





60 DaysNovember 1, 2019

What your agency should have completed by November 1, 2019.

- ☐ Identify your referral and intake workflows. Ensure you are obtaining the information for primary and secondary diagnoses.
- ☐ Evaluate current patient diagnoses in use that will no longer be options under PDGM.
- ☐ Strengthen your clinicians' competence and comfort with point-of-care (POC) documentation.
- ☐ Fine-tune your case management processes and structure.
- ☐ Understand your Low Utilization Payment Adjustment (LUPA) rate, and identify opportunities for improvement.
- ☐ Develop your agency Significant Change in Condition (SCIC) policy.
- ☐ Verify when you will see PDGM changes in your software's workflow and reports.

45 DaysNovember 16, 2019

What your agency should have completed by November 16, 2019.

- ☐ Hold team, or department, meetings to discuss PDGM changes. Identify specific areas of focus that require additional education for your team.
- ☐ Train your staff on the new OASIS data set OASIS-D1.
- ☐ Track and monitor physician order workflow and follow up.
- ☐ Ensure the primary PDGM diagnosis and the face-to-face reveal the reason for home health services.
- ☐ Ensure coding best practices are in place.
- ☐ Confirm how your software vendor will handle PDGM changes.

30 Days
December 1, 2019

What your agency should have completed by December 1, 2019.

- ☐ Schedule a demo and test your EMR's workflow to ensure it meets the requirements of your new PDGM processes.
- ☐ Ensure your staff understands updated policies.
- ☐ Test your staff's competency on OASIS-D1.
- ☐ Create a decision team to monitor your PDGM progress.
- ☐ Create your agency's workflow to process claims and various billing activities.

PDGM is in effect

January 1, 2020

Key focus areas: 45 days to PDGM implementation

With only 45 days remaining until PDGM is implemented, it is important make sure best practices are in place in every department in your agency. This tip sheet will help you prioritize your resources during the next six weeks.

Hold team meetings

PDGM impacts every team in your organization – not just your clinical team. This means everyone – from intake to clinical to billing – will be faced with new or revised processes. These processes will differ by department, making it important to have smaller, focused discussions. In these meetings, take the time to get input and explain responsibilities by role, helping to shift to the new paradigm. In addition, use these meetings to identify areas of focus that require additional education specific to the team.

Train your staff on OASIS-D1

January 1, 2020 is a day on everyone's mind, but don't forget the actions required on December 27, 2019. Patients due for recertification on or after December 27, 2019, must have the OASIS-D1 assessment. If you haven't started to train your staff, ensure this becomes a top educational priority.

Track and monitor physician order workflow and follow-up

Order management should not be an arbitrary process at your agency. Orders have always required a physician's signature before a final bill is submitted. Make sure your orders process is efficient by assigning this responsibility to a specific person or persons. In addition, set a timeline with corresponding actions for follow-up on aging orders. Having a timeline helps keep the process efficient and allows the person responsible for tracking orders to highlight any problems.





Ensure the primary diagnosis reveals the reason for home health services

Under PDGM, primary diagnoses and documentation must demonstrate the reason and need for care in a home health setting. Only codes from the CMS-approved list of ICD-10 codes will be accepted on claims. Failing to use an accepted code will result in claims being returned to the provider. An option to spot potential omissions in secondary diagnosis codes is to compare the medication list and treatments with the patient's current health issues. Your EMR will serve as an important partner to help ensure only accepted codes are applied to a plan of care and the claim.

Ensure coding best practices are in place

PDGM has a specific diagnosis-accepted list based on ICD-10 codes. These codes drive two components of the new PDGM case-mix: clinical grouping and comorbidity. Failure to use accepted codes will result in claims being returned to you. Under PDGM, coding not only has to be accurate, but timely as well. With only a 30-day payment period, coding and review activities must be conducted efficiently – whether completed internally or outsourced to a trusted partner.

Confirm how your software vendor will handle PDGM changes

Your EMR vendor can be one of your biggest allies during this payment change, helping you identify potential coding errors and more. The best way to know how your EMR will handle this change is by understanding your EMR's roadmap. With 45 days to go, contact your EMR provider to obtain dates for a demo of PDGM changes. This will allow you to ask PDGM-specific guestions before go-live.





About Fazzi

Fazzi is one of the oldest and most respected names in home health, and hospice consulting and services. Our goal is to improve quality, productivity, efficiency, and patient and family satisfaction through consulting, education, and outsourced services. In 2018, Fazzi joined WellSky, a premiere supplier of intelligent software and services for every kind of care. Together, we are committed to realizing care's potential.

Visit fazzi.com/pdgm to learn how Fazzi resources and services can help position your agency for success under PDGM.



About WellSky

WellSky is a technology company that delivers software and services which are transforming a wide range of care services worldwide. Building on a history of excellence and a reputation for quality, WellSky – formerly Mediware Information Systems and Kinnser Software – empowers providers to provide exceptional care, improve operational efficiency, reduce cost, and meet the challenges of their rapidly changing industries so both businesses and communities flourish.

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