



Medicare Advantage: 3 Strategies to Help You Negotiate Better Payment Rates

By MedBridge

Overview

The payment landscape for home health is changing. While traditional Medicare is the historically dominant payer, Medicare Advantage (MA) patient enrollment is on the rise, with over 50 percent of the Medicare population now enrolled in an MA plan. However, MA plans don't pay as well, and agencies—which are already operating in a value-based purchasing environment—are understandably concerned about how lower-paying plans will impact their ability to operate at a profit. Projections show that MA will likely overtake traditional Medicare by 2030, so to keep up, providers will need to know how to negotiate with Medicare and operate in a more complex reimbursement environment.

To negotiate better rates with the growing influx of MA plans, agencies will need to demonstrate they provide better services, as well as cover under-served areas. To receive higher payments, organizations will have to focus on a few key areas relating to outcomes. And while negotiating rates can be daunting, there is now an opportunity to be proactive when navigating the changing landscape of home health payments.

In our new guide you'll learn:

- The challenges that increased Medicare Advantage enrollment pose to home health agencies
- Why improving metrics in total cost of care, functional outcomes, and patient satisfaction can help negotiate better MA rates
- How MedBridge can help

Table of Contents

- [Negotiating Medicare Advantage – It's All About the Outcomes](#) 3
- [Reducing Total Cost-of-Care](#) 3
- [Improving Functional Outcomes](#) 4
- [Boosting Patient Satisfaction](#) 5
- [Conclusion](#) 6
- [How MedBridge Can Help](#) 7
- [References](#) 8



Negotiating Medicare Advantage — It's All About the Outcomes

Patient outcomes have always been top priority, but have grown in prominence in recent years due to reimbursement structures in Home Health Value-Based Purchasing (HHVBP), and now negotiations with Medicare Advantage.

The good news is that many of the strategies that will help with MA negotiations are aligned with best practices for success that will help you under HHVBP as well. Let's look at three outcome categories that agencies can focus on to negotiate better payer rates: total cost of care, functional outcomes, and patient satisfaction.

Total Cost of Care

When addressing total cost of care, submitted claims for emergency department visits as well as hospitalizations will have a significant impact (similar to HHVBP, where 35 percent of the score is based on these two claims types). CMS penalties occur when acute care hospitalizations and ED utilization happen within 60 days of start of care, and these incidents can result in low patient satisfaction and poor star ratings, all affecting your ability to negotiate for MA.

Over half of all hospitalizations from home health occur within the first 14–21 days of start of care¹ and an estimated 40 percent of ED visits from long-term care are potentially preventable.²

One of the leading causes of hospitalizations is complex and chronic conditions such as heart disease, chronic obstructive pulmonary disease (COPD), and diabetes. Providing education to your care team to help them manage these complex conditions will be vital. Education and training can help home health staff notice the warning signs of a potential problem early and ensure that patients are following their prescribed care regimen.

Equally important is keeping patients engaged between visits to keep them activated and healthy. One of the best ways to manage this process at scale is to develop standardized care pathways for common chronic conditions, which help manage patients and accurately provide the right level of care at the right time. For example, on the MedBridge platform you can assign templates based on patient type and condition, and support the patient throughout their care program with digital tools like telehealth, adherence tracking, bi-directional messaging, and more to help support positive outcomes and patient satisfaction.

Another important factor to focus on is reducing medication errors and avoidable events such as falls. The same strategies can also be applied here to help patients manage their conditions at home with engaging patient education programs that can be prescribed digitally. Providers can then remotely monitor patients for adherence

Negotiating Medicare Advantage – It's All About the Outcomes

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and gather feedback, allowing them to better adjust programs to meet patient ability levels and manage patient needs in between visits. Providers can monitor non-physiologic patient data, including program adherence, pain levels, and patient feedback; communicate with patients between sessions using in-app messaging and virtual visits; and adjust the program as needed to optimize patient outcomes.

Functional Outcomes

To accurately demonstrate improvement to functional outcomes, you need to capture the data correctly to show that the care you're giving is working—and that's where OASIS-E comes in. The latest revision launched in January 2023, so the good news is that you've likely already been focusing on training your team. But improvements constantly need to be made because the changes were significant, with 25 percent of the assessment tool revised and the introduction of 27 new items. To succeed, agencies will need to foster not only a model of continuous improvement in technical competency among staff, but a culture of embracing OASIS data and leveraging it to promote improved functional outcomes.

The foundation for OASIS-E success starts with onboarding. Incorporate effective, expert-led OASIS training into your organization's onboarding program to get them started from day one. But the process doesn't stop there, as remediation will always be necessary to keep standards high over time. Without continuous improvement strategies, your clinicians might be replicating errors without realizing it. One way to do this is to incorporate effective monitoring alongside refresher courses to reinforce knowledge, encourage practice, and improve accuracy.

Another area of focus that is increasing in importance is therapy. Prior to PDGM (Patient Driven Groupings Model), home health agencies would get a payment multiplier if therapy was needed. This multiplier was removed with PDGM, and therapy reduction strategies became the standard. However, under HHVBP, we now have a new incentive to re-focus on therapy. Under HHVBP, 35 percent of your total score is now determined by demonstrated improvement in functional outcomes measured by improvements in answers documented in OASIS-E (as well as the accuracy of those answers).



28%

Find out how MedBridge helped [Everest Home Health & Hospice](#) achieve a 28% decrease in recommended OASIS corrections for each of the targeted M-items

Negotiating Medicare Advantage – It’s All About the Outcomes

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To put it into perspective, here is the latest CMS data on nursing vs. PT utilization.³

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| Nursing Utilization | 2.5 million patients received nursing services for a total of 37.6 million visits |
| PT Utilization | 2.4 million patients receive PT for a total of 25.6 million visits |

One of the most powerful strategies to re-emphasize therapy at scale is through the use of digital home exercise programs. An effective HEP platform helps keep patients engaged—and provides important care continuity between home visits. Agencies can create condition-focused HEP templates in the platform to standardize care, and because a digital platform is so effective at boosting patient progress between visits, it can reduce the cost and time commitment of supervised therapy sessions for providers.

Patient Satisfaction

Patient satisfaction is one of the trickiest measures to demonstrate because it blends patient outcomes with their overall care experience. The primary measure is the HHCAHPS Survey (Home Health Care Consumer Assessment of Healthcare Providers and Systems), a 34-item questionnaire and data collection methodology used to measure patients’ perceptions of their skilled home care. These questions cover topics such as communication, pain, how informed patients felt about scheduling, and prescription medication use. Low patient satisfaction means a drop in reimbursements, referrals, and negotiating power for Medicare Advantage, making it important to maintain and improve upon.

From the organization’s side, there are a number of strategies you can employ to set your team up for success with patient interactions. Some proven best practices include:

- Providing education and training specifically on HHCAHPS to improve the patient experience and boost scores.
- Training patient-facing employees, such as schedulers, with customer service skill training in areas like phone etiquette and de-escalation of difficult situations.
- Offering specialized education such as communication courses for clinical staff to improve patient interactions and achieve higher patient satisfaction scores.

Negotiating Medicare Advantage – It’s All About the Outcomes

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Once you’ve built that foundation, the team can focus on the patient’s overall experience, where active communication will be vital for building therapeutic alliance. Strong therapeutic alliance—a sense of collaboration, warmth, and support between clinician and patient—is associated with improved adherence to exercise and leads to improved pain outcomes.³⁻⁴

You can boost both your HHCAHPS scores and therapeutic alliance by improving processes that better connect the patient and provider through digital tools to track satisfaction and remediate areas of low performance, training staff on person-centered care, and educating patients on how to better manage their own conditions. One of the best new ways to do this is a concept called the ‘Digital Front Door.’

The [Digital Front Door](#) encompasses “all the touchpoints where providers can digitally interact with patients to drive better access, engagement, and experiences across the service continuum.”⁵ This strategy is particularly potent for patient communications because it includes bi-directional messaging, telehealth, digital HEP, adherence tracking, and more. These tools all create a digital ecosystem that helps you connect with patients between visits, making them feel valued and supported, ready to collaborate with their provider. And all it takes to connect is a “knock” at the Digital Front Door through the many online communication tools that both patients and providers have access to.

Conclusion

Home health care is at an impasse, caught between contract negotiations with Medicare Advantage plans while trying to navigate cuts to Medicare fee-for-service payments. It’s a unique problem, and one that will require innovative solutions to overcome. Based on industry projections Medicare Advantage appears here to stay, and how agencies decide to get ahead of the payment trends will define their ability to keep up in a changing market. But with these strategies to address total cost of care, functional outcomes, and patient satisfaction, agencies can not only ensure a healthy future for their patients, but for their business too.



HHCAHPS Overview Courses

Improve patient rapport and satisfaction with courses focusing on best practices for patient communication and the HHCAHPS survey.

[HHCAHPS Courses](#)



How MedBridge Can Help

The MedBridge Digital Patient Care Solution combines digital patient engagement and remote communication tools with a robust tracking and reporting dashboard that gives staff all the tools they need to boost functional outcomes and patient satisfaction while reducing total cost of care.

Reduce Cost of Care [▶](#)

Improve chronic condition management, reduce falls, and decrease medication errors by:

- Elevating your care team to manage complex conditions with education on CHF, COPD, diabetes, and cancer.
- Improving patient self-management with effective patient education, exercises, and remote communication tools.
- Preparing managers to better support clinicians with leadership and change management training.

Improve OASIS Accuracy [▶](#)

Reduce OASIS errors to ensure accurate outcomes and reimbursement by:

- Efficiently onboarding staff with our full scope 10-course OASIS-E training series.
- Reinforcing training with short microlearning courses to remediate common errors.
- Streamlining assignment, tracking, and reporting with an intuitive Learning Management System.

Boost HHCAHPS Scores [▶](#)

Elevate patient satisfaction by:

- Training clinical and non-clinical staff on customer service skills with targeted microlearning courses.
- Establishing good patient rapport with courses focusing on communication and HHCAHPS.
- Building a strong therapeutic alliance with digital engagement and communication tools.

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ABOUT MEDBRIDGE

Combining powerful digital patient care tools with the highest quality education, MedBridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use MedBridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 300,000 clinicians and 25 million patients, MedBridge has helped thousands of organizations realize better patient outcomes. [Learn more.](#)

See how MedBridge can help your organization.

[Contact us to request a demo.](#)