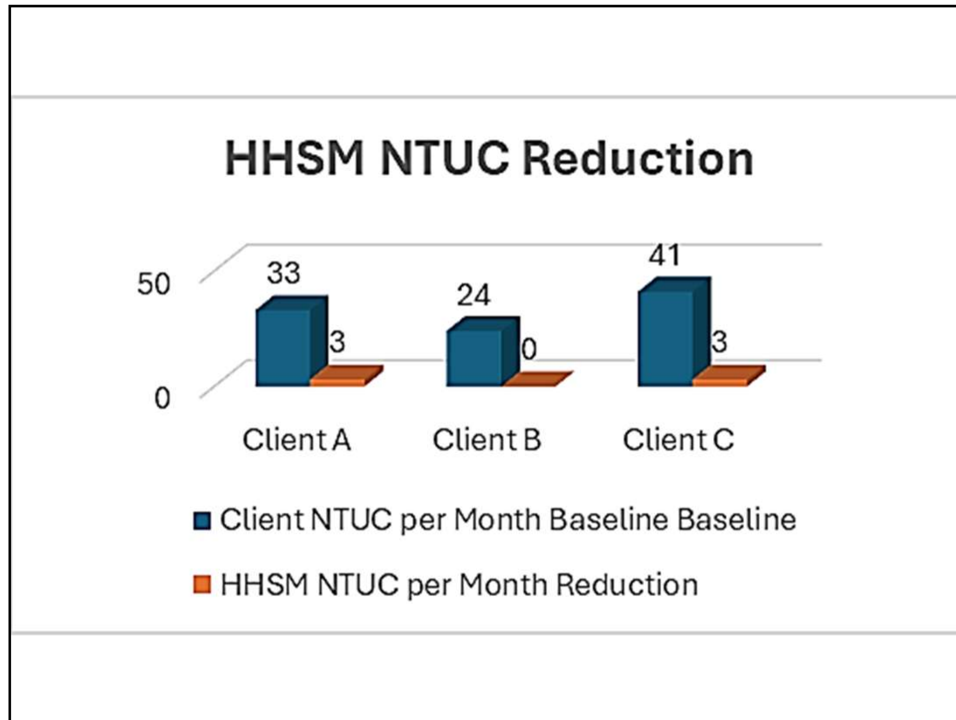
LUPA Reduction under the PDGM Model

- LUPAs – the HH equivalent of hospital observation bed
- Actual LUPAs – programs with <5 visit need should be LUPAs
- Most HH LUPAs result from lack of global programming
- HHS PPS Model – delivered multi-system, multi-discipline assessment tool (OASIS) to allow for desired care outside of initial MD order. Many HH cases do not follow this approach, with LUPA production as a result
- Don't artificially create LUPAS – FOLLOW THE REGS
- Front-line clinicians may struggle to manage independently

21

NTUC Reduction under the PDGM Model

22



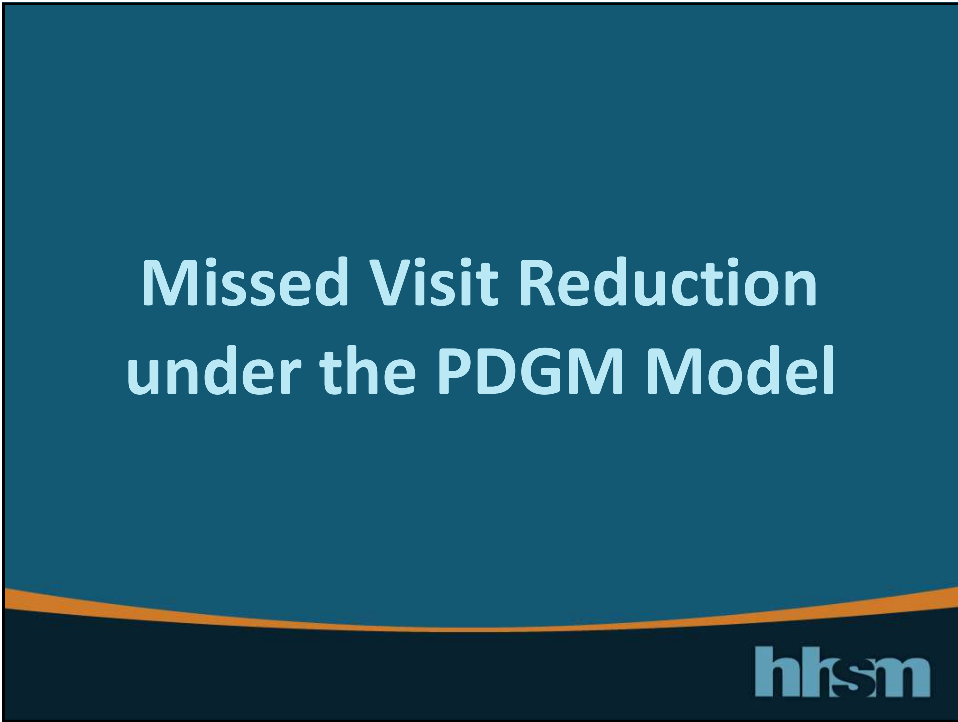
23

NTUC Reduction under the PDGM Model

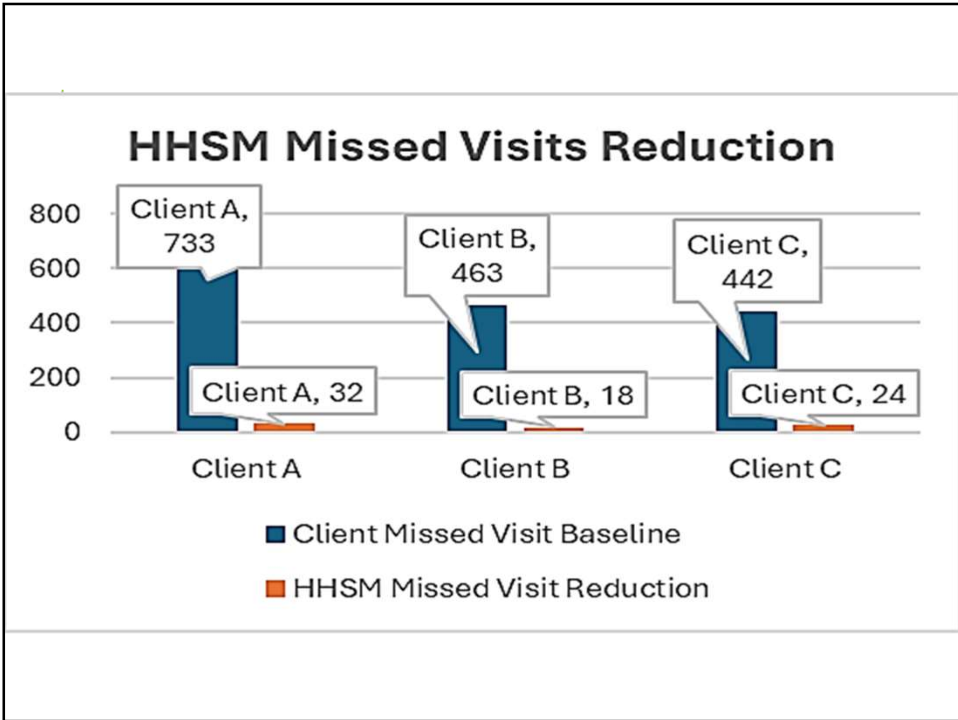
- Acronyms used for un-admitted referrals – NTUC/NOS
- **NTUC** – Not Taken Up for Care ------- **NOS** – Not on Service
- References received referrals NOT Admitted for any reason
- Un-Admitted referrals fail the MD, the patient, the agency
- Must assure a non-admit is handled appropriately
- Legal & medical issues involved including MD or System
- Welcome Home call for information and SOC prep
- Agency Scripting required (example) and MD involvement

hhsm

24



25



26

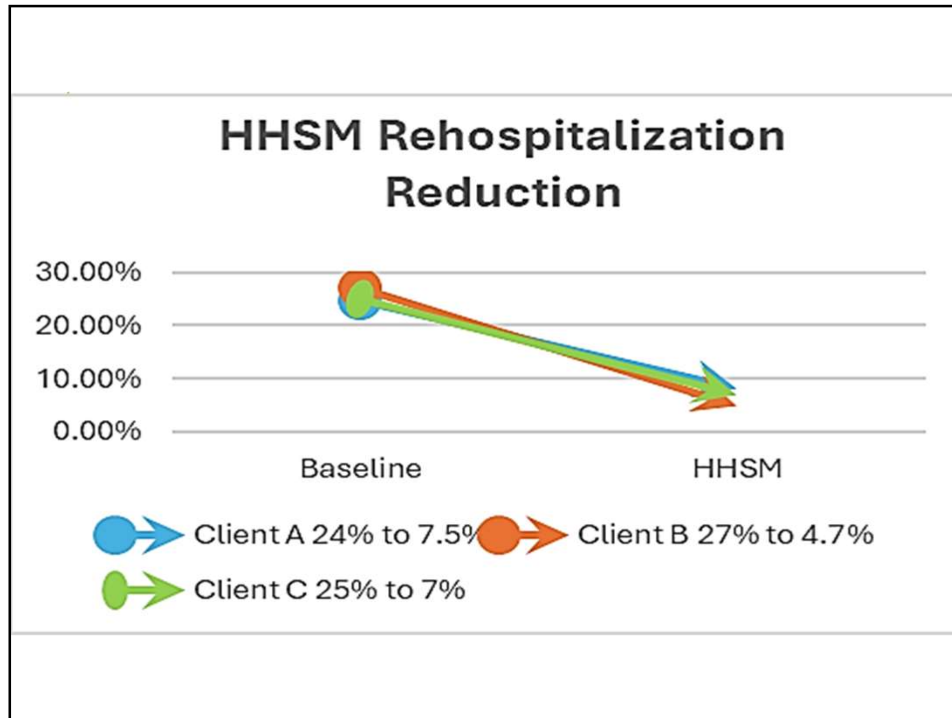
Missed Visit Reduction

- Missed Visits (MVs) don't fit HH PDGM – VBP model
- MVs dilute care in a manner that betrays efficient care
- MV over-use is a residual of the PPS volume era – Recerts?
- Bundle Trials – Providers with MVs were consider unserious
- Scheduling management, Scripting, Clinician Insight
- MV acceptance un-related to HHCAHPS results
- This is a Part A healthcare program opportunity
- Help your patient receive the benefits they deserve

27

2025 Potentially Preventable Hospitalizations (PPH)

28



29

2025 Potentially Preventable Hospitalizations (PPH)

- The PPH score is risk adjusted
- It represents the number of unplanned, potentially preventable hospital admissions or observation stays at the HHA divided by the expected number of observation stays for the same patients if treated by the average HHA (Home Health Agency)
  - This included traditional and FFS Medicare
- Hospitalizations are costly and often preventable
- 17-20% of all patients discharged from hospital are re-admitted in 30 day
  - 76% are considered potentially avoidable readmissions
  - Cost of this is appx 12 billion dollars in Medicare expenditures

30

2025 Potentially Preventable Hospitalizations (PPH)

- PPH relies on the previously developed conceptual framework that for:
  - Certain diagnosis
  - Proper management of the patient's condition
  - Care of the condition by the HHA
  - Combined with the appropriate, clearly explained and implemented D/C instructions, and accurate referrals can prevent rehospitalization
- Medicare states the PPH is directly affected by:
  - Inadequate management of chronic conditions
  - Inadequate management of infections
  - Inadequate management of other unplanned events
  - Inadequate injury prevention
- Risk goes up in male/female stats >65 (men & women, IND of diagnosis)

31

2025 Potentially Preventable Hospitalizations (PPH)

- Measures INCLUDED in PPH one year prior to admission to HH
  - Functional impairment level
  - # of post acute admissions
  - # of outpatient ED visits
  - # skilled nursing admissions
  - # inpatient rehab admissions
  - # long term care admissions
  - Hierarchical Conditions Categories (HCC) comorbidities
  - CCS Diagnosis groups – see the attachment everyone
- https://www.cms.gov/files/document/hh-qrp-specificationspotentiallypreventablehospitalizations.pdf

32

Closing thoughts on Operational Management for VBP–Level Outcomes

33

Home Health Strategic Management

1- 877- 449 - HHSM

www.homehealthstrategicmanagement.com

34