

8 Can't-Miss Items to Include on Your PDGM Checklist

The Patient-Driven Groupings Model (PDGM) will completely change the way agencies get paid and impact almost all areas of the business, making it crucial for agencies to take steps to ensure they're ready for the change.

Industry experts recommend taking the following actions ahead of PDGM's implementation on or after January 1, 2020.

Conduct a thorough analysis of PDGM's impact

Agencies must understand how they would be impacted financially if PDGM were in effect now. While CMS provided a spreadsheet with how agencies would perform financially under PDGM, industry experts say further analysis is needed to get the full picture.

Examine the [CMS-provided grouper tool](#) and conduct your own analysis. Use what you learn to guide which areas you address first.

Conduct an analysis of financial performance taking into account your average patient population and common primary diagnoses.

Identify any weak points in your operations and start working to improve those first.

Double down on coding accuracy

All agencies should analyze at least 30 patient records and larger agencies should consider analyzing over 30. Evaluate whether any claims would be considered questionable encounters because there wasn't a specific enough primary diagnosis listed.

Further investigate questionable encounters to identify ways to improve.

- Was that primary diagnosis in the wrong order?
- Was another code more appropriate as the primary diagnosis?
- Is it possible the patient should not have been receiving home health services at all?

Consider having a third party conduct an external analysis of your agency's coding to identify areas for improvement. Additionally, train clinicians and coders to include all diagnoses relevant to the plan of care to avoid leaving money on the table under PDGM.

Bolster efforts at intake

Ensure intake staff are fully trained to gather the information necessary to determine the HIPPS code for each episode. Consider creating a checklist to help intake keep track of all of the detail required.

Intake should get enough detail to identify a complete and accurate diagnosis, episode timing (early or late), the source of the referral, where the patient was within the previous 14 days, history and physical, the physician who will be signing face to face and future orders as well as any portal information that providers can access for additional patient detail.

View a sample intake diagnosis checklist [here](#).

Improve tracking of orders

Many agencies struggle with tracking orders and ensuring all orders are signed by the appropriate physician. This issue will become compounded once PDGM takes effect.

Scrutinize billing department processes and staffing

PDGM will move from 60-day payment periods to 30-day payment periods, so your billing department must become as streamlined and efficient as possible in order to get things done in half the time.

Look for areas to automate processes. Evaluate your current staff to determine if they can handle the rigorous pace PDGM will require. If they can't, consider hiring additional billing staff.

Take a look at LUPAs

Make sure this is part of your analysis and planning. Determine how often episodes would qualify for a LUPA if PDGM were in effect now. Understand which common primary diagnoses would trigger LUPAs based on the care you provide now.

Because the rate varies by clinical group, this is a challenge your agency needs to get on top of sooner rather than later. Additional detail at intake will help determine the clinical group and LUPA threshold.

Review how you handle case conferences

PDGM will require close monitoring in the home and frequent case conferencing due to 30-day billing periods and increased demands to provide the most care in the most efficient manner.

Get a roadmap from your electronic medical records (EMR) vendor

If you utilize an EMR but haven't received communication from your vendor, be proactive. Reach out to the vendor and get an idea of expected changes and a timeline for when those changes can be expected. Be sure to ask if you can provide feedback on what is being developed.

These steps will also help you evaluate if your EMR will meet your needs when it comes to PDGM, or if there's a chance the vendor may not be ready in time.

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