



## **PDGM: Electronic Medical Record Readiness**

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## EMR PDGM Communication

- At what frequency does your EMR update their clinical, operational, sales, and reporting functionality?
- Has your agency joined EMR PDGM committees/advisory boards?
- Jump in and help interpret CMS rules and regulations
- How often have you been updated about regulatory changes to your EMR?
- Are education seminars provided by your EMR at regional or state levels?
- Timelines and Alpha & Beta testing

## Sales and Intake

- Interoperability: Is your EMR vendor participating in healthcare exchange networks?
- Intake: Will your EMR help the intake process to assess current referral sources to identify admission source (community vs institutional), primary diagnosis, and referral management
- Is there an understanding of the admission source (community vs institutional) and the timing of admission – how are those features changing from your current method of intake?

## EMR and Referral Sources

- Have you asked about the 14-day admission source designation? A patient discharged from a institutional referral source will become a community referral if not admitted within 14-days.
- How will this be documented in your EMR?
- How will the adjustment be made if the Medicare claim dates detail >14 days?
- Is the EMR prepared for the uncertainty of the documentation

## EMR and Referral Sources

- Will you have the necessary reports and KPIs about your referral sources when visiting with each account to partner with the right physicians and facilities?
  - What type of patients do they typically provide
  - On average what is the ALOS for patients from the referral source
  - How efficient is your physician about signing and returning orders

## Referral Sources beyond EMRs

- Agencies need to educate their referral sources to ensure all needs are met the first time so not to delay billing
- Physicians should provide the correct primary diagnosis
- Facility discharge planners must provide the referral with adequate time to admit to your agency and have the correct primary diagnosis

## Episode Management

- Our 60-day episodes have been cut into two (2) thirty-day (30) billing periods
  - Initial billing period will be EARLY and subsequent periods will be considered LATE
  - Early, institutional periods will be paid at a higher rate than later, community periods
- LUPAs will be on a sliding scale (2-6) visits and each of the 400+ case-mix groups has its own LUPA range

## Episode Management

- 2 systematic changes for EMRs
  - How will the new episode timing take place and when will you expect it to be implemented?
  - How will the shortened time frame affect the submission of claims, how will your EMR assist with claims preparation within a shortened time frame? Automation of deficiencies?
  - Will EMRs provide guidance on a LUPA scale through the plotting of visits or approval of the Plan of Care

## Order Management

- 30-day billing periods accelerate the need for signed orders – now critical to financial stability
- How will your EMR streamline order management?
  - Automated fax
    - Reduces effort on sending and receiving processes only
    - No impact on signature timeliness
  - EMR Portal vs Integrated Community Portal
    - Physician utilization of EMR portal historically poor
    - Community portal much better track record with physician utilization and timeliness
    - Insight into process on physician end?
      - Viewed, approved by staff, assigned to nurse practitioner?
      - Impossible with fax
  - Actionable reporting for follow ups?

## Order Management

- Generate KPIs for physician orders
  - **Order Turnaround:** Goal < 7 days
    - Order creation and sent for signature: Goal < 1 day
    - Physician signature: Goal < 7 days
  - **Cost per Signature**
    - Delivery and Operational costs
      - Hand delivery: most expensive
    - Short turnaround but high cost?
    - Industry average too high: \$10-20
  - **Days to Final:** Goal: < 7 days

## Order Management – Beyond EMRs

- Recommendations
  - If fax doesn't provide optimal turnaround now, it won't under PDGM
  - Don't resend ... Remind
    - Resending more frequently NOT advised
    - Creates confusion and frustration
  - Eliminate duplicates
  - Automate follow ups
  - Urgency dictated by risk to Final Claim
  - Identify worst signers and assign lowest cost personnel to them
  - Electronic signature opens possibilities (including insight into physician side)
  - Get signature turnaround UNDER 7 DAYS BEFORE PDGM

## Field Staff – Nursing and Therapy

- Define visits frequency and adopt best practices to highlight the expectations of outstanding patient care and superb clinical outcomes under PDGM
- How will your EMR help report on therapy utilization prior to PDGM and during PDGM
  - Establish reports for referral sources generating high level therapy patients
  - Review therapy field staff utilization and performance ahead of PDGM to maximize your therapist abilities
- Has an EMR report been generated to provide awareness of visit utilization
- If available, Use EMR technology for suggestions in visit utilization. If not available request information about roadmap meetings

## Operations

- Will your EMR need supplemental help?
  - Agency Communication
  - Consulting Services
  - Data Analytic Solutions
  - Documentation Solutions
  - Educational Services
  - Order Management Solutions
  - Revenue Cycle
  - Telehealth
- EMR integrations can be supportive and enable effective workflows to assist your EMR to operate at efficient levels



## Closing Thoughts

- PDGM will pose many challenges will your current EMR solution allow you to continue to operate effectively?
- Request frequent updates on PDGM developments
- Ask about Alpha and Beta testing's for new design and functionality
- Get involved with your EMR product. Attend user conferences, webinars, and cabinets that provide as much information as needed

## Upcoming Events

### 2019 Home Care and Hospice Conference and Expo

October 13-15, 2019 | Seattle, WA

[seattle2019.NAHC.org](http://seattle2019.NAHC.org)

# Upcoming Webinars

## Part II: Success Under Medicare Advantage for Home Health

Thursday, August 29, 2019 | 2:00-3:00 PM EDT

## Part III: Why Medicare Advantage Should Be on the Hospice Radar Screen

Wednesday, September 11, 2019 | 2:00-3:00 PM EDT

## PDGM: Coding In-Depth

Thursday, September 12, 2019 | 2:00-4:00 PM EDT

## PDGM: Billing In-Depth

Thursday, September 26, 2019 | 2:00-4:00 PM EDT

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