



BLACKTREE

HEALTHCARE CONSULTING

Knowing Your Stats:
Using Your Data to Improve
Financial and Clinical Outcomes

Overview

- Identify key CMS sites and reports
- Understand the role an agency's EMR plays in reporting and data analysis
- Identify benchmarks key to monitoring an agency's success, and how to track these
- Identify how to use data to detect potential organizational issues
- Identify how to use data to prioritize strategic initiatives



Knowing Your Stats:
CMS Data



CASPER Reports

- Two Parts
 - OBQI (Outcome Based Quality Improvement)
 - OBQM (Outcome Based Quality Management)
- OBQI
 - Outcomes Report
 - Patient Tally Report
 - Agency Patient-Related Characteristics Report
- OBQM
 - Potentially Avoidable Event Reports

Access CASPER Report:

- CMS OASIS System Welcome Page
- Select CASPER Reporting link



CASPER Reports: OBQI

Outcomes Report:

- 37 risk adjusted outcome measures
- Compares agency to prior years and national averages

Patient Tally Report:

- Individual case information included in Outcomes Report

Agency Patient-Related Characteristics Report:

- Snapshot of agency patient characteristics
- Includes:
 - Demographics
 - Diagnosis
 - Hospitalization risks
 - Discharge Disposition



CASPER Reports: OBQM

Potentially Avoidable Event Report:

- Identifies negative outcomes from OASIS data
 - Obtained from SOC/ROC data and Transfer/Discharge data
- Marks potential inadequate care issues
- Agency needs to conduct own analysis to identify if there were actual care issues impacting the outcome
- Graphical
 - Agency-level comparison to reference sample
- Tabular
 - Identifies actual patients with declines



Home Health Compare

- Publically reported OASIS outcomes
 - Allows for consumers and referral sources to be more informed when selecting a home health agency
 - Allows agencies to compare themselves to competitors
- Data is on a rolling year approximately 6-9 months old
 - Current data shows 1/1/16-12/31/16
- Includes HHCAHPS survey data
 - Representative of patient satisfaction with the service received from an agency
 - HHCAHPS data updated quarterly
- Outcome comparison to state/national averages

- Access:
 - www.medicare.gov/HomeHealthCompare



Five Star Ratings

- Summarizes performance using easy to identify rating (stars) on 5 star scale
- Comparison to other agencies with the state
- Two categories
 - Quality of care star ratings
 - Patient experience of care star ratings
- Risk Adjusted
- Statistically clustered to identify groups by mean of each cluster
 - Majority of agencies are in the middle (3 to 3 ½ stars)
- Data updated for experience of care is updated quarterly

- Access:
 - www.medicare.gov/HomeHealthCompare
 - Located on first page



Hospice Compare

- Just launched on August 16, 2017
- Hospices were given the opportunity to preview their scores 30 days prior to implementation
- Includes seven quality measures derived from Hospice Item Set (HIS) submissions
- Broken into two categories:
 - Patient Preferences
 - Managing Pain and Treating Symptoms
- Anticipated that Hospice CAHPS outcomes data will be included in winter 2018
- Outcome comparison to state/national averages

- Access:
 - www.medicare.gov/HospiceCompare



PEPPER

Program for Evaluating Payment Patterns Electronic Report:

- Comparative data report summarizing agency Medicare claims data
 - Released annually in July
- Three year claim data summary
- Comparison to nation, MAC jurisdiction, state
- Target areas are high risk areas for improper Medicare payment
- Includes percent and percentile information
 - Percent is agency specific
 - Target item: reported number/total number
 - Percentile is comparison to all
 - 80th percentile is target
- Access (only by CEO/Administrator/Compliance Officer):
 - pepperresources.org



PEPPER Target Areas

At Risk is above 80th Percentile:

- Average Case Mix
 - Risk over-coding in clinical/functional status
- Average Number of Episodes
 - Risk overutilization: not medically necessary/skilled
- Episodes with 5 or 6 visits
 - Risk minimum number of visits to obtain HHRG avoid LUPA
- Non-LUPA payments
 - Risk focus on visits to prevent LUPA
- High Therapy Utilization Episodes (+20)
 - Risk over utilization not medically necessary
- Outlier Payments
 - Risk over-coding of clinical/functional status



PEPPER

- As of February 2017, only 25% of providers nationwide had accessed their 2016 PEPPER
- Since the 2017 PEPPER was released on July 14, 2017, only 23 of 123 New York agencies have retrieved their report (18.7%)
- Access (only by CEO/Administrator/Compliance Officer):
 - pepperresources.org



HH VBP Interim Payment Report

- Released quarterly to VBP agencies
- Includes:
 - Agency quarterly performance on VBP indicators
 - Identifies state achievement and benchmark scores
 - Identifies agency baseline score from 2015
 - Identifies agency scoring on each outcome
 - Identifies agency overall TPS Score
- Doesn't Include
 - Agency comparison to all state providers in cohort
 - Financial impact
- Access Report:
 - [Portal.CMS.gov](https://portal.cms.gov) - HHVBP Secure Portal



Knowing Your Stats:

How to use *your* data?



How to Use Your Data:

Casper Reports:

- Identify agency trends over year time frame
- Identify outcomes variances from comparison group
- Identify process measures that may impact outcomes
- Identify areas for further investigation
- Identify target outcomes for performance improvement

How to Use Your Data:

Home Health/Hospice Compare

- Identify agency outcomes
- Compare outcomes to national/state or competitors
- Identify areas for improvement
- Trend data for improvement
- Use as marketing material

How to Use Your Data:

PEPPER:

- Identify at risk claims data
- Use percentile ranking to stratify risk in your compliance plan
- Identify areas that are greater than 80th percentile to identify potential risk areas-this should generate audit to identify if issues present
- Identify areas that agency has very low percentile ranking – this too should generate audit to identify any issues

Knowing Your Stats:

EMR Functionality



Clinical/Operational Reporting

- Patient demographic data
- Referral conversion percentage
- OASIS due/incomplete
- Outstanding orders
- Expiring authorizations
- Utilization
- Days to RAP/final



Financial Reporting

- When does revenue/AR get recognized?
 - Visit verification
 - Processing of a claim
 - Separate function
- Does the EMR have the ability to report on revenue for episodic payors?
- Are the reports static?
- Is there a hard month close?
- How do the different reports tie to one another?
- What effect do different parameters have on the report data?



Productivity Reporting

- Promotes accountability
- Allows for an agency to determine optimal staffing levels for all departments
- Need to determine data available to track productivity
 - Note entry
 - Task completion
 - Volume of outstanding items on clinical/operational reports



Custom Report Generation

- Significantly expands an agency's reporting capabilities
 - Checks and balances to existing workflows
 - Exception reporting to eliminate gaps
- Results in increases in productivity through the elimination of manual workarounds
- Agency must know the stats and trends on which they are looking to report



Knowing Your Stats:
Benchmarking



Clinical Benchmarks

- Visits per Day – 5-6 (weighted)
- Days to RAP – 5-7 days
- Days to Final Claim – 10-14 days
- Visits per Episode*
 - SN – 7.35 (8.21)
 - HHA – 1.19 (2.23)
 - PT – 5.39 (4.59)
 - OT – 1.75 (1.14)
 - ST – 0.39 (0.21)
 - MSW – 0.16 (0.23)
 - **Total – 16.23 (16.61)**



*Source: SHP (8/1/16 – 7/31/17)



Financial Benchmarks

- Case Mix* – 1.049 (0.975)
- Average Reimbursement per Episode* - \$2,876 (\$3,072)
- Gross Margin** – 38% (42%)
- LUPA Percentage* – 9.6% (12.2%)
- Outlier Percentage* – 2.8% (6.5%)
- Days in AR
 - Medicare – 30 days
 - Non-Medicare – 60 days
- Payor Mix**
 - Medicare – 56% (60%)
 - Managed Care/Other – 31% (30%)
 - Medicaid – 3% (10%)

*Source: SHP

**Simione Financial Monitor



Cost Benchmarks

➤ Cost Per Visit*

➤ SN - \$96

➤ PT - \$95

➤ OT - \$99

➤ ST - \$114

➤ MSW - \$162

➤ HHA - \$42



*Source – Simione Financial Monitor

Cost Benchmarks

➤ Administrative and General Cost*	
➤ Clinical Supervision/QI –	9.03%
➤ Executive Team –	3.43%
➤ Office Support –	3.03%
➤ Intake –	2.70%
➤ Revenue Cycle –	1.38%
➤ IT -	1.17%
➤ Finance -	0.96%
➤ Medical Records -	0.63%
➤ Human Resources -	0.46%
➤ Fundraising -	0.46%

*Source - Simione Financial Monitor



Productivity Benchmarks

Position	Benchmark Productivity
Intake	10-20 referrals/day (dependent upon verbal orders responsibilities)
Scheduling – Staff Entering Own Schedules	1 staff to 400 patients
Scheduling – Staff Not Entering Schedules	1 staff to 100 patients
Coders – Coding Only	15-20 reviews per day
Coders – OASIS review included	10-15 reviews per day

Productivity Benchmarks

Position	Benchmark Productivity
Initial IV – Medicare	50 daily Medicare admissions per FTE
Initial IV – Non-Medicare	30-35 daily Medicare admissions per FTE
Ongoing IV – Medicare	2000+ patient census per FTE
Ongoing IV – Non-Medicare	90-150 patient census per FTE
Initial Authorizations	20-25 daily admissions per FTE
Ongoing Authorizations	90-150 patient census per FTE

Productivity Benchmarks

Position	Benchmark Productivity
Orders Tracking	35 physicians called per day
Billing/Collections – Medicare Home Health	1 staff to \$15-25 million in annual revenue
Billing/Collections – Medicare Hospice	1 staff to \$25-35 million in annual revenue
Billing/Collections – Medicaid	50 claims reviewed per day
Billing/Collections – Managed Care	30 claims reviewed per day

Knowing Your Stats:

How to use *your* data?



How to Use Your Data:

EMR Functionality:

- Identify optimal reports to generate trending data on KPIs and benchmarks
- Ensure that all departments are aware of key system functions/reporting
- Develop productivity reporting for all departments
- Identify functions that could be performed more efficiently outside of the EMR
 - Example: document management platform

How to Use Your Data:

Benchmarking:

- Develop dashboard to trend KPIs
- Strive to exceed the benchmark/be above average
- Share benchmarks and agency goals with all departments
- Proactively address issues that are resulting in negative trends
- Gain an understanding of where your agency falls in comparison with like-type agencies

A grayscale photograph of two men in business attire shaking hands over a table. The man on the left is wearing a light-colored shirt and a dark tie, and is smiling. The man on the right is wearing a white shirt. The background is blurred, suggesting an office setting. A solid green horizontal bar is positioned below the handshake.

Questions?

Knowing Your Stats:

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