

OASIS Alert

Benchmarking: RHHs Are Tracking Utilization - And So Should You

Keep yourself off your regional home health intermediary's hit list by comparing your utilization numbers to those of other agencies.

Comparison to all Medicare-certified home health agencies' visit figures - government data - is the best way to gauge your performance, notes consultant **Beth Carpenter** with Lake Barrington, IL-based **Beth Carpenter & Associates**.

While government data may not be as sophisticated as that furnished by benchmark vendors, it is provided at no charge. "If it's free, you should try to use it in some fashion," especially if you can't afford pricey benchmarking contracts, counsels consultant **John Gaynor** with Chicago-based **Gaynor & Associates**.

Keep in mind that making a direct comparison with data from intermediaries (see charts, "Utilization") might be more difficult than you think, warns consultant **Mark Sharp** with **BKD** in Springfield, MO. The data the RHHs provide break visits down by date rather than by episode. Unless a provider's software produces the same data, it will be hard to make an apples-to-apples evaluation.

But these data provide some of the vital benchmarks HHAs can use to monitor their practice and evaluate both quality and financial success, recommends Chapel Hill, NC-based consultant **Judy Adams** with the **LarsonAllen Healthcare Group**. For example, government-provided visits stats have shown declining utilization across all disciplines, she notes.

Numbers for aide visits vary widely from state to state. Presence of a caregiver in the home and differences in urban versus rural resources play a part in the differences, suspects Gaynor. Adams finds home care providers divided into two opposing camps on aide use, she tells **Eli**. "HHAs either continue to utilize home health aides in a fairly substantial way or have severely limited their availability to home health patients," she says. That dichotomy likely accounts for some of the wide variation in aide utilization.

Therapy visits also may vary by size of the agency notes consultant **Terri Ayer** with **Ayer Associates** in Tucson, AZ. Larger agencies may have more therapists available because of location or pay and benefits, she says. They also may see more complicated patients, who require therapy services.

Agencies whose visits have remained consistent with pre-PPS patterns should have nothing to worry about from regulators, Ayer predicts. But if your numbers are out of line, your intermediary may ask for an explanation, and you risk losing reimbursement.

TIPS: Gaynor offers these suggestions for heading off problems:

1. If you see significant differences between your utilization data and that of other agencies in your state, sit down and list five "identifiers" about your HHA - things that set you apart from the norm, Gaynor suggests. Perhaps your agency serves more wound care patients than is typical, or offers programs for other specialties. After listing those characteristics, see if they would explain the differences in utilization.

For example, if your HHA offers a special post-operative program, it would make sense that you furnish more therapy than the typical agency. "It's worth taking the time to figure this out," Gaynor stresses.

2. If you can't come up with a solid justification for why your utilization varies from the norm, then consider making some changes, Gaynor proposes. You might need to tweak your case management system or implement more claims review.
3. If there are good reasons why your numbers differ, focus on improving documentation supporting those reasons, Gaynor

suggests.