

LUPA & COLLABORATION FAQs

What does LUPA stand for?

Low Utilization Payment Adjustment

When is a LUPA needed?

When an agency clinician provides four or less total visits in a 60-day certification period, it results in a LUPA. 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.

What are reasons for a LUPA?

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

How can therapy assist an agency with preventing rehospitalization?

Clinicians having an exceptional understanding of theirs and other care team members' scope of practice and how they support intervention for the patient's primary diagnostic clinical category is one crucial way to prevent rehospitalization. In addition, care team members should interact early and often regarding care delivery to the patient to fully understand the implications of each discipline's care plan and goals to ensure a transdisciplinary approach to care is utilized.

The care team must also consider the timing of the planned visits across all disciplines. Spreading the visits out across the week or episode helps to increase the number of days a care team member is present in the home to assist the patient successfully remaining in the home.

How can my agency better prepare for managing LUPAs under PDGM?

Some key things your agency can do is support the communicative processes noted above so they are fully effective and timely when PDGM is implemented. Also know your agency's current LUPA reimbursement processes and how that might change under the new rules.

Does your agency have a practice of front-loading visits in the first 30-day payment period to help avoid rehospitalization? If so, what might be the impact of that practice on LUPAs in the second 30-day period in PDGM? Perform chart audits to examine support of continuing that practice and any process changes that might be needed under the new payment methodology.

Does your agency have "frequent fliers"? If so, a chart audit may help to reveal length-of-stay trends and opportunities to better empower the patient with condition-management strategies.

Questions about this information? Contact AskAtHome@AegisTherapies.com or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.AegisTherapies.com/Resources).