

# Chapter 2

## Revenue Cycle Operations

### Intake and PDGM

In addition to changes in clinical operations, PDGM has changed how agencies operate within revenue cycle operations. Specifically, the areas of intake, document management and billing have been greatly impacted under PDGM. The accuracy, completeness and efficiency for each of these areas is paramount for agency success.

For intake, obtaining as much accurate information as possible at the time of referral is key for several reasons. It will:

1. Facilitate the accuracy and completeness of the coding of the patient.
2. Promote efficient billing. The identification of the correct physician completing necessary face-to-face requirements and physician signing orders is key in obtaining both billing requirements timely, which subsequently impacts timely billing.

For document management, the added importance under PDGM comes with the billing interval. Agencies bill in 30-day increments. This makes document management and specifically orders tracking much more important under PDGM to promote timely billing.

For billing, the volume of bills makes claim submission and A/R management more important to monitor and manage. Cash flow is also impacted under PDGM, with average claims being lower dollar, on average, than PPS claims.

#### Intake plays a key role

Intake takes on a crucial role under PDGM. Completeness and accuracy within the intake function impact several areas of revenue cycle operations. Below are the specific areas within PDGM that are impacted by intake.

- **Coding** — Complete and accurate coding has new meaning in PDGM due to its impact on two components with the HHRG — the Clinical Grouping and the Comorbidity Adjustment. Intake plays a role in coding by gathering as much information regarding patient history and reason for home care as possible. This information includes the history and physical, medication profile and physician narrative.
- **LUPAs** — The information gathered by intake and the clinician's completed OASIS will dictate what HIPPS code/HHRG is generated. That HIPPS/HHRG will subsequently determine the LUPA threshold for the 30-day period of care. If intake inaccurately completes the referral by not capturing the correct source or timing, it could result in the agency managing to the incorrect LUPA threshold.
- **Document management** — Obtaining signed physician orders and required face-to-face documentation is more important under PDGM with the billing timeframe reduced from every 60 days to every 30 days. The further the delay in obtaining signed orders, the longer the time to submit final claims and subsequent extended time to receive reimbursement. One of the keys to obtaining signed orders timely is correctly identifying which physician should be signing the orders from the start of care.
- **Revenue recognition** — Accurate identification of source and timing will impact the HHRG and subsequently Medicare revenue.
- **Billing** — The timing of billing could be impacted by intake. Not identifying the correct physician to sign orders could lead to delays in final claim billing. Additionally, incorrect identification of the correct source and timing would result in inaccurate expected reimbursement.

Intake Form					
Demographics	Referral date: _____ Patient Name: _____ DOB: _____ Address: _____ Phone #: _____ Email: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Insurance	Medicare #: _____ Medicaid #: _____ 2 <sup>nd</sup> payor: _____ MCR Advantage: _____ MCR Adv #: _____ Auth required: _____ SSN: _____-_____-____ Eligibility checked by/date: _____ Episode timing: <input type="checkbox"/> Early <input type="checkbox"/> Late				
Emergency contact: _____ Relationship: _____ Phone #: _____ Emergency contact: _____ Relationship: _____ Phone #: _____ Legal representative: _____ Type: _____ Phone #: _____ Advance directives: _____ Code status: _____ Primary language: _____ Allergies: _____					
Referral information	Referring source: _____ Phone #: _____ Discharge Facility: _____ DC date: _____ Referral source: <input type="checkbox"/> Institutional <input type="checkbox"/> Community Primary MD _____ Phone #: _____			Documentation Checklist:	
Face to Face	MD/NPP: _____ Date of visit: _____ Visit note appropriate & attached?: _____ Visit within timeframe?: _____ F2F visit pending with: _____ Scheduled F2F date: _____ Within 30 days of SOC? _____			<input type="checkbox"/> Hx & Physical <input type="checkbox"/> DC summary <input type="checkbox"/> Progress note <input type="checkbox"/> Operative note <input type="checkbox"/> Consultation <input type="checkbox"/> MD Visit note <input type="checkbox"/> PT eval <input type="checkbox"/> OT eval <input type="checkbox"/> ST eval <input type="checkbox"/> Discharge med list <input type="checkbox"/> Home health order <input type="checkbox"/> Pertinent labs <input type="checkbox"/> X-ray/other reports <input type="checkbox"/> Other	
Diagnosis	_____ _____ _____ (Avoid symptoms, muscle weakness, unsteady gait, joint pain not attributed to a disease process, skin tears, abrasions)				
Home Health Referral Orders					
SN	PT	OT	ST	MSW	HH AIDE
O&A Disease management Wound care Med management IV therapy Other skilled need: _____	Eval and treat: Weight bearing status: _____ Precautions: _____	Eval and treat: ADL training Restrictions: _____ Other: _____	Eval and treat: Swallowing therapy Cognitive: _____	Eval and treat: <ul style="list-style-type: none"> <li>Long range planning</li> <li>Community resources</li> <li>Decision making</li> </ul>	Assist with bath and personal care
Referral checked/accepted: _____ Assigned to: _____ Protocols: _____			Additional information needed: _____ Referral declined d/t: _____		

Source: Apryl Swafford, clinical services director, Home Health Solutions, Carbon Hill, Ala.