

Collaboration and LUPA — At a Glance

Today, four or fewer total visits provided by an agency clinician in a 60-day certification period results in a LUPA, or Low Utilization Payment Adjustment, payment. Under PDGM, each 30-day payment period is subject to an individual LUPA threshold and each of the 432 HHRGs has a calculated LUPA threshold ranging from 2-6 visits.

Possible reasons for LUPAs:

- Rehospitalization
- Incomplete implementation of a discipline's scope of practice
- Lack of patient motivation to participate in home care
- Lackluster communication regarding the team's care plan implementation or development

Areas that therapy can assist an agency with prevention of rehospitalization:

- It is important for clinicians to have an exceptional understanding of their scope of practice and how it supports intervention for the patient's primary diagnostic clinical category.
- Team members should interact early and often regarding the care delivery of the patient to fully understand the implications of each discipline's care plan and goals so a transdisciplinary approach to care is employed.

Set your agency up for success:

- Begin today supporting these communicative processes so they are fully effective and timely when PDGM is implemented.
- Learn the supportive communication systems your agency's EMR has developed. What sections of the OASIS allow for multi-clinician capturing of information? Does the EMR allow for the PDGM items to be analyzed across disciplines for a consensus response?
- Does the EMR currently show what 30-day time frames might result in a LUPA considering all the information PDGM requires? Is the EMR giving the customer an insight into the future state of LUPA designations?
- Know your agency's current LUPA reimbursement and how that might change under the new rules. This includes audit charts with six or fewer visits to determine any hindsight changes that might have been done to employ a larger scope of practice as well as skilled service support. In addition, your agency should recognize if the episode visit total is supported by the documentation provided.
- Examine your agency's practice of front-loading visits in the first 30-day payment period. Perform chart audits to examine support of that practice and any process changes that might be needed under the new payment methodology.

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