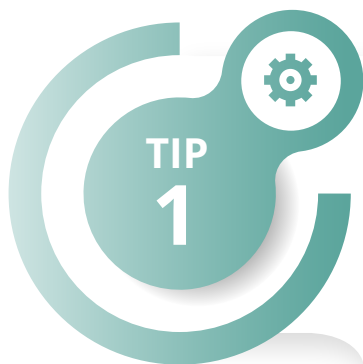




PRACTICAL TIPS TO Minimize LUPAs Under PDGM

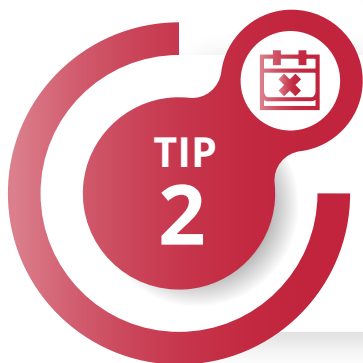
Under PDGM, there will be two 30-day billing periods with a unique LUPA threshold which means there are twice as many opportunities for LUPAs. Under PPS, agencies received full payment in any episode after five or more visits. With PDGM, the number of visits needed for full payment in a 30-day period will vary based upon the Home Health Resource Group in which the patient is placed. The exact number varies between two and six. The financial impact of the LUPA will vary widely based upon the other PDGM variables; payment may be as high as \$1,000 for the 30-day payment period.

Please consider these tips and the tools that are currently available in Axxess' Home Health software to help you reduce the occurrence of preventable LUPAs.



Use the Case-Mix Analysis tool to determine LUPA thresholds

PDGM (Effective January 1, 2020)		
\$3,063.31		
	First 30 Days	Second 30 Days
Case-Mix Weight	1.1652	0.5786
Timing	Early	Late
Clinical Grouping	MMTA Cardiac	MMTA Cardiac
Functional Level	Low	Low
Admission Source	Institutional	Community
Comorbidity Adjustment	None	None
HIPPS	3HA11	3HA11
LUPA Threshold	4	2
Payment Amount	\$2,046.89	\$1,016.42



Avoid Missed Visits

Visits appropriately plotted out during a 30-day payment period should be provided in that payment period. If a visit needs to be delayed or rescheduled, every effort should be made to complete it within the 30-day payment period.

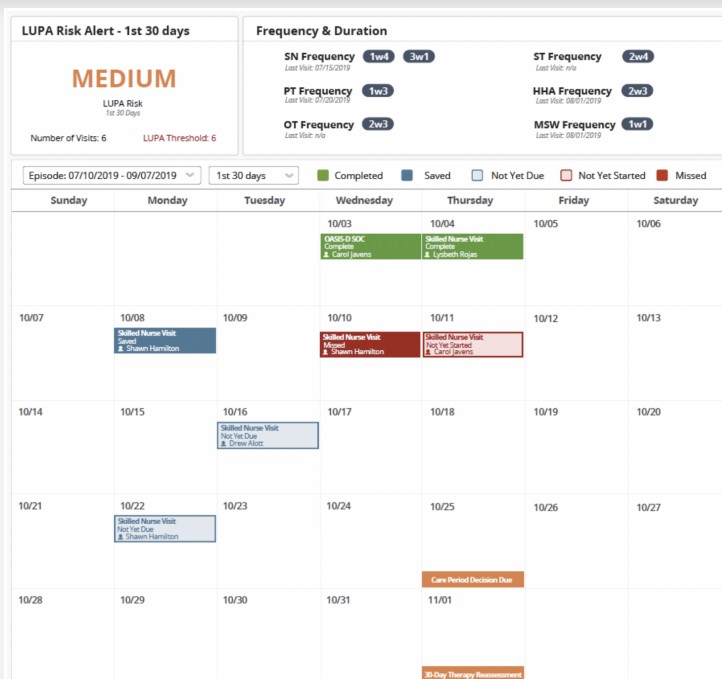
TIP 3

SCHEDULE VISITS WISELY

Use the 30-day calendar in Axxess Home Health software to visualize payment periods and schedule visits wisely. The planning and execution of the visit pattern can reduce LUPAs.

Consider a scenario where you provide nine visits. If eight of those visits were provided in the first 30-day payment period and only one after day 30, then a LUPA would result for the second 30-day payment period. In this case the LUPA would result in a nearly \$900 reduction in payment.

If it is clinically appropriate to distribute two or three of those visits beyond day 30, there would be full payment for each 30-day period. This increased duration of care has not added cost but may be beneficial in reducing hospitalization by maintaining longer contact with the patient.



TIP 4

TELEHEALTH

The use of telehealth or “touch point” phone calls with patients can prevent emergency department visits, hospital admissions, and validate medical necessity for additional visits. These practices also help in decreasing the potential for a LUPA. Telehealth can be as basic as a telephone call to check in with the patient or caregiver/family. By contacting the patient, you may identify a decline in health or a poor understanding of given instructions. These additional contacts may provide the opportunity for a medically necessary additional visit and are tremendously helpful in preventing hospitalizations.