

# 60 Days to PDGM

Counting down to PDGM with Fazzi Associates, a WellSky trusted partner



# PDGM preparation timeline

**60 Days**  
November 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 an option 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 Days**  
November 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.

- 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.
- Test claims processing within your software.

**PDGM is in effect**

January 1, 2020

## Key focus areas: 60 days to PDGM implementation

PDGM is quickly approaching, and preparation can seem like a daunting task. With checklists that seem to never end, it can be hard to focus on the imperatives. Turning a checklist into a timeline can help your team prioritize the most critical tasks.

### 60-day countdown: PDGM areas of focus

- 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 an option under PDGM
- Strengthen your clinicians' competence and comfort with POC documentation
- Fine tune your case management processes and structure
- Understand your LUPA rate and identify opportunities for improvement
- Develop your agency SCIC Policy
- Verify when you will see PDGM changes in your software's workflow and reports

### Identify your referral and intake workflows

With only two months remaining until PDGM is officially implemented, your team should begin focusing on case-mix classification. Start by identifying referral and intake workflows to help ensure you obtain the information for primary and secondary diagnoses. Remember, primary and secondary diagnosis will have a significant impact on your case-mix rate as these diagnoses drive several case-mix items. You can ensure your case mix will be accurate by getting more information upfront.

### Evaluate current patient diagnoses in use

When selecting primary and secondary diagnoses, remember that vague diagnoses will not be accepted

under PDGM. If a symptom-code is used, your claim will be marked as return-to-provider. You need to remind your staff to evaluate its current diagnoses and identify those that will no longer be accepted. Now is a good time to remind your clinicians to keep specificity in mind. Encourage them to use diagnoses that accurately demonstrate the reason the patient needs home care services.

Also, as your clinician reconciles the patient's medications, make sure they identify correlating diagnosis. Many times, we have "hidden" co-morbidities that may now have a large impact on your payment. Clinicians should work with the physician to confirm a diagnostic profile for the patient, as needed.

### Strengthen your clinicians' competence and comfort in POC documentation

Submitting timely, quality documentation is enhanced when clinicians learn to capture their thoughts and actions at the POC or adjacent to the visit. The data will be more accurate, the revenue cycle more efficient, and the clinician will be more engaged if documentation is not delayed. Check into this important underpinning of PDGM-prep and workforce engagement.



## Fine-tune your case management process and structure

Once your case-mix is determined, you can start to fine-tune your Care Management processes and structure. You'll want to ensure the correct service and visit utilization for every patient. To do this, ensure processes are in place that help strengthen your clinicians' ability to assess patient and plan care so that it is aligned with best practices and utilization management. This will help keep your expenses in line with your revenue, but more importantly, this will help to ensure quality care is provided to every patient.

## Understand your LUPA rate

Understanding the changes you will need to make to your care management process will help you to calculate your LUPA rate; the percentage of cases that will be paid as a LUPA vs 30 day payment. LUPA payments continue as a per-visit amount under PDGM, but the thresholds will differ based on each HHRG. Understanding what drives your LUPA rate will help you identify waste.

## Develop your own SCIC policy

Finally, when considering reimbursement, keep SCIC in mind. Prior to PDGM, these assessments did not have an impact on reimbursement or quality. Starting January 1, 2020, SCIC will have an impact to change the diagnoses and functional items for reimbursement. By regulation, your agency is required to capture an "Other Follow Up" OASIS upon unanticipated change in patient status.

Your agency should develop its own SCIC policy. Once developed, ensure clinicians are educated not only on the new tool but also on when the OASIS assessment is required. In addition, make sure you develop a process for your EMR and billing staff to incorporate the new diagnoses and functional items from a SCIC OASIS to the claim.



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### 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](http://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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