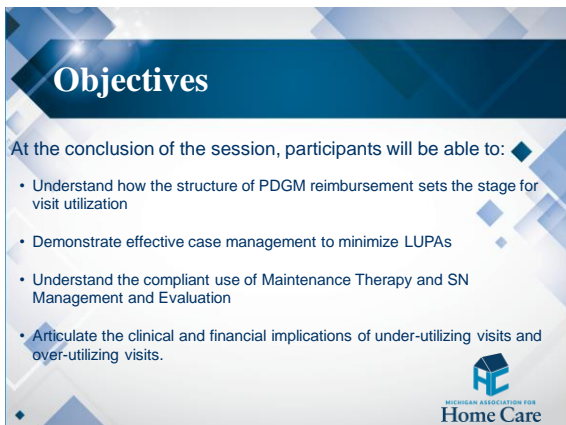




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PDGM Review



- ◆ Current version of perspective payment
- ◆ Driven by:
 - ◆ Clinical Grouping -must be the focus of care
 - ◆ Payment period timing
 - ◆ Referral source
 - ◆ Functional Impairment
 - ◆ Co-morbidities

4


PDGM Considerations

- There are two 30-day billing periods
- Consider how visits are distributed across all 60 days
- Moving visits between the 30-day periods may result in avoidable LUPAs
- Ensure care is coordinated appropriately
- Everyone must know the goals of care and visit frequency


5

Overview of PDGM



Each determinant contributes toward the case-mix for each HHRG

432 HHRG scores



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HHRG = Payment

2024 Standardized Rate		\$2038.13
	Highest	Lowest
Case-Mix Weight (numeric equivalent to HHRG)	1.9321	0.5233
Clinical Grouping	Wound	Complex
Timing	Early	Late
Referral Source	Institutional	Community
Functional Impairment	High	Low
Comorbidity	High	None
\$ Per 30-day period	\$3,937.87	\$1,066.55



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Visits = Cost

Cost containment tips

- ◆ Understand your cost structure
- ◆ Be mindful of route planning
- ◆ See geographically similar patients on the same days
- ◆ Maximize the use of LPNs and therapy assistants
- ◆ Each visit needs to impact care and move towards discharge

Payment Projection Total 30 Days


Payment projections are based on the case mix rate (the cost of labor plus the cost of all other supplies). The cost rate of the patient's care is calculated by multiplying the visit frequency by the average cost per visit and adding the average cost. The average cost per visit is pulled from Corporate Group and should be based on numbers from the cost report, which includes cost data from previous months.

RN 4 (value: 1, 80)	PT 1 (value: 1, 100)	OT 1 (value: 1, 100)
LPN 4 (value: 1, 80)	PTA 3 (value: 1, 75)	OTA 3 (value: 1, 75)
HSA 0 (value: 1, 40)	MSW 0 (value: 1, 100)	ST 3 (value: 1, 75)

Wage Index: 1.9321 Supplies: 20%

Expected Payment: \$2181.67
 Total Cost: \$1225.00
 Gross Profit: \$956.67

46.06% Gross Profit




8

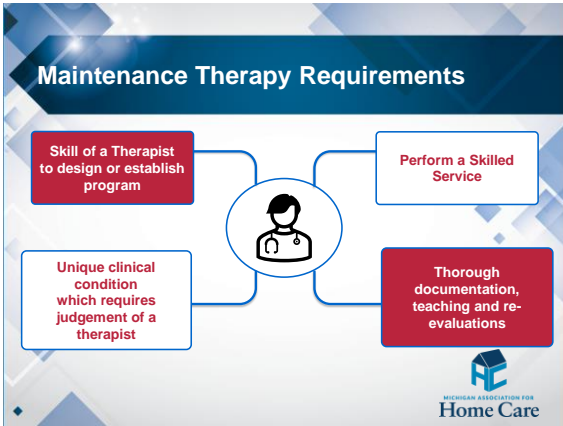
LUPA Avoidance Strategies

- Manage length of stay
- Schedule with 30-day calendars
- Adequate staffing
- Timely documentation
- Intra-episode management

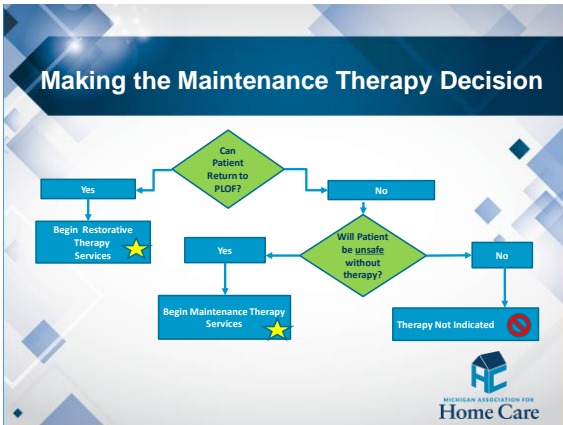
- Skilled Management and Evaluation
- Maintenance therapy
- Front load visits
- Care coordination
- Scrutinize recertifications



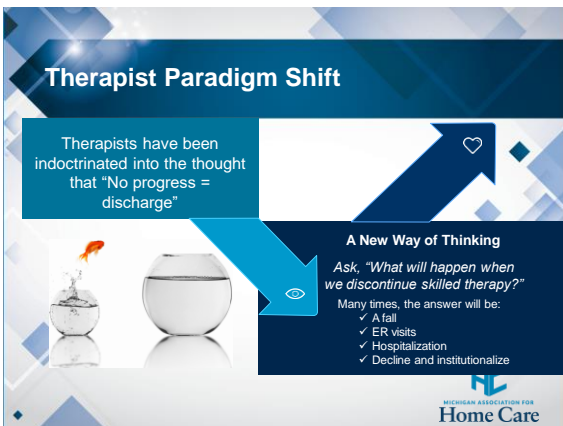
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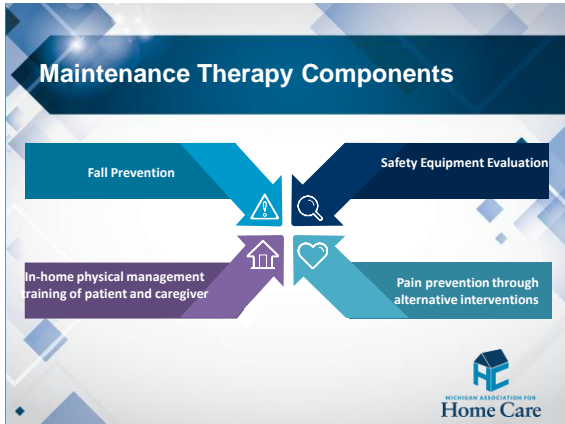
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What Is Skilled Management and Evaluation

- Who Is Eligible
 - Patient must be homebound
 - Unskilled Caregiver
 - Complex Care Plan
- Homecare “myths” related to Skilled Management and Evaluation
 - We will get ADR’s - Medical Reviews
 - Medicare won’t cover the services

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The Finer Points of Skilled Management & Evaluation

Document the complicating factors resulting in a high potential for complication or for ensuring that **essential non-skilled services** are achieving their purpose to promote the beneficiary’s recovery and safety.


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The Finer Points of Skilled Management & Evaluation



Skilled management and evaluation involves finding that **recovery and safety cannot be assured** unless the total care, skilled or not, is planned and managed by a registered nurse.





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The Finer Points of Skilled Management & Evaluation

Skilled management and evaluation should be a **specific** physician order when it is the only skilled nursing service being rendered.

CARE MUST BE PROVIDED BY A REGISTERED NURSE
No LPNs



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Determining Frequency

Frequency is determined

- ◆ Patient Need
- ◆ Number of Caregivers
- ◆ Complexity of the Care Plan

Example: 3 month 1; 2 month 1


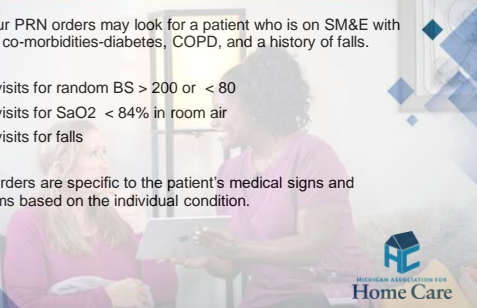
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Using PRN orders

How your PRN orders may look for a patient who is on SM&E with multiple co-morbidities-diabetes, COPD, and a history of falls.

- 2 PRN visits for random BS > 200 or < 80
- 2 PRN visits for SaO2 < 84% in room air
- 2 PRN visits for falls

These orders are specific to the patient's medical signs and symptoms based on the individual condition.



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Skill

The patient's need for home care is easy when there is an "obvious" skill identified – e.g., wound care, teaching on new or changed medications, etc.




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Skill




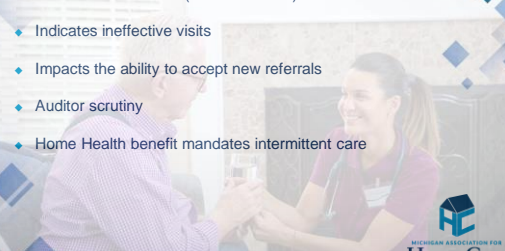
- ◆ If a nurse can identify a "skill as he/she knows it", re-certifications are easy and pretty straightforward.
- ◆ Documentation for Skilled Management and Evaluation necessitates a somewhat more complex plan of care.



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The Pitfalls of Over-Utilization


- ◆ Poor financial results (cost > revenue)
- ◆ Indicates ineffective visits
- ◆ Impacts the ability to accept new referrals
- ◆ Auditor scrutiny
- ◆ Home Health benefit mandates intermittent care



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The Pitfalls of Under-Utilization

- ◆ Increase risk of LUPAs
- ◆ Poor clinical outcomes
- ◆ Impact on Home Health Value-based Purchasing
- ◆ Was the patient appropriate for home health?
- ◆ Audit scrutiny focused on skilled need and homebound status



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Thank you



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