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Home Health Line

Regulatory news, benchmarks and best practices

2024 Trends Issue

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Recruitment & retention

Agencies share ways to recognize staff to avoid turnover and boost morale

Implementing employee recognition programs — letting staff know you see their hard work — can be a successful strategy when it comes to recruiting new hires and retaining top staff.

This was one of the top reported strategies for successful recruitment and retention in *HHL*'s 2024 Trends Survey, and agency leaders are predicting recruitment and retention will continue to have the biggest impact on operations in the new year.

Keep in mind that rewarding staff is not always a one-size-fits-all situation, notes Kelly Kavanaugh, QA specialist with Riverside Home Health and Hospice of Grants Pass, Ore.

"People's needs and wants change over time, and you can't assume that what you always did will always work," Kavanaugh says.

For instance, some people are motivated by money, some want more time off, some want to earn the privilege of going to an off-site training or earning a promotion.

"Survey your current staff and see what motivates them at the time," she suggests.

Leverage employee recognition programs

We Care Home Health in Firestone, Colo., has crafted a positive company culture that makes employees feel seen and where growth and learning are both encouraged and facilitated, says Rosalyn Sagner, director of human resources for the agency.

"Our leaders are easily approachable and make themselves available to employees," Sagner adds. "They are interested in having the right people on the team and doing what it takes to help each person be the best employee they can be."

There is a collaborative team and work environment, she adds.

We Care Home Health utilizes an employee recognition program, called Motivosity, which allows management and employees to send thanks and appreciation to one another coupled with cash rewards or gift cards for various restaurants and stores, Sagner explains.

Provide performance-based raises

Another tool that We Care Home Health uses to boost employee culture is the addition of performance-based raises.

Attendance for scheduled shifts and inservice/trainings, incidents/sentinel events, complaints and counseling/warnings are taken into account, Sagner says.

There are points associated with each category based on repeat offenses or policy/procedure breech, she adds.

And these strategies appear to be paying off.

"Our turnover has been very low," Sagner notes.

In fact, 56% of staff have been employed for one year or longer.

"The employees like the recognition system that we have in place," Sagner says. "And we have gotten great results from anonymous staff surveys that are completed through the same system."

Rewarding your staff's achievements

Piedmont Home Health managers also have implemented techniques to make their staff feel seen and supported, which has limited turnover.

"Our staff is very stable," notes Sandra Epps, director for the Georgia-based agency.

Recognition emails are sent out to all staff for special events like birthdays and work anniversaries.

"And any time a patient calls with a compliment, an email is sent out to all staff with that information, too," Epps adds.

Recognition is also provided through quarterly emails of the patient satisfaction survey comments as well as comments on employees' annual evaluations as a reminder of their hard work.

"As a director, I want our clinicians to have all of the positive feedback we can provide given so many times we are discussing areas of improvement," Epps says. "I encourage conversations and allow them to voice their opinion."

Tips for recognizing staff

- **Get creative.** "We all are well aware of congrats...here is a pizza party, but think of more creative ways for recognition," says J'non Griffin, senior vice president/principal of the coding and compliance departments with SimiTree Healthcare Consulting in Hamden, Conn. "Maybe it is as simple as a bulletin board at work, a front door parking

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spot reserved for them when they come into the office or even building in a PTO day to be given away quarterly."

- **Nominate star employees for statewide recognition.** Think of meaningful ways to show your appreciation, such as a handwritten note to let them know what they did deserved recognition, Griffin suggests. Consider nominating a star employee for your state association's Caregiver of the Year award. This will allow you to describe why they deserve the award potentially gaining recognition not just from your company but from peers across the state.

— *Megan Herr* (*megan.herr@decisionhealth.com*) ■

Recruitment & retention

Customize your benefits to address employee priorities for happier staff

Recruitment and retention remain a top concern for agencies heading into 2024, with administrators looking to beef up benefits as one way to address staffing concerns.

HHL's 2024 Trends Survey found that 70% of the 63 agencies surveyed plan to spend more on recruitment and retention efforts in 2024.

It's not just enough to offer run-of-the-mill benefits, warns Leigh Davis, owner of Davis+Delany, which helps companies implement methods for attracting and retaining top talent.

While increasing salaries is still a popular choice — 56% of respondents said they did this — it's still not feasible for all agencies.

"These days, simply providing work opportunities in exchange for a paycheck is not enough to motivate or retain your employees," says Linda Leekley, chief clinical officer with Home Care Pulse (HCP), in Rexburg, Idaho.

There are several changes agencies made in 2023 to successfully retain staff, according to the survey.

- **Offer flexible scheduling.** Just over 18% of respondents reported that they implemented flexible scheduling in 2023 to retain staff.

  Benefits that allow staff to be flexible with their lives is a major perk, Davis says.

- **Bonus PTO.** Several agencies reported that they began offering more PTO to staff, including one agency that tied in PTO with clinician productivity, giving clinicians the opportunity to earn extra PTO by meeting or exceeding certain productivity standards.

  Tying productivity standards to extra PTO is a win-win for your agency, Davis says. As long as you can create a schedule that allows for full coverage while staff use their extra PTO, it won't cost your agency anything, but will be important for staff. It's important that the parameters around earning this bonus PTO is clear, says Robert Markette, an attorney with Hall, Render, Killian, Heath & Lyman in Indianapolis, Ind. Once earned, it should be treated like any other PTO. "This can include employees being entitled to a cash payout at separation," he adds.

Invest in employees' growth

It's a different environment for home health agencies than it was pre-pandemic, Davis says. Agencies need to keep up with this new environment by taking benefits a step further and investing in the personal growth of staff, he explains.

While offering traditional benefits like PTO, insurance and flexible scheduling is great for retention, it's the agencies that go beyond these benefits that really shine, Davis says.

Several agencies responded that education and career advancement opportunities have been effective in retaining staff.

One agency, Mercy Home Health in Newton Square, Penn., plans to offer a clinical career ladder for therapy personnel in 2024. This opportunity was previously only available to clinical staff, according to Deborah Ludwig, regional director of clinical operations at Mercy.

Listen to what your staff wants

By talking to staff and finding out what they actually want in benefits, you'd be surprised at how much the wants and needs can vary between different staff members, Davis adds.

Where agencies are spending more in 2024

Agencies are looking at recruitment and retention, staff education and technology as priorities this year, according to the 63 respondents to the *HHL*'s 2024 Trends Survey.

Priorities	Agencies spending more
Recruitment & retention	70%
Staff education	57%
Technology	42%
Sales/marketing	32%
Data security/PHI compliance	25%
Infection control	13%

Source: HHL's 2024 Trends Survey

Agencies looking to think outside the box with their benefits should do the following, Davis says:

Beyond traditional benefits, what is important to staff will vary from person to person. While one person's pet might be the most important thing in their life, community connection could be the most important thing to someone else.

By surveying staff to find out what is actually important to them, agencies can create a list of benefits that staff can choose to take advantage of.

This could mean offering non-traditional benefits such as:

- Pet insurance
- Financial training and counseling
- Paid volunteer opportunities
- Tuition reimbursement

By allowing staff to select benefits that are meaningful to them, and accentuate their work-life balance, there's a better chance your staff will want to stay with your agency, Davis explains.

There are ways you can help your staff save money by sticking with your agency as well.

Conducting surveys of employees that ask questions about what motivates them can help agencies to develop incentive programs that focus on the specific requests of their staff, Leekley says.

Agencies can also use resources like Home Care Pulse to identify industry-wide standards regarding benefits offered.

"To remain competitive, I recommend combining those methods, giving your employees a unique voice while following industry best practices," Leekley says.

- **Set up community discounts.** Agencies can go out into their community and negotiate with businesses to get discounts for their staff.

  Additionally, there are several companies your agency can partner with that will offer discounts to your staff for things like movie tickets, entertainment and groceries.

  Companies like Corporate Offers and Entertainment Benefits Group offer programs like these.

  When you're not in a position to increase your staff's salary, helping them to save money can go a long way, Davis says.

  It's important to keep staff notified when adding these benefits though.

  "If anyone is out of the loop and not taking advantage of what your agency is offering, even the best benefit will fail to keep an employee on your roster," Leekley warns.

— *Sarah Schock* (*sarah.schock@decisionhealth.com*)

Operations

Learn lessons from agencies not sweating CMS cuts, MA headaches

As many are looking to cut costs and find efficiencies in the face of CMS payment cuts, the best direction to look may be those agencies that have come out on the other end of the search for waste in their budgets.

These agencies have found ways to manage costs and increase revenue to offset reductions.

In the *HHL*'s 2024 Trends Survey, two-thirds of the 63 respondents expected their home health revenue would stay the same or decrease in 2024.

Among the top challenges agencies expect to face in 2024: CMS payment cuts, Medicare Advantage and inflationary pressures. (*See benchmark, p. 8.*)

What successful agencies are doing

The agencies with high margins even in the face of these cuts have already sought out ways to optimize revenue and manage costs, says Nick Seabrook, managing principal at SimiTree Healthcare Consulting in Hamden, Conn.

For example, the main driver of Medicare revenue outside of patient volume is case mix, he notes.

"The higher the case mix, the higher the revenue," Seabrook says. "Optimizing case mix is an important piece of the puzzle to increasing margins."

Ways to do this include educating clinicians on coding and OASIS best practices. Accuracy of both drives case mix scores, Seabrook says.

Those agencies that have positioned themselves for success also have developed a robust quality assurance (QA) process. Take a look at your internal processes to determine the strength of your QA team and processes and consider making changes to make them more robust or consider outsourcing this function to a third party.

Other key practices for successful agencies:

- **Manage LUPAs.** On average, LUPA periods receive $1,500 less per period compared to non-LUPA periods, Seabrook notes. Managing and monitoring LUPAs

is imperative to keep the LUPA percentage lower and, subsequently, revenue higher.

- **Manage visit utilization.** Providing too many visits in most situations is only adding costs without adding any reimbursement. Providing too few visits could potentially lead to LUPAs or poor outcomes.
- **Retain top talent.** The difference in productivity for a seasoned employee compared to a new employee can be drastic, Seabrook says.

Spend money to reduce costs

Beyond improving retention, spending a little more money to incentive your top direct care staff could improve productivity and quality outcomes, says Rob Simione, principal at SimiTree.

"Successful agencies are being a little more innovative in those areas, and probably a little better positioned from a growth standpoint," he says. (*See more R&R tips, p. 1.*)

Another area where spending could result in reduced costs is technology. For example, technology around artificial intelligence and automation could replace some of the manual functions slowing your operations. (*HHL 9/25/23*)

Target wasteful spending in contracts

One place where agencies can find waste in the budget is in their contracts with vendors, Simione notes.

"It's not necessarily their EMR, but when you get to that next layer of technology contracts, like server hosting and the apps that they might be paying for on their laptops, they just haven't reviewed those contracts," Simione says.

Hospitalization a top priority for improvement

With value-based payment adjustments largely dependent on hospitalization scores, it's not surprising that is the top measure agencies said they're focused on improving. Here are the top five priorities from the 63 respondents to *HHL*'s 2024 Trends Survey. Respondents could pick more than one.

Top quality measure priorities	Percentage
Acute care hospitalization	75%
Patient satisfaction	46%
Management of oral medications	44%
Emergency department use	40%
Improvement in self-care	27%

Source: HHL's 2024 Trends Survey

Another example would be medical supplies. "If you haven't updated your formularies in a few years, you'll see a lot of wasteful spending that can be better managed," he says.

Succeed with Medicare Advantage

In addition to cost-cutting measures, those who are best positioned for more Medicare cuts are those who have figured out how to develop mutually beneficial relationships with Medicare Advantage (MA) plans.

One survey respondent noted that their agency continues to see fewer and fewer Medicare patients and more patients from Medicare Advantage and commercial payors. The challenge is these payors pay by the visit and limit visits — leading to readmissions and poor outcomes. "We don't seem to be able to get ahead," the survey respondent noted.

Agencies that are finding success with MA are developing clean processes for working with plans

"They're looking at how to minimize the number of authorizations they need to do. How can they make eligibility checks better? How can they meet timely filing and other billing requirements," Simione says.

And, particularly with smaller and middle-size MA plans, agencies are finding success with risk-sharing agreements and pilot programs. — *Greg Hambrick* (*greg.hambrick@decisionhealth.com*) ■

Medicare Advantage

Master these strategies to gain the most leverage with MA plans

With a growing number of agencies accepting Medicare Advantage (MA) patients year-over-year, it's important to know where to focus to get the biggest bang for the buck with MA plans.

"It is difficult for smaller agencies to have leverage in negotiating rates," warns Robert Simione, principal at SimiTree Healthcare Consulting of Hamden, Conn.

"It is hard to gain any leverage as a small agency with MA plans," agrees Beau Sorensen, director of finance and operations at First Choice Home Health and Hospice in Orem, Utah.

This doesn't mean that small agencies have no leverage though.

Create your own negotiation leverage

Agencies looking to negotiate MA rates should be prepared to do the following prior to meeting with the payor, Simione recommends:

- **Come to the table with quality-of-care data.** One of the best things smaller agencies can do when trying to negotiate MA rates is to bring hard quality data to the negotiation.

  Agencies should specifically focus on data surrounding hospitalizations, preventable hospitalizations, patient satisfaction and ER usage.

  This data can be pulled from your EMR, Care Compare and Home Health CAHPS.

  Having good patient satisfaction scores can also have a positive impact.

  "They don't directly impact the bottom line like the other measures do, but they are something that MA plans look at," Sorensen says.

- **Ask the payor tough questions.** In addition to providing quantifiable value to the payor, agencies also need to know what issues they will run into with MA plans and be ready to discuss how the payor will be able to solve those issues, Simione stresses. For example, if your agency has had an issue with prior authorization denials before, ask the payor for their process and claim denial rate. This shows that your agency has done the research and gives a little leverage because it puts the payor on the spot to answer your questions.

- **Weigh the pros and cons of MA.** While MA contracts may seem like stiff, binding agreements, nothing is final until you sign off.

  Agencies should be aware that if they are used to Medicare rates and are already under margin pressure, MA plans can exacerbate this, Sorensen warns.

  "They almost certainly will not pay what Medicare pays, so you want to take that into account," he explains.

  These plans can also take significantly more time and resources on the agency's end because of authorizations, medical record requests and billing.

  "Especially in a small agency, with your staff wearing so many different hats, these could be things that make or break your agency," Sorensen warns.

  With that in mind, it's important that agencies take the time to negotiate these contracts in their favor rather than taking the first offer on the table.

  Agencies need to take the time to study these contracts and come to meetings with the payor ready to negotiate any terms that could save the agency time and money.

Negotiate beyond rates

When rate negotiations fail, that doesn't mean that an agency is stuck accepting the payor's terms. There are still plenty of things that can be negotiated. Agencies should do the following when all else fails, Simione says:

- **Dive into contract terms.** The focus for Medicare Advantage should not only be about rates but contract terms.

  Significant money is spent on back-office support to manage the authorization, verification and billing functions for MA patients.

  When rate negotiation fails, agencies should try to get the MA payor to waive initial authorization, use visit caps or require no authorization.

  By doing this, it may reduce the need for staff and technology cost to process these contract requirements.

- **Watch out for anything that will cause denials.** The focus in any MA relationship needs to be on minimizing denials.

  For example, if you see something in the contract, such as prior authorization or NOAs, take the time to negotiate these requirements before you sign off on them.

- **Ask about NOA requirements.** Agencies should try to negotiate to avoid any NOA requirements that will reduce the risk of denials. This could save the agency time and money.

  Filing an NOA is only required for traditional Medicare. MA plans can create their own rules about this, so if a payor does require it, it's worth it to attempt to have that requirement removed from your contract.

- **Take Medicare guidelines into consideration.** Agencies should also look to follow Medicare guidelines in their contracts for one-year timely filing. Lastly, agencies should ensure to avoid evergreen terms.

  "Be sure to establish a relationship with your payor rep to go over these issues," Simione stresses.

  Even after entering a contract with an MA payor, agencies should schedule monthly calls with a specific agenda, topics and metrics to maintain a relationship with the payor.

  Without taking the time to dissect and negotiate these contracts, smaller agencies that are reliant on day-to-day cash flow are going to run into issues with MA payments.

  "This is why it is so important to make sure the payers are set up correctly and there are processes around verifica-

tion, authorization and billing specific to meet the payer requirements," Simione stresses. — *Sarah Schock* (*sarah.schock@decisionhealth.com*)■

HHVBP

Investing more on HHVBP starts with refreshing hospitalization tools

One way to prepare for bonuses in Home Health Value-Based Purchasing (HHVBP) is to look at key OASIS items such as M1033 and the Social Determinants of Health (SDoH) items as a tool to craft stronger plans of care complete with interventions that will keep patients safe at home and out of the hospital.

Slightly more than half of the 63 respondents to the *HHL*'s 2024 Trends Survey said they plan to increase their investment in HHVBP in 2024. Only 6% said they would be decreasing their HHVBP investment. The rest said the investment would stay the same.

And, three out of every four agencies, 75%, noted acute care hospitalization would be among the top quality measures they are focusing on. (*See table, p. 5.*)

Turn to the OASIS

One of the best tools available to prevent hospitalization is the OASIS, notes Michelle Horner, post-acute education manager with McBee Associates of Wayne, Pa.

However, it is important that clinicians are not just checking the boxes but actually using the data collection to create an individualized plan of care based on their assess-ment findings.

CMS has included helpful data collection tools within the OASIS such as M1033 (Risk for hospitalization).

"This question helps identify opportunities and areas that need improvement or attention to help keep the patient at home," Horner says.

For example, if you are marking response "1 — History of falls," then clinicians should be asking more questions like how and when the falls occurred and analyzing what interventions would be appropriate for this patient to prevent further falls and injury, Horner explains.

Or, if you are marking Response "3 — Multiple hospitalizations" or Response "4 — Multiple ER visits" then you should be taking a deeper dive into why they went back and what were the circumstances surrounding the emergency department use or hospitalization.

Consider whether there was an opportunity to prevent it from happening.

Often patients are hospitalized for the same reasons repeatedly, so understanding why they have been going in can help us change the course of treatment and plan of care to hopefully prevent further emergency department visits and hospitalization, Horner says.

Taking the information gathered in M1033 and utilizing it to create a patient-centered plan of care will be key, she adds.

Claudia Baker, senior manager at SimiTree Healthcare Consulting in Hamden, Conn, agrees.

"When the clinician recognizes any factor that may lead to hospitalization, the agency should make sure it's on the patient's plan of care, discussed at team conference and focused on by clinical management/quality team," she adds.

In addition to M1033, CMS added several SDoH items with OASIS-E, and these items can be used to identify areas of risk and opportunities for intervention, Baker adds.

For example, Horner notes A1110 (Language) is a critical opportunity to identify any language barriers and ways that you may need to plan care differently.

"It would make sense that patients with a language barrier may require more visits to accomplish the same goals and interventions," she explains. "Teaching in the setting of language barriers looks a little different. Clinicians may need to use an interpreter and handouts in the patient's preferred language, which could be more time-consuming."

However, you want to make sure that patients with language barriers are given the same level of care as those without, Horner says.

Too often language barriers contribute to a lower level of care, increased emergency department visits and hospitalizations and poorer outcomes, she says. "Being aware of this helps us to change our care planning on the front end and hopefully prevent hospitalizations."

Use data to track trends

Agencies should also use every technology available for preventing and understanding hospitalization risk, Baker says.

"Utilize every report and dashboard that your EMR offers regarding tracking and analysis," she adds. "If a patient does have to be readmitted, a deep dive into how it could have potentially been avoided should happen."

This could help with preventing future rehospitalizations.

You can also use technology solutions, such as Strategic Healthcare Programs that offer additional support for managing readmissions, Baker says.

"Real-time data about hospitalization rates with drill down capabilities on individual patients and clinicians provides actionable information," she explains

You can also use data to determine the diagnoses within your agency that carry the highest rehospitalization risk, Baker notes.

"Institute best practices possible for identified conditions and, again, promote prevention and education throughout the agency from intake to discharge," she adds.

Follow up after SOC

Contacting patients after their Start of Care (SOC) visit — especially those who are seen as moderate or high-risk for hospitalization — could be another useful process to implement, says Charlie Breznicky, clinical director with SimiTree Healthcare Consulting in Hamden, Conn.

At SOC, the clinician should determine how patients prefer to be contacted, whether it's by phone call or text message, he says. "If they prefer phone calls, can answer the phone and have no or minimal hearing impairments, it can be helpful to call the patient the day after the SOC and on days when the patient is not receiving visits in the first seven to 14 days."

These calls should reinforce any teaching that was provided which can include medication management, signs of infection and methods to prevent infection, falls prevention and general home safety.

"The caller should also encourage the patient to ask any questions while on the call and during the next visit," Breznicky says.

If text is the preferred method of communication for the patient, whomever performed the SOC should inform the patient they may receive a text message asking how they are doing and if they have any questions, he says.

"This can also be used to share information with the patient via links they can access on their smartphone," he adds.

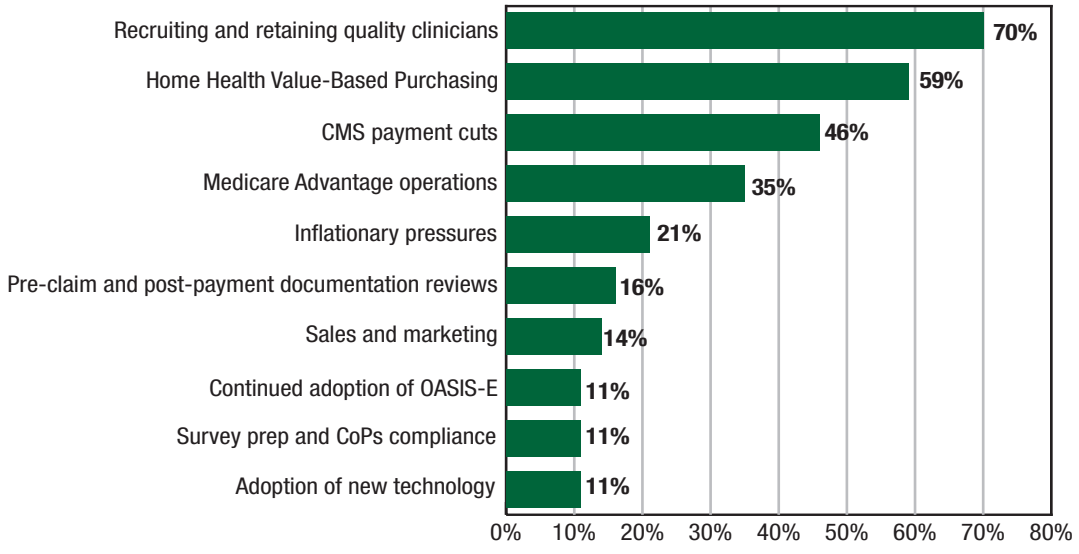
Agencies should implement processes for recognizing risk, prevention techniques and analysis of rehospitalizations to help mitigate them in the future, Baker says. "QAPI projects, clinician metrics, etc. should all focus on prevention techniques and analysis of every rehospitalization."

— Megan Herr (*megan.herr@decisionhealth.com*) ■

Benchmark of the Week

Staffing headaches to have biggest impact in 2024

Recruitment and retention is expected to have the biggest impact on agency operations in 2024, according to the 63 respondents to the *HHL*'s 2024 Trends Survey. The survey asked respondents to pick the top three issues. (*See stories, p. 1, 3.*)



Source: HHL's 2024 Trends Survey