



Home Health Line

Regulatory news, benchmarks and best practices



2021 Trends Issue

- 1 **COVID-19: Financial impact**
Address revenue loss during the pandemic, look for ways to preserve cash
- 3 **Infection control surveys**
Infection control, emergency preparedness top CMS surveys
- 4 **Recruitment & retention**
Focus on improving connections to retain staff during COVID-19 pandemic
- 6 **Technology**
Consider tech tools in 2021 to face pandemic & meet staffing needs
- 7 **Documentation**
Avoid payment issues with pre-claim reviews, even in non-RCD states
- 8 **Benchmark of the week**
Biggest factors impacting home health finances in 2021

COVID-19: Financial impact

Address revenue loss during the COVID-19 pandemic, look for ways to preserve cash

Agencies expect COVID-19 to continue to have the biggest impact on their revenue in 2021, according to respondents of *HHL's* 2021 trends survey.

In fact 62% of home health agencies said that they expected their revenue to decrease with the average decline being right around 20%. Biggest costs include the shortage of staff, reduced revenue and referrals and patients refusing visits, according to the 96 respondents to the annual survey.

Aside from COVID-19 response, agencies expect their revenue to be impacted by other factors, including government audits, fines for untimely RAPs, telehealth costs, overtime and increased marketing costs.

The areas agencies plan to invest in this year relate to infection control, recruitment and hiring and technology. (*See stories on each of these topics later in this issue.*)

Hits to revenue & costs continue in 2021

Medicare, Medicaid and private pay home care agencies are all facing financial fallout as a result of the pandemic. They've all been impacted in one way or another, says Bobby Lolley, executive director of the Home Care Association of Florida in Tallahassee, Fla.

Agencies have seen a dip in their average census, resulting in decreased revenue that will continue into 2021, predicts Nick Seabrook, managing principal and founder of BlackTree Healthcare Consulting in King of Prussia, Pa.

Put a plan in place to speed up your RAP submissions

Attend this webinar with Melinda Gaboury, COS-C, on Tuesday, Jan. 5, from 1-2 p.m. to get a step-by-step plan for constructing a speedy workflow. You'll be able to put together all the pieces needed for full and accurate payment —including the correct HIPPS code —without compromising quality patient care. To register, visit <https://store.decisionhealth.com/timely-raps-010521>.



Agencies also will continue to experience increased expenses that relate to the purchase of personal protective equipment (PPE), employee equipment and new technology, Seabrook says.

costs for home health agencies increased by an average of \$11.50 per visit, or nearly 5% of the 30-day payment rate, according to a study conducted last summer by the National Association for Home Care & Hospice.

Those increased costs came at the same time that agencies were seeing fewer patients, because hospitals were not conducting routine surgeries, says Annette Lee, RN, MS, HCS-D, COSC, home health and hospice clinical compliance expert at Provider Insights Inc. in Des Moines, Iowa.

How to offset lost revenue

- **Limit unnecessary spending.** Agencies will want to preserve as much cash as possible and slow down discretionary-type spending, says Dave Macke, CPA and Advisory Firm shareholder, CHFP, FHF-MA, director of healthcare reimbursement services at VonLehman in Fort Wright, Kentucky. Examples of costs that could be eliminated include marketing and advertising, unnecessary supplies and office expenses and unnecessary dues.
- **Take a different marketing approach.** The fallout from COVID-19 has opened the door to new referral sources, Seabrook says. Patients who would otherwise be in facilities are going home, because they can get the care they need there, Seabrook says. “Some agencies did not survive through this. You can pick up some market share there,” Seabrook says. Determine your market share, and who you will partner with as this continues.
- **Reassure referral sources and patients about safety.** To minimize the impact of fear, agencies can show patients the ways they’re following updated guidance from the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC), says Robert Markette, Indianapolis-based attorney at Hall, Render, Killian, Heath & Lyman, P.C.
- **Invest in remote-monitoring equipment.** CMS has recognized that telehealth is a valid tool to supplement in-person home health visits. That is a way to support the patient without having to spread your team so thin.

- **Speed up billing processes.** Getting orders back from physicians in a timely manner is crucial for steady cash flow in PDGM, Lolley says. Your internal processes should be as tight and strong as possible, he adds.
- **Get the RAP accepted on time.** Agencies must submit and get their RAPs accepted by the MACs within five days or risk a penalty, Seabrook says ([HHL 12/7/20](#)). That’s going to require a change in workflow for most agencies. Note: Just 12% of respondents to HHL’s trends survey said they are submitting RAPs by days 3 or 4 and 13% said they’re submitting by days 5 or 6. The remainder are taking longer, putting them at risk for financial penalties. — Megan Pielmeier (mpielmeier@decisionhealth.com) ■

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Infection control surveys

Infection control, emergency preparedness top CMS surveys

One quarter of the respondents to *HHL's* 2021 trends survey said they have been surveyed by a state survey agency or accrediting body since the pandemic started.

These surveys are likely a mix of targeted infection control surveys, which CMS started as a result of the pandemic, as well as routine, 3-year surveys and complaint surveys.

When CMS surveyors visited one of Interim HealthCare's locations for a routine survey, "the primary area of focus was review and implementation of the emergency preparedness plan," says Tom DiMarco, CEO of Interim HealthCare in Columbus, Ohio. Interim has 54 home care and hospice locations in Ohio, Pennsylvania, West Virginia, Kentucky, and Indiana.

During the COVID-19 period, Interim HealthCare has had three routine three-year surveys: two in Pennsylvania and one in West Virginia.

"The surveyors looked at the agency's entire plan making sure that the plan and implementation of the plan were the same," DiMarco says.

They also focused on proper personal protective equipment (PPE) and its availability, he adds.

"Surveyors are reviewing emergency policies for the pandemic and then verifying that you are following that policy," explains Diane Link, owner of Link Healthcare Advantage in Littlestown, Pa. "Verification may be through chart review that you are screening prior to visit or through other in-office documentation, such as visitor screening logs."

As for infection control, surveyors are looking at education on COVID-19, policies for PPE and observation or interviews during the survey, Link adds.

Be prepared for in-person surveys

One Rhode Island home health agency manager who asked to remain anonymous stated that her agency had a five-day in-person survey with two surveyors since the pandemic started.

Despite the public health emergency (PHE), this agency said the surveyors still performed the usual reviews and went out with clinicians on visits as well.

Surveyors focused on the individualization of care plans, oxygen safety, emergency preparedness and hand/bag control.

When surveyors visit your agency in person, you need to be consistent and complete in the implementation of the emergency plan, DiMarco says.

Make sure you implement your emergency office protocol such as taking employees' temperatures and asking whether they feel well and follow any other steps you have put in place for employees and visitors, he adds.

Be prepared for virtual home visits

While some agencies report that they had an in-person survey, others have reported a fully virtual experience.

"Some just ask you to send documents, while others go onsite and do virtual visits with patient, observing visits via phone," explains Link, based on recent surveys her clients have had.

DiMarco says the home visits that surveyors were a part of were virtual for his agencies.

Some of the complaint surveys focused on missed visits, he adds. "Overall outcomes were good and we had good surveyors who understood the emergency health environment and gave some latitude."

However, the virtual experience required a bit more patience. "Working outside of the normal environment took some getting used to," DiMarco says. Your agency needs to coordinate with surveyors to share requested documents such as personnel files that are more easily shared during surveys conducted in person.

COVID-19 vaccine distribution news is coming quickly

HHL is tracking the latest developments from CMS and federal health officials. For continued coverage, visit <https://homehealthline.decisionhealth.com>.

Tips to prepare for your survey

- **Continuously prepare.** Regularly perform mock surveys, chart reviews, employee record reviews and home visits to check internally for compliance, DiMarco says.
- **Keep track of complaints.** For complaint surveys, make sure you keep your complaint log active and up to date, DiMarco says.
- **Stay up to date with regulations.** If you have a compliance officer at your agency, make sure he or she stays on top of any and all new regulations.
- **Review agency policies.** “Make sure your policies are updated with the most recent COVID-19 guidance,” Link says. “I recommend creating an addendum to infection control and emergency pandemic specific to COVID-19.” ([HHL 10/26/20](#))
- **Keep track of any COVID-19 cases.** Surveyors are looking for COVID-19 tracking logs of patients and staff, including those that have been tested and results, says Link. Have those on hand in case of a survey.

More details about CMS surveys

Routine surveys have been running anywhere from three to five days, DiMarco says. They are pretty intense and focus on client records, employee files and home visits.

During the home visits, surveyors may conduct interviews with the caregiver and the patient or may observe the caregiver providing care.

This part has taken on an increased importance among surveyors, DiMarco adds.

As for the complaint surveys, these are usually done in just a single day, and the surveyor shows up unannounced and pulls several charts to protect the identity of the complainer, DiMarco says.

“A good outcome is if the complaint was observed by the agency beforehand and a plan of correction has already been put in place,” DiMarco says.

If a problem is uncovered, the complaint survey may lead to an extended survey and depending on the severity of the problem, more days and surveyors may be needed to conduct the extended survey, DiMarco says. — *Megan Herr* (mherr@decisionhealth.com) ■

Recruitment & retention

Focus on improving connections to retain staff during COVID-19 pandemic

Blue Water Home Care has focused on retaining its private pay caregivers during this challenging time by focusing on the first 90 days of the new hires’ tenure to ensure they stay with the agency for an extended period of time.

This has contributed to the agency’s growth in revenue by 150% from March until December 2020 which is the same time the agency doubled its number of employees to 120, says Jennifer Prescott, founder and COO of Blue Water Home Care in Austin, Texas.

Strategies like this are more important than ever as shortages in staff was by far the number one challenge related to the pandemic that agencies expect in 2021, according to *HHL’s* annual trends survey.

Manage mentor programs for new hires

Because many employees are working remotely, leaders have to be intentional about the connections they make with them, Prescott says.

Her agency has had success in this area due to a mentor program that was implemented prior to the pandemic.

The mentor program has five levels — each with metrics that need to be met to advance — and the goal is to get caregivers to stay with the agency at least 90 days, Prescott says. “If we are able to get caregivers to 90 days, there is a close to 90% chance that they will stay for a year.”

Caregivers are incentivized with raises as they gain knowledge and build competencies in areas such as Parkinson’s disease, dementia, end-of-life support, communication and advanced skills.

The agency is also intentional about creating key touch points with clinicians, including following up with them after their first visit to ensure they feel supported and have the proper personal protective equipment (PPE) and know how to use it.

“Our company really decided to just lean into the pandemic and make sure that everything we did was intentional about retaining our caregivers and keeping them safe and supported,” Prescott says.

Build upon the staff you have

Even in the midst of the pandemic, Prescott has been able to double her staff to 120 employees since the beginning of the PHE. And she credits much of that to her caregivers.

In the beginning, there were a group of caregivers who were afraid and another group that was up to the challenge, Prescott explains. That core group started to refer “other rockstar caregivers, and that is when we really started to grow.”

Take time to show your staff that you are thankful for what they do. “Something even as small as a gift card for gas or coffee can go a long way,” Prescott says.

“Look at your own house and clean up,” she says. “I think it is really easy for people to constantly look outside their own business to look for answers but sometimes the answers are actually inside your business.”

Communication is key.

Round up a group of folks who have been with you for more than six months and have a virtual meeting, Prescott says. “Ask them what’s been going well and what hasn’t been going well. Really encourage them to participate and dig deep.”

Offer your staff flexibility

Another way to retain staff during a difficult time like this is to be flexible in your scheduling, says Steven Pamer, administrator and director of rehabilitation services with the Center for Connected Care in Independence, Ohio.

Pamer says early in the pandemic, his agency made it a priority to meet its employees’ needs and was willing to rearrange schedules to give staff time to devote to child care or parent care needs, Pamer says. “Some of our staff opted to work weekends, while others preferred weeknights.”

Recruitment is challenging

While some agencies have focused on retainment, others have been struggling with recruitment.

Hiring continues to be a top priority for agencies with 64% of *HHL’s* survey respondents planning to spend more on this in 2021.

It’s an extraordinarily difficult time, says William Finn, owner and president of Comfort Keepers in Naperville, Ill.

Recruitment has never been tougher. “Candidates are not responding to advertisements. The actual interview rate — scheduled interview vs. appearance to interview — is extraordinarily low and the quality of commitment or ethics to role is much lower than I have ever seen.”

How to care for your clinicians

Here are some tips for showing your clinicians you care and boosting your retention during shortages.

- **Listen.** Be sure to listen to your staff and ask them questions, Prescott says. Find out what their fears are and how you can reassure them and make them feel supported.
- **Communicate.** Reassess how you are communicating with your staff and with what frequency, Prescott says. “Do not wait for a problem or issue to start the dialogue with your team,” she adds. “They need to trust that you listen to them and have their backs.” Prescott recommends using multiple ways to communicate such as phone calls, texts and emails.
- **Prioritize safety.** “Make sure you have office safety measures in place that follow local, state and federal regulations and hold that steadfast. Don’t relax on those things,” Prescott says. If you’re lax, then your staff will be lax.
- **Be flexible.** Be open to potential hybrid schedules for office staff if they’re juggling working for you, helping their kids with virtual school and other responsibilities, Prescott says. “I recommend working with your team if you have employees who need flexibility with their schedules.”

Have the whole team discuss and come up with solutions, Prescott adds. “It’s amazing to see the team’s bond get stronger when they are all rowing in the same direction.”

- **Look for burnout.** Keep an eye on those staff members who are willing to do the work and make sure that you are helping them to not be overwhelmed and not to put too much on their plates, Prescott says. — Megan Herr (mherr@decisionhealth.com) ■

Technology

Consider tech tools in 2021 to face pandemic & meet staffing needs

There's a wide variety of products that can help grow your business in 2021, but the focus this year will likely be on pain points such as staying connected with patients and maintaining staffing levels, according to industry leaders.

Nearly two-thirds of 92 respondents to *HHL's* 2021 Trends Survey said they were planning to invest more in technology in 2021.

For some, that means a new focus on telehealth, either through the purchase of iPads, tablets and other devices, or with new software that assists with HIPAA-compliant communication.

Half of the survey respondents said they were not currently supplementing in-person visits with telehealth, but telehealth and remote-patient monitoring was top of the list for several agencies when asked about the technology they were embracing to improve their operations.

Sometimes it's worth the extra cost

Looking at technology as just one more cost may be keeping some agencies from success, argues Tim Rowan, president of Rowan Consulting Associates in Colorado Springs, Colo.

"Yes, there is an initial cost, and it might require some sacrifices to be able to afford that," he says. "But are you going to spend more if you don't invest in technology?"

It's up to the technology vendor to show the value of their product, says Elliott Wood, president and CEO of data analytics firm Medalogix.

Based in Nashville, Tenn., Medalogix offers products that help determine which patients need increased services to avoid hospital readmission or other complications. Medalogix also helps agencies monitor patients after they've been discharged to determine if home health is needed, again.

"Whether that value is in improved quality, uncovering new reimbursement opportunities or creating cost-saving opportunities, the vendor should be prescriptive about where the agency will find value," Wood says. "The path to a return on your investment should be clear."

Particularly during the pandemic, agencies will have to adapt, and that means finding new ways of doing some tasks, says Nick Seabrook, managing principal and founder of BlackTree Healthcare Consulting in King of Prussia, Pa.

"Those agencies that are stuck in their ways and not adapting to new technologies are the ones that are going to be left behind," he says.

New technology targets staffing crunch

More than PDGM, documentation, audits or payment denials, Rowan said the top issue that he is hearing from agencies is struggles with staffing.

That's consistent with *HHL's* 2021 trends survey that found 45% of respondents noted shortage of staff as the top challenge that the pandemic has created for agencies.

Not surprisingly, a host of new tools offer ways for agencies to target new hires and improve the chances for retention.

- **Employee referral tracking.** Phoenix-based Retinent provides a tool to incorporate an employee referral program into an agency's payroll system, Rowan notes.

It allows agencies to automatically reward a staff member for a successful referral. Then, if that new employee refers a third person, they get a bonus, along with any additional bonus determined by the agency for the employee who initially referred them.

- **Save time on OASIS completion.** OperaCare, based in Albuquerque, N.M., offers a feature to help improve OASIS accuracy and quality, and give nurses back some of the time they spend resolving issues.

The software watches as the nurse documents the OASIS or any other assessment, offering advice as if an auditor is reviewing the report in real time, Rowan says.

To optimize the results, nurses have the agency's internal reviewer on the phone or through a telehealth device as they are completing the OASIS in front of the patient, so that they can collectively work through any issues, saving valuable time for both nurses, Rowan says.

- **Hire temporary staff.** That includes programs like AxxessCare, which allows agencies to hire temporary or per-shift clinicians. The company based in Dallas, Texas, is now in 16 states ([HHL 11/23/2020](#)).

- **Staffing for non-medical home care.** San Francisco-based Honor offers a full suite of services for independent home care agencies, including scheduling and staffing.

“They’re trying to pool workers and coordinate sending them to work for various agencies,” Rowan says. “Non-medical caregivers are working for three or four agencies anyway, but now Honor is trying to coordinate it.”

Six tips before you commit

There are a lot of tools to help overwhelmed agency leaders, but there are a few things to consider before you commit to a new technology or service.

- **Check references.** Have the vendor introduce you to two or three current users, and talk to them about their experience, Seabrook says.
“Hopefully, you can build a rapport with those people, and you can reach out down the road if you start using the product and find issues,” he says.
- **Shop around.** Don’t just look at one vendor, Seabrook says. There may be other companies that are a better solution for your particular needs.
- **Pitch a trial run.** If you can, ask for a pilot program with an exit clause so that you have time to prove the service works and is useful for your operations, Rowan suggests.
- **Make customer support a top priority.** When a relationship breaks down with a tech vendor, the software usually isn’t the problem, Rowan says. It’s customer service.
Seabrook also notes that support is key when evaluating any new technology.
“You want to make sure that if you have any issues, you can pick up the phone and get an answer quickly,” he says.
- **Find a champion.** Successfully integrating a new tool or piece of technology often involves having a “superuser” at the agency who owns the implementation plan and champions the technology, Seabrook says.
- **Check the resources you already have.** Sometimes, you can find new tools in the software you are already paying for, Seabrook says, suggesting agencies check with existing vendors about any service updates, as well as the capability for interoperability if you decide to add a new piece of technology. — *Greg Hambrick* (ghambrick@decisionhealth.com) ■

Documentation

Avoid payment issues with pre-claim reviews, even in non-RCD states

Make an important resolution for your agency that is sure to clean up your documentation and avoid post-payment disputes in 2021: Follow the Review Choice Demonstration (RCD) requirements, even if you’re not in a participating state.

RCD focuses on pre-claim reviews that give agencies a chance to avoid some post-payment reviews, along with additional flexibility for agencies that can prove their success in submitting clean pre-claim documentation.

The demonstration began in mid-2019 in Illinois, followed by Ohio and Texas. Florida and North Carolina were expected to join the other states in May 2020. Due to the pandemic, participation in pre-claim review for Florida and North Carolina was voluntary until January 1, 2021.

Limited to those five states, the demonstration is expected to end on May 31, 2024, with an evaluation by CMS on its impact on fraud and other improper payments before determining broader pre-claim review rules.

CMS released the annual report on improper payments on November 16, 2020, leading with a \$5.9 billion decrease in improper payments to home health agencies over the past four years.

Officials pointed to RCD as a corrective actions CMS is taking to address improper payments.

CMS officials have liked what they have seen from the demonstration, says Robert Markette, an Indianapolis-based attorney with Hall, Render, Killian, Heath & Lyman, P.C.

“I’ve been telling providers who are not in RCD states to watch what is happening in those states, because that’s their future,” he says. “You’re going to see these proactive models of reviews-before-payment continue.”

Use self-audits to fill pre-claim role

The first thing that agencies in non-RCD states can do to follow the pre-claim review process is to consider checklists provided by Palmetto GBA, the Medicare Administrative Contractor (MAC) managing the RCD reviews. (*See insert for example.*)

- **Review the face-to-face documentation.** The key advice is the same for any agency: address documentation shortfalls.

Trouble with the physician’s face-to-face encounter is a problem that has continued into PDGM and remains a struggle, says Joe Osentoski, BAS, RN-BC, consultant, in Madison Heights, Mich.

Agencies aren’t carefully reviewing and checking the face-to-face encounter when it comes in, he says.

They should check to see if the face-to-face was submitted timely (90 days before or 30 days after the start of care) and whether the physician or clinician provided their name, credentials and the date.

- **Check the primary reason for care.** Make sure the reason for care in the face-to-face documentation is related to the focus of care for home health service, Osentoski says.

“Commonly, I see things like dementia as the primary diagnosis for the patient, but the encounter says chronic kidney disease. And I find no connection between them in the documentation,” he says.

If they don’t match, that’s the point when you get clarification from the physician or clinician to clear up the documentation.

- **Avoid holes in telehealth documentation.** Telehealth has become a key component of patient care during the pandemic, but it also offers a new avenue for review.

“It’s a new area, and new areas tend to lead to survey and payment shenanigans,” Markette says.

For example, if a physician or approved clinician is conducting the face-to-face via telehealth, it is required that they make some reference to the fact that there was an audio and visual component to the virtual visit.

Tips for agencies under RCD

If your agency is in one of the five states under RCD, there are still new lessons you can learn in 2021.

- **Pre-claim review doesn’t eliminate audit risk.** Agencies can’t relax with RCD. A pre-claim review will prevent Targeted Probe and Educate (TPE) reviews, but other post-payment audits are still possible.

The pre-claim review looks at information at the start of care, but the rest of the claim will still be fair game for post-payment review.

- **Stick with pre-claim review routine.** After proving they perform well under pre-claim review, agencies in RCD states can transition to spot-check post-payment reviews, with 5% of claims reviewed every six months.

Less oversight has its appeal, but Osentoski warns it opens the door to issues.

“Do you have your processes in place to maintain the quality of pre-claim in all of your records without doing pre-claim? There’s a possible tendency to back off that quality that you had demonstrated,” he says. — *Greg Hambrick* (ghambrick@decisionhealth.com) ■

Related link: See Palmetto GBA’s pre-claim review checklist at <https://bit.ly/3afVjOz>.

