

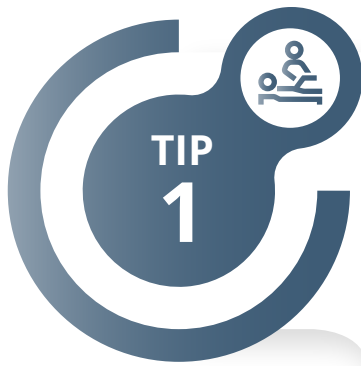
PRACTICAL TIPS FOR

Minimizing Losses First 30-Day Payment Only

The new Patient-Driven Groupings Model (PDGM) requires awareness of the length of care and distribution of visits. Under the current PPS system, if five or more visits are provided, the agency is paid for the entire episode. Under PDGM, reimbursement is divided into two separate 30-day payment periods so if there is no care provided beyond day 30, there will be no payment for the second 30-day payment period.

Short lengths of stay (fewer than 30-days) may be unavoidable in some situations; for example, patients who have had joint replacements and will begin outpatient therapy two weeks after surgery, or patients who have improved to a point where they are no longer eligible for homebound status. In these cases, when the patient is discharged before the second 30-day payment period, agencies will only be paid for the first 30-days of care. In situations where the patient continues to qualify for the home health benefit, there may be an opportunity to adjust care practices to increase the length of care if it is clinically appropriate.

Consider an episode where the current visit pattern is 3w2, 2w2; under PPS this results in being paid for the full episode. However, under PDGM, we would only be paid for the first 30-day payment period. If appropriate, an alternative visit pattern of 3w2, 2w2, 1w4 would keep us in contact with the patient and family longer. The increased length of care will also provide benefit by reducing visits to the emergency room, decreasing hospitalizations, improving outcomes, and improving patient satisfaction.



CONSIDER MAINTENANCE THERAPY

If the removal of therapy services would likely result in a decline or hospitalization, consider maintenance therapy for those high-risk patients. Examples include patients with Multiple Sclerosis, ALS, or other progressive diseases. To minimize cost, when appropriate, use PTAs, COTAs, or specially trained home health aides to deliver exercises and safe mobility practices.

According to a study published in the Journal of the American Medical Directors Association, one physical therapy or two skilled nurse visits a week lowered the risk of rehospitalization in older patients by up to 82% and 48% respectively.

More Information can be found [here](#).



STAGGER THE INVOLVEMENT OF DISCIPLINES

Consider a strategy of not concentrating all care at the beginning of the episode. For example, a patient recently returning home from hospitalization following a CHF exacerbation may have orders for SN, PT, and OT involvement. It may be wise for each discipline to do an assessment within the first few days and then prioritize SN and OT. This would allow the patient to increase endurance, complete high-risk medication teaching and improve ADLs before the PT intently focuses on mobility and endurance two or three weeks later. This approach will also improve the retention of teaching and prevent overwhelming the patient and family.



SCHEDULE VISITS WISELY

Use Axxess's Home Health software 30- day calendar to schedule visits wisely. The planning and execution of the visit pattern is very important under PDGM.

If it is clinically appropriate to distribute two or three visits beyond day 30, there would be full payment for each period. This increased duration of care has not added any cost but may prove beneficial in reducing hospitalization by maintaining longer contact with the patient.

LUPA Risk Alert - 1st 30 days

MEDIUM

LUPA Risk
1st 30 Days

Number of Visits: 6 LUPA Threshold: 6

Frequency & Duration

SN Frequency 1w4 3w1 <small>Last Visit: 07/15/2019</small>	ST Frequency 2w4 <small>Last Visit: n/a</small>
PT Frequency 1w3 <small>Last Visit: 07/20/2019</small>	HHA Frequency 2w3 <small>Last Visit: 08/01/2019</small>
OT Frequency 2w3 <small>Last Visit: n/a</small>	MSW Frequency 1w1 <small>Last Visit: 08/01/2019</small>

Episode: 07/10/2019 - 09/07/2019 1st 30 days ■ Completed ■ Saved ■ Not Yet Due ■ Not Yet Started ■ Missed

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			10/03 OASIS-D SOC Complete ▲ Carol Javens	10/04 Skilled Nurse Visit Complete ▲ Lysoeth Rojas	10/05	10/06
10/07	10/08 Skilled Nurse Visit Saved ▲ Shawn Hamilton	10/09	10/10 Skilled Nurse Visit Missed ▲ Shawn Hamilton	10/11 Skilled Nurse Visit Not Yet Started ▲ Carol Javens	10/12	10/13
10/14	10/15	10/16 Skilled Nurse Visit Not Yet Due ▲ Drew Alcott	10/17	10/18	10/19	10/20
10/21	10/22 Skilled Nurse Visit Not Yet Due ▲ Shawn Hamilton	10/23	10/24	10/25	10/26	10/27
10/28	10/29	10/30	10/31	11/01 Care Period Decision Due		
				30-Day Therapy Reassessment		