

Beyond Compliance: Delivering Quality Care Through Efficient Homecare Management



Introduction

Not that long ago, moving quality care delivery from hospitals and other care facilities to the living room seemed impossible. Momentum is growing for care delivery where human connection is amplified - when caregivers provide care in one's home rather than an institutional setting.

Today, regulators, payers, providers, caregivers and members accept homecare as a valuable, cost-effective alternative to facility-based care. Seamless connectivity across these stakeholders is essential to effective homecare management.



More Than Meeting Compliance

In 2016, the 21st Century Cures Act was introduced, requiring electronic visit verification (EVV) and also seeking to increase choice of providers and broaden patient access for homecare exclusively. While many payers meet the January 1, 2021 requirement to include Personal Care Services (PCS) in their EVV homecare management program, many are still working to include Home Health Care Services (HHCS) to meet the January 1, 2023 requirements.

While meeting homecare EVV compliance requirements is important, a truly valuable homecare network management system does more than ensure compliance. A comprehensive system will create efficient workflows, allow network performance insights, and improve care collaboration for a higher quality of member care. It will scale as the homecare populations grow. And, it will flex as compliance requirements evolve.

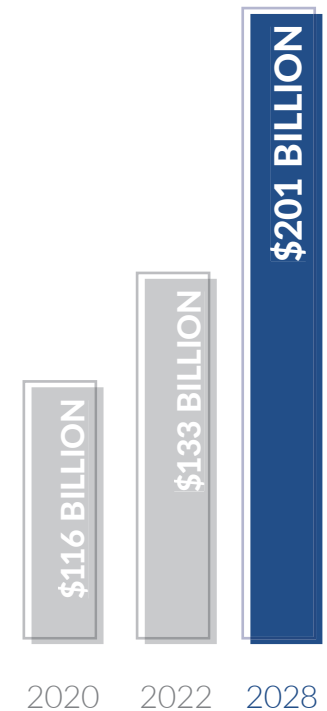


Homecare is on The Rise

Homecare has been widely available to those with medically complex cases, including children, adults, and the elderly. Dealing with the COVID-19 pandemic has shone more light on just how critical home and community-based services (HCBS) are.

Now, these services and their providers are being recognized for the value they bring not only to the members they serve but to our overall healthcare system. Care provided in the home continues to increase. As costs surge, payers are in the challenging position of managing costs while providing necessary services that positively impact the health of their members. According to the Centers for Medicare & Medicaid Services (CMS), homecare expenditures are expected to reach \$201B by 2028, a 73% increase from 2020.¹

Medicaid recently surpassed 80 million beneficiaries – the highest number since the program was created in the 1960s.² Simultaneously, America's elderly population is growing and further increasing the demand for homecare services.



¹ CMS, NHE Fact Sheet. December 15, 2021.

² KHN, "Pandemic Swells Medicaid Enrollment to 80 Million People, a 'High-Water Mark'," June 17, 2021.

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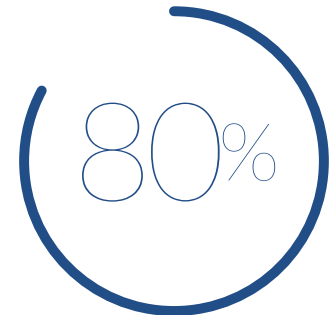
Homecare Populations

More than 80% of adults have expressed a desire to remain in their homes and prefer a home setting over a nursing home or other care facility.⁴

As Medicaid enrollment rises, so does dual eligibility. As of 2019, an estimated 12.3 million Medicare beneficiaries – about 19% of all enrollees – were also enrolled in Medicaid.⁵ These dually eligible individuals can experience high rates of chronic illness, many with long-term care needs and social risk factors.

The rise in homecare is largely driven by the need to manage rising healthcare costs and readmission rates for an aging population. The largest meta analysis of hospital-at-home care suggests that care provided in the home reduces costs by 25%, readmission by 25%, and mortality by 20%.⁶

As the homecare population grows and healthcare moves from fee-for-service and managed care models to value-based care, a payer's ability to efficiently manage homecare networks, while ensuring quality care, will become more and more necessary.



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⁴ AARP Public Policy Institute, "LTSS Choices: Home and Community-Based Services for Older Adults." November 2021.

⁵ CMS, "Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2019." November 2020.

⁶ Innovation in Aging, "A Meta-Analysis of Hospital in the Home." July 2017.

Centralize Payer & Provider Collaboration

The first step in creating efficiency around effective management of your homecare network is to centralize the communication, both with providers and internal care management teams.

A central hub for communication eliminates multiple rounds of missed phone calls and puts an end to the time required to search for member information in various systems. A true, centralized hub connects the homecare ecosystem and becomes the single source of information for the management of your homecare network and member care needs.

This hub will allow communication directly with individual providers for member care decisions, and mass communication of notifications across the network as well. This hub automatically captures message history and audit trails and enables secure file attachments for easy, compliant member information sharing with providers.



CENTRALIZE PAYER & PROVIDER COLLABORATION

Maximize Data for Greater Insights and Collaboration

While centralized, direct communication with providers is essential, it is not the only key requirement for establishing sustainable efficiencies that will flex as your homecare membership expands. Immediate access to securely shared member information is also needed in maintaining efficient workflows. Not only is quick access to member profile information needed, but critical information such as authorizations, plan of care, visit details, historical notes, and the like, are also needed for valuable communication and effective member care planning with providers.

Engagement with providers is only a portion of the equation. Internal requirements to appropriately address member care needs in a timely manner cannot be overlooked. Unconnected systems and cumbersome workflows create barriers to efficient triage across the internal teams. Easily identifying new and high-priority notifications is a must for effective member care management. Configurable real-time alerts, in combination with manual and auto assignments, can prevent delays in addressing member care needs, missed visits, and more in a timely manner. The readily available member information allows for seamless continuity of care.

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Enhance Value-Based Care Initiatives

Centralized care collaboration enables payers to enhance their value-based initiatives by helping members avoid risk escalations.

By leveraging observations captured by caregivers in the home, payers have timely access to changes in condition, risks in the home, and social determinants of health. A few examples could include: rapid weight loss within a short period, cluttered walkways or other obstructions that could be a fall hazard, and food scarcity for a homebound member. This allows for proactive steps to be taken to prevent escalating risk factors.

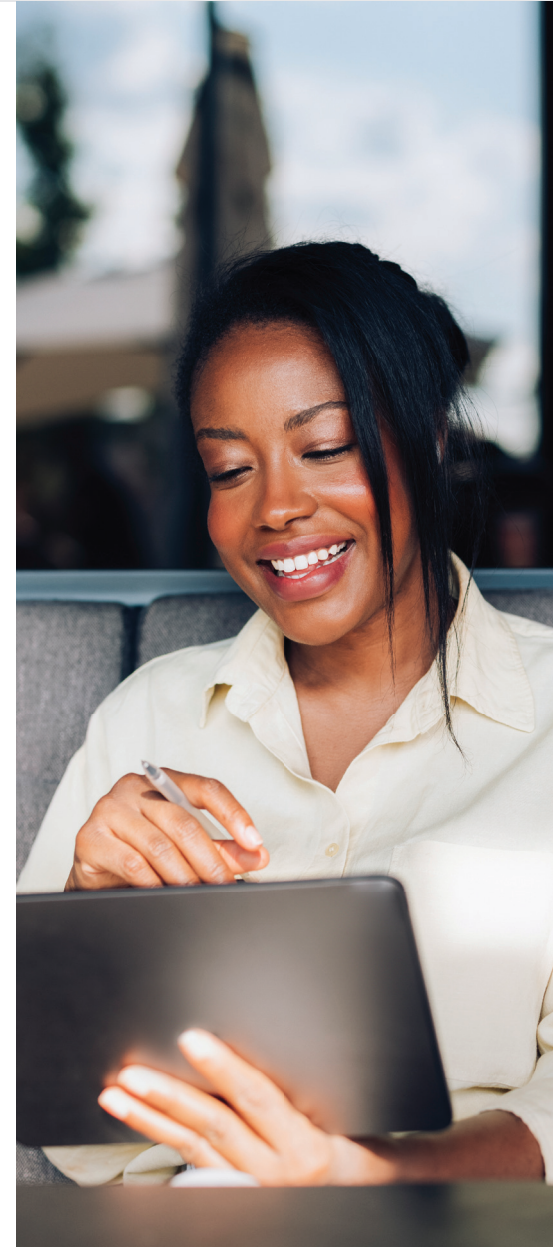
Additionally, centralized communication allows payers to identify and share a member's open care needs with providers. This prompts homecare providers to address the open care gaps, as appropriate, and when necessary, coordinate care with other providers - all in a timely manner. An example scenario: A provider receives information from the payer indicating a member is due for the seasonal flu vaccine and a dental cleaning. In response, the provider administers the vaccine and coordinates scheduling a dental cleaning with a dentist.

Caregivers record patient risk, SDOH, and other health-related observations, immediately sharing actionable insights for effective care planning.

Effectively Broadcast Cases

Configurability is the key to effective case broadcasting. To ensure the most appropriate providers have the opportunity to respond to each case, these capabilities are vital:

- Auto-broadcasting with one click (no manual phone calls required)
- Broadcasting to providers based on member service needs and location
- Helping agencies serve members in need during caregiver shortages
- Prevent multiple providers from responding to a case
- Quick views into placement status updates



Successfully Manage Authorizations

Both overutilization and underutilization can be reduced with configurable authorization guardrails and insightful reporting. This capability auto-calculates guardrails for entire period authorizations and ensures there is not overutilization throughout the authorization period, especially early on in the period, creating an environment for unbalanced care delivery. Conversely, when care has not been provided according to an authorization, the plan has visibility that a member has not received needed care.

With centralized, flexible connectivity, payers can easily notify providers when a member is not at home and does not need scheduled services, preventing caregivers from making wasted trips to a member's home. For example, a member receiving homecare three times per week forgets to let her caregiver know she is having surgery and will be in a rehab facility for ten days following surgery. The provider is notified that the regularly scheduled homecare visits are not needed during this period and can adjust the schedule as appropriate.

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Pay Claims With Confidence

Payment integrity is essential for every plan across all types of care.

With a centralized hub for managing authorizations, care requirements and visit data can be leveraged to ensure appropriate care was provided and billed correctly. This prevents inappropriate payments such as:

- A homecare visit billed while the member is in a rehab facility
- Services not meeting the member's plan of care
- Visits that do not comply with EVV requirements or authorization parameters

This functionality reduces claim denials and provider abrasion and improves internal processing times and burdens. It also easily scales a plan's payment integrity safeguards as its homecare membership grows.



Make Informed Decisions With a Comprehensive Intelligence Tool

A comprehensive, yet flexible, analytics tool is critical to accessing the information needed to make decisions regarding quality member care and effective management of homecare networks.

Payers need configurable views from drill down capabilities and the ability to filter across data fields. It takes more than a single view, or even a single dashboard, to make informed decisions.

Member Care

Understanding what happened at the member level is central to effective homecare management. A drill-down look at visits, including missed, late, and short visits; services provided; the caregiver; and other valuable data allow true insight into member care and effective care planning.

Provider Performance and Network Insights

Visit performance is key to compliance and personalized care. Identifying provider trends and network outliers allows payers to utilize highest performing providers and address required improvements with lower-performing providers.



A Comprehensive Homecare Network Management Solution

A truly valuable homecare management system delivers more than compliance.

A comprehensive solution enhances workflow efficiencies and enables high-quality care coordination by delivering:

- Centralized communication and information exchange
- Improved efficiencies throughout the management program
- Equitable visibility into network performance
- Enhanced value-based care initiatives
- Improved quality care coordination

This solution will support the payer's homecare ecosystem management needs into the future with technical capabilities flexible enough to:

- Scale with the growing homecare population
- Meet evolving compliance requirements
- Gather data that will make a difference for enhancing member outcomes

HHAeXchange's Homecare Network Management solution seamlessly connects payers and providers across the homecare ecosystem, allowing for aggregation of all visit data, regardless of the providers' EVV tools.

To learn more about why HHAeXchange is a trusted partner for comprehensive management of personal care and home health care services, visit hhaexchange.com/homecare-payer-management/ or email us at PayerSolutions@hhaexchange.com

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About HHAeXchange

Founded in 2008, HHAeXchange is the leading technology platform for homecare and self-direction program management. Developed specifically for Medicaid home and community-based services (HCBS), HHAeXchange connects state agencies, managed care payers, providers, and caregivers through its intuitive web-based platform, enabling unparalleled communication, transparency, efficiency, and compliance.

For more information visit:
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