

Patient Driven Groupings Model (PDGM)

myUnity User Guide



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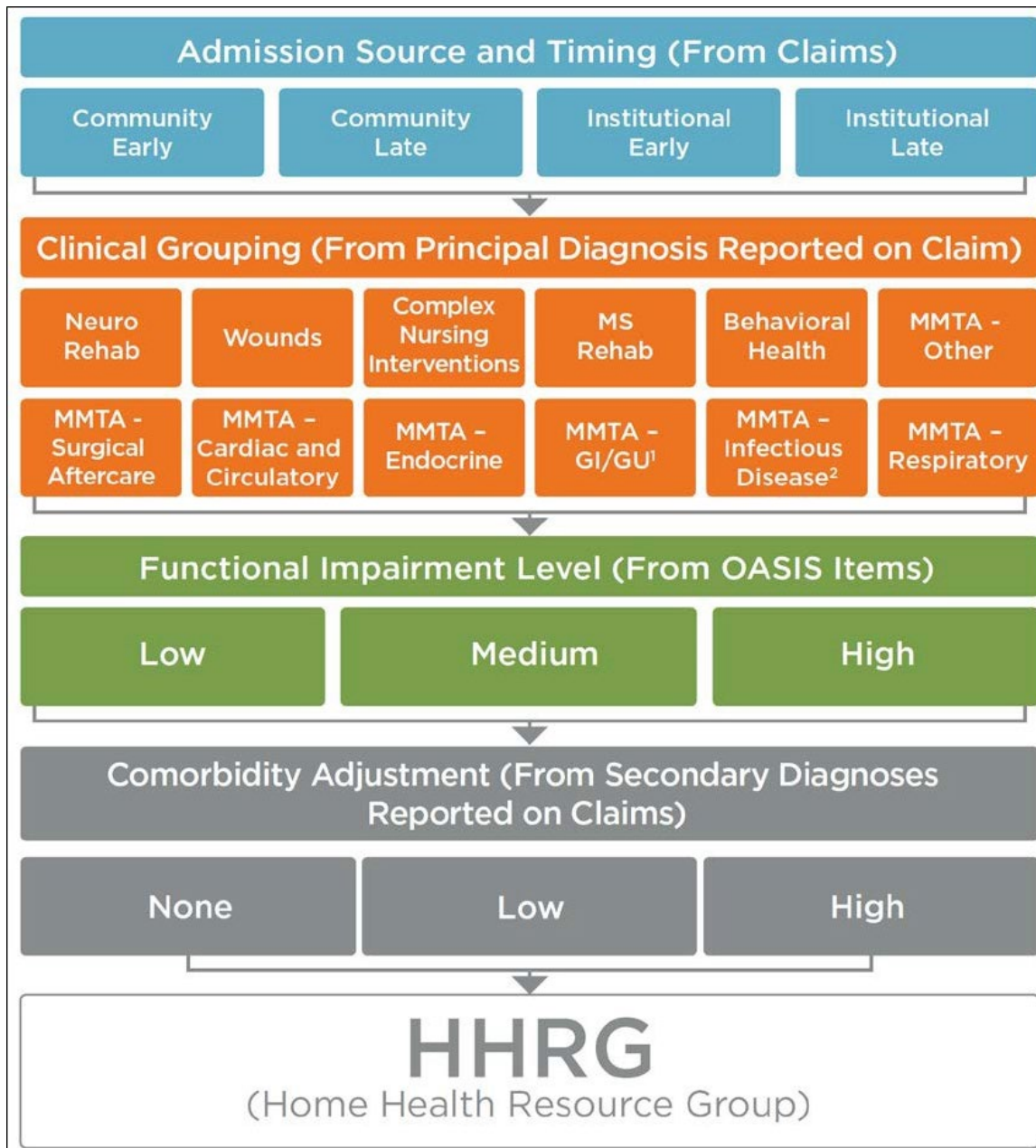
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Patient Driven Groupings Model (PDGM) Overview

Modifications and enhancements have been made to myUnity to comply with the CMS PDGM regulation effective 1/1/2020. This document outlines what these changes and enhancements are as well as how to setup and use these new features for the PDGM payment model.

- CMS issued a Final Rule to implement a new Patient Driven Grouping Model (PDGM) to go into effect 1/1/2020.
- This involves a 30 day payment period for Medicare patients, categorized into 432 case mix groups, for the purposes of adjusting payment in the PDGM. Payment Periods are placed into different subgroups.



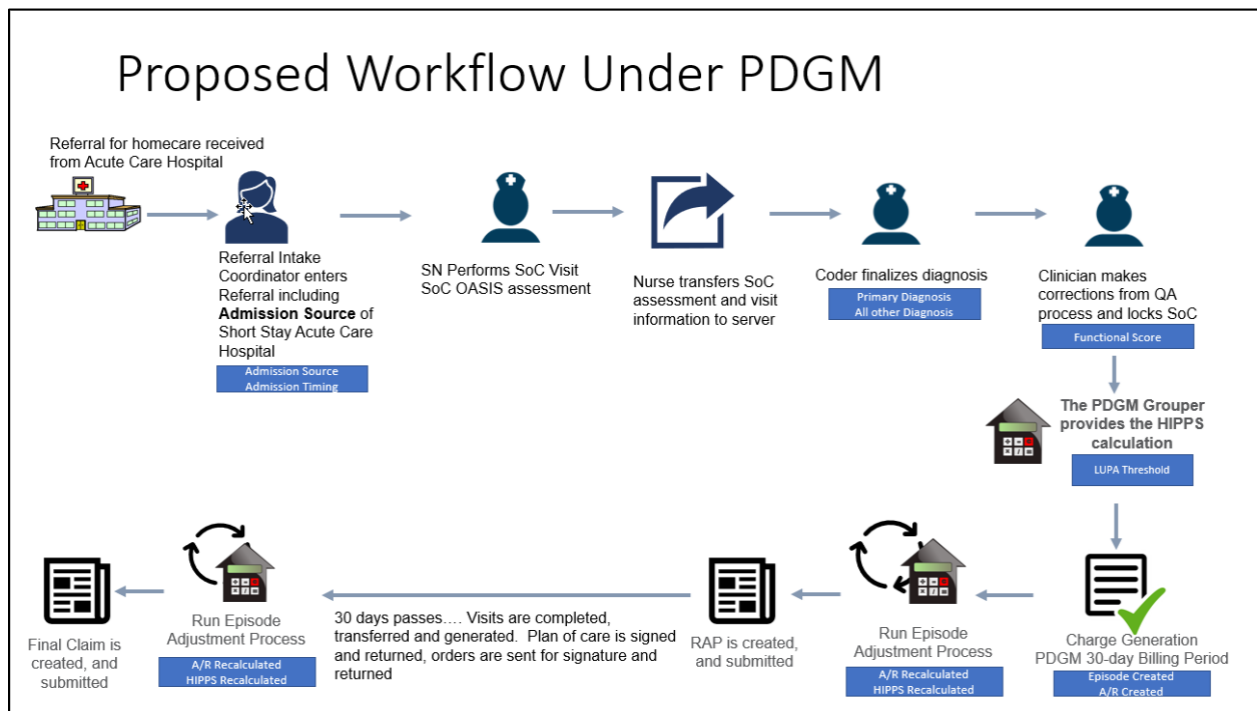
There are 5 main case-mix variables used to determine the HIPPS. These correspond to an alpha/numeric positions in the HIPPS.

1. Position 1 = Admission Source and Timing
2. Position 2 = Clinical Grouping
3. Position 3 = Functional Impairment Level
4. Position 4 = Co-Morbidity
5. Position 5 = Placeholder

Example HIPPS Code:

2DC21 = Early-Institutional/Complex Nursing/High Functional Impairment/ Low Comorbidity Adjustment

PDGM Workflow



myUnity PDGM Setup

Add/Update Payers

Important: All clients should have already completed the set-up for the new HH accounting model that allows true elapsed days revenue recognition. You can access a guide and also a smart training tool on this set-up on the Wiki:

- **myUnity > myUnity User Guides and Education Tools**
 - **Smart Tools: New Episodic Accounting Model Training Tool**
 - **myUnity Enterprise User Guides: 9.3.3 HH New Accounting Model**

The plan can be set up as PDGM ahead of 1/1/2020.

- Navigate to Setup > Entities > Payers > Add/Update Payers > Plans More Info
- The plan should already be set as PPS; this remains the same
- Select PPS Groups on the right side of the screen.

Charge Generation		Related Items
Assessment Submission Required	<input checked="" type="radio"/> Yes <input type="radio"/> No	Billing Differential Rules
Use for Add-on Billing	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Use Payer Setting (Current Value = No)	Coinsurance Overrides
Payment Model	PPS	Daily Charge Rules
Use Policy Number as Medicare A Number	<input type="radio"/> Yes <input checked="" type="radio"/> No	Generate Charge and LOA Rules
Price Schedule Day Restarts on LOA Readmission	<input type="radio"/> Yes <input checked="" type="radio"/> No	PPS Groupers
		Reimbursement Rules

- Then add the PDGM Grouper effective 1/1/2020 for Medicare HH Episodic plan.
 - When Managed Care Plans convert to PDGM, this will also be the process for activating them.

PPS Groupers				
Select a Payer -- Plan ID / Plan Description				
Cahaba -- Med A HH / Med A HH				
PPS Grouper	Price Override Grouper	Room/Board Override	Date Active	
PDGM Grouper			01/01/2020	
*				

Save Remove

Admission Source: Location of Service

For Home Health patients, every location must be entered for the 14 days prior to admission. The Admission Source is calculated based on the locations for the 14 days prior to each billing period start date.

Inpatient stays during the fourteen days prior to a billing period start date will equal either a community or institutional admission source.

- If Early or Late and Stay was an Inpatient Acute Care Hospital (IP) and not for Observation Only
 - Institutional
 - Occurrence Code 61
- If Early, and one of these types (IPF, SNF, IRF, LTCH) and not for Observation Only
 - Institutional
 - Occurrence Code 62
- If Late, and one of these types (IPF, SNF, IRF, LTCH) and not for Observation Only and patient was discharged from HH prior to stay
 - Institutional
 - Occurrence Code 62
- If Late, and one of these types (IPF, SNF, IRF, LTCH) and patient was NOT Discharged from HH prior to stay
 - Community

Location Of Service Patient: Jones, HH Patient ID: 814002945

[Demographics](#)
[Businesses](#)
[Facilities](#)
[Scheduling Holds](#)

[+ Add](#) [Export to Excel](#)

Location	Location Type	Address	Room & More Info	Start Date	End Date	Observ?	
Home	Home	123 My Addy Springfield MO 65802		01/29/2020 00:00		N	Edit Delete
Franklin Square	Skilled Nursing Facility (SNF/TCU)			01/26/2020 00:00	01/26/2020 23:59	N	Edit Delete
Home	Home	123 My Addy Springfield MO 65802		12/25/2019 00:00	01/25/2020 23:59	N	Edit Delete
Franklin Square	Skilled Nursing Facility (SNF/TCU)			12/22/2019 00:00	12/24/2019 23:59	N	Edit Delete
Home	Home			09/01/2019 00:00	12/21/2019 23:59	N	Edit Delete

10 items per page 1 - 5 of 5 items

Location of Service types – for Business Entities

Facility Types - Businesses (Location Types)			
Code	Desc	Inst/Comm	Q Code
\$R	Inpatient Rehab Hospital or Unit (IRF)	IN	NONE
\$P	Inpatient Psychiatric Hospital or Unit (IPF)	IN	Q5008
HO	Inpatient Hospital (IP)	IN	Q5005
LT	Long Term Nursing Facility (NF)	CO	Q5003
OH	Other Health Care Facility	CO	Q5009
\$S	Skilled Nursing Facility (SNF/TCU)	IN	Q5004
\$M	Home	CO	Q5001
\$L	Long-Term Care Hospital (LTCH)	IN	Q5007
\$A	Assisted Living	CO	Q5002
\$N	Clinic (for HH)	CO	Q5009
\$I	Inpatient Hospice Facility	CO	Q5006
\$F	Hospice Residential Facility	CO	Q5010

Location of Service types – for Internal Facilities

Org Structure Facility Types (Location Types)			
Code	Description	Comm/Instit	Qcode
AL	Assisted Living	CO	Q5002
HO	Inpatient Hospital (IP)	IN	Q5005
IC	Intermediate Care	CO	Q5003
SN	Skilled Nursing Facility (SNF/TCU)	IN	Q5004
HS	Hospice	CO	Q5006

Admission Timing

With PDGM, both billing periods are created when the certification/485 is created.

- Once the billing period exists, the Admission Timing and Admission Source are initially calculated.
 - The calculations update when any changes are made.
 - Although Admission Source is not displayed here, any changes to Admission Source will update this record if the category changes between Institutional and Community.

Episode Type: PDGM Episode Timing

- The system will look at current and prior admissions for the Home Care setting and with Medicare A Coverage in the 60 days prior to Period Start Date.
 - If none is found, Timing is early. Otherwise it is Late.

PPS/PDGM Update-HH Patient: Jones, HH Patient ID: 814002945 Admission ID: 107067

PDGM HIPPS Add

ID	Assessment	Assessment Date	HIPPS Code	Episode Type	Cert. Period	Billing Period	Date of First Service	Cancelled	RAP	Actions
0	Start of Care	01/01/2020	1HB21	Early	01/01/2020 - 02/29/2020	01/01/2020 - 01/30/2020	01/01/2020	No	No	Edit Delete
0	Start of Care	01/01/2020	3HB21	Late	01/01/2020 - 02/29/2020	01/31/2020 - 02/29/2020	01/01/2020	No	No	Edit Delete

1 - 2 of 2 items

PPS HIPPS Add

ID	Assessment	Assessment Date	HHRG Code	Episode Type	# Therapy Visits	NRS Severity	HIPPS Code	Matching Key	Cert. Period	Date of First Service	RAP	SCIC	Cancelled	Edit
No PPS HIPPS Codes found.														

No items to display

For PDGM, if an admission is associated to an OASIS, limited manual changes are permitted.

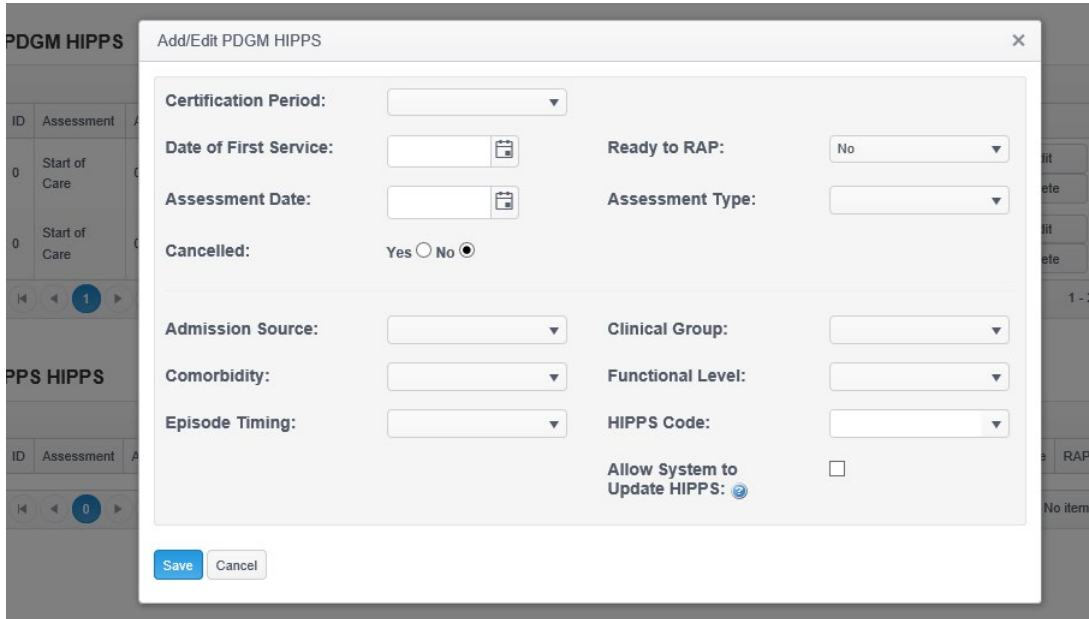
- Date of First Service
- Episode Type (used for Admission Timing)
 - Override if it should be Late due to coming from another HH agency with Medicare coverage
 - Once overridden manually, myUnity will not recalculate this value.

PPS/PDGM Update-HH [Add PPS Code](#) [Add PDGM Code](#)

	Cert Period	Billing Period	HHRG	HIPPS	RAP	Date Of First Service
▶	1/1/2020 - 2/29/2020	1		1HB21	N	01/01/2020
▶	1/1/2020 - 2/29/2020	2		3HB21	N	01/01/2020

Components can be manually added to calculate the HIPPS.

- Cannot update the certification period but can update any other field.
Note: In an upcoming release, the Allow System to Update HIPPS checkbox will be removed. A manual record will only be able to be edited manually. Any records which were created with the option checked will be auto-changed to unchecked.



The screenshot shows a modal window titled "Add/Edit PDGM HIPPS" with the following fields:

- Certification Period:** A dropdown menu.
- Date of First Service:** A date input field with a calendar icon.
- Assessment Date:** A date input field with a calendar icon.
- Cancelled:** Radio buttons for "Yes" and "No" (selected).
- Ready to RAP:** A dropdown menu with "No" selected.
- Assessment Type:** A dropdown menu.
- Admission Source:** A dropdown menu.
- Clinical Group:** A dropdown menu.
- Comorbidity:** A dropdown menu.
- Functional Level:** A dropdown menu.
- Episode Timing:** A dropdown menu.
- HIPPS Code:** A dropdown menu.
- Allow System to Update HIPPS:** A checkbox, currently unchecked.

At the bottom of the modal are "Save" and "Cancel" buttons.

Clinician

The following OASIS items are used to determine the functional impairment level under PDGM

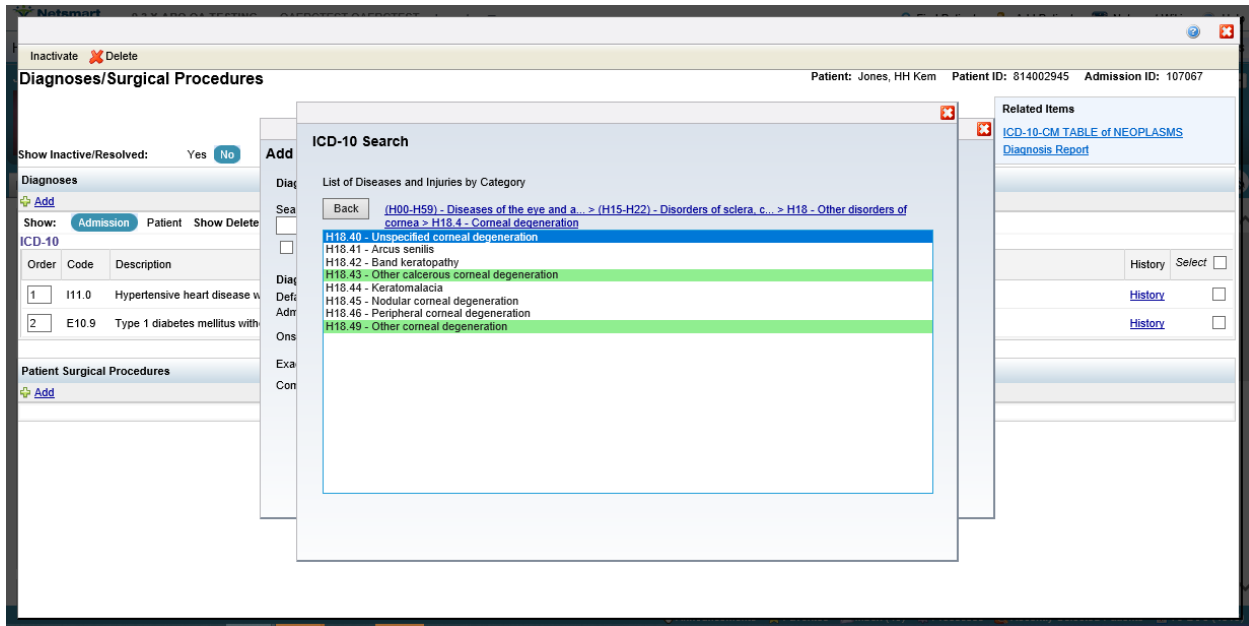
- M1800 (Grooming)
- M1810 (Dressing)
- M1820 (Dressing)
- M1830 (Bathing)
- M1840 (Toileting)
- M1850 (Transferring)
- M1860 (Ambulation)
- M1033 (Risk for Hospitalization)

The responses of these items is scored and converted into a functional level of Low impairment, medium impairment, and high impairment.

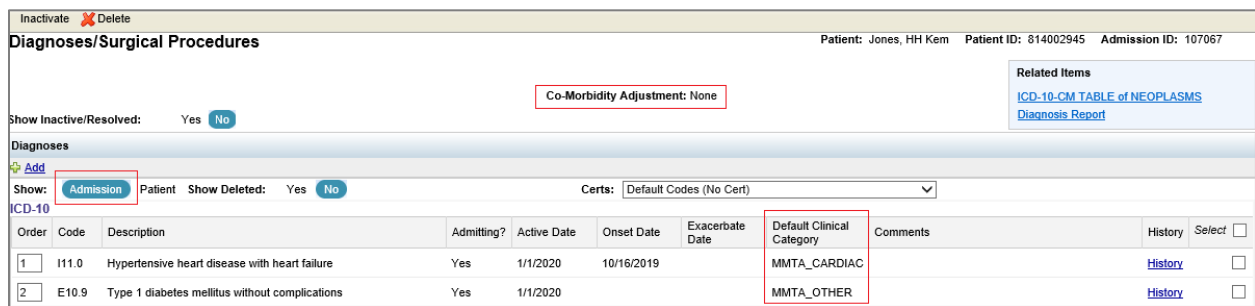
Coding Specialist

Under PDGM, the principal diagnosis reported on the claim is used to determine the Clinical Grouping for HIPPS code.

- Adding in Admission diagnosis – now includes a Tool Tip



- It will display in Admission diagnosis and in the Cert Diagnosis.



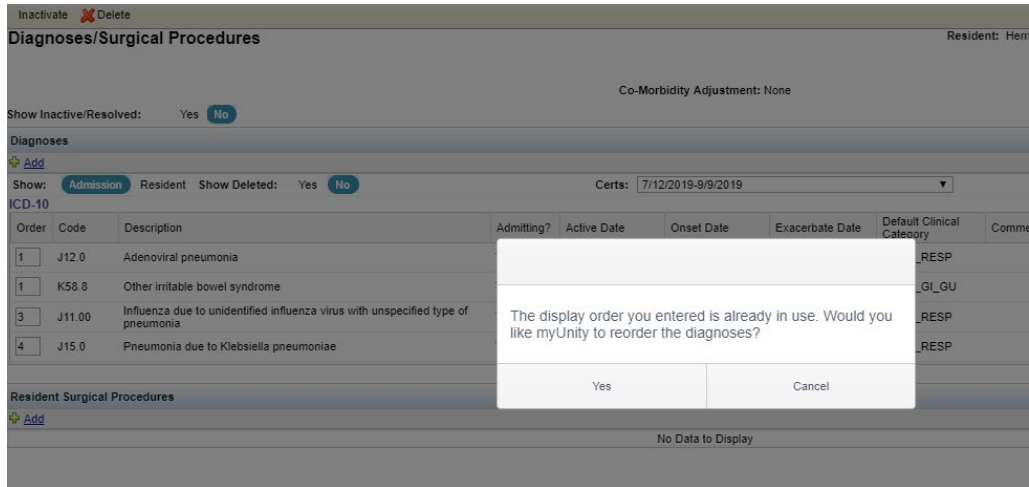
- The Certification period diagnosis displays on the claim and updates the HIPPS calculation from here after the POC is locked.

Note: Initially the clinical category and comorbidity come from Admission Diagnosis. But once the certification is locked, the certification diagnosis is used and if it is different, will update the HIPPS calculation.

Certification Period diagnosis support for PDGM Rules:

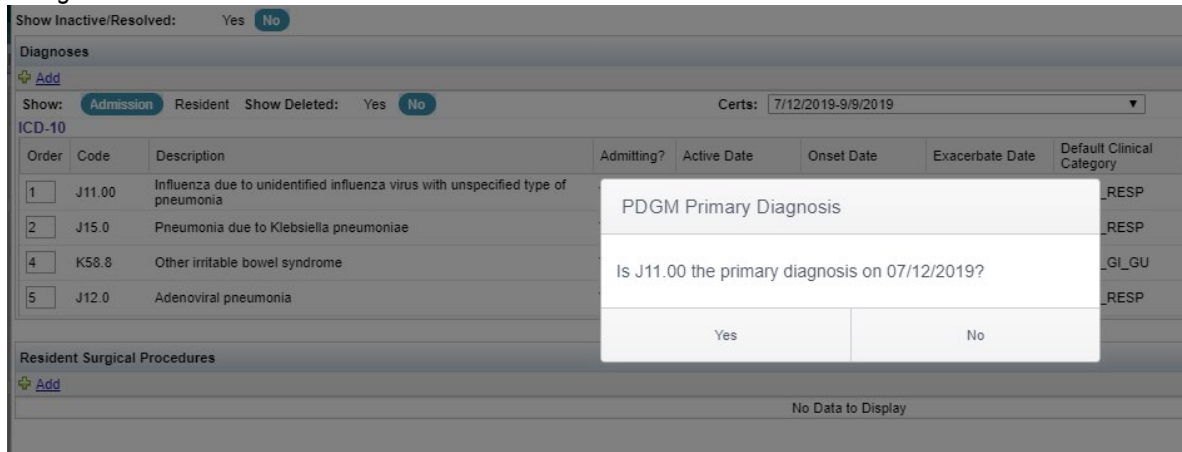
- The HIPPS cannot change during the Billing Period
- Any diagnosis changes which would affect the HIPPS must not be displayed on the final claim unless the changes are retroactive to the first date of the billing period.
 - Primary Diagnosis sequence changes

- In Cert Diagnosis page, when resequencing a diagnosis code to primary on any diagnosis code which is active on or before the billing period, the user will be presented with questions:
 - Is this primary as of (date of Billing Period 1)?
 - Is this primary as of (date of Billing Period 2)?
- A validation will prevent duplicate sequence.



- When selecting a diagnosis as Sequence 1 for PDGM, during either billing period, the question will be asked based on the active date of the diagnosis and the billing period start date.
 - This example depicts a change that could affect both the first and the second billing periods.

Billing Period 1



Billing Period 2

Show Inactive/Resolved: Yes **No**

Diagnoses

+ Add

Show: Admission Resident Show Deleted: Yes **No** Certs: 7/12/2019-9/9/2019

ICD-10

Order	Code	Description	Admitting?	Active Date	Onset Date	Exacerbate Date	Default Clinical Category	Cor
1	J11.00	Influenza due to unidentified influenza virus with unspecified type of pneumonia					RESP	
2	K58.8	Other irritable bowel syndrome					GI_GU	
3	J12.0	Adenoviral pneumonia					RESP	
6	J15.0	Pneumonia due to Klebsiella pneumoniae					RESP	

Resident Surgical Procedures

+ Add

No Data to Display

PDGM Primary Diagnosis

Is J11.00 the primary diagnosis on 08/11/2019?

Yes No

- Users will have the ability to edit the Primary Diagnosis checkboxes with the popup editor for any sequenced diagnosis.
 - Will not be able to uncheck a primary but can check another as primary, which will prevent removing the primary designation from all diagnoses in the cert diagnosis page.

Update Diagnosis Resident: Herrington, PDGM Resident ID: 339488 Admission ID: 132486

Code: J11.00
 Description: Influenza due to unidentified influenza virus with unspecified type of pneumonia
 Default Clinical Category: MMTA_RESP
 Admitting Diagnosis: Yes No

Display Order:

Is J11.00 the Primary Diagnosis on 07/12/2019?
 Is J11.00 the Primary Diagnosis on 08/11/2019?

Onset Date:
 Active Date:
 Exacerbate Date:
 Resolution Date:

Service Types: [Select](#)

Comments:

Resolution Comments:

LUPA Risk Advisor

A new dashboard displays Billing Periods at risk for LUPA. This is found in the Related Links on the Manage HH Episodic page.

- Security access is required: Setup > Security > Roles > Menu Access Privileges

Service	View	Update	Add	Remove
Organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Review	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Review	<input checked="" type="checkbox"/>			
Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Account Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Advanced Account Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Collection Notes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Notes Organizer	<input checked="" type="checkbox"/>			
Manage HH Episodic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Episodes Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Episodic Payments Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Episodic Visits Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
EPS Adjustments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generate HH Episodic Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generate Initial EPS Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
HH Episodic Adjustments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Manage HH Episodic	<input checked="" type="checkbox"/>			
PDGM LUPA Risk	<input checked="" type="checkbox"/>			

Service	View	Update	Add	Remove
Organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Review	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Review	<input checked="" type="checkbox"/>			
Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Account Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Advanced Account Inquiry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Collection Notes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Notes Organizer	<input checked="" type="checkbox"/>			
Manage HH Episodic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Episodes Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Episodic Payments Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Episodic Visits Log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
EPS Adjustments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generate HH Episodic Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generate Initial EPS Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
HH Episodic Adjustments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Manage HH Episodic	<input checked="" type="checkbox"/>			
PDGM LUPA Risk	<input checked="" type="checkbox"/>			

- For the PDGM LUPA Risk dashboard, select an organization and the statuses for which you want the risk to be defined. The Risk is when there are fewer visits with the selected statuses than the Threshold for the HIPPS.
 - Regardless of the statuses selected, the page displays the Number of Posted, Batched, Completed/In Progress, and Scheduled. It also includes the number of cancelled visits. Cancelled visits are not included in total visits.

Patient	Plan	HIPPS	Bill Period	Days Left	LUPA Threshold	Total Visits	Posted	Batched	Completed	Scheduled	Cancelled
No episodes found.											

- Visit Definition:
 - Billable
 - In one of these Categories - HH, PT, OT, ST, SN, or SW.
 - Marked as Statistical Visit = Y in the reimbursement rule.
- Displays only Bill Periods that end on or after Current Date
- For Batched, a 'mock posting' is done to determine if the payer would be a PDGM payer and to confirm which reimbursement rule to evaluate.
- For Completed, In Progress, and Scheduled: if the Authorization or Plan was selected when the request was created, that information is used to determine if a PDGM visit and if billable. If neither were selected, the primary payer in Admission payers is evaluated for the date of the visit to determine if it qualifies as a PDGM visit.
- The dashboard contains links to the Patient Calendar in the Scheduled and Cancelled Columns.
- The number days left includes the Current Date through the end of the Billing Period. Completed billing periods are not included. Billing periods which start after the Current Date will show number of days left as greater than 30 days.
- The listing displays in Descending order of number of days left. This is to allow you to focus on the most 'urgent' ones to address.

PDGM LUPA Risk											
Org: CCI		Statuses to Include: Posted					Apply Filters				
											Export To Excel
Patient ↑	Plan	HIPPS	Bill Period	Days Left ↑	LUPA Threshold	Total Visits	Posted	Batched	Completed	Scheduled	Cancelled
Halbrook, BJ (814002448) - 107118	MedA-HH (Medicare A-Home Health)	3DB11	11/30/2019 - 12/29/2019	7	2	0	0	0	0	0	0
McCall, Virginia M (49110) - HH 107179	MedA-HH (Medicare A-Home Health)	3HB21	12/01/2019 - 12/30/2019	8	2	6	1	0	0	5	0
Halbrook, DD (814003044) - 107167	MedA-HH (Medicare A-Home Health)	3AC11	12/20/2019 - 01/18/2020	27	2	0	0	0	0	0	0

- Manage HH Episodic > Financial Information: also displays LUPA Threshold information.

Financial Information								
Patient: McCall, Virginia M Patient ID: 49110 Admission ID: 101434 CHH Admission Dates: 08/07/2008 - Admission Org: TOP\1\CCI\CCICHH Cert Dates (CertSys): 10/29/2019 - 12/27/2019 (8379)				Plan: MedA-HH (Medicare A-Home Health) Billing Period 1: 3GA21 Billing Period 2: 3GA21				
				<div style="border: 1px solid red; padding: 2px;"> LUPA Threshold: 2 LUPA Threshold: 2 </div>				
	Billing Period Begin Date	Billing Period End Date	Discount	Non-Revenue Total	AR	Deferred Revenue	Revenue	Payments / Takeba
▶	10/29/2019	11/27/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
▶	11/28/2019	12/27/2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

- The LUPA Threshold is also displayed in the Census/Payer Bill Info/PDGM/PPS Update for PDGM Billing Periods.

Referral Info	Patient Info	Admission Activity	Payer/Bill Info	RTA/Income	Clinical Info																												
<p>PPS/PDGM Update-HH + Add PPS Code + Add PDGM Code</p> <table border="1"> <thead> <tr> <th>Cert Period ↓</th> <th>Billing Period</th> <th>HHRG</th> <th>HIPPS</th> <th>LUPA Threshold</th> <th>RAP</th> <th>Date Of First Service</th> </tr> </thead> <tbody> <tr> <td>▶ 12/28/2019 - 2/25/2020</td> <td>1</td> <td></td> <td>3JC21</td> <td>2</td> <td>N</td> <td>12/28/2019</td> </tr> <tr> <td>▶ 12/28/2019 - 2/25/2020</td> <td>2</td> <td></td> <td>3JC21</td> <td>2</td> <td>N</td> <td>01/27/2020</td> </tr> <tr> <td>▶ 10/29/2019 -</td> <td>1</td> <td></td> <td>3GA21</td> <td>2</td> <td>N</td> <td>10/29/2019</td> </tr> </tbody> </table> <p>EPS Update - HH + Add EPS Grouper</p>						Cert Period ↓	Billing Period	HHRG	HIPPS	LUPA Threshold	RAP	Date Of First Service	▶ 12/28/2019 - 2/25/2020	1		3JC21	2	N	12/28/2019	▶ 12/28/2019 - 2/25/2020	2		3JC21	2	N	01/27/2020	▶ 10/29/2019 -	1		3GA21	2	N	10/29/2019
Cert Period ↓	Billing Period	HHRG	HIPPS	LUPA Threshold	RAP	Date Of First Service																											
▶ 12/28/2019 - 2/25/2020	1		3JC21	2	N	12/28/2019																											
▶ 12/28/2019 - 2/25/2020	2		3JC21	2	N	01/27/2020																											
▶ 10/29/2019 -	1		3GA21	2	N	10/29/2019																											

- The LUPA Risk can also be accessed from the patient calendar when the Selected Admission option is chosen, the user has security rights to the LUPA Risk Dashboard, and the selected admission has a current or future PDGM billing period.

Jones, MCRA (93467)

Age: 64 (5/5/1955)
Pnehrst HC4

Diagnosis: Athsctl nonautol...

PCP: Scott Brand, Dr

Primary Payer: KJ MCRA PDGM

Admission: Pnhr-40373 HH 1/1/2020

Notify Standard (0)
Allergies (0)
Clinical Documents (0)
Advance Directives (0)

Resident Calendar

Resident: Jones, MCRA Resident ID: 93467

Today Sunday, January 05, 2020 - Saturday, January 11, 2020

Day Week Month

	Sun 1/05	Mon 1/06	Tue 1/07	Wed 1/08	Thu 1/09	Fri 1/10	Sat 1/11
6:00 AM							

All Admissions for Selected Resident

Selected Admission

Include Thresholds

[Refresh Calendar](#)

[Add a Request](#)

[Service Authorizations](#)

[Admission Scheduling Assignments](#)

[Admission Holds](#)

[PDGM LUPA Risk](#)

Billing

The HIPPS is calculated based on the existence of the five components. It will be updated when changes occur in:

- The OASIS, when validated
- Diagnosis Codes
 - Admission diagnosis (default) until cert diagnosis is created
 - Any changes to cert diagnosis that affect comorbidity or clinical category
- Admission Source
 - When Location of Service changes
- Admission Timing
 - From changes to PDGM/PPS HH Update record for billing period

Claim Updates

- Occurrence Code 50 will appear with Assessment Date
- Occurrence Code 61 or 62 will appear if Institutional Inpatient Stay

8 PATIENT NAME		a									
b		Jones, HH Kem									
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE		15 SRC		16 DHR		
04151969		F	010120		3		9				
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE							
50 010120		62 012820									

- PDGM HIPPS code will appear
 - Option to pull based on Claim Begin Date or Claim End Date

Payment Model Fee for Service/Per Diem ▼

Display HIPPS on Claim Yes No

HIPPS Score pulls based on: Claim Begin Date Claim End Date

										4 TYPE OF BILL 322																																																																					
6 STATEMENT COVERS PERIOD FROM 013120						THROUGH 013120		7 63464																																																																							
b Jones, HH Kem										b Springfield		c MO		d 65802																																																																	
10 BIRTHDATE 04151969										11 SEX F		12 DATE 010120		13 HR 3		14 SRC 9		16 DHR 30		17 STAT 30		18 		19 		20 		21 		22 		23 		24 		25 		26 		27 		28 		29 ACCT STATE 																																			
31 OCCURRENCE DATE 010120										32 OCCURRENCE DATE 012820																																																																					
38 Jones, HH Kem 123 My Addy Springfield, MO 65802										39 VALUE CODES AMOUNT 		40 VALUE CODES AMOUNT 		41 VALUE CODES AMOUNT 																																																																	
42 REV. CD. 0023										43 DESCRIPTION Medicare PPS/PDGM										44 HCPCS / RATE / HIPPS CODE 1HB21										45 SERV. DATE 010120										46 SERV. UNITS 										47 TOTAL CHARGES 										48 NON-COVERED CHARGES 										49 									

- No OASIS Matching Key
- UTN will display if applicable
- 30-day Billing Period on final claim

1 Br Certified Home Health Dep		2 Br Certified Home Health Dep		3a PAT. CNTL. # 107067		4 TYPE OF BILL 329					
				3b MED. REC. # 814002945		5 STATEMENT COVERS PERIOD FROM 010120		THROUGH 013020		7 63465	
8 PATIENT NAME Jones, HH Kem		9 PATIENT ADDRESS 123 My Addy		5 FED. TAX NO. 60568							
b Jones, HH Kem		b Springfield		c MO		d 65802					

- HIPPS on RAP is stored to use on the final claim.
 - Per CMS they must match
 - If it was incorrect on the RAP, cancel the RAP and submit new
- Error message will appear when generating Final if no unbilled RAP.

Error Number	Severity	Error Message	Error Origin	Resident	Admission ID	Plan	Error Type
555		Required Data Missing	PDGM RAP claim must be billed before Final.	Battles 15678	107071	Med A PDGM Amy	Critical

- Error message will appear if any RAP claim already exists when creating a new one for the same period.
 - Delete all but one and refresh it unless it has been billed.

Note: Any claim validation message can be enabled or disabled in the Claim Utility feature.

Error ↑	
485 has not been signed and returned.	
Duplicate Final Claim Exists: Invoice Number(s) 62887, 62889, 62896, 62898, 62900, 62902, 62904, 62912, 62914, 62916, 62918, 63275, 63456	

- Claim Overrides now include a Cert Period.
 - Users can use Begin/End date within the cert period to handle overrides separately per period.

Claim Overrides

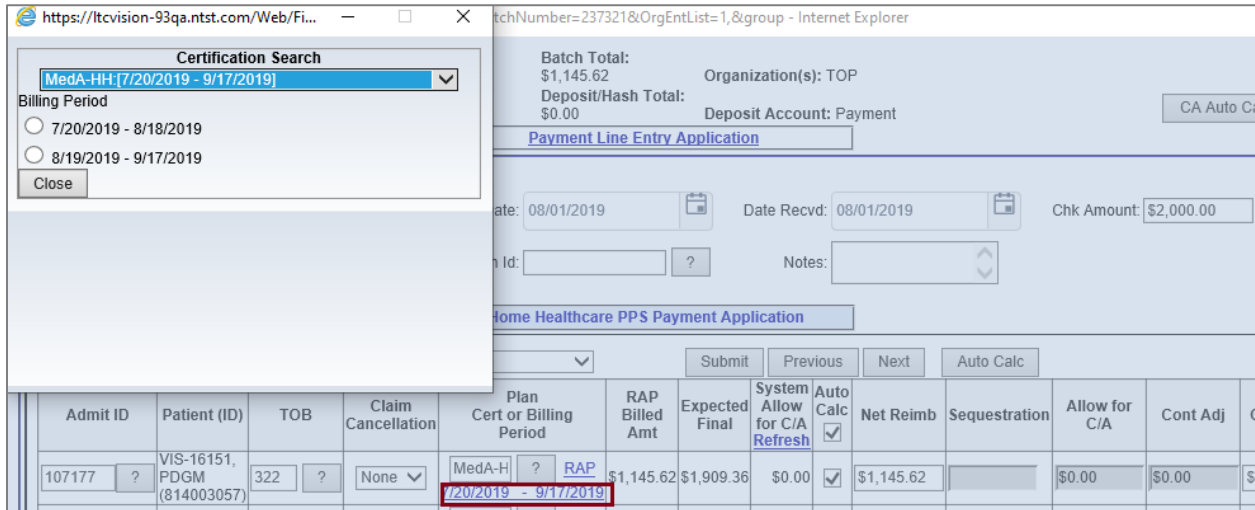
1. Plan		2. Enter Dates or Choose Stay / Cert Period	
<input type="checkbox"/> Include Funding Coverages Medicare A-Home Health (Medicare A) ▾		Begin Date <input type="text"/>	End Date <input type="text"/>
		Cert Periods 1/1/2020 - 2/29/2020 ▾	
Occurrence	Occurrence Span	Condition	Value
Remarks	General	Payment/835 AMT	Payment/835 CAS

- Claims logic has been updated to handle the Diagnosis Primary Sequence changes.
 - Final claim for each billing period will only display diagnosis codes active as of the billing period start date
 - Final claim for each billing period will display the primary code that is marked as primary as of billing period start date

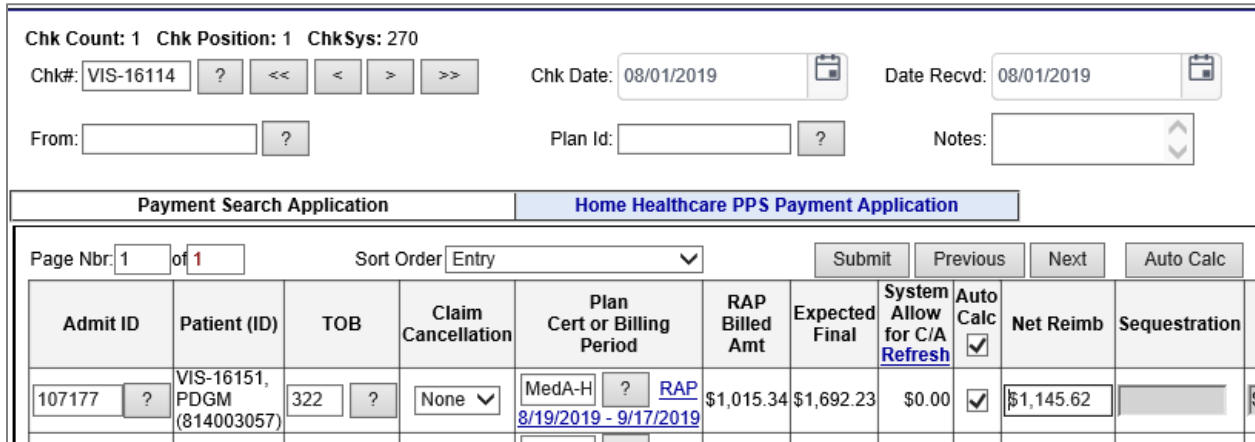
Updates to HH Payments

Payments will automatically select the Billing Period based on the Date Received and the Type of Bill. If the payment is a 322, it selects the Billing Period that begins prior to but as close to the Date Received value. If the payment is a 328 or 329, it selects the Billing Period that Ends prior to but as close to the Date Received value.

When the user needs to select a Billing Period:



Admit ID	Patient (ID)	TOB	Claim Cancellation	Plan Cert or Billing Period	RAP Billed Amt	Expected Final	System Allow for C/A Refresh	Auto Calc	Net Reimb	Sequestration	Allow for C/A	Cont Adj
107177	VIS-16151, PDGM (814003057)	322	None	MedA-H ? RAP 7/20/2019 - 9/17/2019	\$1,145.62	\$1,909.36	\$0.00	<input checked="" type="checkbox"/>	\$1,145.62		\$0.00	\$0.00



Admit ID	Patient (ID)	TOB	Claim Cancellation	Plan Cert or Billing Period	RAP Billed Amt	Expected Final	System Allow for C/A Refresh	Auto Calc	Net Reimb	Sequestration
107177	VIS-16151, PDGM (814003057)	322	None	MedA-H ? RAP 8/19/2019 - 9/17/2019	\$1,015.34	\$1,692.23	\$0.00	<input checked="" type="checkbox"/>	\$1,145.62	

- The RAP billed amount displays at 20% of the episodic amount.
- The 835 Import will automatically select the PDGM Billing Period.

Manage HH Episodic

A PDGM selection has been added for Payment Model Type on the Census/Organization and within the Manage HH Episodic tab.

Note: Access will need to be added in Security to enable the path.

- When selected it will handle PDGM 30-day billing periods.
- The date selection will return any patient who has a billing period with at least one active day in the date selection.

Patient (PatientID) - AdmissionID	Plan	Code	Cert Period	Billing Period	Last RAP/Initial Action	Last Final Action	Alerts	AR	Payments	Expected Reim
McCall, Virginia M (49110) - 101434 CHH	Medicare A-Home Health (MedA-HH)		11/8/2018 - 1/6/2019		Paid 3/25/2019 91	Billed 2/7/2019 32	↓	\$0.00	\$3,134.49	\$0.00
McCall, Virginia M (49110) - 101434 CHH	Medicare A-Home Health (MedA-HH)	C3F1S1/3CFKS	1/7/2019 - 3/7/2019		Paid 3/20/2019 313	No Action 254		\$0.00	\$1,700.00	\$1,827.27
McCall, Virginia M (49110) - 101434 CHH	Medicare A-Home Health (MedA-HH)	C3F3S2/3CHLT	3/8/2019 - 5/6/2019		Charge 10/31/2019 253	No Action 194	L	\$279.88	\$0.00	\$154.88
McCall, Virginia M (49110) - 101434 CHH	Medicare A-Home Health (MedA-HH)	1AB21	7/1/2019 - 8/29/2019	7/1/2019 - 7/30/2019	Paid 11/8/2019 130	Billed 11/8/2019 101		\$393.30	\$2,000.00	\$0.00
McCall, Virginia M (49110) - 101434 CHH	Medicare A-Home Health (MedA-HH)	3AB21	7/1/2019 - 8/29/2019	7/31/2019 - 8/29/2019	No Action 108	No Action 79		\$125.00	\$0.00	\$0.00

Financial Information

Patient: McCall, Virginia M
 Patient ID: 49110
 Admission ID: 101434 CHH
 Admission Dates: 08/07/2008 -
 Admission Org: TOP\1CC1CC1CHH
 Cert Dates (CertSys): 07/01/2019 - 08/29/2019 (8309)

Plan: MedA-HH (Medicare A-Home Health)
 Billing Period 1: 1AB21
 Billing Period 2: 3AB21

Billing Period Begin Date	Billing Period End Date	Discount	Non-Revenue Total	AR	Deferred Revenue	Revenue	Payments		RAP Invoice #	Final Invoice #
							Payments / Takebacks	Sequestration / Other		
▶ 07/01/2019	07/30/2019	\$1,625.00	(\$1,625.00)	\$1,684.20	\$0.00	(\$1,684.20)	\$0.00	\$0.00	63554	63559
▶ 07/31/2019	08/29/2019	\$150.00	(\$150.00)	\$968.69	\$0.00	(\$968.69)	\$0.00	\$0.00		

- The links icon has been updated for PDGM.

- The Plan and HIPPS codes have a hover function for further information.

Plan: MedA-HH (Medicare)	Admission Source:	Community
Billing Period 1: 1JA11	Episode Timing:	Early
Billing Period 2: 3JA11	Clinical Group:	MMTA - GI/GU
	Functional Impairment Level:	Low
	Comorbidity:	None

- Selecting a single bill period on the prior page displays both bill periods.
 - The most recently billed invoice is displayed for the RAP and the Final. The links navigate to the claim.

Financial Information

Patient: McCall, Virginia M
 Patient ID: 49110
 Admission ID: 101434 CHH
 Admission Dates: 08/07/2008 -
 Admission Org: TOP11CCI1CCI1CHH
 Cert Dates (CertSys): 07/01/2019 - 08/29/2019 (8309)

Plan: MedA-HH (Medicare A-Home Health)
 Billing Period 1: 1AB21
 Billing Period 2: 3AB21

Billing Period Begin Date	Billing Period End Date	Discount	Non-Revenue Total	AR	Deferred Revenue	Revenue	Payments			RAP Invoice #	Final Invoice #
							Payments / Takebacks	Sequestration / Other			
▶ 07/01/2019	07/30/2019	\$1,625.00	(\$1,625.00)	\$1,684.20	\$0.00	(\$1,684.20)	\$0.00	\$0.00		63554	63559
▶ 07/31/2019	08/29/2019	\$150.00	(\$150.00)	\$968.69	\$0.00	(\$968.69)	\$0.00	\$0.00			

Reports

PPS HH Reports have been updated to HH Episodic.

Home	Census	Scheduling	Clinical	Financial	Personnel	Setup
Report allows user to track authorizations needed for a payer				Allows user to view on Touch Screen		
Patient Charge Sheet Allows user to print a blank charge sheet for selected care recipient				Payment Log Report Displays details of each		
Products And Services Provided Report Displays all services and products posted during selected date range with respective cost to provide				Rent Roll Report Allows assisted living communities to project		
SIA Charges Report Allows users to view hospice SIA charges				Transaction Report Displays all transaction Adjustment Report or		
AR						
Claims						
GL						
HH Episodic						

- Some reports, intended for the previous model, are described as having 'Blended Revenue Recognition where the visits post to AR. These reports do not support PDGM or the new Elapsed Days Revenue Recognition episodes.

Episodes Log Displays detailed information for a HH Episode such as HHRG, HIPPS, Rate Codes, Certification, Billing Period, and Admission	Episodic Payments Log Displays Episodic charges and associated payments for Cert Period and PDGM Billing Periods.	HH Financial Reconciliation Assists user in tying financial reports to the General Ledger. Intended only for Blended Revenue Recognition where the visits post to AR.	PDGM Calculator A tool to predict the PDGM score based on current information
PPS Aging Displays PPS Aging of the expected final amount. This is only for Blended Revenue Recognition where the visits post to AR.	PPS Episode History Report Displays a financial history of PPS episodes for audit purposes	PPS Net AR Displays net A/R amount based on certification periods. It is only for Blended Revenue Recognition where the visits post to AR and net AR must be calculated.	PPS Visits Log Report Displays visit charges and cost information per episode per discipline

- Other reports have been updated to include PDGM and have had the titles changed to remove PPS. These reports only support the Elapsed Days Revenue Recognition PPS and PDGM periods.

Episodes Log Displays detailed information for a HH Episode such as HHRG, HIPPS, Rate Codes, Certification, Billing Period, and Admission	Episodic Payments Log Displays Episodic charges and associated payments for Cert Period and PDGM Billing Periods.	HH Financial Reconciliation Assists user in tying financial reports to the General Ledger. Intended only for Blended Revenue Recognition where the visits post to AR.	PDGM Calculator A tool to predict the PDGM score based on current information
PPS Aging Displays PPS Aging of the expected final amount. This is only for Blended Revenue Recognition where the visits post to AR.	PPS Episode History Report Displays a financial history of PPS episodes for audit purposes	PPS Net AR Displays net A/R amount based on certification periods. It is only for Blended Revenue Recognition where the visits post to AR and net AR must be calculated.	PPS Visits Log Report Displays visit charges and cost information per episode per discipline

Episodes Log/Episodic Payment Log/Episodic Visits Log

- The selection screen has been updated to include billing periods for PDGM Admissions.
- The reports display billing periods.
- On the Episodic Visits Log, the Total Periods Count is counting cert periods for PPS and Billing Periods for PDGM.

Appendix A: PDGM HIPPS on Fee for Service Claim

Overview

Some Fee for Service plans require the PPS HIPPS score and this function works as it did prior to PDGM.

However, other Fee for Service plans require the PDGM HIPPS score on the claims. myUnity is in process of automating this; the work is **planned** for Version 2020.1 which will be available in February 2020. The work relates to VIS-16782 and VIS-16836. When automated, there will be a new option on the plan to choose whether to use the HIPPS in effect at the start or at end of the claim period.

Until then, please use the steps shown here for the PDGM HIPPS to display on claims.

Setup – Whether Interim or Permanent Process

When working with a Fee for Service plan and to display the PDGM HIPPS on the claim, follow these steps.


1. The Plan should be set up in this fashion

Setup>Entities>Payers>Add/Update Payers and Plans

- a. Select the Payer, then select the Plan and click on *More Info*
- b. On the Plans page, in the Charge Generation section, ensure the Payment Model is set as Fee for Service/Per Diem

Charge Generation	
Assessment Submission Required	<input type="radio"/> Yes <input checked="" type="radio"/> No
Use for Add-on Billing	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Use Payer Setting (Current Value = No)
Payment Model	Fee for Service/Per Diem ▼

- c. On the Related Items, select 'PPS Groupers' When the page opens, select the PDGM Grouper with the applicable Active date.

PPS Groupers			
Select a Payer -- Plan ID / Plan Description			
Advantra Freedom PFFS -- Advantra Freedom / Advantra Freedom			
PPS Grouper	Price Override Grouper	Room/Board Override	Date Active
PDGM Grouper ▼	▼	▼	01/01/2020 

- d. In the Claims Generation section, enable the Display HIPPS on claim:

Claims Generation	
Amounts on Claim:	
Default Gross / Net	<input checked="" type="radio"/> Gross <input type="radio"/> Net
Default Total/Actual	<input checked="" type="radio"/> Total <input type="radio"/> Actual
Admission Date on Claims Changes on:	
Readmission	<input type="radio"/> Yes <input checked="" type="radio"/> No
Admission Payers Gap	<input type="radio"/> Yes <input checked="" type="radio"/> No
Co-Insurance Claims:	
Include All Charges from Primary Claim	<input type="radio"/> Yes <input checked="" type="radio"/> No
Display HIPPS on Claim	<input checked="" type="radio"/> Yes <input type="radio"/> No

- e. In the Related Links, Claim Formats, select this one:

Claim Formats	
Select a Payer -- Plan Id / Plan Description	
Advantra Freedom PFFS -- Advantra Freedom / Advantra Freedom	
Claim Form ID - Claim Format Description	
HH_UB04_5010_FFS—UB04 5010 Monthly FFS HHRG	▼
*	▼

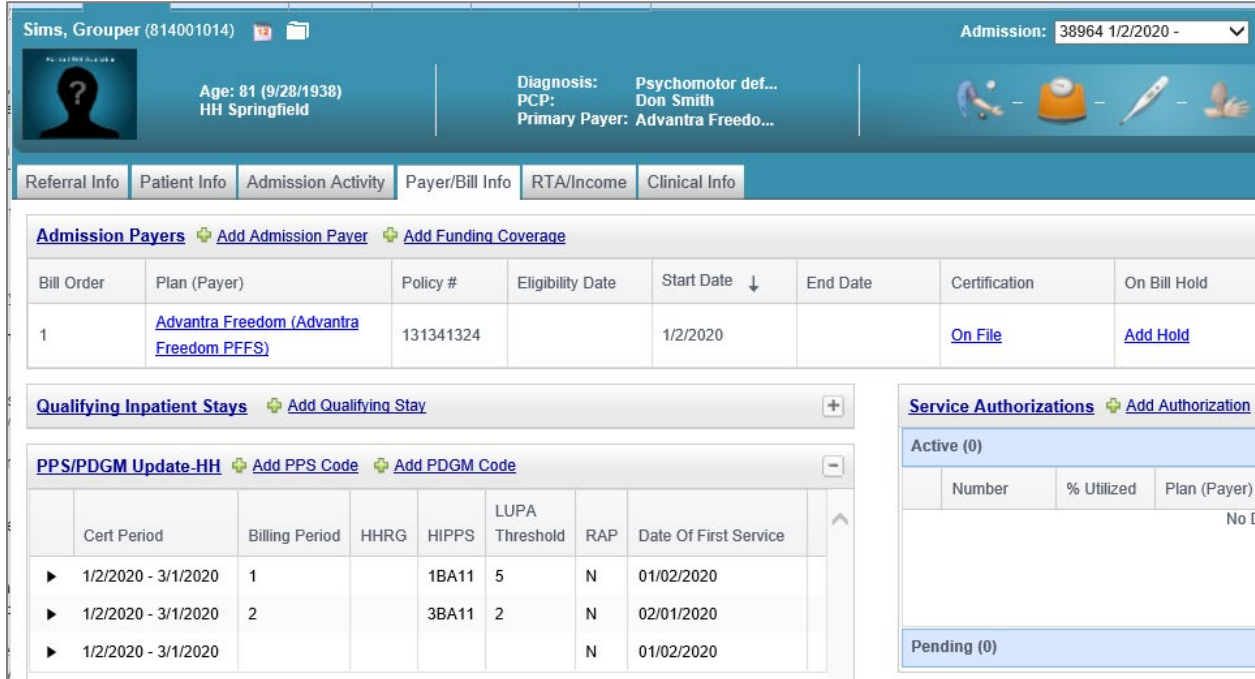
These options must be in place in order for the permanent or interim process to work.

Interim Process

In order for a HIPPS code to generate, there must be a 485/Cert and an OASIS must be validated and associated to the Cert. For an accurate score, be sure to use the valid diagnosis codes and enter any inpatient stays that are applicable in the 14 day period prior to the Billing Period Start Date.

1. Create a 485/Cert; this can be done prior to or after the OASIS has been created.
 - a. Creation of the Cert, creates the PDGM Billing Periods.

- b. Validation of the OASIS at this time is incorrectly creating a 60-day cert period record in the PPS/PSGM HH Update screen. This record cannot be accessed to delete.
- c. Association of the OASIS to the Cert enables the creation of the HIPPS code for each billing period.



The screenshot displays the patient record for Sims, Grouper (814001014). The patient's age is 81 (9/28/1938) and they are from HH Springfield. The diagnosis is Psychomotor def... with PCP Don Smith and Primary Payer Advantra Freedo... The admission is 38964 1/2/2020.

The interface includes tabs for Referral Info, Patient Info, Admission Activity, Payer/Bill Info, RTA/Income, and Clinical Info. The Payer/Bill Info tab is active, showing the following table:

Bill Order	Plan (Payer)	Policy #	Eligibility Date	Start Date ↓	End Date	Certification	On Bill Hold
1	Advantra Freedom (Advantra Freedom PFFS)	131341324		1/2/2020		On File	Add Hold

Below the payer table, there are sections for Qualifying Inpatient Stays, PPS/PDGM Update-HH, and Service Authorizations. The PPS/PDGM Update-HH section shows a table with columns for Cert Period, Billing Period, HHRG, HIPPS, LUPA Threshold, RAP, and Date Of First Service.

Cert Period	Billing Period	HHRG	HIPPS	LUPA Threshold	RAP	Date Of First Service
▶ 1/2/2020 - 3/1/2020	1		1BA11	5	N	01/02/2020
▶ 1/2/2020 - 3/1/2020	2		3BA11	2	N	02/01/2020
▶ 1/2/2020 - 3/1/2020					N	01/02/2020

The Service Authorizations section shows Active (0) and Pending (0) authorizations.

2. There is not a report that displays these patients with their HIPPS codes. You might want to create a report for the patients on this plan that are active or have visits in the month being billed. Then you could look up their HIPPS and write on the report. This will make it easier when you complete the next step.
3. Create the claims for the Billing Period(s). myUnity creates an 0023 row with the HIPPS code blank. This needs to be updated manually in the Claim Editor. In the Claim Editor, access the Detail Lines tab.
 - a. Edit the 0023 row by adding the HIPPS code into the HCPCS column. Also enter PDGM (or a period) in the Description (the description cannot be blank). The description is not used in the 837 EDI file so this text will cause no harm on the file submission.

Preview	Demographics	Codes	Detail Lines	Payer/Plan	ICD Codes	Physicians	Provider/837 Info	
Detail Service Line Items								
Rev Code	Description	HCPCS/Rate/Code				Service Date	Units	Unit Type
0551	HH SNV Routine	G0154				1/2/2020	4.00	U1 - Visit
0551	HH SNV Routine	G0154				1/5/2020	4.00	U1 - Visit
0551	HH SNV Routine	G0154				1/10/2020	4.00	U1 - Visit
0023	.	1AB21				1/2/2020	1.00	UN - Unit
Add a Detail Service Line Item								
Rev Code	Description	HCPCS/Rate/Code				Service Date	Units	Unit Type
Total Charges		Non-Covered Charges						
				+				