



PDGM IN REAL TIME CLINICAL MANAGEMENT OF PATIENT EPISODE

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Why is Episode Management so Important?

- Quality patient care remains the top priority
 - CoPs revised in 2018 with a focus on patient-centered care delivery
 - Value based purchasing model pilot ongoing with payment adjustments ranging up to 8% in 2022 (based on the 2020 data)
- Hospital discharge planning rule was finalized on September 30, 2019 and requires hospitals to assist patients and caregivers in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures
 - The hospital must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences

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PDGM: Highlighting the Changes Driving Efficient Patient Care

PPS

- One 60-day episode
- Single LUPA threshold of 5 visits
- More therapy = higher reimbursement
- RAP payments
 - 60% of the 60-day episode for SOC
 - 50% of the 60-day episode for recertifications

PDGM

- Two 30-day periods within one 60-day episode
- Each 30-day period includes a unique LUPA threshold ranging from 2 to 6 visits dependent on the case-mix group assignment
- More therapy = no change to reimbursement
- RAP payments phasing out
 - Reduced in 2020 to 20% of the 30-day period for both SOC and recertifications
 - Eliminated entirely in 2021
 - “No pay” RAP in 2021 with an associated penalty for late submission
 - New Notice of Admission (NOA) in 2022 with an associated penalty for late submission

PDGM: Highlighting the Changes Driving Efficient Patient Care

PPS

- CY 2020 national, standardized 60-day episode payment \$3,220.79
 - For episodes spanning the January 1, 2020 implementation of the PDGM
- 5 visits in 60 days = full 60-day episodic reimbursement

PDGM

- CY 2020 national, standardized 30-day period payment \$1,864.03
 - For episodes beginning on or after January 1, 2020
- Case-mix specific LUPA threshold for the period met = full 30-day period reimbursement

PPS vs PDGM: Reimbursement Scenarios

PPS

Scenario 1:

Provider receives one “full” 60-day episode reimbursement

Scenario 2:

Provider does not meet the LUPA threshold for the 60-day episode, receives payment per the visit for the 60-day episode

PDGM

Scenario 1:

Provider receives one “full” 30-day reimbursement period, continues into the subsequent 30-day period and receives a second “full” 30-day reimbursement

Scenario 2:

Provider receives one “full” 30-day reimbursement period, continues into the subsequent 30-day period and discharges without meeting the LUPA threshold, receives payment per the visit for the subsequent 30-day period

Scenario 3:

Provider receives one “full” 30-day reimbursement period and discharges

Scenario 4:

Provider does not meet the LUPA threshold for the first or subsequent 30-day period, receives payment per the visit for both 30-day periods

PDGM Trends in Care Thus Far

- Higher utilization in first 30-day period, lower or no utilization in subsequent 30-days
- Locations determining utilization based on reimbursement
- Lack of POC collaboration
- Changes to therapy utilization
- Lack of follow through with home health regulation
- Misinterpretation of utilization management within the organization

PDGM Success Stories

- Increased investment in intake department education
- Increased utilization of data
- Resurrection of IDT
- SOC handoff/driveway call
- Day 21-25 POC review coordination and collaboration

Recommendations for Success

- Reinforce intake education to reduce QEs
- Continue to focus on patient-centered care
 - Remember there is still one 60-day episode
 - What are the patient's goals?
 - Utilization dependent on patient need and goals
- Develop clinician competency in OASIS assessment technique and accurate data capture
- Capture data at point of care for improved accuracy

Recommendations for Success

- Educate staff in best practice guidelines for high quality, efficient care delivery
- Develop and enforce interdisciplinary communication guidelines/processes
 - SOC handoff/driveway calls
 - IDT
 - Day 21-25 POC review coordination and collaboration
- Continue to study data to refine best practice episode management
 - Home Health Compare
 - HHCAHPS
 - STAR Ratings

Open Online Discussion Use Q/A Text

PDGM 2020 National Summits

- Boston area, MA (3/30)
- Seattle, WA (3/30)
- Kansas City, MO (3/31)
- Charlotte, NC (3/31)
- Riverside, CA (4/1)
- Houston, TX (4/7)
- Columbus, OH (4/7)
- Orlando, FL (4/7)
- Salt Lake City, UT (4/7)
- New Orleans, LA (4/8)
- Minneapolis, MN (4/8)
- Philadelphia area, PA (4/14)

PDGM 2020 NATIONAL SUMMITS
MARCH - APRIL 2020 | 12 STRATEGIC LOCATIONS ACROSS THE US

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PDGM In Real Time Webinar Series

February 12, 2020

EMR Readiness

March 4, 2020

Therapy in PDGM

February 19, 2020

Coding in PDGM

March 11, 2020 [TODAY]

Clinical Management of
Patient Episode

February 26, 2020

Cash Flow & LUPAs

March 18, 2020 [NEXT WEEK]

Data Analytics

Access past webinars on-demand by visiting: nahc.org/webinars

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Upcoming Events

2020 Virtual March on Washington

March 23-24

2020 Financial Management Conference

July 26-28
Las Vegas, NV

2020 Home Care and Hospice Conference and Expo

October 18-20
Tampa, FL

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