

Barnestorm

- ▶ **PDGM Training**

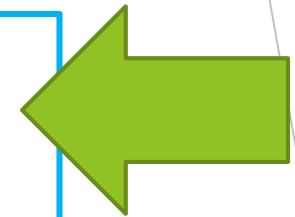
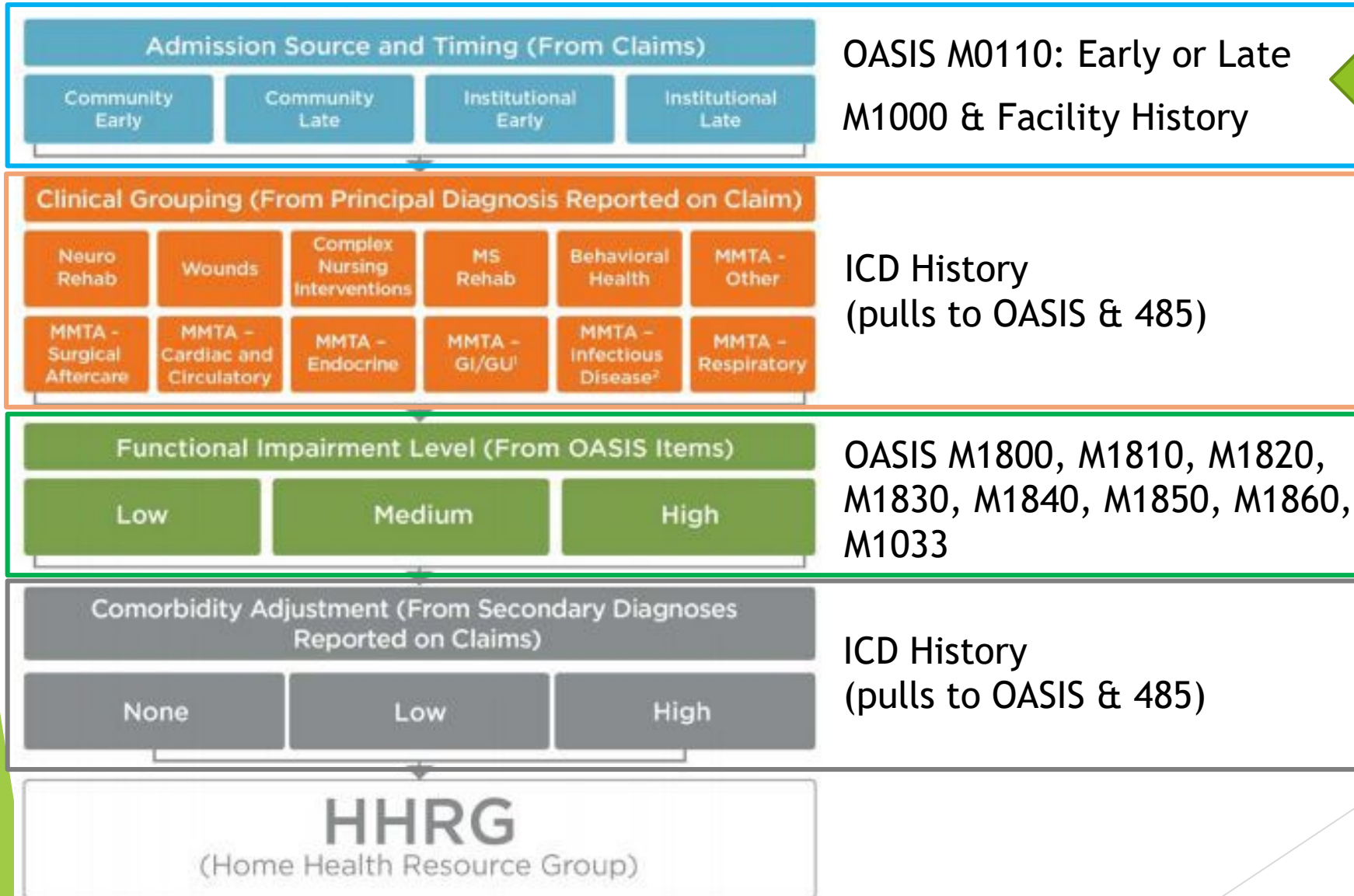
For General PDGM training,
please refer to CMS

PDGM 30-Day Episodes

- Patient Driven Grouping Model (PDGM) method of Medicare reimbursement is effective from 01/01/2020.
- **30 day episodes**
- In Barnestorm, you still complete the OASIS & 485 every 60 days in your assessment.
- When 485s are previewed, it creates two 30-day episodes.
- Also, Create Episodes in Office creates episodes.

HIPPS Code Calculation





***In Barnestorm**



Admission Source & Timing

- ▶ Admission Source and Timing generate Occurrence Codes
- ▶ To create admission source occurrence codes in Barnestorm, use Patient Histories > Facility History.
- ▶ Put in any facility stay that happened within 14 days prior to admission.

500011 PDGM,

 New  Save  Delete  Print

Type:

Name:

From: Thru: Dates not known



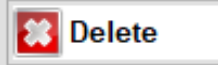

Reason:

Type	Dates	Facility Name
Hospital	Sun 12-01-19 thru Tue 12-03-19	MARY IMMACULATE HOSPITAL Reason: Wound care

Recording Admission Sources

- ▶ Facility History in Barnestorm (both Office & POC)
- ▶ Record each facility stay
- ▶ Record facility stays that occurred immediately before the patient was admitted (any within 14 days before admission)

000036 PATIENT, TEST1

 **New**  **Save**  **Delete**  **Print**

Type: Hospital

Name: Facility: 1432 HOLLAND COMMUNITY HOSPITAL HOLLAND COMMUNITY HOSPITAL

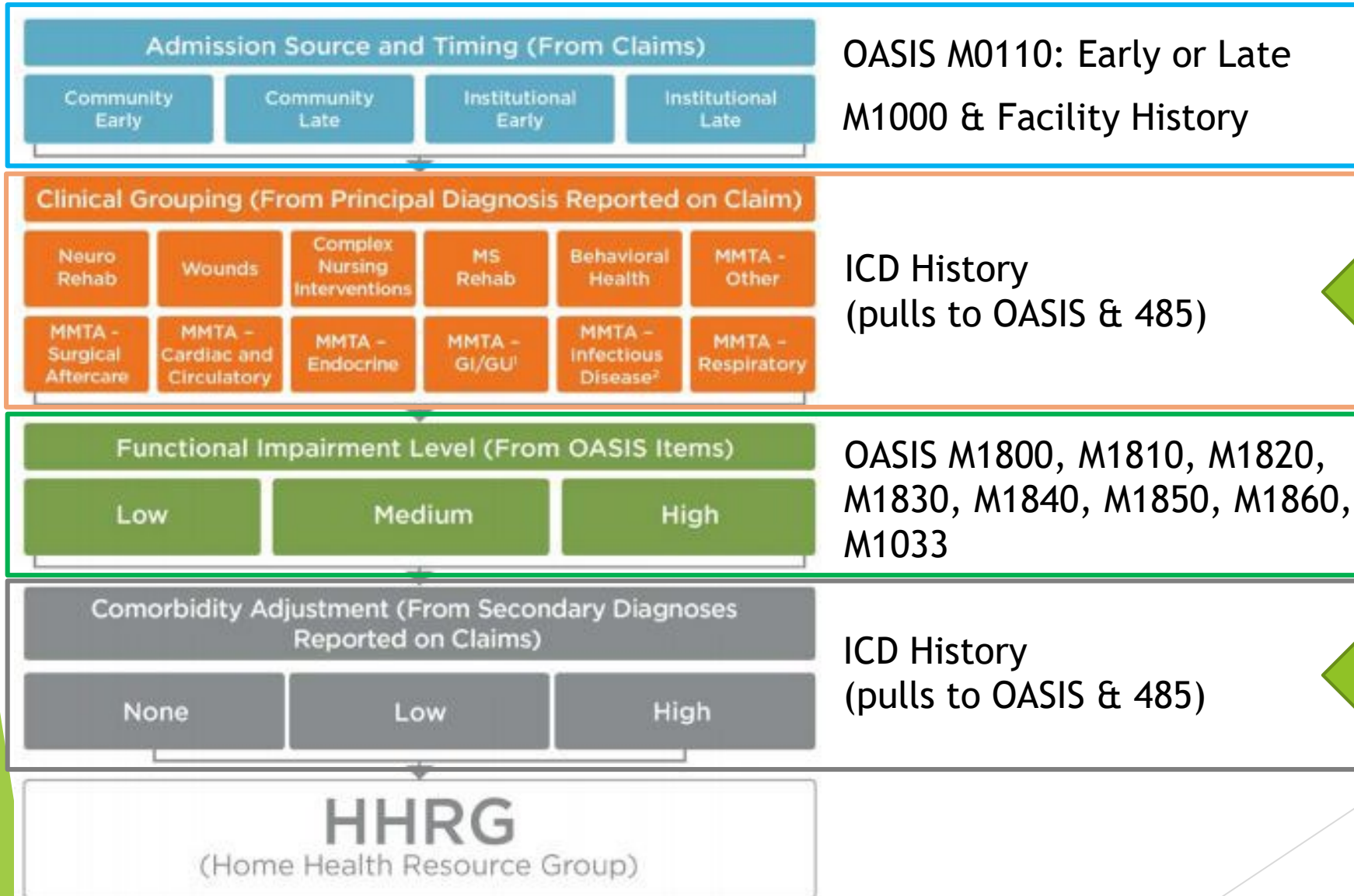
From: 11/12/2019 Thru: 11/14/2019 Dates not known

Reason: infection

Type	Dates	Facility Name
Hospital	Sun 01-21-18 thru Sun 01-21-18 Reason: flu	HOLLAND COMMUNITY HOSPITAL

HIPPS Code Calculation

*In Barnestorm



ICD History Corrections Report

- ▶ Run report in Codes for ICD problems
- ▶ **Fix the issues or ensure that your coder does.**

The screenshot shows a software interface with several tabs: Program Related Codes, Other Basic Codes, Rates, Status Codes, Security, POC Codes, and Misc. The 'Other Basic Codes' tab is active, and a dropdown menu is open showing options like Community Codes, County Codes, **Diagnosis Codes** (selected), Discipline Codes, Doctors, Employees, Employee Date Codes, Employee Date Tracking, Employee CEU Classes, and HCPCS Codes. On the left, there are input fields for Diagnosis Code, Short Description, Long Description, From Date, Thru Date, and Effective Date of Code (12/ 5/2). On the right, there are buttons for Update Diagnosis Code Groups, Verify Updates, Update ICD-10 Codes, Import PDGM ICD Groups, ICD Year Ending: 09/30/20, Print PDGM ICD Problems (highlighted with an orange box), Print New/Changed Diagnosis and Surgery Codes, Print Patients With Expiring Diagnosis Codes, and Program(s):.

ICD Coding

#1
Clinical
Group
HIPPS

#2
HIPPS
Comorbidity

##	Code	Description	Onset Date	O/E	Sev	Clinical Group	CoMorbidity Group
01	I5032	Chronic diastolic (congestive) heart failure	07/02/19	E	2	Cardiac and Circulatory MMTA	Heart_11
02	L89613	Pressure ulcer of right heel, stage 3	06/08/19	E	2	Wound	Skin_4
03	M6281	Muscle weakness (generalized)	06/08/19	E	2	No Group Assigned	No_group
04	R2689	Other abnormalities of gait and mobility	06/08/19	E	2	No Group Assigned	No_group
05	N390	Urinary tract infection, site not specified	07/02/19		2	GI tract and GU system MMTA	Renal_3
06	R6889	Other general symptoms and signs	06/08/19	E	2	No Group Assigned	No_group
07	I5030	Unspecified diastolic (congestive) heart failure	06/08/19	E	2	Cardiac and Circulatory MMTA	Heart_11
08	I69320	Aphasia following cerebral infarction	06/08/19	E	2	Neuro Rehabilitation	Cerebral_4
09	E119	Type 2 diabetes mellitus without complications	06/08/19	E	2	Endocrine MMTA	Endocrine_3
10	I110	Hypertensive heart disease with heart failure	06/08/19	E	2	Cardiac and Circulatory MMTA	Heart_11
11	I071	Rheumatic tricuspid insufficiency	06/08/19	E	2	Cardiac and Circulatory MMTA	Heart_9
12	I350	Nonrheumatic aortic (valve) stenosis	06/08/19	E	2	Cardiac and Circulatory MMTA	Heart_9
13	I482	Chronic atrial fibrillation	06/08/19	E	2		
14	Z9181	History of falling	06/08/19	E	2	No Group Assigned	No_group
15	R3981	Functional urinary incontinence	06/08/19	E	2	No Group Assigned	No_group
16	Z9040	Acquired absence of other specified parts of digestive	06/08/19	E	2	No Group Assigned	No_group

24 ICDs on Claim: from ICD History

ICD History & Clinical Groupings

500011 - PDGM, Admitted 01/25/2020 **LUPA: 3 (05/21/20)** Save All

Step 1: Select the effective date. If the patient's condition changed, add a new date. Step 2: Add / change diagnoses as needed.

1: ICD Effective Date

Dates diagnosis codes changed for this patient:

- 10/21/19
- 08/21/19
- 06/26/19

To add a new date, select it and click New Date.

10/21/2019
New Date
Delete Date

2: Add / Change / Remove Diagnosis Code for Selected Effective Date

To add a new code, click the Add a New Diagnosis Code button, look up code, and Save. To edit a code, select it from the list below, make changes, and Save Changes.

Search for an ICD-10 Diagnosis Code

Code Number Code Description
1872 VENOUS INSUFFICIENCY

Add a New Diagnosis Code

Severity (OASIS)

0 1 2 3 4

Save

Click the Save All Changes button at the top of the screen.

Change Order of Diagnosis Codes

Use these buttons to re-order the ICD codes. Only the top 6 ICDs will appear on the OASIS.

Move Up Move Down ReOrder

- All
- A - Other MMTA
- B - Neuro Rehabilitation
- C - Wound
- D - Complex Nursing Interventions
- E - Musculoskeletal Rehabilitation
- F - Behavioral Health
- G - Surgical Aftercare MMTA
- H - Cardiac and Circulatory MMTA
- I - Endocrine MMTA
- J - GI tract and GU system MMTA
- K - Infections, Neoplasms MMTA
- L - Respiratory MMTA

#	Code	Description	Onset Date	O/E	Sev	Clinical Grouping
01	I872	Venous insufficiency (chronic) (peripheral)	06/26/19		2	Wound
02	L97812	Non-prs chronic ulcer oth prt r low leg w fat layer exposed ...	08/21/19		2	Wound
03	I110	Hypertensive heart disease with heart failure	06/26/19		2	Cardiac and Circulatory MMTA
04	I509	Heart failure, unspecified	06/26/19		2	Cardiac and Circulatory MMTA
05	J449	Chronic obstructive pulmonary disease, unspecified ...	10/21/19		2	Respiratory MMTA
06	J45909	Unspecified asthma, uncomplicated	10/21/19		2	Respiratory MMTA
07	M545	Low back pain	06/26/19		2	No Group Assigned
08	G8929	Other chronic pain	10/21/19		2	Other MMTA
09	M1990	Unspecified osteoarthritis, unspecified site	10/21/19		2	No Group Assigned
10	E785	Hyperlipidemia, unspecified	10/21/19		2	Other MMTA
11	G4730	Sleep apnea, unspecified	10/21/19		2	Other MMTA
12	G4700	Insomnia, unspecified	06/26/19		2	Other MMTA
13	E669	Obesity, unspecified	10/21/19		2	Other MMTA
14	Z4800	Encounter for change or removal of nonsurg wound dressin...	06/26/19		2	Wound

LUPA Indicator at top Shows OASIS date used & minimum number of visits to get paid full amount

Before code search, use clinical grouping pulldown

Clinical Groupings show on all codes for ease of coding.

They matter on the primary & secondary (comorbidity) codes.

ICD History Dates

500011 - PDGM, Ad

Step 1: Select the effective date

1: ICD Effective Date

Dates diagnosis codes changed for this patient:

- 10/21/19
- 08/21/19
- 06/26/19

To add a new date, select it and click New Date.

10/21/2019

New Date

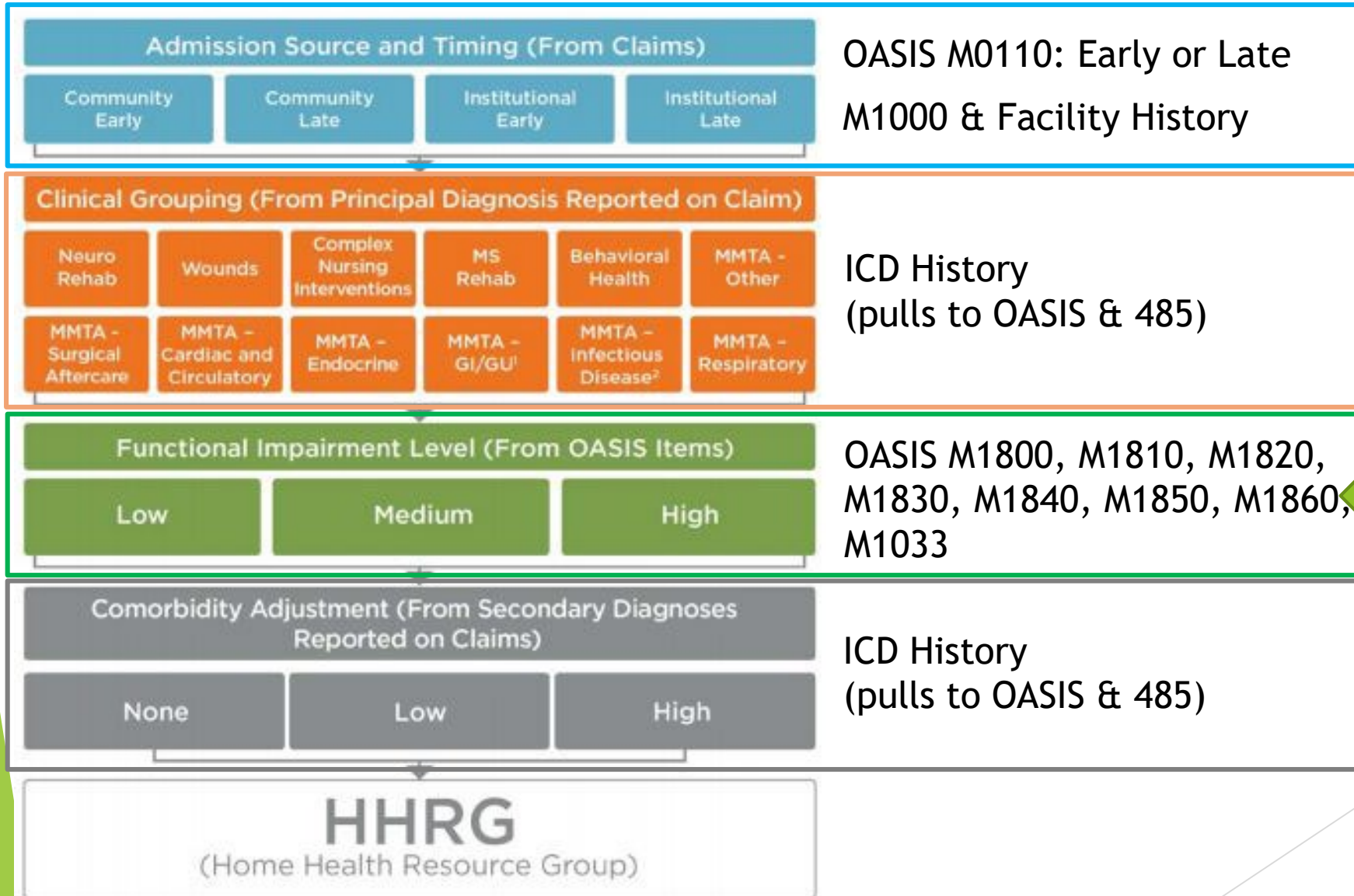
Remove date and codes

ICD Date determines which set of codes go onto 485, OASIS, and claims!

Anytime codes change, add a new date so that you preserve historical info

HIPPS Code Calculation

*In Barnestorm



Functional Impairment Level

- ▶ 8 Functional level data in OASIS (MO1033, MO1800-MO1860) are used to calculate the HIPPS code.
- ▶ OASIS information may be corrected by an HHA after they have submitted their claim to Medicare.
- ▶ No need to adjust claims every time a correction is made.
- ▶ Only the 8 functional items are used by the claims system, so claims only need to be adjusted if these items are corrected and the HHA believes the changes will have an impact on payment.

Report 13.39

Pulls ADLs

Runs Comparison for all patients over time

Chart#	Patient's Name	M1810	M1820	M1830
7	[REDACTED]	0	2	2
7	[REDACTED]	22	22	45
7	[REDACTED]	22020	22020	53030

Each # under M item is the answer on an OASIS (one per OASIS)

Same report has Hospital option for M1033

13.39 OABPRNTQ Selected OASIS-C Item Stats

Print Landscape Export to Excel

From 01/01/20 Thru 12/31/20

Program(s) Payer(s) Team(s) Employee(s)

Fiscal Year Calendar Year

- 1 Year + 1 Year

- 1 Month + 1 Month

Active Patients Only Skip Those With Only 1 Answer

All Got Worse Only Improved Only Mixed Answers

of Gait (M1000, search for ICD10=R26)

(M1240, M1242)

(M1320, M1324, M1334, M1342)

Resp/Equip (M1400, M1410)

Urinary Status (M1600, M1610, M1615)

Bowel Status (M1620, M1630)

Cognitive Function (M1700, M1710, M1720, M1730, PHQ2a, PHQ2b, M1745)

Injectable Meds (M2001, M2003, M2005, M2010, M2016, M2030, M2040b)

M1800 Groom M1850 Transfer

M1810 Upper GG0170 Mobility

M1820 Lower M1860 Ambulate



M1830 Bath M1870 Feed

M1840 Toilet M1880 Prep

M1845 Hygiene M1890 Phone

ADLs (M1800-M1890, choose up to 7)

CMS Data Sources for Claim Processing

HIPPS code Data position	Description	OASIS submitted	Medicare Claims History	HHA claims (UB 04)	Remarks
1	Timing	M0110	Yes	No	If data exists, Medicare claims history record will supersede OASIS submitted data.
1	Admission Source	M1000 & M1005	Yes	No	If data exists, Medicare claims history record will supersede OASIS submitted data
2	Clinical Grouping	M1021 (Primary Diagnosis)	No	Yes 	
3	Functional Impairment	M1800 to M1860, & M1033	No	No	
4	Comorbidity factor	No	No	Yes 	From the list of secondary diagnosis on UB04

Type of Episode/Payment Period	OASIS Time Point, Data Set Version, and M0090 (Date Assessment Completed) Guidance
<p>1) SOC IN 2019 FOR A 2019 PPS PAYMENT EPISODE</p> <ul style="list-style-type: none"> - Patient admitted to home care during the period December 27, 2019 – December 31, 2019 for an initial 60-day PPS payment episode that begins prior to January 1, 2020. 	<p>Start of Care (SOC): M0100 - RFA 1</p> <ul style="list-style-type: none"> ○ This assessment must be conducted using <u>OASIS-D</u>. ○ Note that the HHA has up to 5 days after the SOC to complete the SOC assessment. <p>If the assessment is completed on 12/27/2019-12/31/2019, for (M0090), enter the actual date the assessment is completed.</p> <p>If the assessment is completed in 2020, for (M0090), enter the artificial date “12/31/2019”.</p>
<p>2) RECERT in 2019 for a 2020 PDGM PAYMENT PERIOD</p> <ul style="list-style-type: none"> - Patient to be recertified during the period of December 27, 2019 – December 31, 2019 for a subsequent 30-day PDGM payment period beginning on or after January 1, 2020. 	<p>Recertification (Follow-up): M0100 - RFA 4</p> <ul style="list-style-type: none"> ○ This assessment must be conducted using <u>OASIS-D1</u>. <p>If the assessment is completed on 12/27/19-12/31/19, for (M0090), enter the artificial date “1/1/2020”.</p> <p>If the assessment is completed in 2020, for (M0090), enter the actual date the assessment is completed.</p>
<p>3) ROC/RECERT in 2019 for a 2020 PDGM PAYMENT PERIOD</p> <ul style="list-style-type: none"> - Patient returns to HH in 2019 after a qualifying inpatient stay where the requirement timeframe to complete a ROC overlaps with the requirement timeframe to complete a Recertification, AND the recertification is for a 30-day PDGM payment period beginning on or after January 1, 2020. 	<p>Resumption of Care (ROC): M0100 - RFA 3</p> <ul style="list-style-type: none"> ○ This assessment must be conducted using <u>OASIS-D1</u>. <p>If the assessment is completed in 2019, for (M0090), enter the artificial date “1/1/2020”.</p> <p>If the assessment is completed in 2020, for (M0090), enter the actual date the assessment is completed.</p>

For all other assessments conducted in compliance with established assessment completion dates, enter the actual date the assessment is completed for M0090.

- **Assessments with a M0090 - Date Assessment Completed on or before December 31, 2019 must be completed with OASIS-D.**
- **Assessments with a M0090 - Date Assessment Completed on or after January 1, 2020 must be completed with OASIS-D1.**

CMS Data Sources for Claim Processing

- ▶ HHAs do not need to calculate the HIPPS code. They need to submit claims with any valid HIPPS code, not necessarily correct HIPPS code. ***Medicare Grouper software will calculate the HIPPS code and process the claims accordingly.***
- ▶ HIPPS code on RAP and EOE claims do not have to match under PDGM.
- ▶ Validation process will be a link instead due to CMS validation
- ▶ Export process unchanged
- ▶ Billing process unchanged

Barnestorm

▶ PDGM Training

For General PDGM training,
please refer to CMS

Recording of the Home Health
Patient-Driven Groupings Model (PDGM)
Webcast