



**casamba**

The logo features the word "casamba" in a bold, dark blue, lowercase sans-serif font. To the right of the text is a stylized cross icon composed of four small squares in green, yellow, blue, and orange.



This session is being recorded and will be available on the Casamba Home and Hospice Information Portal Webinars page.

# Agenda

- PDGM Overview
- Casamba PDGM Analytics Tool Review
- Casamba PDGM Analytics Tool Demo



# Casamba Home Health PDGM Tool

OfficeWysse.net - ©1998-2019 by HealthWysse LLC. All Rights Reserved.

Workflow ToDo | Review List | Agency AnaWysser™ | Diagnosis AnaWysser™ | PPS AnaWysser™ | Visits | DAR | Timesheet | Payroll Audit | Admin Reports | Meetings

**Teams**

- Team 1
- Team 2
- Team 3
- Team 4
- Team 5
- Team 6

Clear All

**Clinician**

- Abbott, April
- Ablin, Rebecca
- Abney, Regina
- Abraham, Richard
- Acea, Robyn
- Acos, Ruth

Clear All

**Group By**

- Early/Late Episodes
- Patients w/o Qualified Diagnosis
- Primary Clinician w/o Qualified Diagnos
- Clinician w/o Qualified Diagnosis
- Non-Qualified Diagnosis

Clear All

**2 Wks Open Episodes**

All PPS

Medicare Only

All Patients

Medicaid Only

**All Open Episodes**

Selected Teams

All Teams/Sites

**New PDGM**

Print Output Report

**118 Closed Episodes from 11/18/2018 to 03/18/2019**

Clinician	Avg Episodes	Case Mix	Expenses	PPS	G/L
Blaine, Bonnie	1% - 1 episode		\$4,727.08	\$3,716.71	(\$1,010.37)
Boley, Gayle	1% - 1 episode	0.7420	\$3,150.08	\$2,924.81	(\$225.27)
Atkins, Brian	1% - 1 episode	0.6786	\$2,520.96	\$2,429.76	(\$91.20)
Acos, Ruth	1% - 1 episode		\$144.66	\$165.10	\$20.44
Zweiger, Heather	3% - 3 episodes	1.0645	\$665.40	\$712.38	\$46.98
Slade, Justine	1% - 1 episode	0.5856	\$1,787.18	\$2,106.32	\$319.14
Purple, Gayle	1% - 1 episode	0.7235	\$2,503.50	\$2,859.98	\$356.48
<b>Adkisson, Susan</b>	<b>2% - 2 episodes</b>	<b>0.8038</b>	<b>\$2,284.58</b>	<b>\$2,890.33</b>	<b>\$605.75</b>

**Details for Adkisson, Susan**

Date	HHRG	Clinician	Patient	Expenses	PPS	G/L
11/09/2018	3-C1F2S1-1	Adkisson, Susan	Navarro, Joanne E.	\$1,880.58	\$1,777.11	(\$103.47)
01/25/2019	1-C3F3S3-5	Adkisson, Susan	Walker, Wallace L. *	\$2,688.57	\$4,003.54	\$1,314.97
<b>Totals</b>				<b>\$4,569.15</b>	<b>\$5,780.65</b>	<b>\$1,211.50</b>
<b>Average</b>				<b>\$2,284.58</b>	<b>\$2,890.33</b>	<b>\$605.75</b>

	To Date Exp	Planned Exp
SN	\$1,801.02	\$0.00
76%	249 Visits - 100%	0 Visits - 0%
12.5	Avg - 12.5	Avg - 0.0
PT	\$207.99	\$0.00
9%	27 Visits - 100%	0 Visits - 0%
1.4	Avg - 1.4	Avg - 0.0
HCA	\$23.17	\$0.00
1%	11 Visits - 100%	0 Visits - 0%
0.6	Avg - 0.6	Avg - 0.0
OT	\$198.23	\$0.00

\* Episode has not been billed

**Presented by:**

Dawn Jelley RN CHPN - Senior Clinical Application Specialist  
 Susan Hoffman – Vice President of Product

**Regulatory expertise provided by:**

Cindy Sullivan RN, MSN, COS-C - Clinical Product Manager  
 Marianne McGinnis, MBA -Financial and Regulatory Specialist

# PDGM Overview

---

# CMS PDGM Group Tool

The screenshot shows the 'Updated PDGM Grouper Tool CY 2019\_11\_6\_18.xlsx' spreadsheet. The title is 'HH PPS Proposed PDGM'. It includes a disclaimer and a form for entering patient data. The form has several sections:

- Number of visits provided for this 30-day period of care:** A text input field with a red warning message: 'Please enter a number of visits for the 30-day period of care.'
- Timing:** A dropdown menu with options 'Early' and 'Late'.
- Admission Source:** A dropdown menu with options 'Community' and 'Institutional'.
- Clinical Grouping (from principal dx):** A text input field for 'Primary diagnosis: Enter a valid ICD-10-CM code'. To the right is a table with columns 'Clinical Group' and 'Comorbidity Subgroup'.
- Comorbidity Adjustment (from secondary dx):** A text input field for 'Secondary diagnoses: Enter up to 24 valid ICD-10-CM codes'. To the right is a table with columns 'Clinical Group' and 'Comorbidity Subgroup'.

The bottom of the spreadsheet has a navigation bar with tabs: Grouping, HIPPS Code Structure, OASIS Items, ICD10 DXs, Comorbidities, Comorbidity - High, Comorbidity - Low, Functional Thresholds, OASIS Response Combinations, and Weights.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1689-P.html>

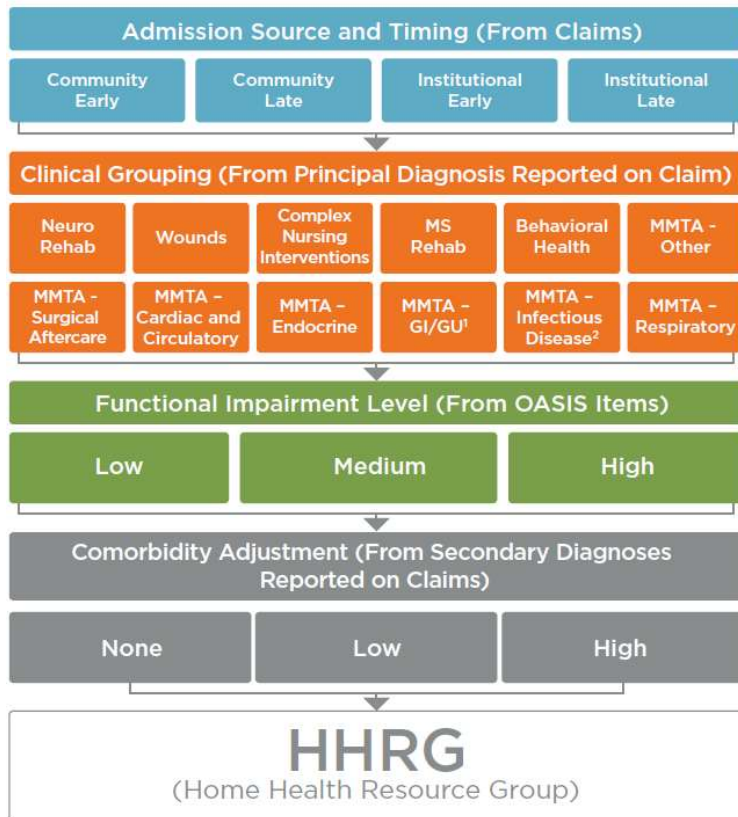


## Centers for Medicare & Medicaid Services Patient-Driven Groupings Model



<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/Overview-of-the-Patient-Driven-Groupings-Model.pdf>

# PDGM Structure



- 30 day pay periods
- 432 case-mix groups adjusting payment (from current 153 groups)
- Subgroups for 30 day pay periods
  1. Admission source (two subgroups): community or institutional admission source
  2. Timing of the 30-day period (two subgroups): early or late
  3. Clinical grouping (twelve subgroups): musculoskeletal rehabilitation; neuro/stroke rehabilitation; wounds; medication management, teaching, and assessment (MMTA) - surgical aftercare; MMTA - cardiac and circulatory; MMTA - endocrine; MMTA - gastrointestinal tract and genitourinary system; MMTA - infectious disease, neoplasms, and blood-forming diseases; MMTA - respiratory; MMTA- other; behavioral health; or complex nursing interventions
  4. Functional impairment level (three subgroups): low, medium, or high
  5. Comorbidity adjustment (three subgroups): none, low, or high based on secondary diagnoses



# Admission and Timing



Community (All late periods will be considered community)

Institutional (Acute setting within 14 days of admission)

- . inpatient psychiatric hospital
- . inpatient acute hospital,
- . SNF,
- . IRF, and
- . LTCH

Paired with Episode timing

- . Early - First 30 day period
- . Late - Any subsequent billing period not interrupted by a readmission into an acute setting

# Clinical Groupings

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 <sup>1</sup>	MMTA - Infectious Disease <sup>2</sup>	MMTA - Respiratory

# PDGM Clinical Groups based upon primary diagnosis

CLINICAL GROUP	PRIMARY REASON FOR HOME HEALTH ENCOUNTER IS TO PROVIDE:
Musculoskeletal Rehabilitation	Therapy (PT/OT/SLP) for a musculoskeletal condition
Neuro/Stroke Rehabilitation	Therapy (PT/OT/SLP) for a neurological condition or stroke
Wounds - Post-Op Wound Aftercare and Skin/ Non-Surgical Wound Care	Assessment, treatment and evaluation of a surgical wound(s); assessment, treatment and evaluation of non-surgical wounds, ulcers burns and other lesions
Complex Nursing Interventions	Assessment, treatment and evaluation of complex medical and surgical conditions
Behavioral Health Care	Assessment, treatment and evaluation of psychiatric and substance abuse conditions
Medication Management, Teaching and Assessment (MMTA) <ul style="list-style-type: none"> <li>• MMTA -Surgical Aftercare</li> <li>• MMTA - Cardiac/Circulatory</li> <li>• MMTA - Endocrine</li> <li>• MMTA - GI/GU</li> <li>• MMTA - Infectious Disease/Neoplasms/ Blood-forming Diseases</li> <li>• MMTA -Respiratory</li> <li>• MMTA - Other</li> </ul>	Assessment, evaluation, teaching, and medication management for a variety of medical and surgical conditions not classified in one of the above listed groups. The subgroups represent common clinical conditions that require home health services for medication management, teaching, and assessment.

# Questionable Diagnosis codes (QE)

ICD Code	ICD Description	Primary Diagnosis Category	QE's	% of Total
M62.81	Muscle weakness (generalized)	Musculoskeletal/Connective Tissue	115,322	18.1%
Z46.6	Encounter for fitting and adjustment of urinary device	Factors Influencing Status/Sup Class	48,718	7.6%
R26.89	Other abnormalities of gait and mobility	Symptoms/Signs/Ill-Defined	27,994	4.4%
R26.81	Unsteadiness on feet	Symptoms/Signs/Ill-Defined	17,513	2.7%
R29.6	Repeated falls	Symptoms/Signs/Ill-Defined	16,226	2.5%
R53.1	Weakness	Symptoms/Signs/Ill-Defined	16,146	2.5%
R26.9	Unspecified abnormalities of gait and mobility	Symptoms/Signs/Ill-Defined	14,210	2.2%
S72.001D	Fx unsp part of nk of r femr, subs for clos fx w routn heal	Injury/Poisoning	13,443	2.1%
S72.002D	Fx unsp part of nk of l femr, subs for clos fx w routn heal	Injury/Poisoning	13,252	2.1%
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	Circulatory - Hypertension	12,890	2.0%
R26.2	Difficulty in walking, not elsewhere classified	Symptoms/Signs/Ill-Defined	9,796	1.5%
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	Circulatory - Hypertension	7,748	1.2%
M19.91	Primary osteoarthritis, unspecified site	Musculoskeletal/Connective Tissue	7,216	1.1%
M19.90	Unspecified osteoarthritis, unspecified site	Musculoskeletal/Connective Tissue	6,968	1.1%
M06.9	Rheumatoid arthritis, unspecified	Musculoskeletal/Connective Tissue	6,526	1.0%
S81.801D	Unspecified open wound, right lower leg, subs encntr	Injury/Poisoning	6,327	1.0%
S81.802D	Unspecified open wound, left lower leg, subsequent encounter	Injury/Poisoning	6,310	1.0%
Z91.81	History of falling	Factors Influencing Status/Sup Class	6,064	1.0%
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	Neoplasms	6,005	0.9%
R33.9	Retention of urine, unspecified	Symptoms/Signs/Ill-Defined	5,966	0.9%
<b>Top 20 Codes</b>				<b>57.2%</b>
<b>Grand Total</b>				<b>100.0%</b>

<https://www.cms.gov/center/provider-type/home-health-agency-hha-center.html>

# Functional Impairment Level



# Functional Impairment Level

VARIABLE #	DESCRIPTION
<input checked="" type="checkbox"/> M1800	Grooming
<input checked="" type="checkbox"/> M1810	Current ability to dress upper body safely
<input checked="" type="checkbox"/> M1820	Current ability to dress lower body safely
<input checked="" type="checkbox"/> M1830	Bathing
<input checked="" type="checkbox"/> M1840	Toilet transferring
<input checked="" type="checkbox"/> M1850	Transferring
<input checked="" type="checkbox"/> M1860	Ambulation and locomotion
<input checked="" type="checkbox"/> M1033	Risk for hospitalization

85Y M | Chart | PT Start of Care 03/20 | GO ▶

Locators | Care Plan | Complete ⚙️

Last saved: 08:29:21 AM

Inpatient | Prior Conditions | Risk Profile | **Therapies/Risk/Statu** | \* Vaccines | Past Medical History | Past Surgical History | \* Emergent Care

4: None of the above

[M1033] Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.) [CMS Info](#)

- 1: History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
- 2: Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3: Multiple hospitalizations (2 or more) in the past 6 months
- 4: Multiple emergency department visits (2 or more) in the past 6 months
- 5: Decline in mental, emotional, or behavioral status in the past 3 months
- 6: Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7: Currently taking 5 or more medications
- 8: Currently reports exhaustion
- 9: Other risk(s) not listed in 1 - 8
- 10: None of the above

[M1034] Overall Status: Which description best fits the patient's overall status? [CMS Info](#)

- 0: The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- 1: The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- 2: The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.

\* Eyes/Ears  
\* Nose/Throat/Speech

M1033 Risk of Hospitalization (at least four responses checked, excluding responses #8,#9,#10)

# Comorbidity Adjustment

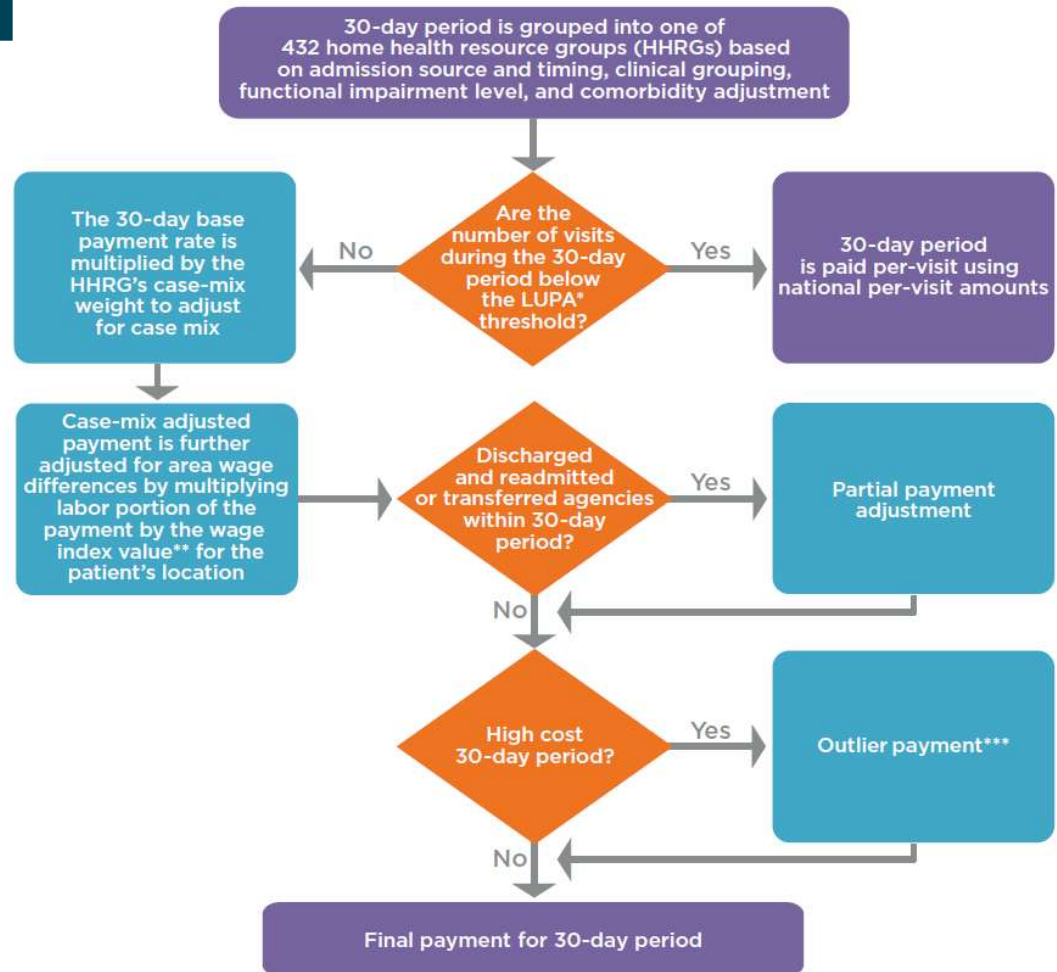
Comorbidity Adjustment (From Secondary Diagnoses  
Reported on Claims)

None

Low

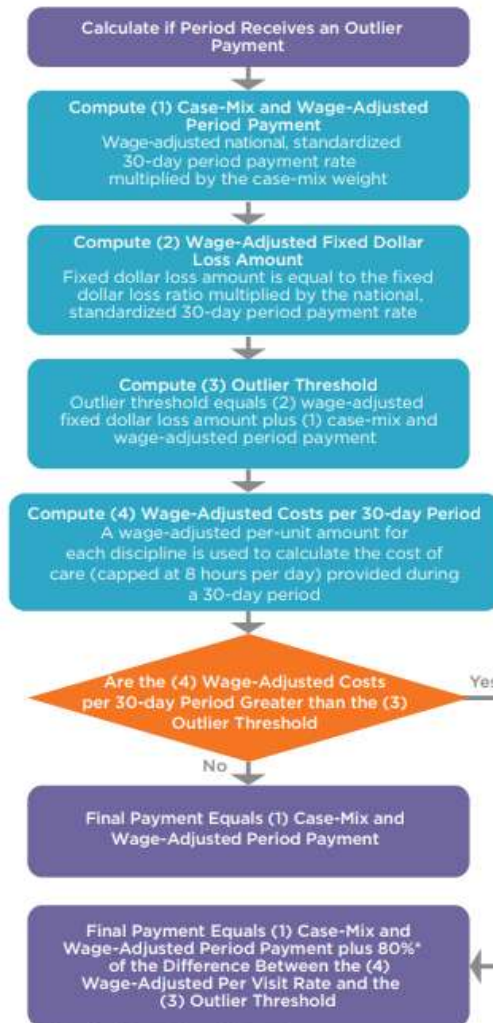
High

# How Payments and Adjustments (LUPAs) are Calculated





# How Outliers are calculated



\*80% is referred to as the loss sharing ratio

# Casamba PDGM Analytics Tool

---

# Detecting Themes Using the Analytics Tool

- ☑ Questionable Diagnosis
- ☑ Secondary Diagnosis
- ☑ Accurate OASIS assessment
- ☑ No Visits 2<sup>nd</sup> 30 days
- ☑ Visit thresholds creating LUPA's
- ☑ Outliers



# PPS AnaWyser – New PDGM

OfficeWyse.net - ©1998-2019 by HealthWyse LLC. All Rights Reserved.

Workflow ToDo | Review List | Agency AnaWyser™ | Diagnosis AnaWyser™ | PPS AnaWyser™ | Visits | DAR | Timesheet | Payroll Audit | Admin Reports | Meetings

**Teams**

- Team 1
- Team 2
- Team 3
- Team 4
- Team 5
- Team 6

Clear All

**Clinician**

- Abbott, April
- Abin, Rebecca
- Abney, Regina
- Abraham, Richard
- Acea, Robyn
- Acos, Ruth

Clear All

**Group By**

- PDGM Summary
- Patients w/o Qualified Dx
- Primary Clinician w/o Qualified Dx

Clear All

All PPS

Medicare Only

All Patients

Medicaid Only

Selected Teams

All Teams/Sites

New PDGM

**2 Wks Open Episodes**

**All Open Episodes**

**All Closed Episodes**

**Print**

**Output Report**

**Closed Episodes from 11/19/2018 to 03/19/2019**

Description	Expenses	PPS	G/L	New PDGM	PDGM Diff	New G/L
All Patients	\$992,397.00	\$1,520,858.00	\$528,461.00	\$1,468,257.00	(\$52,601.75)	\$475,859.60
Patients w/o Qualified Diagnosis	\$196,256.50	\$346,551.50	\$150,295.00	\$0.00	(\$346,551.50)	(\$196,256.50)
Patients w/ Qualified Diagnosis	\$796,140.70	\$1,174,307.00	\$378,166.30	\$1,468,257.00	\$293,949.90	\$672,115.90
Patients w/o PDGM NoVst,LUPA,Outlr	\$471,389.90	\$587,416.10	\$116,026.20	\$919,991.30	\$332,575.10	\$448,601.30
Patients w/ PDGM NoVst,LUPA,Outlr	\$324,750.80	\$586,890.30	\$262,139.50	\$548,265.60	(\$38,624.69)	\$223,514.90

**Details**

Date	RAP	Clinician	Patient	Actual	PPS	G/(L)

\* Episode has not been billed

Home Health      Logon: Jelley, Dawn

[Lookup](#)  
 [Medical Records](#)  
 [Scheduling](#)  
 [Mail](#)  
 [Management Tools](#)  
 [Administration](#)  
 [Financial](#)  
 [WAM](#)

[Change Site](#)  
 [Logoff](#)  
 [Exit](#)  
 OW.NET 31.16

# PDGM AnaWyser Group by Filters

- PDGM Summary
- Patients w/o qualified Diagnosis
- Primary Clinician w/o Qualified Diagnosis
- Clinician w/o Qualified Diagnosis
- Non-Qualified Diagnosis
- Patients w/ qualified Diagnosis
- Primary Clinician w/ Qualified Diagnosis
- Clinician w/ Qualified Diagnosis
- Qualified Diagnosis
- Patients w/o PDGM no Vst, LUPA, Outlier
- Primary Clinician w/o PDGM no Vst, LUPA, Outlier
- Clinician w/o PDGM no Vst, LUPA, Outlier
- Diagnosis w/o PDGM no Vst, LUPA, Outlier
- Patients w PDGM no Vst, LUPA, Outlier
- Primary Clinician w PDGM no Vst, LUPA, Outlier
- Clinician w PDGM no Vst, LUPA, Outlier
- Diagnosis w/ PDGM no Vst, LUPA, Outlier
- Patients w/o visits 2<sup>nd</sup> 30 Days
- Primary Clinician w/o visits 2<sup>nd</sup> 30 Days
- Clinician w/o visits 2<sup>nd</sup> 30 Days
- Diagnosis w/o visits 2<sup>nd</sup> 30 Days
- Patients w/ LUPA 1<sup>st</sup> 30 Days
- Primary Clinician w/ LUPA 1<sup>st</sup> 30 Days
- Clinician w/ LUPA 1<sup>st</sup> 30 Days
- Diagnosis w/ LUPA 1<sup>st</sup> 30 Days
- Patients w/ LUPA 2<sup>nd</sup> 30 Days
- Primary Clinician w/ LUPA 2<sup>nd</sup> 30 Days
- Clinician w/ LUPA 2<sup>nd</sup> 30 Days
- Diagnosis w/ LUPA 2<sup>nd</sup> 30 Days
- Patients w/ Outlier
- Primary Clinician w/ Outliers
- Clinician w/Outliers
- Diagnosis w/ Outliers

# PDGM AnaWyser Group by Filters (cont)

- HHRG with Qualified Diagnosis
- New HIPPS 1<sup>st</sup> 30 days
- New HIPPS 2<sup>nd</sup> 30 days

**Group By**

- Dx w/ Outlr
- HHRG with Qualified Dx
- New HIPPS 1st 30 Days
- New HIPPS 2nd 30 Days

Clear All

2 Wks Open Episodes

All Open Episodes

All Closed Episodes

Print

- All PPS
- Medicare Only
- All Patients
- Medicaid Only
- Selected Teams
- All Teams/Sites
- New PDGM

Output Report

# OASIS Split Screen Enhancements

Clinical Dimension					
Oasis	Description	Value	Points	Actual	Scoring
			Total	2	
M1021		If Diabetes, add	0,3,0,0		
		If Neuro 1, add	3,9,6,9		C1 - 0 to 1
		If Neuro 3, add	3,9,2,4		C2 - 2
M1021		If Skin 1, add	3,17,6,17		C3 - 3+
M1021		If Blindness, add	0,0,0,0		
M1023		If Blood Disorders, add	0,1,0,0		
		If Cancer, add	0,4,0,4		

Functional Dimension					
Oasis	Description	Value	Points	Actual	Scoring
			Total	10	
M1810 (C)	Dressing	If M1810 or M1820 = 1,2, or 3, add	1,0,0,0		
M1830 (C)	Bathing	If box 2+, add	6,5,6,2	6	F2 - 7 to 10
M1840 (C)	Toileting	If box 2+, add	0,1,0,0		F3 - 11+
M1850 (C)	Transfer-Ing	If box 2+, add	3,1,2,0		
M1860 (C)	Locomotion	If box 1,2 or 3, add	7,0,4,0	4	

Services Dimension					
Oasis	Description	Value	Points	Actual	Scoring
			Total	0	
Therapy	# of Therapy Visits	If 0 to 5	1		S1 - 1
		If 6	2		S2 - 2
		If 7 to 9	3		S3 - 3
		If 10	4		S4 - 4

NRS					
Oasis	Description	Value	Points	Actual	Scoring
			Total	0	
M1021		If Anal fissure, add	15		
		If Cellulitis, add	14		1 - 0
		If Gangrene, add	11		2 - 1 to 14
		If Neoplasms, add	15		3 - 15 to 27
		If Infections of skin, add	16		4 - 28 to 48
		If Post-op comp, add	23		5 - 49 to 98

Form CMS-485 HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's HI Claim No. Start of Care Certification Period Medical Record No. Provider No.

10/16/2018 12/14/2018 Through 02/11/2019 88950016 387067

Physician Name and Address Patient DOB

Michael Jones, DO Heaton, Douglas A 07/12/1939

51600 Huntington Rd 101 Any Street

Pleasant City, MA 97739 Pleasant City, MA 97739 Sex

(555) 555-3435 Fax (555) 555-8047 M

Directives In Place/Risk of Hospitalization Provider Name and Address

Advance Care Plan Discussion - Discussion held, other HealthWise

DNR Suite 101

Metro City, MA 01810

\*\*\*-\*\*-\*\*\*\*

Fax \*\*\*-\*\*-\*\*\*\*

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ev (C)changed
Z47.81	Encounter for orthopedic aftercare following surgical amputation [ICD10]	10/15/2018 E	Acetaminophen 975 milligram oral every 8 hours PRN Pain aspirin 81 milligram chewed once a day (C) diltiazem-tamsulosin 0.4 cap(s) oral once a day (N) ferrous sulfate 325 milligram oral 2 times a day (Take with meals)
12. Dx Code	Surgical Procedure	Date	
N/A			
13. Dx Code	Other Pertinent Diagnoses	Date	
Z89.431	Acquired absence of right foot [ICD10]	10/15/2018 E	Fluticasone Propionate 2 Spray nasal once a day PRN congestion furosemide 60 milligram oral 2 times a day (C) Gabapentin 600 milligram oral 3 times a day (C) Glucagon Emergency Kit for Low Blood Sugar 1 milligram INJECT once a day PRN hypoglycemia lovastatin 20 mg tablet 1 tablets oral once a day (C) medseptic 1 application topical once a day (pt will apply at hs to coccyx area) (N) milk of magnesia 30 milliliter oral once a day PRN constipation Neosporin 1 application topical once a day (with wound care blist arms (skin tears)2-3xweek and prn) (N) Neosporin 1 application topical once a day PRN need to moisten wounds (apply to skin tears with each wound dressing change-2-3xweek and prn) (N) NovoLIN 70/30 10 unit subcutaneous 2 times a day (Novolog 10 u sq Q AM pt non compliant taking 12-15 u am and night) (C)
B95.62	Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere [ICD10]	12/4/2018 E	NovoLIN 70/30 13 unit subcutaneous once a day (PM pt non compliant-taking 12-15 u) (C) Pantoprazole 40 milligram oral once a day (C) potassium chloride 10 milliequivalents oral once a day (Potassium chloride 20 meq (15 ml) qd) (C) Protonix 20 mg delayed release tablet 1 tablets oral once a day (pt to have neighbor pick up at pharmacy 5/21/18) Stool Softener 1 - 2 milligram oral once a day PRN constipation tamsulosin 0.4 mg capsule 1 cap(s) oral once a day (N) timolol ophthalmic 1 drop in each affected eye once a day (1 gtt in the left eye daily) (C)
S40.922A	Unspecified superficial injury of left upper arm, initial encounter [ICD10]	10/15/2018 E	
S40.921A	Unspecified superficial injury of right upper arm, initial encounter [ICD10]	12/4/2018 E	
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease [ICD10]	10/15/2018 E	
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney [ICD10]	10/15/2018 E	
N18.3	Chronic kidney disease, stage 3 (moderate) [ICD10]	10/15/2018 E	
I48.91	Unspecified atrial fibrillation [ICD10]	10/15/2018 E	
I87.2	Venous insufficiency (chronic) (peripheral) [ICD10]	10/15/2018 E	

HHRG Group: Outlier - \$4,420.00 (\$14.31) (New - LUPA/LUPA - \$3,366.85)

OK New PDGM

Lookup Medical Records Scheduling Mail Management Tools Administration Financial WAM

Change Site | Logoff | Exit | OW.NET.31.16 |

# OASIS Split Screen Enhancements

Source & Timing					
Oasis	Description	Value	Points	Actual	Scoring
M1000	Last Discharge	If 1st 30 days SOC 1, 7, NA	1		
12/04/2018		If 1st 30 days SOC 2, 3, 4, 5, 6	2		
		If not 1st 30 days SOC 1, 2, 4, 5, 6, 7, NA	3	3 (2nd 30)	
		If not 1st 30 days SOC 3	4		4 (1st)

Clinical Group					
Oasis	Description	Group	Sub-Group	Subchap	Scoring
Primary Diagnosis M1021	Z47.81	MS_REHAB		Z40-Z53	E
		MMTA_OTHER	A		
		NEURO_REHAB	B		
		WOUND	C		
		COMPLEX	D		
		MS_REHAB	E		E
		BEHAVE_HEALTH	F		
		MMTA_AFTER	G		
		MMTA_CARDIAC	H		
		MMTA_ENDO	I		

Functional Level					
Oasis	Description	Value	Points	Actual	Scoring
M1033	Risk for Hospitalization	If any four 1, 2, 3, 4, 5, 6, 7, 8, 9	Total 11	42	B
M1800	Grooming	If 2, 3	4		
M1810	Dress Upper Body	If 2, 3	6		
M1820	Dress Lower Body	If 2	5	5	
		If 3	11		
M1820	Bathing	If 2	3		
		If 3, 4	13		

Comorbidity					
2nd Diag	Clinical Group	Subgroup	SubChap	Low	Scoring
Z89.431					
B95.62		Infectious1	B95-B97		
S40.922A					
S40.921A					
E11.22	MMTA_ENDO	Endocrine3	E08-E13		
I12.9	MMTA_CARDIAC	Circulatory4	I10-I16		
N18.3	MMTA_GL_GU	renal1	N17-N19		
H8.91	MMTA_CARDIAC	Heart10	I30-I52	Yes	2
I87.2	MMTA_CARDIAC				

High Comorbidity

Grouped Warnings: HHRG Group: Outlier - \$4,420.00 (\$14.31) (New - LUPA/LUPA - \$3,366.85)

Buttons: OK, Current PPS

Navigation: Lookup, Medical Records, Scheduling, Mail, Management Tools, Administration, Financial, WAP

Footer: | Change Site | Logout | Exit | OW.NET 31.16 |

Form CMS-485 HOME HEALTH CERTIFICATION AND PLAN OF CARE

HW48501HQ31PG118JFM

Patient's HI Claim No.	Start of Care	Certification Period	Medical Record No.	Provider No.
	10/16/2018	12/14/2018 Through 02/11/2019	88950016	387067

Physician Name and Address: Michael Jones, DO, 51600 Huntington Rd, Pleasant City, MA 97739, (555) 555-3435 Fax (555) 555-8047

Patient: Heaton, Douglas A, 101 Any Street, Pleasant City, MA 97739, DOB 07/12/1939, Sex M

Provider Name and Address: HealthWise, Suite 101, Metro City, MA 01810, Fax ###-###-####

11. Dx Code	Principal Diagnosis	Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Z47.81	Encounter for orthopedic aftercare following surgical amputation [ICD10]	10/15/2018 E	Acetaminophen 975 milligram oral every 8 hours PRN Pain aspirin 81 milligram chewed once a day (C) dutasteride-tamsulosin 0.4 cap(s) oral once a day (N) ferrous sulfate 325 milligram oral 2 times a day (Take with meals)
N/A	Surgical Procedure		Fluticasone Propionate 2 Spray nasal once a day PRN congestion furosemide 60 milligram oral 2 times a day (C) Gabapentin 600 milligram oral 3 times a day (C) Glucagon Emergency Kit for Low Blood Sugar 1 milligram INJECT once a day PRN hypoglycemia lovastatin 20 mg tablet 1 tablet(s) oral once a day (C) medseptic 1 application topical once a day (pt will apply at hs to coccyx area) (N) milk of magnesia 30 milliliter oral once a day PRN constipation Neosporin 1 application topical once a day (with wound care bilat arms (skin tears)2-3xweek and prm) (N) Neosporin 1 application topical once a day PRN need to moisten wounds (apply to skin tears with each wound dressing change-2-3xweek and prm) (N) Novolin 70/30 10 unit subcutaneous 2 times a day (Novolog 10 u sq Q AM pt non compliant taking 12-15 u am and night) (C) Novolin 70/30 13 unit subcutaneous once a day (PM pt non compliant-taking 12-15 u) (C) Pantoprazole 40 milligram oral once a day (C) potassium chloride 10 milliequivalents oral once a day (Potassium chloride 20 meq (15 ml) qd) (C) Protonix 20 mg delayed release tablet 1 tablet(s) oral once a day (pt to have neighbor pick up at pharmacy 5/21/18) Stool Softener 1 - 2 milligram oral once a day PRN constipation tamsulosin 0.4 mg capsule 1 cap(s) oral once a day (N) timolol ophthalmic 1 drop in each affected eye once a day (1 gtt in the left eye daily) (C)
12. Dx Code	Other Pertinent Diagnoses	Date	
B95.62	Acquired absence of right foot [ICD10]	10/15/2018 E	
S40.922A	Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere [ICD10]	12/4/2018 E	
S40.921A	Unspecified superficial injury of left upper arm, initial encounter [ICD10]	10/15/2018 E	
E11.22	Unspecified superficial injury of right upper arm, initial encounter [ICD10]	12/4/2018 E	
I12.9	Type 2 diabetes mellitus with diabetic chronic kidney disease [ICD10]	10/15/2018 E	
N18.3	Hypertensive chronic kidney disease w stg 1-4/unspl chr kidney [ICD10]	10/15/2018 E	
I48.91	Chronic kidney disease, stage 3 (moderate) [ICD10]	10/15/2018 E	
I87.2	Unspecified atrial fibrillation [ICD10]	10/15/2018 E	
	Venous insufficiency (chronic) (peripheral) [ICD10]	10/15/2018 E	



# OASIS Split Screen Enhancements

Source & Timing					
Oasis	Description	Value	Points	Actual	Scoring
M1000	Last Discharge	If 1st 30 days SOC 1, 7, NA	1		
		If 1st 30 days SOC 2, 3, 4, 5, 6	2		
		If not 1st 30 days SOC 1, 7, NA	3		3 (st 30)
		If not 1st 30 days SOC	3		3 (2nd 30)

Clinical Group					
Oasis	Description	Group	Sub-Group	Subchap	Scoring
Primary					
Diagnosis	I10	MMTA_OTHER		I10-I16	A
M1021		MMTA_OTHER	A		A
		NEURO_REHAB	B		
		WOUND	C		
		COMB FX	D		

Functional Level					
Oasis	Description	Value	Points	Actual	Scoring
			Total	44	B
M1033	Risk for Hospitalization	If any four 1, 2, 3, 4, 5, 6, 7, 8, 9	11		
M1800	Grooming	If 2, 3	4		
M1810	Dress Upper Body	If 2, 3	6	6	

Comorbidity					
2nd Diag	Clinical Group	Subgroup	SubChap	Low	Scoring
I69.354	NEURO_REHAB	Cerebral4	I60-I69	Yes	3
J44.9	MMTA_RESP	Resp5	J40-J47		(7.4%)
I48.91	MMTA_CARDIAC	Heart10	I30-I52	Yes	
F43.21	BEHAVE_HEALTH				
J45.909	MMTA_RESP	Resp5	J40-J47		(7.4%)
R39.81					
R60.0					
Z51.5	MMTA_OTHER				
Z79.51					
Z86.41					
Z91.81					
Z87.440					

Form CMS-485 HOME HEALTH CERTIFICATION AND PLAN OF CARE

Barcode: HW485011HQ31PG11207C

Patient's HI Claim No.	Start of Care	Certification Period	Medical Record No.	Provider No.
#####	11/26/2018	11/25/2018 Through 01/23/2019	78290016	387067

Physician Name and Address	Patient	DOB
Matthew Cofer, MD 2965 NE Conners Avenue Suite 127 Central City, MA 97701-7753 (555) 555-4800 Fax (555) 555-4806	Driver, Dennis J 101 Any Street Central City, MA 97702	06/21/1941
	Sex	M

Provider Name and Address
HealthWyse Suite 101 Metro City, MA 01810 ##### Fax ####-###-####

11. Dx Code	Principal Diagnosis	Date	18. Medications: Dose/Frequency/Route (R)Jaw (C)changed
I10	Essential (primary) hypertension [ICD10]	7/27/2018 E	Albuterol 90 mcg/inh - 1 puffs inhalation every 4 to 6 hours PRN Shortness of Breath (2 puffs) Atorvastatin Calcium 40 milligram oral once a day (at bedtime) Caltrate 600 milligram oral once a day Escitalopram Oxalate 10 milligram oral once a day (C) Flovent HFA 110 microgram inhalation 2 times a day (2 puffs) HydroCHLOROTHiazide 25 milligram oral once a day Lisinopril 40 milligram oral once a day Melatonin Time Release 10 milligram oral once a day PRN Other (at bedtime sleep) (C) metoprolol 25 milligram oral 2 times a day miconazole topical 2% application topical 2 times a day PRN Other (C)
12. Dx Code	Surgical Procedure	Date	
N/A			
13. Dx Code	Other Pertinent Diagnoses	Date	
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side [ICD10]	1/1/2018 O	
J44.9	Chronic obstructive pulmonary disease, unspecified [ICD10]	1/1/2018 O	
I48.91	Unspecified atrial fibrillation [ICD10]	1/1/2018 O	
F43.21	Adjustment disorder with depressed mood [ICD10]	5/29/2018 O	
J45.909	Unspecified asthma, uncomplicated [ICD10]	1/1/2018 O	
R39.81	Functional urinary incontinence [ICD10]	1/1/2018 O	
R60.0	Localized edema [ICD10]	5/29/2018 O	
Z51.5	Encounter for palliative care [ICD10]	7/5/2018 O	
Z79.51	Long term (current) use of inhaled steroids [ICD10]	1/1/2018 O	
Z98.41	Cataract extraction status, right eye [ICD10]	11/7/2018 E	
Z91.81	History of falling [ICD10]	7/27/2018 E	
Z87.440	Personal history of urinary (tract)	1/1/2018 O	

Groupers Warnings: HHRG Group: Outlier - \$4,162.24 (\$14.31) (New - 3AB31/Outlr - \$4,424.27)

Buttons: OK, Current PPS

Navigation: Lookup, Medical Records, Scheduling, Mail, Management Tools, Administration, Financial, WAM, Change Site, Logoff, Exit, OW.NET 15.xx

# Diagnosis Not Part of Clinical Group Warning

OfficeWyse.net - ©1998-2019 by HealthWyse LLC. All Rights Reserved.

NAME/ADDRESS: Chesterfield, Felicity R 101 Any Street Metro City, MA. 97756	PHONE: (555) 555-4400 INSURANCE:	SSN: ###-##-####	DOB: 4/7/1952	MED. RECORD #: 82600016	SOC 03/20/2019	PRIMARY: Admission Type: Home Health
--	--	---------------------	------------------	----------------------------	-------------------	--

Copy Referral    Up    Down    D/C    Delete

\*Primary Diagnosis is not part of a Clinical Group

Medical Dx			
Treated	Dx	E/O	Date
Y	\$ Muscle weakness (generalized) (M62.81) [ICD10]	E	03/20/2019
Y	\$ Parkinson's disease (G20) [ICD10]	E	02/16/2019
Y	\$ Type 2 diabetes mellitus without complications (E11.9) [ICD10]	E	02/16/2019
Y	\$ Essential (primary) hypertension (I10) [ICD10]	E	02/16/2019
Y	\$ Long term (current) use of aspirin (Z79.82) [ICD10]	O	02/16/2019
Y	\$ Long term (current) use of insulin (Z79.4) [ICD10]	E	02/16/2019
Y	\$ History of falling (Z91.81) [ICD10]	E	01/01/2018

Surgical Procedures		
Treated	Dx	Date

D/C'd Medical Dx				
Treated	Dx	E/O	Date	D/C Date

Messages

Etiology/Manifestation Codes

# Demo

---

# Questions?