UPDATE 11-15-2023: Click here for full article: HH RCD: North Carolina and Florida Transition to Cycle 6

Proposed to launch for episodes beginning on or after January 1, 2020, the transition to PDGM will allow providers more than one year to prepare. Below are overall highlights of the proposal.

Barnestorm EHR has already begin to prepare for the 2020 CMS PDGM changes.

The most significant change affecting revenue will be the ICD coding, but this requires very few changes on the EHR side, as Barnestorm already allows you to add as many ICD codes as you want on each patient.

The functional assessments will stay the same and your staff already has lots of experience with those items.

The billing changes are:

- Include up to 24 ICD codes, making sure that the first 6 agree with the transmitted Oasis. The UB-04 can only print the first 20 codes.

- Make sure the staff is using the Patient Facility History and correctly classifying the facility. This information will be used to create the Occurrence Code 61 (Acute Care Hospital stay) or 62 (SNF, IRF, LTCH, IPF facility stay) - even though these will ultimately be determined by the Medicare claims processing system itself, once the claims from the other facilities have been processed. The main effect will be the $amount assigned to the episode when the RAP is created, so that revenue projections will be as real as possible.

- The HIPPS code and Treatment Authorization code will continue to be assigned using the CMS provided validation tool, using the same Validate process on the Oasis screen. NC and OH are both Pre-Claim Review states, so it is expected that the Treatment

Authorization Code currently on the claim will continue to be included.

- Occurrence Code 50 will be added with the M0090 date of the OASIS.

- For the Start of Care 30-day episode, this will continue to be the Start of Care Oasis.

- For the second 30-day episode, if there is no Resumption of Care Oasis dated prior to the start date, then the Start of Care Oasis will be used again; if there is a ROC, then its M0090 date and HIPPS code will be used.

- For episode 3 (the first episode of the 2nd 485 cert period) the most recent Recert or Resumption Oasis dated before the start date will be used.

- For episode 4, (the second half of the 2nd cert period) if there is no Resumption of Care Oasis after the 2nd 485 from date but prior to the epsiode start date, then the same Oasis that was used on episode 3 will be used again; if there is a ROC, then its M0090 date and HIPPS code will be used.

- This is almost exactly the logic being used now to match an Oasis to an episode, so very little needs to change.

The biggest change will be to accounts receivable, since it will be possible to have 2 episodes that start in the same month (like Jan 1 and Jan 31). We are still looking at a few different ways to track episodes and A/R, but will have these changes completed well in advance of January 2020.

The reporting that shows LUPA, PEP and Outliers will be changed to reflect 30-day episodes, and for LUPA, the threshold change from 4 for all episodes to a number between 2 and 6 based on the HIPPS code.

Even though most of this has been spelled out in the final rule from last November, CMS always publishes a proposed rule around July, and then a final rule in November, which will include the details, including wage indexes, case mix weights, icd groups and comorbidity groups, etc.

Concerning the timeline, we have already started planning how these changes will take place, but always wait until after the proposed rule is published before actually changing the software.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle51468.aspx