

Distinctions That Set You Apart

Elevating Care. Building Trust. Delivering Results.

This document provides an overview of the specialized distinctions our home health and hospice agency has earned—or is actively pursuing—to deliver exceptional care and build long-term value for our patients, partners, and communities. From telehealth innovation to behavioral health integration, age-friendly care, palliative services, and other distinctions, each distinction represents our commitment to quality, equity, and forward-thinking healthcare delivery.

These distinctions are more than badges—they are proof of performance, clinical excellence, and alignment with the future of value-based care. Whether you are a referral partner, payor, or community collaborator, this guide outlines how these programs directly enhance patient outcomes, operational efficiency, and reimbursement potential.



Distinction in Telehealth

1. Competitive Edge for Medicare Advantage and Private Payor Contracts

- Medicare Advantage (MA) plans and commercial insurers are increasingly looking for providers that can support remote care delivery.
- The distinction shows you have telehealth infrastructure and protocols in place, making you more attractive for value-based contracts that may offer bonuses or higher per-visit reimbursement tied to outcomes.

2. Improved Patient Retention and Outcomes (Supports VBP Success)

- Telehealth can reduce avoidable hospitalizations, improve engagement, and support medication compliance—all of which support better HHVBP scores.
- Better scores = potential bonus payments under Medicare's Value-Based Purchasing program.

3. Use in Supplemental Billing (Where Allowed)

- While Medicare does not reimburse for telehealth visits in home health under the current payment model (as of 2025), you can document telehealth usage to demonstrate resource utilization and justify higher levels of care if audited.
- Some private payors, Medicaid programs, and state waivers do reimburse for specific types of virtual visits (e.g., RN check-ins, remote monitoring), especially in hospice.

4. Helps Meet Conditions of Participation (CoPs) for Emergency Preparedness & Continuity

- The distinction proves your agency has a telehealth protocol, which is increasingly required or favored in emergency preparedness plans.
- This positions your agency well for government partnerships, grant funding, and waiver programs.

5. Potential Future Reimbursement Leverage

The logo for HealthBridge, featuring the word "HealthBridge" in a white, sans-serif font. A small blue dot is positioned above the letter "i" in "Bridge". The logo is set against a blue-tinted background image of a modern office interior with glass partitions and shelves.

HealthBridge™

- CMS has shown interest in expanding telehealth flexibility, especially after the COVID-19 PHE.
- Agencies with this distinction are well-positioned to take advantage of new reimbursement models that may arise in the near future.

Distinction in Age-Friendly Care

1. Improved Marketability and Referrals

- Agencies with this distinction can market themselves as leaders in quality, age-friendly care, especially for older adults.
- Hospitals and ACOs (Accountable Care Organizations) are more likely to refer patients to providers demonstrating high-quality, value-based care — potentially increasing your volume of referrals.

2. Better Outcomes = Potential Bonus Under Value-Based Purchasing (VBP)

- If you're a Medicare-certified home health agency, your performance on patient outcomes impacts your reimbursement under the Home Health Value-Based Purchasing (HHVBP) model.
- Age-friendly practices often lead to reduced hospital readmissions, improved functional outcomes, and higher patient satisfaction, which could positively impact your VBP score.

3. Eligibility for Quality-Based Partnerships and Grants

- Some health systems and managed care organizations may offer incentive contracts or preferred provider status to agencies with advanced quality distinctions like this.
- You may also be more eligible for pilot projects, grants, or public-private partnerships focused on aging populations.

4. Competitive Advantage for Payor Negotiations

- While traditional Medicare has fixed rates, Medicare Advantage and other private insurers often negotiate rates based on quality metrics and outcomes.
- This distinction may help in those negotiations, though it depends on the payor.

Distinction in Behavioral Health

1. Medicare and Medicaid: No Direct Reimbursement Bump (Yet)

- As of now, Medicare doesn't pay extra for having a behavioral health distinction.
- But this is changing: CMS is increasingly integrating behavioral health into primary care models — and agencies with this distinction are poised to benefit from future enhanced payment models.

2. Access to Behavioral Health-Specific Contracts

- Medicare Advantage (MA) plans, Medicaid Managed Care, and some private payors are seeking agencies that can address both physical and mental health needs, especially for:
 - Dual-eligible populations
 - High-utilizers
 - Patients with comorbidities (e.g., CHF + depression)
- The distinction can help you secure contracts or carve-outs for behavioral health case management or integrated care models.

3. Increased Referrals from Hospitals and Mental Health Facilities

- Hospitals and psychiatric units discharging patients with mental health needs often struggle to find qualified post-acute providers.
- A distinction signals your agency's clinical readiness, increasing referrals, especially for patients with:
 - Depression
 - Anxiety
 - Schizophrenia
 - Dementia with behavioral disturbance
 - Substance use disorders (depending on your capabilities)

4. Qualification for Grants and Pilots

- Public and private funding sources often target behavioral health in home-based settings, especially for underserved communities.

- Your agency becomes more competitive for state or federal grants, CBO partnerships, and pilot programs with this distinction.

5. Staff Utilization Flexibility and Reimbursement Expansion (State-dependent)

- In some states, behavioral health services can be billed through Medicaid or waiver programs if delivered by licensed professionals under home health or hospice.
- Having a formal behavioral health program or distinction may allow you to:
 - Employ or contract LCSWs, psychologists, or psychiatric nurses
 - Bill for mental health visits in states that allow it
 - Include behavioral interventions in care plans with better justification

6. Strategic Advantage for Future Payment Models

- CMS Innovation Center and other agencies are moving toward whole-person, value-based care.
- Agencies with behavioral health capacity will be more likely to:
 - Join ACO or DCE networks
 - Participate in Behavioral Health Integration (BHI) or Collaborative Care Models
 - Be selected for statewide or CMS pilot projects

Distinction in Palliative Care

How the Palliative Care Distinction Can Translate to Revenue & Billing Opportunities:

1. Enhanced Referrals from Hospitals, ACOs, and Primary Care Networks

- Health systems increasingly seek post-acute partners who can manage complex, high-needs patients who are not yet hospice-eligible.
- The palliative distinction positions your agency as a preferred partner for:
 - Heart failure
 - COPD
 - Cancer patients
 - Dementia/Alzheimer's
- These patients often need advance care planning, symptom control, and frequent touchpoints — all palliative strengths.

2. Positioning for Value-Based Contracts (and Shared Savings)

- Organizations in Value-Based Insurance Design (VBID), ACO REACH, and Medicare Advantage programs are allocating shared savings or bonuses to post-acute providers who:
 - Reduce hospitalizations
 - Improve quality of life
 - Align care with patient goals
- Your distinction strengthens your case to negotiate value-based arrangements with payors.

3. Bridge-to-Hospice Model Development

- With a palliative distinction, your agency can develop a formal "bridge" program for patients not ready for hospice but nearing eligibility.
- This:
 - Builds trust with the patient and family
 - Increases your conversion rate to hospice when appropriate
 - Supports continuity of care

- Hospice reimbursement is often more stable and predictable — so this bridge increases long-term revenue flow.

4. Billing Opportunities in States with Palliative Care Coverage

- Some states' Medicaid programs and waivers (e.g., California's Medi-Cal, New York, Colorado) do reimburse for community-based palliative care.
- Having the distinction can:
 - Help you contract with these programs
 - Justify hiring/contracting NPs or MDs to bill E&M codes under Part B
 - Build a palliative consult service line

5. Grant and Innovation Funding

- There's strong philanthropic and government funding for serious illness care.
- A palliative care distinction boosts your credibility when applying for:
 - Grants
 - Public-private partnerships
 - Foundation-led community initiatives

6. Staff Upskilling and Risk Stratification

- With this distinction, your team is often trained in:
 - Symptom management
 - Communication skills
 - Advance care planning
- This can improve Star Ratings, HHVBP performance, and reduce staff burnout or turnover.

Other Distinctions are available upon request.
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