



Preparing for PDGM: Analyze Agency's Operations and Adapt

Driving ResultsSM



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Simione Healthcare Consultants advances quality and cost efficiency, providing reliable experts, technology and tools to grow and improve home- and community-based services.



Patient-Driven Groupings Model (PDGM)



Overview - Final Rule

- **Who**
 - Effects all Home Health Agencies
- **What**
 - Change from payment of 6- day episodes to payment of 30-day Periods of Care.
 - Elimination of Treatment of Therapy Thresholds
 - Biggest change since 2000 with the implementation of PPS
- **When**
 - For episodes beginning on or after January 1, 2020
- **Why**
 - Better Align Payments with
 - Patient Needs
 - Better ensure that clinically complex and ill beneficiaries have adequate access to home health care
- **Budget Neutral**



3

Specifics - Resources Used


- **30 Day Episodes**
 - Overall average length of an episode is 47 days
 - More resources were used during the 1st 30 days of care
 - Front loading of visits



4

Behavior Adjustment

	Percent change behavioral assumptions
LUPA Threshold (1/3 of LUPAs 1–2 visits away from threshold get extra visits and become case-mix adjusted) 1,841.05 ¥1.75 Clinical Group Coding (among available diagnoses, one leading to highest payment clinical grouping classification designated as principal)	1.75%
Clinical Group Coding (among available diagnoses, one leading to highest payment clinical grouping classification designated as principal)	4.28%
Comorbidity Coding (assigns comorbidity level based on comorbidities appearing on HHA claims and not just OASIS)	0.38%
Clinical Group Coding + Comorbidity Coding	4.66%
Clinical Group Coding + Comorbidity Coding + LUPA Threshold	6.42%



PDGM Architecture

Admission Source and Timing (From Claims)

Community Early	Community Late	Institutional Early	Institutional Late
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Clinical Grouping (From Principal Diagnosis Reported on Claim)

Neuro Rehab	Wounds	Complex Nursing Interventions	MS Rehab	Behavioral Health	MMTA - Other
MMTA - Surgical Aftercare	MMTA - Cardiac and Circulatory	MMTA - Endocrine	MMTA - GI/GU ¹	MMTA - Infectious Disease ²	MMTA - Respiratory

Functional Impairment Level (From OASIS Items)

Low	Medium	High
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Comorbidity Adjustment (From Secondary Diagnoses Reported on Claims)

None	Low	High
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HHRG

(Home Health Resource Group)

Under the Patient-Driven Groupings Model, a 30-day period is grouped into one (and only one) subcategory under each larger colored category. A 30-day period's combination of subcategories places the 30-day period into one of 432 different payment groups.

1 Gastrointestinal tract/Genitourinary system
2 The infectious disease category also includes diagnoses related to neoplasms and blood-forming diseases.

6
* CMS-ABT PDGM Model 2018

Calculation of the Cost of Care



Methodology to Calculate Cost

- Cost
 - Current
 - Wage Weighted Minutes of Care (WWMC)
 - Bureau of Labor Statistics
 - Proposed
 - Cost-Per-Minute plus Non-Routine Supplies(CPM+NRS)
 - Cost Report Data
 - CMS Comment:

“We believe that the use of HHA Medicare cost reports better reflects changes in utilization, provider payments, and supply amongst Medicare-certified HHAs that occur over time.”



Episode Timing & Admission Source



Episode Timing

- Early
 - First 30-day period in a sequence of periods
 - "From Date" and "Admission Date" must match
- Late
 - All other subsequent periods
- Home Health Sequence
 - 30-day periods are considered to be in the same sequence as long as no more than 60 days pass between the end of one period and the start of the next, which is consistent with the definition of a "home health spell of illness".



Admission Source

Two Sources – Institutional or Community

- Institutional
 - Within the 14 days prior to a home health admission
 - Acute care or PAC Include
 - Inpatient acute care hospitalizations
 - Skilled nursing facility stays
 - Inpatient rehabilitation facility stays
 - Long term care hospital stays
 - Would Include Resumption of Care
- Community
 - No Acute or PAC stay in the 14 days prior to the start of the 30-day period of care



11

Episode Source – Kansas

PDGM Episodes and Case Mix Weight Comparison by Admission Timing & Source			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	13,933	19%	1.3812
Early - Community	9,025	13%	1.2188
Late - Institutional	4,571	6%	1.2755
Late - Community	44,363	62%	0.8004
Total	71,892	100.0%	0.9957



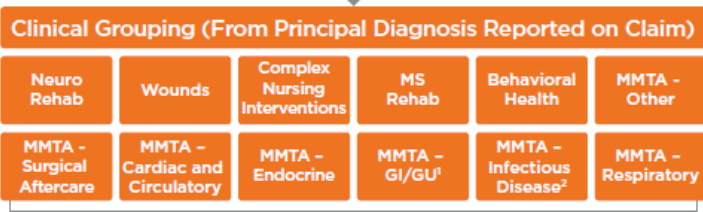
12

Episode Source – Kansas

PDGM Episodes and Case Mix Weight Comparison by Admission Timing & Source			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	13,933	61%	1.3812
Early - Community	9,025	39%	1.2188
Total	22,958	100.0%	0.9957



Clinical Grouping



Clinical Groups

- Each 30-day Period will be assigned to one of twelve Clinical Groups.
 - Updated to include 432 clinical groupings representing the primary reason for home care
 - Expansion and specificity added to the Medication Management, Treatment and Assessment (MMTA)



15

Clinical Grouping- Kansas

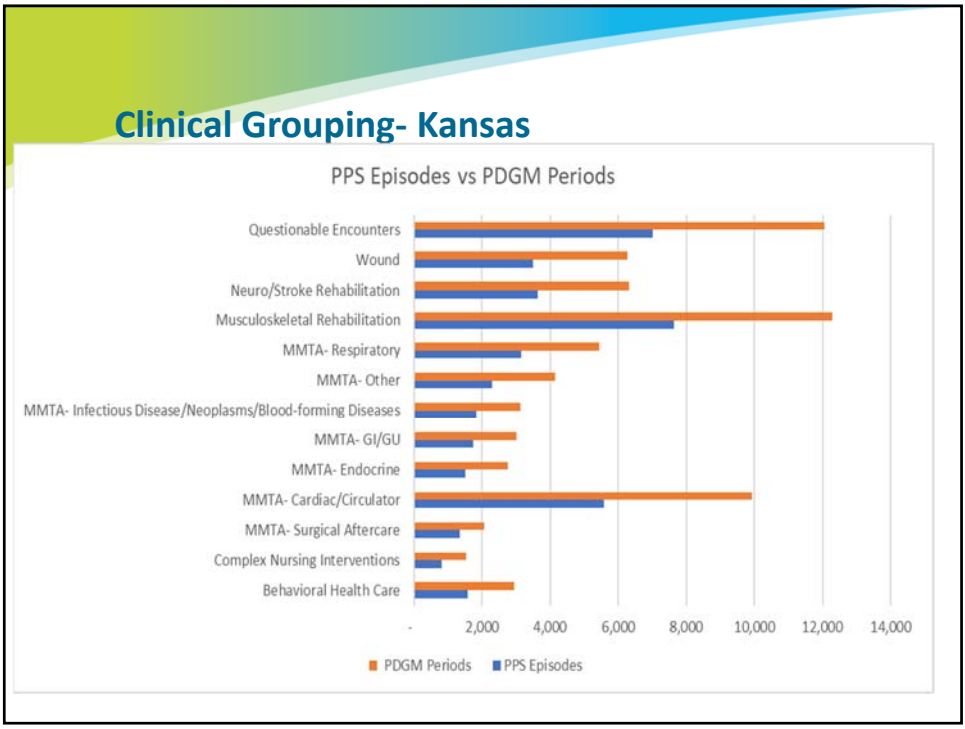
Clinical Grouping	PPS Episodes	% of Episodes	PDGM Periods	% of Periods
Behavioral Health Care	1,589	4%	2,941	4%
Complex Nursing Interventions	816	2%	1,540	2%
MMTA- Surgical Aftercare	1,337	3%	2,076	3%
MMTA- Cardiac/Circulator	5,580	13%	9,920	14%
MMTA- Endocrine	1,516	4%	2,755	4%
MMTA- GI/GU	1,735	4%	3,018	4%
MMTA- Infectious Disease/Neoplasm	1,826	4%	3,139	4%
MMTA- Other	2,290	5%	4,134	6%
MMTA- Respiratory	3,156	8%	5,438	8%
Musculoskeletal Rehabilitation	7,630	18%	12,282	17%
Neuro/Stroke Rehabilitation	3,647	9%	6,327	9%
Wound	3,508	8%	6,276	9%
Questionable Encounters	7,016	17%	12,044	17%
Total	41,646	100%	71,890	100%

MMTA 42% PPS Episodes

42% PDGM Periods



16



Clinical Grouping- Kansas

Clinical Grouping	Periods per Episode
Behavioral Health Care	1.85
Complex Nursing Interventions	1.89
MMTA- Surgical Aftercare	1.55
MMTA- Cardiac/Circulator	1.78
MMTA- Endocrine	1.82
MMTA- GI/GU	1.74
MMTA- Infectious Disease/Neoplasm	1.72
MMTA- Other	1.81
MMTA- Respiratory	1.72
Musculoskeletal Rehabilitation	1.61
Neuro/Stroke Rehabilitation	1.73
Wound	1.79
Questionable Encounters	1.72

Clinical Grouping Visits– Kansas

KS Visits Per Period							
Clinical Grouping	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Worker	Home Health Aide	
BEHAVE_HEALTH	3.58	1.75	0.75	0.41	0.30	0.06	
COMPLEX	3.34	0.72	0.33	0.09	1.11	0.02	
MMTA_AFTER	5.49	3.16	1.39	0.23	0.33	0.06	
MMTA_CARDIAC	5.13	2.55	1.17	0.14	0.62	0.05	
MMTA_ENDO	7.04	2.07	0.78	0.13	0.66	0.06	
MMTA_GI_GU	4.55	2.56	1.04	0.17	0.60	0.05	
MMTA_INFECT	5.14	2.16	0.87	0.12	0.59	0.05	
MMTA_OTHER	6.52	2.21	0.83	0.18	0.93	0.05	
MMTA_RESP	4.54	2.99	1.34	0.21	0.68	0.06	
MS_REHAB	3.40	4.83	2.00	0.13	0.57	0.05	
NEURO_REHAB	3.25	4.07	2.04	1.02	0.61	0.06	
QE	2.96	4.15	1.57	0.38	0.60	0.04	
WOUND	8.38	1.50	0.72	0.09	0.57	0.04	
Total	4.58	3.16	1.34	0.27	0.62	0.05	

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Questionable Encounters –Kansas

Top 5 Questionable Encounters		
Diagnosis Code	Number of PPS Episodes	Diagnosis Description
M62.81	2,851	Muscle weakness (generalized)
R26.81	578	Unsteadiness on feet
R26.89	537	Other abnormalities of gait and mobility
M54.5	476	Low back pain
R29.6	413	Repeated falls

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Top 3 Diagnosis by Clinical Group – Kansas

Top Diagnosis by Clinical Group			
Clinical Grouping	1	2	3
MMTA Infect.	Anemia, unspecified	Sepsis, unspecified organism	Vitamin B12 defic anemia due to intrinsic factor deficiency
MMTA Other	Essential (primary) hypertension	Type 2 diabetes mellitus without complications	Other chronic pain
MMTA Respiratory	Chronic obstructive pulmonary disease, unspecified	Chronic obstructive pulmonary disease w (acute) exacerbation	Pneumonia, unspecified organism
Neuro Rehab	Parkinson's disease	Hemiplega following cerebral infrc aff right dominant side	Alzheimer's disease, unspecified
MS Rehab	Aftercare following joint replacement surgery	Encounter for other orthopedic aftercare	Primary generalized (osteo)arthritis
Wound	Type 2 diabetes mellitus with foot ulcer	Cellulitis of right lower limb	Cellulitis of left lower limb



Top 3 Diagnosis by Clinical Group – Kansas

Top Diagnosis by Clinical Group			
Clinical Grouping	1	2	3
Behavioral Health	Unspecified dementia without behavioral disturbance	Major depressive disorder, single episode, unspecified	Anxiety disorder, unspecified
Complex	Encounter for fitting and adjustment of urinary device	Encounter for attention to cystostomy	Encounter for adjustment and management of VAD
MMTA After	Encntr for surgical after following surgery on the circ sys	Encntr for surgical after following surgery on the dgstv sys	Aftercare following surgery for neoplasm
MMTA Cardiac	Hypertensive heart disease with heart failure	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unspr chr kdny	Venous insufficiency (chronic) (peripheral)
MMTA Endocrine	Type 2 diabetes mellitus with hyperglycemia	Type 2 diabetes mellitus with diabetic neuropathy, unsp	Type 2 diabetes mellitus w diabetic chronic kidney disease
MMTA GI/GU	Urinary tract infection, site not specified	Neuromuscular dysfunction of bladder, unspecified	Benign prostatic hyperplasia with lower urinary tract symptoms





Functional Levels

- Functional level will be determined by the aggregate point total based on eight OASIS items.
 - Six items are already in use
 - Will be applied component of the HHRG Calculation
- Three functional levels of care.
 - Low Impairment
 - Medium Impairment
 - High Impairment
- Approximately 1/3 of each clinical group will fall within each functional level.

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24

Functional Levels

- Eight OASIS Points
 1. M1800 Grooming
 2. M1810 Current Ability to Dress Upper Body
 3. M1820 Current Ability to Dress Lower Body
 4. M1830 Bathing
 5. M1840 Toilet Transferring
 6. M1850 Transferring
 7. M1850 Ambulation/Locomotion
 8. M1033 Risk of Hospitalization
- Accurate reporting on the OASIS ensures proper case-mix adjustment.
 - *Benefit continues to remain multi-disciplinary



25

Functional Levels – Operational Considerations

- Consider current functional status assessments
 - Outcome performance improvement opportunities
- Patterns of internal referral and use of rehabilitation services to improve outcome and function
 - Occupational therapy
- Increase in Reimbursement
 - Low to Medium – Approx. \$283
 - Low to High - Approx. \$480



Comorbidity Adjustment



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Comorbidity Adjustment

- **No Comorbidity**
 - No secondary diagnosis exists.
 - Secondary diagnosis does not meet the criteria for a comorbidity adjustment.
- **Low Comorbidity**
 - There is a reported secondary diagnosis that falls within one of the home-health specific individual comorbidity subgroups.
 - 13 Comorbidity Subgroups
 - Table 30 in the Final Rule
- **High Comorbidity**
 - There are two or more secondary diagnoses reported that fall within the same comorbidity subgroup interaction.
 - 34 Comorbidity Subgroup interactions (27 Proposed Rule)
 - Table 31 in the Final Rule

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Comorbidity Adjustment – Kansas

PDGM Episode and Case Mix Weight Comparison by Comorbidity Adjustment			
Comorbidity Adjustment	PDGM Episodes	% of Episodes	Average Case Mix Weight
No Comorbidity Adjustment	39,853	55%	0.9607
Low Comorbidity Adjustment	26,398	37%	1.0152
High Comorbidity Adjustment	5,641	8%	1.1535
Total	71,892	100.0%	0.9957



LUPAs



LUPAs

- Separate threshold for each 30-day period
 - Calculated at the 10th percentile or 2 visits whichever is greater
 - Most challenging component of PDGM
- Threshold will vary depending on the PDGM payment group
 - Different PDGM payment groups
 - Threshold ranges from 6 visits to 2 visits (Multiple PDGM)
 - LUPA Episodes are **ONE LESS** than the threshold
- LUPA add-on will remain for the initial Episode
 - Applied to SN, PT & SLP
- Estimated to be 7% of all Episodes
 - Will be closely monitored



31

LUPA Example

HIPPS	Clinical Group and Functional Level	Timing and Admission Source	Adjustment (0 = none, 1 = single comorbidity, 2 = interaction)	Visit Threshold (10th percentile or 2 - whichever is higher)
2GC11	MMTA - Surgical Aftercare - High	Early - Institutional	0	4
2GC21	MMTA - Surgical Aftercare - High	Early - Institutional	1	5
2GC31	MMTA - Surgical Aftercare - High	Early - Institutional	2	5
2GA11	MMTA - Surgical Aftercare - Low	Early - Institutional	0	3
2GA21	MMTA - Surgical Aftercare - Low	Early - Institutional	1	4
2GA31	MMTA - Surgical Aftercare - Low	Early - Institutional	2	4
2GB11	MMTA - Surgical Aftercare - Medium	Early - Institutional	0	4
2GB21	MMTA - Surgical Aftercare - Medium	Early - Institutional	1	5
2GB31	MMTA - Surgical Aftercare - Medium	Early - Institutional	2	5



Episodes Type – Kansas

PPS vs PDGM Episode Distribution by Adjustment Type						
Clinical Grouping	PPS Episodes	% of Episodes	1st 30 Day PDGM Episodes	2nd 30 Day PDGM Episodes	Total PDGM Episodes	% of Episodes
Standard Episode	35,914	86%	35,428	25,687	61,115	85%
LUPA Episode	2,960	7%	2,166	2,621	4,787	7%
PEP Episode	934	2%	568	231	799	1%
Outlier Episode	1,839	4%	3,485	1,706	5,191	7%
Total	41,647	100.0%	41,647	30,245	71,892	100.0%



Episodes Type – Kansas

PPS vs PDGM Reimbursement by Adjustment Type				
Clinical Grouping	60 Day PPS Episodes	Total PDGM Reimbursement	Change in Reimbursement	% Change
Standard Episode	\$110,140,432	\$101,736,768	(\$8,403,665)	-8%
LUPA Episode	\$1,261,190	\$1,184,842	(\$76,348)	-6%
PEP Episode	\$1,356,855	\$452,080	(\$904,775)	-67%
Outlier Episode	\$7,863,381	\$12,589,314	\$4,725,932	60%
Total	\$120,621,859	\$115,963,004	(\$4,658,855)	-3.9%



Considerations

- Final Rule will utilize 2018 Data.
 - These are proposed using 2017 data.
 - Rates may change based on more current data.
- Table 34 : Case Mix Weights For Each Payment Group.
 - HIPPS Codes and corresponding weights.



35

How to Prepare!



Create a Taskforce

- Create a Taskforce to be the steering committee that drive all PDGM initiatives
- Members need to be from all departments that will be effected:
 - Sales
 - Intake
 - Operations
 - Clinical
 - Finance
 - Revenue Cycle
 - Technology
 - Executive



Create Taskforce Goals & Milestones

- Establish the Overarching Goals
 - Create Milestones and hold the taskforce accountable to achieve them in the timeframes that have been developed

- Examples:

Milestone #1

- Conduct an Organizational and Operational Analysis to gain an understanding of current:
 - Structure
 - Processes
 - Workflows
 - Available reports

Milestone #2

- Analyze claim information to determine financial impact of the new PDGM model



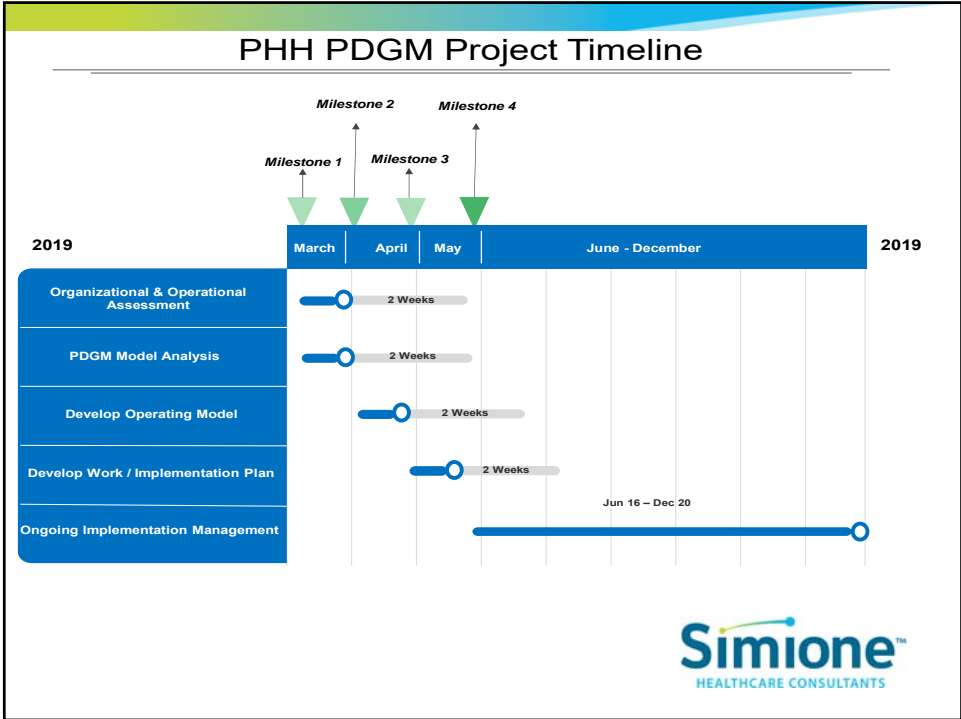
Create Taskforce Goals & Milestones

Milestone # 3

- Develop a proposed model for operations

Milestone # 4

- Develop an Implementation Plan
 - Resources
 - Timing
 - Change Management
- Develop an ongoing Implementation Management Plan

Operational Assessment/Operational Analysis

- Conduct an Organizational and Operations Analysis in each area to gain an understanding of the following:
 - Current structure.
 - Current processes.
 - Current Workflows.
 - Reports available.
- Gather and analyze claim information to determine changes needed:
 - Staffing
 - Training
 - Process
 - Technology
 - Cost/Financial Impact of Changes.



41

Operational Assessment/Operational Analysis

Assess all agency operations: Intake → Paid Claims

- Structure
- Process
- Outcomes



42

Operational Assessment/Operational Analysis

Areas of Focus:

- Finance and Data Analytics.
- Intake and Admissions (includes Sales/Marketing!).
- ICD 10 and OASIS Coding.
- Clinical Management
 - Staffing and Accountability.
 - Service Delivery:
 - UM, LUPA Management/Therapy Threshold.
- Physician Orders, Supplies, Other Costs.
- Quality and Regulatory.
- Revenue Cycle.
- Technology
- Budget Impact.



43

Operational Assessment/Operational Analysis

Key Performance Indicators:

- Days to RAP
- Days to Final
- Days to Signed Orders/F2F
- Day to Submit/Close Oasis
- Oasis Resubmission Rate
- Number o Questionable Encounters
- Visit Utilization
- Length of Stay
- Timely Discharge
- LUPA
- Comorbidities
- Clinical Groupings



44

Financial Analysis

- Financial
 - What is the overall impact?
 - Overall Revenue
 - Effect of 30-day vs 60-day
 - By reason (Admission Source, Timing, Clinical Group, etc.)
 - Impact of LUPAs
 - Impact of Questionable Encounters
 - How do we plan or roll out any changes without impacting our current profitability?



45

Building Financial Revenue Assumptions


- Financial
 - Building of Revenue Assumptions
 - Primary Assumptions
 - Admissions
 - Number of Periods per Admission
 - Clinical Grouping Mix
 - How do we handle Questionable Encounters
 - Admission Source
 - Institutional
 - Community
 - Case Mix / Average Reimbursement per Period
 - By Clinical Grouping
 - LUPAs per PDGM Period
 - Secondary Assumptions
 - Functional Status
 - Co-Morbidity



46


How to Prepare for PDGM


- Financial
 - Building of Resource Assumptions
 - Visits Per PDGM
 - By Clinical Group
 - By PDGM Period
 - Supply Cost Per PDGM Period
 - Transportation Cost



47

Know What Moves the Dial





48

Visits Per PDGM Period

Clinical Grouping	Nursing Vists Per Period			Therapy Visits Per Period			# of Periods
	Agency	State	Variance	Agency	State	Variance	
Behavioral Health Care	4.29	3.58	0.71	5.71	2.91	2.80	35.00
Complex Nursing Interventions	5.60	3.34	2.26	9.00	1.13	7.87	11.00
MMTA- Surgical Aftercare	4.81	5.49	(0.68)	6.15	4.78	1.37	227.00
MMTA- Cardiac/Circulator	4.84	5.13	(0.29)	6.16	3.86	2.30	751.00
MMTA- Endocrine	4.88	7.04	(2.16)	5.18	2.98	2.20	100.00
MMTA- GI/GU	3.83	4.55	(0.72)	6.38	3.77	2.61	267.00
MMTA- Infectious Disease	5.03	5.14	(0.11)	4.86	3.15	1.71	224.00
MMTA- Other	4.80	6.52	(1.72)	7.07	3.22	3.85	100.00
MMTA- Respiratory	4.28	4.54	(0.26)	6.89	4.53	2.36	498.00
Musculoskeletal Rehabilitation	2.49	3.40	(0.91)	8.58	6.96	1.62	558.00
Neuro/Stroke Rehabilitation	2.83	3.25	(0.42)	8.12	7.13	0.99	315.00
Wound	7.21	8.38	(1.17)	2.77	2.31	0.46	287.00



Sales & Marketing

- Overall strategic marketing approaches may change:
 - Review of the diagnosis groupings that drive higher reimbursement for the Agency under PDGM
 - Where are these patients currently being referred from?
 - Analyze agency data
 - Is there a greater opportunity to increase referrals?
 - Specialty services to market?
 - Analyze Claims data
 - High Therapy Agencies under PPS considerations
 - Impact to services
 - Revise marketing approaches?
 - ADL improvements
 - Interdisciplinary approaches?



Sales & Marketing

Example:

Clinical Grouping	60 Day PPS		2nd 30 Day PDGM		Total PDGM Reimbursement	Change
	PPS Episodes	Reimbursement	1st 30 Day PDGM Reimbursement	PDGM Reimbursement		
Behavioral Health Care	22	\$61,516	\$27,206	\$21,415	\$48,622	
Complex Intensive	5	\$8,059	\$5,000	\$5,000	\$9,999	
MMTA - Other	218	\$535,757	\$302,454	\$245,268	\$547,723	\$11,966 2.20%
MMTA - Other	88	\$188,543	\$117,255	\$95,940	\$213,195	\$24,652 13.10%
MMTA - Glycemic	26	\$58,942	\$34,749	\$23,062	\$57,811	(\$1,131) -1.90%
MMTA - Infectious Disease	35	\$79,003	\$52,491	\$28,902	\$81,393	\$2,390 3.00%
MMTA - Other	118	\$289,484	\$161,724	\$130,862	\$292,586	\$3,102 1.10%
MMTA - Respiratory	119	\$309,746	\$173,058	\$121,486	\$294,545	(\$15,201) -4.90%
MMTA - Surgical Aftercare	20	\$58,702	\$34,385	\$19,188	\$53,573	(\$5,129) -8.70%
Musculoskeletal Rehabilitation	81	\$237,622	\$128,766	\$86,607	\$215,373	(\$22,249) -9.40%
Neuro/Stroke Rehabilitation	117	\$345,299	\$202,561	\$162,173	\$364,734	\$19,435 5.60%
Questionable Encounters	85	\$217,623	\$125,537	\$89,525	\$215,062	(\$2,561) -1.20%
Wound	63	\$163,316	\$115,223	\$88,261	\$203,484	\$40,168 24.60%
Total	997	\$2,553,611	\$1,480,409	\$1,117,690	\$2,598,099	\$44,488 1.70%

Volume of Episodes

Overall Increase or Decrease



Intake & Referral Management

- Intake and referral management processes can impact the overall throughput to billing
 - Gathering patient information facilitate accurate coding
 - Specificity of the information from referral sources
 - Gathering Referral Source Information Accurately
 - Institutional
 - Community
- All rules still apply
 - Face to face gathering
 - Encounter documentation gathering
- Service standards still apply
 - Referral source relationships
 - Speed of admission



Admissions and Periods

Medicare Statistics					
Medicare PDGM Episodes					
	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	11	5	3	2	21
Complex Nursing Interventions	2	2	1	5	10
MMTA- Surgical Aftercare	123	50	15	12	200
MMTA- Cardiac/Circulator	166	115	49	77	407
MMTA- Endocrine	34	18	10	16	78
MMTA- GI/GU	92	47	23	34	196
MMTA- Infectious Disease	62	39	26	33	160
MMTA- Other	34	17	9	15	75
MMTA- Respiratory	156	84	32	32	304
Musculoskeletal Rehabilitation	381	192	41	39	653
Neuro/Stroke Rehabilitation	120	65	27	29	241
Wound	64	50	32	108	254
Questionable Encounters	118	56	21	34	229
TOTAL	1,363	740	289	436	2,828



Admissions and Periods – Agency Specific

Medicare Statistics			
Medicare PDGM Period			
	Period 1	Total	Periods Per Admission
Behavioral Health Care	11	21	1.91
Complex Nursing Interventions	2	10	5.00
MMTA- Surgical Aftercare	123	200	1.63
MMTA- Cardiac/Circulator	166	407	2.45
MMTA- Endocrine	34	78	2.29
MMTA- GI/GU	92	196	2.13
MMTA- Infectious Disease	62	160	2.58
MMTA- Other	34	75	2.21
MMTA- Respiratory	156	304	1.95
Musculoskeletal Rehabilitation	381	653	1.71
Neuro/Stroke Rehabilitation	120	241	2.01
Wound	64	254	3.97
Questionable Encounters	118	229	1.94
TOTAL	1,363	2,828	2.07



Admissions and Periods – Kansas

Clinical Grouping	1st PDGM Periods	Total PDGM Periods	Periods per Admit
Behavioral Health Care	671	2,941	4.38
Complex Nursing Interventions	280	1,540	5.50
MMTA- Surgical Aftercare	1,111	2,076	1.87
MMTA- Cardiac/Circulator	2,825	9,920	3.51
MMTA- Endocrine	672	2,755	4.10
MMTA- GI/GU	989	3,018	3.05
MMTA- Infectious Disease/Neoplasms/Blood-forming Diseases	989	3,139	3.17
MMTA- Other	1,141	4,134	3.62
MMTA- Respiratory	1,942	5,438	2.80
Musculoskeletal Rehabilitation	5,441	12,282	2.26
Neuro/Stroke Rehabilitation	2,171	6,327	2.91
Wound	1,484	6,276	4.23
Questionable Encounters	4,143	12,044	2.91
Total	23,859	71,890	3.01



Admissions and Periods – Comparison

Clinical Grouping	Agency Specific	State Specific	Variance
Behavioral Health Care	1.91	4.38	(2.47)
Complex Nursing Interventions	5.00	5.50	(0.50)
MMTA- Surgical Aftercare	1.63	1.87	(0.24)
MMTA- Cardiac/Circulator	2.45	3.51	(1.06)
MMTA- Endocrine	2.29	4.10	(1.81)
MMTA- GI/GU	2.13	3.05	(0.92)
MMTA- Infectious Disease	2.58	3.17	(0.59)
MMTA- Other	2.21	3.62	(1.41)
MMTA- Respiratory	1.95	2.80	(0.85)
Musculoskeletal Rehabilitation	1.71	2.26	(0.55)
Neuro/Stroke Rehabilitation	2.01	2.91	(0.90)
Wound	3.97	4.23	(0.26)
Questionable Encounters	1.94	2.91	(0.97)
Total	2.07	3.01	(0.94)



Intake & Referral Management

Considerations:

- Platform:
 - How do we receive and process referrals?
 - EMR capabilities for capturing institutional vs community DC.
 - Observation status verification.
 - EMR capabilities for determining early vs. late.
 - What about electronic referrals from health care systems via portals?
 - How do we track Transfers/Hospitalizations?

- Outcomes to Monitor
 - Impact of institutional vs community referrals.
 - ICD-10 Coding accuracy.



57

Admission Source

State			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	13,933	19%	1.3812
Early - Community	9,025	13%	1.2188
Late - Institutional	4,571	6%	1.2755
Late - Community	44,363	62%	0.8004
Total	71,892	100.0%	0.9957
Agency Specific			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	929	33%	1.3978
Early - Community	202	7%	1.2128
Late - Institutional	496	18%	1.2622
Late - Community	1,201	42%	0.9515
Total	2,828	100.0%	1.1278



Admission Source

State			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	13,933	61%	1.3812
Early - Community	9,025	39%	1.2188
Total	22,958	100.0%	0.9957
Agency Specific			
Admission Source	PDGM Episodes	% of Episodes	Average Case Mix Weight
Early - Institutional	929	82%	1.3978
Early - Community	202	18%	1.2128
Total	1,131	100.0%	1.1375



ICD-10 Coding and OASIS Accuracy

- Coding rules apply!
 - Limiting use of unspecified codes
 - Codes that are questionable for qualifying for skilled care under the HH
- Primary diagnosis
 - Primary reason for home health services – the driver of the patient’s plan of care
 - May change with a re-assessment for the 2nd 30 day episode if there is a change in condition/diagnosis.
- OASIS Accuracy continues to be important
 - Impacting payment and publicly reported outcomes



ICD-10 Coding and OASIS Accuracy

Considerations:

- **Structure:**
 - In-House vs Outsourced?
 - If In-House: Staff FTEs completing Coding and OASIS review; Productivity expectation.
 - Are Coding/OASIS review staff also reviewing the Plan of Care?
 - Number of ICD10 and OASIS-certified staff.
- **Processes:**
 - Timeliness of ICD10 Coding and OASIS-D reviews.
 - Accuracy/Completeness of data-Validation process.
 - Process for Corrections.
 - Questionable encounters process?
 - Changes in 2nd 30 day period?
 - Field clinician knowledge of ICD10 and OASIS-D.
 - Training/Education for staff/managers.



61

ICD-10 Coding and OASIS Accuracy

Considerations:

- **Platform:**
 - Clinical scrubber systems:
 - Do we have it? Do we use it effectively?
 - EMR capabilities for capturing ICD10 Codes (Primary and Comorbidities).
 - Process for changes-second 30 day period.
- **Outcomes to Monitor**
 - Timeliness/Accuracy of ICD10/OASIS data.
 - Clinical Groupings and Comorbidity adjustment impact.
 - Questionable encounters.
 - Clinician trends to identify further training needs.



62

ICD-10/OASIS Coding Accuracy

- Financial Impact:
 - What is the overall impact?
 - Overall Revenue
 - Effect of 30-day vs 60-day
 - By reason (Admission Source, Timing, Clinical Group, etc.)
 - Impact of LUPAs
 - Impact of Questionable Encounters
 - How do we plan or roll out any changes without impacting our current profitability?



63

Comorbidity

State		
Comorbidity Adjustment	PDGM Episodes	% of Episodes
No Comorbidity Adjustment	39,853	55%
Low Comorbidity Adjustment	26,398	37%
High Comorbidity Adjustment	5,641	8%
Total	71,892	100.0%
Agency Specific		
Comorbidity Adjustment	PDGM Episodes	% of Episodes
No Comorbidity Adjustment	1,555	55%
Low Comorbidity Adjustment	997	35%
High Comorbidity Adjustment	276	10%
Total	2,828	100.0%



Clinical Management and Operations

- Best Clinical Practices Remain important
 - Clinical Manager oversight to team
 - Utilization and Outcome
 - Interdisciplinary Care
 - Therapy still important – impactful to the overall POC and Outcomes
 - Case Management
 - Teach staff to case manage
 - Consistent clinical outcomes
 - Appropriate utilization



Clinical Management and Operations

- Considerations - Staffing and Accountability:
 - Structure:
 - What is our current clinical model?
 - How many RN/PT Case Managers do we have on staff? How many do we need to implement a Case Management Model?
 - RN/LPN, PT/PTA, OT/COTA ratios?
 - Current caseload sizes?
 - What is the role of the Clinical Manager?
 - Are there tasks that can be re-allocated away from clinicians and/or clinical managers?
 - Current productivity? Barriers?
 - Does the agency have/use remote patient monitoring?



Clinical Management and Operations

- **Considerations-Staffing and Accountability:**
 - Processes:
 - IDT Conferencing-OASIS and coding accuracy.
 - Interdisciplinary communication processes (initial and ongoing).
 - Case Review.
 - Clinical Manager oversight.
 - Concurrent review to ensure 30 day period changes are captured.
 - Clinical Operations related to specialty programs that fall under the Clinical Groupings such as:
 - Wound Care.
 - Infusion Therapy.
 - Behavioral Health.



67

Clinical Management and Operations

- **Considerations-Staffing and Accountability:**
 - Platform:
 - Does our EMR support timely and accurate clinical documentation?
 - Scheduling visits for optimal case management-flags, holds, etc?
 - How do we track Transfers/Hospitalizations?
- **Clinical data management**
 - Systems must support clinical decision-making.
- **Outcomes to Monitor**
 - Improved overall clinical outcomes (publicly reported, Casper).
 - Episode management-LOS and number of visits per 30 day episode.
 - LUPA management.
 - Acute Care Hospitalization/ED visits.
 - Clinical record review results.
 - Measure outcomes related to each Clinical Grouping (and MMTA Subgroup) for trends in visit utilization, LOS, service delivery, patient quality of care/satisfaction.
 - Financial Impact-Clinical Service Delivery (need drill down/monitoring capabilities).



68

Clinical Management

Accountability

- Staff/Managers must be held accountable to expectations:
 - Documentation timeliness/accuracy
 - Productivity
 - Case Management responsibilities
 - Interdisciplinary communication requirements
 - Outcomes as related to patient care/satisfaction
- Staff/Managers must have training and resources to assist in understanding of these expectations.
- Minimize valid EMR and other operations/process/workflow issues as much as possible.
- Case Management/Clinical Management training and support.



69

Clinical Management

Considerations: Service Delivery

- Assess Current Structure/Processes and Data/EMR Capabilities for:
 - Missed visits.
 - Scheduling, documentation, notification, avoidance.
 - LUPA management.
 - Care planning/case review, LUPA avoidance.
 - Process for “planned LUPAs” do they all have to be LUPAs?
 - Effective episode management.
 - Visits by period-clinical practice.
 - Service delivery.
 - Evaluation of clinical groupings and comorbidities.
 - LOS
 - Episode Management.
 - Case Management.
 - Change in diagnosis and documentation.
 - OASIS and ICD10 Coding accuracy-ongoing.



70

Visits Per PDGM Period

Clinical Grouping	Medicare Visits Per Period		
	Agency	State	Variance
Behavioral Health Care	11.67	6.85	4.82
Complex Nursing Interventions	11.60	5.61	5.99
MMTA- Surgical Aftercare	11.58	10.66	0.92
MMTA- Cardiac/Circulator	12.01	9.67	2.34
MMTA- Endocrine	11.35	10.74	0.61
MMTA- GI/GU	11.23	8.97	2.26
MMTA- Infectious Disease	10.68	8.93	1.75
MMTA- Other	13.29	10.73	2.56
MMTA- Respiratory	12.32	9.82	2.50
Musculoskeletal Rehabilitation	11.94	10.98	0.96
Neuro/Stroke Rehabilitation	12.11	11.06	1.05
Wound	10.84	9.70	1.14
Total	11.81	11.29	0.52



Alternative Way to Handle Questionable Encounters

Option #1

Utilizing a realization Factor	
Questionable Encounters	118
Realization factor	90%
	106

Option #2

Manually Determine the Allocation	Distribution	Allocated
Behavioral Health Care	0.50%	1
Complex Nursing Interventions	0.00%	-
MMTA- Surgical Aftercare	7.00%	8
MMTA- Cardiac/Circulator	13.00%	15
MMTA- Endocrine	1.50%	2
MMTA- GI/GU	3.00%	4
MMTA- Infectious Disease	3.00%	4
MMTA- Other	1.00%	1
MMTA- Respiratory	15.00%	18
Musculoskeletal Rehabilitation	43.00%	51
Neuro/Stroke Rehabilitation	10.00%	12
Wound	3.00%	4
TOTAL	100.00%	118



Questionable Encounters – Option #3

Medicare Statistics									
Medicare PDGM Episodes									
	Patients Total	Period 1	Period 2	Period 3	Period 4	Period 1	Period 2	Period 3	Period 4
Behavioral Health Care	11	0.9%	0.7%	1.1%	0.5%	1	1	1	-
Complex Nursing Interventions	2	0.2%	0.3%	0.4%	1.2%	-	1	1	-
MMTA- Surgical Aftercare	123	9.9%	7.3%	5.6%	3.0%	12	4	1	1
MMTA- Cardiac/Circulator	166	13.3%	16.8%	18.3%	19.2%	16	9	4	7
MMTA- Endocrine	34	2.7%	2.6%	3.7%	4.0%	3	1	1	1
MMTA- GI/GU	92	7.4%	6.9%	8.6%	8.5%	9	4	2	3
MMTA- Infectious Disease/Neoplasms/Blood-forming Diseases	62	5.0%	5.7%	9.7%	8.2%	6	3	2	3
MMTA- Other	34	2.7%	2.5%	3.4%	3.7%	3	1	1	1
MMTA- Respiratory	156	12.5%	12.3%	11.9%	8.0%	15	7	3	3
Musculoskeletal Rehabilitation	381	30.6%	28.1%	15.3%	9.7%	36	16	3	3
Neuro/Stroke Rehabilitation	120	9.6%	9.5%	10.1%	7.2%	11	5	2	2
Wound	64	5.1%	7.3%	11.9%	26.9%	6	4	3	9
Questionable Encounters	118								
TOTAL	1,363	100.0%	100.0%	100.0%	100.0%	118	56	24	33



Physician Orders, Supplies, Other

Considerations:

- Assess Current Structure/Processes and Data/EMR Capabilities for:
 - Supply management-ordering, utilization and billing.
 - Physician Orders:
 - Tracking, follow up and timely return.
 - Orders for all visits, treatments, POC changes, etc.
- What is orders review process?
 - Evaluate timeliness and oversight of physician orders.
- Pre-billing audits.



Clinical Operations: Bridging PPS to PDGM

- Same patient population.
 - Referral sources.
 - Clinical needs.
 - Implementation plan includes bridging considerations.
 - Impact under PPS.
- Therapy services continue under PDGM.
 - Functional status assessment and outcome improvement.
 - Assessment of current therapy practice patterns – PDGM impact/change.
 - Change care approaches?
 - Re-deploy resources?
 - Explore use of technology to supplement care.



75

Clinical Operations: Bridging PPS to PDGM

- Clinical Grouping Care Approaches.
 - Assessment of current nursing practice patterns – PDGM impact/change.
 - Care delivery impact to outcomes.
 - Wound care and supply use.
 - Service utilization.



76

Quality and Regulatory

Considerations:

- How are our Quality/Compliance/Regulatory functions addressed within the agency?
- Ensure Training for Clinical Managers/Supervisors and staff.
 - Impact of PDGM on care delivery models.
 - Degree of changes required.
 - Staffing – volumes – caseloads and team sizes.
 - Impact of actions to results.
 - Accountability
 - Quality Indicators Remain.
 - Quality Reporting Requirements (HH Compare/Casper/HH-CAHPS).
 - Value Based Purchasing for Pilot States.



77

Quality and Regulatory

Considerations:

- Opportunity to improve all patient outcomes
 - Enhanced data analysis
 - Enhanced training
 - Enhanced review and oversight
- OASIS and ICD10 Coding accuracy
- Regulatory (HH-CoPs) and Compliance (Eligibility/Payment) requirements are still in effect!



78

Financial Assessment

- Revenue Cycle
 - How will this effect our current staffing?
 - Currently 1 claim per 60 days.
 - Same number of patients.
 - PPS Episode - 41,796
 - PDGM Periods - 71,890
 - 1.72 additional RAPs and Final Claims
 - Understand the order tracking days.
 - Do we have the most efficient processes?
 - Where are any potential backlogs?
 - Flow the process out.



79

Revenue Cycle

- Revenue Cycle
 - Where are our bottlenecks?
 - What is delaying us from dropping clean claims?
 - Required Documentation
 - Timeliness of Clinical Visits
 - Discharge Timeliness
 - You maybe surprised by some of the reasons.
 - Make sure billers are trained!



80

Information Technology

- **Information Technology**
 - Through the Taskforce, understand what your organization needs will be from our EMR.
 - Document them and insure the EMR will be able to handle them.
 - Keep a pulse on how our EMR is handling these changes.
 - What version will be PDGM compliant and what version are we currently on!




81

Information Technology

- **Information Technology**
 - Are there other Technology needs that will help move the organization forward.
 - Telemonitoring.
 - Document management.
 - Supply management solutions.
 - Utilization of all interfaces
 - Try to eliminate all work arounds.
 - Others




82



How to Prepare for PDGM

- Medicare Advantage Contracts
 - Will your Medicare Advantage plans use the PDGM methodology or will they use a variation of it?
 - 30 days claims?
 - RAP payments?
 - Admission Source?
 - Clinical Groupings?
 - Co-morbidities?

83



Development of the Medicare Budget



Admission and PDGM Periods

Medicare Statistics					
Medicare PDGM Period					
	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	11	5	3	2	21
Complex Nursing Interventions	2	2	1	5	10
MMTA- Surgical Aftercare	123	50	15	12	200
MMTA- Cardiac/Circulator	166	115	49	77	407
MMTA- Endocrine	34	18	10	16	78
MMTA- GI/GU	92	47	23	34	196
MMTA- Infectious Disease	62	39	26	33	160
MMTA- Other	34	17	9	15	75
MMTA- Respiratory	156	84	32	32	304
Musculoskeletal Rehabilitation	381	192	41	39	653
Neuro/Stroke Rehabilitation	120	65	27	29	241
Wound	64	50	32	108	254
Questionable Encounters	118	56	21	34	229
TOTAL	1,363	740	289	436	2,828



Admission and PDGM Periods

Option #1

Utilizing a realization Factor				
	Period 1	Period 2	Period 3	Period 4
Questionable Encounters	118	56	21	34
Realization factor	90%	90%	90%	90%
	106	50	19	31



Admission and PDGM Periods

Medicare Statistics								
Medicare PDGM Period								
	Period 1	Period 2	Period 3	Period 4	Period 1	Period 2	Period 3	Period 4
Behavioral Health Care	0.9%	0.7%	1.1%	0.5%	1	0	0	0
Complex Nursing Interventions	0.2%	0.3%	0.4%	1.2%	0	0	0	0
MMTA- Surgical Aftercare	9.9%	7.3%	5.6%	3.0%	10	4	1	1
MMTA- Cardiac/Circulator	13.3%	16.8%	18.3%	19.2%	14	8	3	6
MMTA- Endocrine	2.7%	2.6%	3.7%	4.0%	3	1	1	1
MMTA- GI/GU	7.4%	6.9%	8.6%	8.5%	8	3	2	3
MMTA- Infectious Disease	5.0%	5.7%	9.7%	8.2%	5	3	2	3
MMTA- Other	2.7%	2.5%	3.4%	3.7%	3	1	1	1
MMTA- Respiratory	12.5%	12.3%	11.9%	8.0%	13	6	2	2
Musculoskeletal Rehabilitation	30.6%	28.1%	15.3%	9.7%	33	14	3	3
Neuro/Stroke Rehabilitation	9.6%	9.5%	10.1%	7.2%	10	5	2	2
Wound	5.1%	7.3%	11.9%	26.9%	5	4	2	8
Questionable Encounters								
TOTAL	100.0%	100.0%	100.0%	100.0%	106	50	19	31



Admission and PDGM Periods

Medicare PDGM Episodes					
Month	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	12	5	3	2	23
Complex Nursing Interventions	2	2	1	5	11
MMTA- Surgical Aftercare	133	54	16	13	216
MMTA- Cardiac/Circulator	180	123	52	83	439
MMTA- Endocrine	37	19	11	17	84
MMTA- GI/GU	100	50	25	37	212
MMTA- Infectious Disease	67	42	28	36	173
MMTA- Other	37	18	10	16	81
MMTA- Respiratory	169	90	34	34	328
Musculoskeletal Rehabilitation	414	206	44	42	706
Neuro/Stroke Rehabilitation	130	70	29	31	260
Wound	69	54	34	116	274
TOTAL	1,351	734	287	433	2,805



Admission and PDGM Periods

Medicare Statistics Non-LUPA Percentages Per Period				
Medicare PDGM Periods				
Month	Period 1	Period 2	Period 3	Period 4
Behavioral Health Care	100.0%	98.4%	90.1%	95.6%
Complex Nursing Interventions	100.0%	94.9%	87.5%	88.2%
MMTA- Surgical Aftercare	97.2%	81.2%	92.8%	98.5%
MMTA- Cardiac/Circulator	96.1%	83.5%	94.2%	88.7%
MMTA- Endocrine	91.8%	94.3%	81.0%	95.0%
MMTA- GI/GU	95.7%	83.1%	88.0%	92.5%
MMTA- Infectious Disease/Neoplasms/Blood-forming Diseases	93.5%	93.5%	91.2%	95.5%
MMTA- Other	97.5%	94.1%	92.6%	97.6%
MMTA- Respiratory	94.3%	78.1%	94.2%	98.8%
Musculoskeletal Rehabilitation	91.8%	75.1%	92.1%	83.4%
Neuro/Stroke Rehabilitation	95.1%	83.7%	96.2%	99.1%
Wound	95.3%	85.1%	92.7%	92.6%
Questionable Encounters	93.2%	83.7%	95.1%	94.7%
TOTAL				91%



Admission and PDGM Periods

Medicare Statistics LUPA Percentages Per Period				
Medicare PDGM LUPA Periods				
Month	Period 1	Period 2	Period 3	Period 4
Behavioral Health Care	0.0%	1.6%	9.9%	4.4%
Complex Nursing Interventions	0.0%	5.1%	12.5%	11.8%
MMTA- Surgical Aftercare	2.8%	18.8%	7.2%	1.5%
MMTA- Cardiac/Circulator	3.9%	16.5%	5.8%	11.3%
MMTA- Endocrine	8.2%	5.7%	19.0%	5.0%
MMTA- GI/GU	4.3%	16.9%	12.0%	7.5%
MMTA- Infectious Disease/Neoplasms/Blood-forming Diseases	6.5%	6.5%	8.8%	4.5%
MMTA- Other	2.5%	5.9%	7.4%	2.4%
MMTA- Respiratory	5.7%	21.9%	5.8%	1.2%
Musculoskeletal Rehabilitation	8.2%	24.9%	7.9%	16.6%
Neuro/Stroke Rehabilitation	4.9%	16.3%	3.8%	0.9%
Wound	4.7%	14.9%	7.3%	7.4%
Questionable Encounters	6.8%	16.3%	4.9%	5.3%
TOTAL				9%



Admission and PDGM Periods

Medicare PDGM Full Periods					
Month	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	12	6	3	3	24
Complex Nursing Interventions	2	3	1	5	11
MMTA- Surgical Aftercare	130	44	15	13	202
MMTA- Cardiac/Circulator	173	104	50	74	401
MMTA- Endocrine	34	19	9	17	79
MMTA- GI/GU	96	42	22	34	194
MMTA- Infectious Disease	63	40	26	34	163
MMTA- Other	36	18	9	16	79
MMTA- Respiratory	160	71	33	35	299
Musculoskeletal Rehabilitation	380	155	41	36	612
Neuro/Stroke Rehabilitation	124	59	28	31	242
Wound	66	46	32	108	252
TOTAL	1,275	607	269	406	2,557



Admission and PDGM Periods

Medicare PDGM LUPA Episodes					
Month	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	-	-	-	-	-
Complex Nursing Interventions	-	-	-	-	-
MMTA- Surgical Aftercare	3	10	1	-	14
MMTA- Cardiac/Circulator	7	20	3	9	39
MMTA- Endocrine	3	1	2	-	6
MMTA- GI/GU	4	8	2	2	16
MMTA- Infectious Disease	4	2	2	1	9
MMTA- Other	-	1	-	-	1
MMTA- Respiratory	9	19	2	-	30
Musculoskeletal Rehabilitation	33	51	3	6	93
Neuro/Stroke Rehabilitation	6	11	1	-	18
Wound	3	7	2	8	20
TOTAL	72	130	18	26	246



Admission and PDGM Periods

Medicare PDGM Reimbursement					
Month	Period 1	Period 2	Period 3	Period 4	Total
Behavioral Health Care	28,826	11,493	7,201	4,534	52,054
Complex Nursing Interventions	4,564	4,703	1,740	13,049	24,057
MMTA- Surgical Aftercare	352,359	77,131	32,091	27,318	488,900
MMTA- Cardiac/Circulator	488,073	204,858	107,478	146,927	947,336
MMTA- Endocrine	95,970	35,545	17,200	32,334	181,049
MMTA- GI/GU	252,618	82,505	49,043	70,674	454,840
MMTA- Infectious Disease	170,256	79,262	55,738	62,422	367,678
MMTA- Other	91,455	35,377	19,910	25,496	172,237
MMTA- Respiratory	440,227	134,892	71,126	70,238	716,484
Musculoskeletal Rehabilitation	1,079,341	296,981	89,767	84,779	1,550,868
Neuro/Stroke Rehabilitation	365,609	131,809	69,003	69,846	636,267
Wound	197,062	111,541	74,580	262,291	645,474
TOTAL	3,566,360	1,206,098	594,877	869,908	6,237,243



Visits and PDGM Periods - Baseline

Month	Agency Specific						Total Visits
	Medicare Visits Per Period 1st Period						
	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide	
Behavioral Health Care	4.82	4.73	3.00	-	1.18	0.45	14.18
Complex Nursing Interventions	6.50	5.50	4.00	-	-	-	16.00
MMTA- Surgical Aftercare	5.33	4.89	2.90	-	0.21	0.43	13.76
MMTA- Cardiac/Circulator	5.63	6.03	3.34	-	0.58	0.98	16.56
MMTA- Endocrine	5.47	4.29	2.44	-	1.06	0.65	13.91
MMTA- GI/GU	4.65	5.47	2.70	-	0.53	0.73	14.08
MMTA- Infectious Disease...	5.85	3.66	2.71	-	0.35	0.47	13.05
MMTA- Other	5.00	5.97	3.62	-	0.68	0.65	15.91
MMTA- Respiratory	5.08	6.35	3.50	-	0.63	0.72	16.28
Musculoskeletal Rehabilitation	3.06	8.09	3.05	-	0.26	0.71	15.17
Neuro/Stroke Rehabilitation	3.52	6.83	3.88	-	0.38	1.02	15.63
Wound	6.81	3.16	2.05	-	0.59	0.70	13.31



Visits and PDGM Periods – Period #1 Adjustments

Month	Comparison							Number Of Periods
	Medicare Visits Per Periods 1st							
	Agency Specific Nursing	Adjustment	Adjusted Nursing	Agency Specific Therapy	Adjustment	Adjusted Therapy		
Behavioral Health Care	4.82	-	4.82	7.73	(1.00)	6.73	12	
Complex Nursing Interventions	6.50	-	6.50	9.50	(1.50)	8.00	2	
MMTA- Surgical Aftercare	5.33	-	5.33	7.80	(1.00)	6.80	133	
MMTA- Cardiac/Circulator	5.63	-	5.63	9.37	(1.00)	8.37	180	
MMTA- Endocrine	5.47	-	5.47	6.74	(0.50)	6.24	37	
MMTA- GI/GU	4.65	-	4.65	8.16	(1.00)	7.16	100	
MMTA- Infectious Disease...	5.85	-	5.85	6.37	(0.50)	5.87	67	
MMTA- Other	5.00	-	5.00	9.59	(1.50)	8.09	37	
MMTA- Respiratory	5.08	-	5.08	9.85	(1.50)	8.35	169	
Musculoskeletal Rehabilitation	3.06	-	3.06	11.14	(1.00)	10.14	414	
Neuro/Stroke Rehabilitation	3.52	-	3.52	10.71	-	10.71	130	
Wound	6.81	-	6.81	5.20	-	5.20	69	

All Changes to visit assumptions should be the result of clinical review



Visits and PDGM Periods – Overall Adjustments

Month	Comparison							Number Of Periods
	Medicare Visits Per Periods Overall							
	Agency Specific Nursing	Adjustment	Adjusted Nursing	Agency Specific Therapy	Adjustment	Adjusted Therapy		
Behavioral Health Care	4.29	-	4.29	5.71	(0.66)	5.06	12	
Complex Nursing Interventions	5.60	-	5.60	9.00	(1.00)	8.00	2	
MMTA- Surgical Aftercare	4.81	-	4.81	6.15	(0.54)	5.61	133	
MMTA- Cardiac/Circulator	4.84	-	4.84	6.16	(0.32)	5.84	180	
MMTA- Endocrine	4.88	-	4.88	5.18	(0.67)	4.51	37	
MMTA- GI/GU	3.83	-	3.83	6.38	(0.28)	6.10	100	
MMTA- Infectious Disease...	5.03	-	5.03	4.86	(0.17)	4.69	67	
MMTA- Other	4.80	-	4.80	7.07	(1.26)	5.81	37	
MMTA- Respiratory	4.28	-	4.28	6.89	(0.77)	6.13	169	
Musculoskeletal Rehabilitation	2.49	-	2.49	8.58	(0.63)	7.95	414	
Neuro/Stroke Rehabilitation	2.83	-	2.83	8.12	(0.08)	8.04	130	
Wound	7.21	-	7.21	2.77	0.70	3.47	69	

All Changes to visit assumptions should be the result of clinical review



Visits and PDGM Periods – Overall Adjustments

Month	Total Visits						Total Visits	Periods
	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide		
Behavioral Health Care	97	63	52	-	27	11	250	23
Complex Nursing Interventions	74	51	36	-	-	-	160	11
MMTA- Surgical Aftercare	1,046	726	486	-	56	85	2,399	216
MMTA- Cardiac/Circulator	2,065	1,687	876	-	177	259	5,064	439
MMTA- Endocrine	458	239	140	-	57	50	945	84
MMTA- GI/GU	841	837	454	-	92	139	2,362	212
MMTA- Infectious Disease	840	519	290	-	54	55	1,757	173
MMTA- Other	339	295	175	-	37	82	928	81
MMTA- Respiratory	1,400	1,276	734	-	164	216	3,790	328
Musculoskeletal Rehabilitation	1,740	4,056	1,554	-	156	409	7,916	706
Neuro/Stroke Rehabilitation	719	1,379	713	-	78	213	3,102	260
Wound	1,861	629	319	-	95	162	3,066	274
Total	11,481	11,755	5,830	-	992	1,681	31,739	2,805
Baseline Total Visits	11,481	12,995	5,830	-	992	1,681	32,980	2,805



Staffing Calculation

Month	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide
Total Work Days	260	260	260	260	260	260
Non-Work Days						
PTO	20	20	20	20	20	20
Holidays	6	6	6	6	6	6
Personal Days	10	10	10	10	10	10
Time Available for Work	224	224	224	224	224	224
Administrative Time	9	9	9	9	9	9
Time Available to Visit	215	215	215	215	215	215
Budgeted Productivity per Day (Un-Weighted)	4.70	4.60	5.00	4.50	2.30	4.30
Total Visits Per FTE	1,011	989	1,075	968	495	925



Staffing Calculation

Month	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide
Total Visits	11,481	11,755	5,830	-	992	1,681
Visits Per FTE	1,011	989	1,075	968	495	925
Required FTEs	11.36	11.89	5.42	-	2.01	1.82
Actual FTEs	10.25	12.00	5.00	-	2.00	2.50
Per Diem Requirement	1.11	(0.11)	0.42	-	0.01	(0.68)



Salaries and Per Diem Expense

Month	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide
FTEs	10.25	12.00	5.00	-	2.00	2.50
Full Time Staff - Hourly Rate	\$ 32.06	\$ 46.22	\$ 43.06	\$ 42.46	\$ 28.64	\$ 13.86
Number of hours worked per year	2,080	2,080	2,080	2,080	2,080	2,080
Total Full Time Salaries & Wages	683,519	1,153,651	447,824	-	119,142	72,072
Taxes & Benefits	24%	24%	24%	24%	24%	24%
Total Full Time Benefits	161,994	273,415	106,134	-	28,237	17,081
Per Diem Visits	1,123	-	455	-	3	-
Per Diem Staff - Hourly Rate	42.28	69.43	66.07	66.14	57.53	16.93
Total Per Diem Salaries & Wages	47,483	-	30,057	-	192	-
Taxes & Benefits	14%	14%	14%	14%	14%	14%
Total Per Diem Taxes	6,505	-	4,118	-	26	-
Total	899,502	1,427,067	588,133	-	147,598	89,153



Transportation & Supply Expense

Month	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide
Total Visits	11,481	11,755	5,830	-	992	1,681
Milage Cost Per Visits	2.73	2.60	2.53	3.10	3.62	2.62
Required FTEs	31,342	30,564	14,750	-	3,592	4,405
Billable Supply Cost Per Visits	2.04	2.04	2.04	2.04	2.04	2.04
Required FTEs	23,421	23,981	11,893	-	2,024	3,430
Routine Supply Cost Per Visits	1.03	1.03	1.03	1.03	1.03	1.03
Required FTEs	11,825	12,108	6,005	-	1,022	1,732



Medicare Adjusted Profit(Loss)

Month	Skilled Nursing	Physical Therapy	Occupational Therapy	Speech Therapy	Medical Social Services	Home Health Aide	Total
Medicare Revenue							6,237,243
Full Time Staff - Hourly Rate	683,519	1,153,651	447,824	-	119,142	72,072	2,476,209
Per Diem Staff - Hourly Rate	47,483	-	30,057	-	192	-	77,732
Taxes & Benefits	168,499	273,415	110,252	-	28,263	17,081	597,511
	899,502	1,427,067	588,133	-	147,598	89,153	3,151,452
Mileage	31,342	30,564	14,750	-	3,592	4,405	84,653
Billable Supplies	23,421	23,981	11,893	-	2,024	3,430	64,748
Routine Supplies	11,825	12,108	6,005	-	1,022	1,732	32,692
	966,090	1,493,719	620,780	-	154,237	98,719	3,333,545
Gross Margin							2,903,698
							46.55%



Medicare Profit(Loss) Adjusted vs Base Line

Month	Adjusted Base Line	Base Line	Total
Medicare Revenue	6,237,243	6,237,243	-
Full Time Staff - Hourly Rate	2,476,209	2,476,209	-
Per Diem Staff - Hourly Rate	77,732	156,010	(78,278)
Taxes & Benefits	597,511	608,235	(10,724)
	3,151,452	3,240,454	(89,002)
Mileage	84,653	87,877	(3,224)
Billable Supplies	64,748	67,278	(2,530)
Routine Supplies	32,692	33,969	(1,277)
	3,333,545	3,429,578	(96,034)
Gross Margin	2,903,698	2,807,664	96,034
	46.55%	45.01%	1.54%



Medicare Profit(Loss) Behavioral adjustment

WORST CASE INCLUDES BEHVIORAL ADJUSTMENT

Month	Adjusted Base Line With	Adjusted Base Line Without	Increase (Decrease)
Medicare Revenue	5,836,812	6,237,243	(400,431)
Full Time Staff - Hourly Rate	2,476,209	2,476,209	-
Per Diem Staff - Hourly Rate	77,732	156,010	(78,278)
Taxes & Benefits	597,511	608,235	(10,724)
	3,151,452	3,240,454	(89,002)
Mileage	84,653	87,877	(3,224)
Billable Supplies	64,748	67,278	(2,530)
Routine Supplies	32,692	33,969	(1,277)
	3,333,545	3,429,578	(96,034)
Gross Margin	2,503,267	2,807,664	(304,397)
	42.89%	45.01%	-2.13%



PDGM Case Studies



Agency A

- Current Medicare Net Margin is 19%.
- Overall a decrease of 9% in Medicare reimbursement in PDGM.
 - 26% of PPS Episodes are in the Rehab clinical grouping.
 - Therapy visits per episode are 9.2 in PPS.
 - 45% of episodes do not have a subsequent 30 day period.
 - 12% of episodes with questionable encounter.



Agency A

Clinical Grouping	% of PPS Episodes	SN Visits Per Episode	Therapy Visits per Episode
MMTA - Cardiac/Circulator	17%	8.07	9.98
MMTA - Endocrine	1%	13.33	7
MMTA - GI/GU	7%	8.74	3.26
MMTA - Infectious Disease	7%	9.12	4.88
MMTA - Respiratory	5%	9.57	9.14
MMTA - Surgical Aftercare	6%	8.8	10.07
Musculoskeletal Rehabilitation	16%	6.45	14.33
Neuro/Stroke Rehabilitation	6%	5.44	14.19
Questionable Encounters	12%	7.19	11.91
Wound	20%	14.02	4.68
Total	100%	9	9.21



Agency A

Clinical Group	% of Initial Episodes without a 2nd 30 day
MMTA - Cardiac/Circulator	48%
MMTA - Endocrine	10%
MMTA - GI/GU	50%
MMTA - Infectious Disease	44%
MMTA - Respiratory	27%
MMTA - Surgical Aftercare	71%
Musculoskeletal Rehabilitation	47%
Neuro/Stroke Rehabilitation	80%
Questionable Encounters	38%
Wound	23%
Grand Total	45%



Agency A – Questionable Encounters Drill Down

- What are my top diagnosis?

1. R26.2 Difficulty in walking, not elsewhere classified
2. M25.561 Pain in right knee
3. M54.5 Low back pain
4. R26.89 Other abnormalities of gait and mobility
5. R55. Syncope and collapse



Agency A – Questionable Encounters Drill Down

- What is the potential revenue impact?

	PPS Episodes	PPS Reimbursement	Total Value
Difficult in Walking, not classified	125	\$ 3,200.00	\$ 400,000.00
Pain in Right Knee	75	\$ 3,100.00	\$ 232,500.00
Low Back Pain	55	\$ 2,900.00	\$ 159,500.00
Other abnormalities of gait and mobility	22	\$ 2,785.00	\$ 61,270.00
Syncope and Collapse	11	\$ 3,500.00	\$ 38,500.00
Other Questionable Encounters	22	\$ 3,300.00	\$ 72,600.00
	Total		\$ 964,370.00



Agency A – Questionable Encounters Drill Down

- Next Steps:
 - How many episodes have a secondary diagnosis that was treated for in the episode?

	Secondary Diagnosis Billable
Difficult in Walking, not classified	99
Pain in Right Knee	42
Low Back Pain	22
Other abnormalities of gait and mobility	9
Syncope and Collapse	10
Other	11



Agency A – Questionable Encounters Drill Down

- Next Steps:
 - Which clinicians or teams are not documenting the correct primary diagnosis?
 - Provide education to staff to choose the correct diagnosis and not choose a “symptom”.
 - Provide quality review process when specific diagnosis codes that generate questionable encounters are chosen.
 - This can start now!



Agency A – Questionable Encounters Drill Down

- Next Steps:
 - What is the financial impact of choosing the secondary diagnosis?

	1st Period Reimbursement	Subsequent Period Reimbursement	Total
Difficult in Walking, not classified	\$ 1,700.00	\$ 1,250.00	\$ 258,300.00
Pain in Right Knee	\$ 1,500.00	\$ 1,450.00	\$ 96,350.00
Low Back Pain	\$ 1,425.00	\$ 1,350.00	\$ 55,650.00
Other abnormalities of gait and mobility	\$ 1,610.00	\$ 1,510.00	\$ 23,550.00
Syncope and Collapse	\$ 1,525.00	\$ 1,400.00	\$ 29,250.00
Other	\$ 1,350.00	\$ 1,400.00	\$ 27,450.00
		Total	\$ 490,550.00



Agency A – Questionable Encounters Drill Down

- Next Steps:
 - What about those questionable encounters that were based on the referral and secondary diagnosis does not meet the Clinical Grouping criteria?
 - Breakdown QE's by referral:

	Number of Questionable Encounters
Dr. Simione	26
Dr. Maroney	33
ABC Rehab	33
Mercy Hospital	13
Harbor SNF	12

- Provide education to referring partners on diagnosis that are covered under the Medicare benefit in PDGM!



Agency A – Questionable Encounters Drill Down

- Next Steps:
 - Track questionable encounters now and the improvement in the agency through 2019.
 - Are my referral source’s sending me diagnosis that will be billable in PDGM.
 - Are intake and liaisons ensuring that patient meet the Home Care requirements?
 - Are clinicians choosing the right diagnosis?
 - Budget conservatively but track progress and make changes!
 - The process starts now!



Agency A – Therapy Utilization

- Where is my highest volume of Therapy visits and what’s the impact?

Clinical Grouping	Therapy Visits per 60 Day PPS Episode	1st 30 Day Therapy Visits per Episode	2nd 30 Day Therapy Visits per Episode
Musculoskeletal Rehabilitation	14.33	12.6	3.65
Neuro/Stroke Rehabilitation	14.19	12.5	6.75

- Decrease in reimbursement of 14% in Musculoskeletal Rehab.
- Decrease in reimbursement of 27% in Neuro/Stroke Rehab.



Agency A – Therapy Utilization - Revenue

30 Day Periods	Reimbursement Per 30 Day Period	Total PDGM Reimbursement
62	\$2,964	\$183,762



Agency A – Therapy Utilization – Direct Cost

	30 Day Periods	Visits Per Clinical Group	Total Visits	Direct Cost Per Visit	Direct Costs
Skilled Nursing	62	4.37	271	101.00	\$27,371
Physical Therapy	62	5.35	332	98.00	\$32,536
Occupational Therapy	62	3.89	241	90.00	\$21,690
Speech Therapy	62	0.47	29	85.00	\$2,465
Medical Social Service	62	0.00	0	125.00	\$0
Home Health Aide	62	2.19	136	45.00	\$6,120
Mileage			1,009	2.25	\$2,270
Billable Supply Cost			1,009	3.00	\$767
Total Direct Cost					\$93,219

Agency A – Therapy Utilization – Indirect Cost

	Total Visits	Indirect Cost Per Visit	Indirect Costs
Skilled Nursing	271	70.00	\$18,970
Physical Therapy	332	70.00	\$23,240
Occupational Therapy	241	70.00	\$16,870
Speech Therapy	29	70.00	\$2,030
Medical Social Service	0	70.00	\$0
Home Health Aide	136	70.00	\$9,520
Total Indirect Costs			\$70,630
Net Income			\$19,913
Net Income %			10.8%

Agency A – Therapy Utilization

- **Finding:**
 - Rehab is still a profitable diagnosis in PDGM.
- **Opportunities:**
 - Focus on episodes that are less than 30 days with, can we reduce therapy utilization and maintain outcomes?

Musculoskeletal Rehab - Only One 30 Day Period	
Episodes with one 30 day period	32
PPS Revenue	\$ 5,079.00
PDGM Revenue Per Episode	\$ 2,600.00
Total Revenue Impact	\$ (79,328.00)
Therapy Visits per Episode	12.6
New Care Pathway	7.26
Total Savings	28,707.84



Agency B

- Current Medicare Net Margin is 13%.
- Overall a decrease of 2.3 % in Medicare reimbursement in PDGM.
 - 33% increase in LUPA episodes resulting which makes up about a 1% decrease in reimbursement.
 - Only 20% of patients with a low comorbidity and 5% with a high comorbidity, compared to KS benchmarks of 37% and 8%.
 - High nursing utilization for subsequent periods MMTA Nursing Cardiac 8.3 visit, KS benchmark is 4.0 visits.



Agency B -LUPAs

	PPS Episodes	% of Episodes	1st 30 Day PDGM Episodes	2nd 30 Day PDGM Episodes
Standard Episodes	4,135	83.1%	4,190	2,541
LUPA Episodes	599	12.0%	469	333
PEP Episodes	136	2.7%	102	23



Agency B - LUPAs

	LUPAs	
	1st 30 Day	2nd 30 Day
Behavioral Health Care	33	27
Complex Nursing Interventions	28	30
MMTA- Surgical Aftercare	164	33
MMTA- Cardiac/Circulator	23	23
MMTA- Endocrine	19	20
MMTA- GI/GU	14	7
MMTA- Infectious Disease/Neoplasms/Blood-forming Diseases	47	27
MMTA- Other	19	20
MMTA- Respiratory	28	27
Musculoskeletal Rehabilitation	38	83
Neuro/Stroke Rehabilitation	42	17
Wound	14	20
Total	469	333



Agency B - LUPAs

Diagnosis Code

Z48.812

Diagnosis Description

Encltr for surgical aftr following surgery on the circ sys

CLINICAL GROUPS

1ST 30 DAY PERIOD

2ND 30 DAY PERIOD

CLINICAL GROUP	FUNCTIONAL LEVEL	COMORBIDITY ADJ	SOURCE/TIMING	HRPS CODE	LUPA THRESHOLD	SOURCE/TIMING	HRPS CODE	LUPA THRESHOLD
MMTA - Surgical Aftercare	Low	None	Early - Institutional	2GA11	3	Late - Community	3GA11	2
MMTA - Surgical Aftercare	Low	Low	Early - Institutional	2GA21	4	Late - Community	3GA21	2
MMTA - Surgical Aftercare	Low	High	Early - Institutional	2GA31	4	Late - Community	3GA31	2
MMTA - Surgical Aftercare	Medium	None	Early - Institutional	2GB11	4	Late - Community	3GB11	2
MMTA - Surgical Aftercare	Medium	Low	Early - Institutional	2GB21	5	Late - Community	3GB21	2
MMTA - Surgical Aftercare	Medium	High	Early - Institutional	2GB31	5	Late - Community	3GB31	2
MMTA - Surgical Aftercare	High	None	Early - Institutional	2GC11	4	Late - Community	3GC11	2
MMTA - Surgical Aftercare	High	Low	Early - Institutional	2GC21	5	Late - Community	3GC21	2
MMTA - Surgical Aftercare	High	High	Early - Institutional	2GC31	5	Late - Community	3GC31	2

HEALTHCARE CONSULTANTS

Agency B - LUPAs


Diagnosis Code: I11.0
 Diagnosis Description: Hypertensive heart disease with heart failure

CLINICAL GROUPS			1ST 30 DAY PERIOD			2ND 30 DAY PERIOD		
CLINICAL GROUP	FUNCTIONAL LEVEL	COMORBIDITY ADJ.	SOURCE TIMING	HPPS CODE	LUPA THRESHOLD	SOURCE TIMING	HPPS CODE	LUPA THRESHOLD
MMTA - Cardiac	Low	None	Early - Institutional	2HA11	4	Late - Community	3HA11	2
MMTA - Cardiac	Low	Low	Early - Institutional	2HA21	4	Late - Community	3HA21	2
MMTA - Cardiac	Low	High	Early - Institutional	2HA31	4	Late - Community	3HA31	3
MMTA - Cardiac	Medium	None	Early - Institutional	2HB11	4	Late - Community	3HB11	2
MMTA - Cardiac	Medium	Low	Early - Institutional	2HB21	4	Late - Community	3HB21	2
MMTA - Cardiac	Medium	High	Early - Institutional	2HB31	5	Late - Community	3HB31	3
MMTA - Cardiac	High	None	Early - Institutional	2HC11	4	Late - Community	3HC11	2
MMTA - Cardiac	High	Low	Early - Institutional	2HC21	4	Late - Community	3HC21	2
MMTA - Cardiac	High	High	Early - Institutional	2HC31	4	Late - Community	3HC31	3

Agency B – Comorbidities

- Which clinical group has the largest discrepancies with co-morbidities compared to state benchmarks?

Clinical Grouping	Co-Morbidities			Percentage of Episodes
	No	Low	High	
MMTA - Cardiac/Circulator	64.00%	33%	3%	35%
MMTA - Endocrine	52.00%	40%	8%	3%
MMTA - GI/GU	58.00%	35%	7%	6%
MMTA - Infectious Disease	75.00%	20%	5%	4%
MMTA - Other	63.00%	34%	3%	4%
MMTA - Respiratory	64.00%	34%	2%	6%
MMTA - Surgical Aftercare	68.00%	31%	1%	8%
Musculoskeletal Rehabilitation	77.00%	22%	1%	11%
Neuro/Stroke Rehabilitation	82.00%	15%	3%	5%
Wound	75.00%	23%	2%	18%



Agency B – Comorbidities

- Which clinical group has the largest discrepancies in comorbidities compared to state benchmarks?
 - Audit a sample of patients in each clinical grouping focusing on clinical groupings that have the highest volume of current patients and largest difference between benchmarks.
 - Determine if these patients had secondary diagnosis that were not documented on the Oasis or Claim.
 - Provide education to your clinicians:
 - QA to have ongoing audits of patient charts.
 - Discuss secondary diagnosis during case conferencing.
 - Start the practice of having intake capture ALL information up front on patient diagnosis from the referral source.
 - Make sure clinicians are asking the right questions and documenting everything!



Agency B – Comorbidities

- Measure the impact of improved documentation of comorbidities.

Clinical Grouping	Per PDGM Period		
	Current Reimbursement	Co-Morbidity Adj.	New Reimbursement
MMTA - Cardiac/Circulator	\$ 2,325.00	\$ 145.00	\$ 2,470.00
Wound	\$ 2,600.00	\$ 225.00	\$ 2,825.00



Agency B – Nursing Visits


- Can you use telehealth to reduce Nursing utilization?
- Review your clinical groupings with longer lengths of stay.
- When is telehealth a cost savings to the organization?
 - Can you reduce cost but maintain quality?



Agency B – Nursing Visits


Cardiac Clinical Grouping	PDGM Period 1	PDGM Period 2	PDGM Period 3	PDGM Period 4	PDGM Period 5	PDGM Period 6
Number of Episodes	775	665	555	425	313	211
SN Visits without Telehealth	8.60	8.50	8.10	7.70	7.20	7.10
Total Nursing Cost (\$110 per visit)	\$ 666,500.00	\$ 565,250.00	\$ 449,550.00	\$ 327,250.00	\$ 225,360.00	\$ 149,810.00
Telehealth Cost (\$11 per day)	\$ 255,750.00	\$ 219,450.00	\$ 183,150.00	\$ 140,250.00	\$ 103,290.00	\$ 69,630.00
SN Visits with Telehealth	4.59	4.34	5.09	4.90	5.91	4.20
Total Nursing Cost with Telehealth	\$ 390,959.65	\$ 317,303.36	\$ 310,582.07	\$ 229,075.00	\$ 203,486.68	\$ 97,482.00
Cost Impact	\$ (19,790.35)	\$ (28,496.64)	\$ 44,182.07	\$ 42,075.00	\$ 81,416.68	\$ 17,302.00





Questions?

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