Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

Administrator Program
Tuesday, November 18, 2025
10:00pm-11:30pm

5b. Advanced Concepts in Operations: Efficiency for Better Outcomes in the Home

Presented by:

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Advanced Concepts in Operations: Efficiency for Better Outcomes in the Home

TAHCH Administrator Program 2025

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Home Health Strategic Management

- National Home Health Consulting Firm x 19 years
- Arnie Cisneros PT – President, SURCH Developer
- Kimberly McCormick RN BSN – Exec Clinical Director
- UR Mgmnt Model for HH PDGM & VBP Reforms – **SURCH**
- **SURCH –** Medicare Guidance Manual - denial-proof care
- Replicates PART A UR Clinical Mgmnt – Acute, IRF, SAR
- Installed nationally to VBP Bonus & >25% margin increase
- BPCI CJR Pilot program – CMMI Pilot program results
- Assuring qualified HH programming for today & tomorrow

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Care Delivery in the Home: Ongoing Changes will Continue

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Care Delivery Changes will Continue

- Care Delivery in the Home has changed significantly
- All type of In-Home Providers have been affected
- Home Health – Regulatory (V2V) changes – $ reduction
- Hospice – Regulatory changes, LOS concerns
- Private Duty – Staffing, Marketing, Financial issues
- All affected by societal changes – Covid, Workforce, etc

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Care Delivery Changes will Continue - Specifics

- Home Health – 2026 Final Rule (6%), VBP Expansion
- Hospice – Hospice Care Act – Payment Alignment, Palliative & Respite changes, Program Integrity
- Private Duty – Costs, Value Issues, Staffing, Margins. Communication and Interoperability Concerns
- Goal – In-Home Care Path w improved Volume-

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Areas of Focus for Operational Rewire

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Areas of Focus for Operational Rewire - HH

- HH reforms install Volume-2-Value (V2V) programs
- PDGM – VBP – Payment Cuts stress trad operations
- HH Providers have clinical outcome – margin issues
- History of PPS-volume era dictates HH Operations
- HH reforms move model closer to other Part A sites
- Value-Based operations for outcome-margin solution

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Areas of Focus for Operational Rewire – Hospice

- Hospice mimics HH in terms of regulatory focus
- Ongoing reforms create instability – operations, pay
- Proposed payment cuts & quality reporting regs
- Improve quality w efficient & managed operations
- Focus funding on respite caregivers, inpatient costs
- Also address complex palliative program expansion

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Areas of Focus for Operational Rewire – Private Duty

- PD has all the challenges of any staffing business
- Staffing, costs, operations, quality mgmnt, margins
- Healthcare element requires additional quality issues
- Multiple areas of focus for outcomes/margins
- Patient-centered care, regulatory, staffing
- Communication, Marketing, Efficient Operations

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KPI Establishment: Improving Outcomes with Key Performance Indicators

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Establish KPIs for Metric-Based Improvements

- IMPACT ACT PAC reforms require improved outcomes
- V2V changes inverted HH Model – rapid outcomes
- Little change occurred at the agency level 2nd Covid
- Focus - fiscal structure & billing at PDGM/VBP install
- Objective Management required to address V2V
- We used KPI-based Operational Rewire – Part A

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Addressing a Data-based approach to Care Development and Management

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Addressing Data-Based Approach to Care

- Key Performance Indicators focus PDGM outcomes
- Improve Quality Outcomes, HHCAHPS, Process
- Objective data Measures w identified baselines set
- Managerial, Supervisory, Administrative personnel
- Weekly data results managed in meeting w personnel
- ALL Objective data shared without compromise

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Addressing Data-Based Approach to Care

- Key Performance Indicators for Home Health:
  - Intake – referral management – Capture – fail rate
  - Scheduling – timely admission - decreased READMITS
  - Productivity – timely care, fiscal solvency, clinical include
  - Visit Content – transition visit to content focus – value ID
  - Missed Care – dilutes care quality, $$ effects, sched/prod
  - Discharge – Post Care status, satisfaction, fiscal episode

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Thoughts on Metric-Based Outcome Improvements

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Thoughts on Metric-Based Outcome Improvements

- Introduces program quality & performance drivers
- Objectifies specific performance levels & outcomes
- Refocus Post-Acute subjective mgmnt w clin staff
- ALL outcomes shared w ALL participants – compare
- Create competition for improved outcomes
- Steady improvements with revitalized staff

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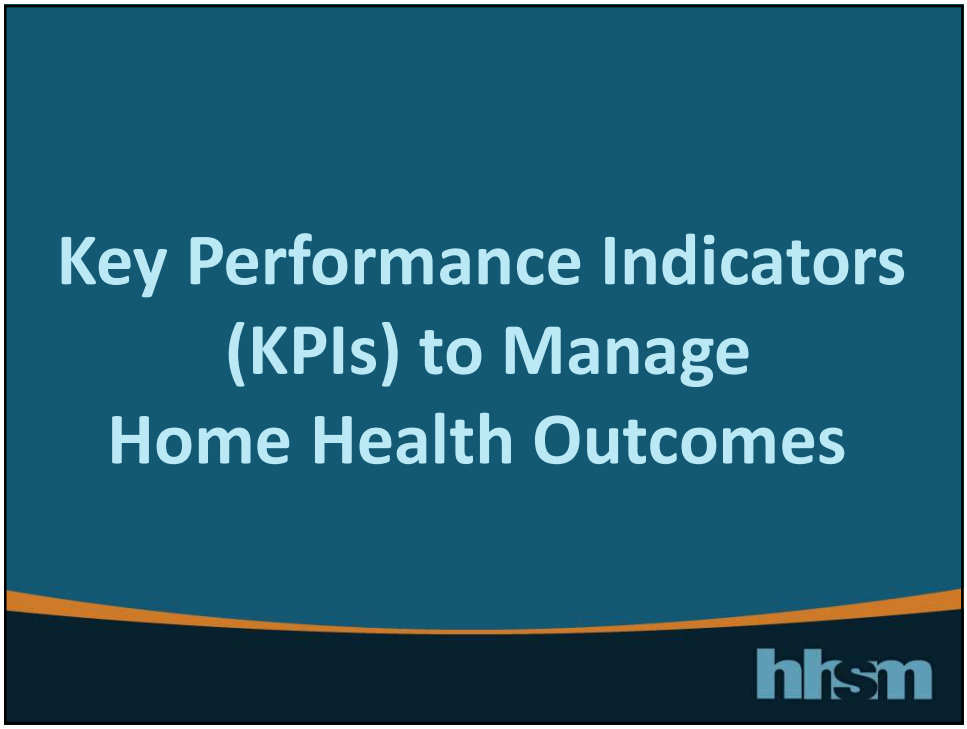

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KPI							
	Baseline	Targets	March	April	May	June	July
HHRG 1-30 Days	$2,266.00	$2,700.00	3137.07-142 paid	3123.65-122 paid	3244.52-142 paid	3274.37-90 paid	3296.39-61 paid
HHRG 31-60 Day	$1,489.00	$1,800.00	2104.75-100 paid	2139.84-87 paid	2054.93-106 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

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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

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Closing Thoughts on KPI use for Value-Based Operational Management and Increased Efficiency

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Thoughts on KPI use for Operational Efficiency

- Internalize legacy Operations limit Value-Era success
- Installation follows standard process to success
- Objectified process & clinical items informs staff
- Allows Admin–Managerial–Sup staff outcome targets
- Produces stark discussion of patient focused model
- Identifies problem performance areas w solution

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Thoughts on KPI use for Operational Efficiency

- HHSM – ongoing installation of KPI-based Operations
- Initial Agency response – eager to start, Address issues
- Staff performance after KPI use change – can surprise
- Result – Empowered Managerial-Supervisory staff
- Rapid changes often seen – front-line staff energized
- Rewire your agency & care programming for success

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Can you Manage to Improve your Outcomes?

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Home Health Strategic Management

1- 877- 449 - HHSM

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