

Optimizing the Intake & Orders Management Process – Lessons in Preparation for PDGM



 **Home Health Care** News



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Intake – the process of onboarding referred patients and organizing all health records, personal information and other data that come with them – has long been a major part of any home health operation. In many ways, the intake process lays the groundwork for patients’ plans of care and forms the backbone of home health providers’ subsequent claims for reimbursement.

Orders management – receiving, coordinating and following through on physicians’ instructions for patients – likewise plays a pivotal role in running a home health operation.

While already keys to home health agencies’ success, efficient intake and orders management processes and protocols will become even more critical with the onset of the Patient-Driven Groupings Model (PDGM) come Jan 1, 2020. As traditional home health payment units move from 60 days to 30 days in length, the case-mix complexity escalates and managing time, scheduling and costs becomes even more paramount, smooth intake and orders management processes will be essential as agencies adapt.

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Michael Willette

chief operating officer, VNA Care

It all begins with Intake

As the process of capturing all patient information, intake is a critical crossroads for every agency. It’s at that point when providers identify what types of services are required, gather necessary supporting documentation and check all the necessary boxes for generating a claim when services are ultimately rendered.

“It’s really the front-end of the revenue cycle,” says Michael Willette, chief operating officer of Worcester, Massachusetts-based VNA Care. “You’re looking at getting all of the demographic, insurance information, plus prior authorization when applicable and all of the supporting documentation transferred from the referral source, whether it’s a hospital or physician practice group.”

Shoring up the intake process is a critical step as agencies prepare for PDGM implementation on January 1, 2020.

Top Tips to Improve Intake

Follow these tips from Gina Mazza of Fazzi Associates to make your intake process more effective and efficient in preparation for PDGM.

- 1 Arm your intake/liaison/sales team with education about PDGM.** This group's contribution is essential, and you need their buy-in.
- 2 Strengthen the communication process from referral to admission to help ensure timely and accurate information.** The patient's primary reason for home health and all secondary diagnoses are key to an accurate case-mix weight in PDGM.
- 3 Identify frequently used diagnoses currently accepted for the reason for home health that will not fit into a clinical grouping in PDGM.** Use that list to develop a plan with the intake team for obtaining more specific information from the referral source. This will help ensure more specific ICD-10 coding.



About Gina Mazza

*Senior Vice President
Regulations and Compliance
at Fazzi Associates*

Gina is responsible for the operational consulting and regulatory and compliance services. She manages one of the largest OASIS and compliance groups in the country and has served as the clinical content expert for Fazzi's presentations on PDGM.

Streamline the referral process

Part of PDGM preparation can include the use of technology and analytics to streamline the process and make smarter decisions on referral business. Consider creating and automating an intake checklist to include:

- Referral source
- Primary reason for home health services/diagnosis
- Additional diagnosis information
- Face-to-face encounter data and actual encounter
- Services requested
- Validate with primary reason and additional diagnosis
- Requested date of admission
- Order for home health services

Intake into orders management

Under current Medicare rules, physicians or non-physician practitioners are required to have face-to-face encounters with beneficiaries before they certify them for home health services. Additionally, all services provided under the Medicare home health benefit must be ordered by a physician.

Industry-wide, communication between home health providers and physicians has often been challenging, exposing physician orders to many of the same pain points as the intake process.

“You can imagine if you’re not a sophisticated [home health provider], then all this information is kept in manila folders around people’s desks or in some other antiquated form of tracking this information,” Willette says. “If you don’t have solid systems in place, you can lose physician orders. From an organizational standpoint, it could be a nightmare.”

This is particularly important as agencies get up to speed in advance of PDGM implementation. In fact, there are several ways agencies can streamline the order management process, in addition to employing a technology platform.

About VNA Care

Worcester, Mass.-based

VNA Care is a not-for-profit organization dedicated to home and community-based health care. Established in 1886, today VNA Care is the parent organization of several companies whose staff provides and coordinates the care of thousands of patients throughout Eastern and Central Massachusetts.

Top Tips to Improve Orders Management

Follow these tips to improve orders management, according to Gina Mazza of Fazzi Associates.

- 1 Assign responsibility.** Task one individual at the agency with the responsibility of tracking orders workflow and monitoring the aging of orders.
- 2 Provide access.** Clinical managers and directors should have information about their team’s aging orders easily accessible. This can’t be an arbitrary process, given that orders have to be back signed quickly in order to bill every 30 days.
- 3 Develop a clear process for orders management facilitated by technology.** This should carry an aggressive timeline, actions to take and who is responsible for those actions. This follow-up process should start no later than a week after sending the order.
- 4 Understand where you are now with aging of orders.** Dealing with your gaps now will help put you in a better position come Jan. 1.

A new orders management timeline

Manage the clear system mentioned above with a workflow platform either within or integrated with your EHR. Possible recommended orders management process:

- **Day 1** - Send order
- **Days 5-7** - Orders not back resent
- **Days 10-14** - Call physician office
- **Days 15-21** Escalate to clinical or health information manager
- **Day 20-28** - Liaison visit to office

Intake, orders and PDGM

PDGM is the single biggest change to the way home health providers deliver care and are reimbursed since the existing Prospective Payment System (PPS) took effect nearly two decades ago.

The payment overhaul's biggest changes include:

- **Treatment of therapy services**—PDGM eliminates the use of therapy visit volume as a determining factor in calculating reimbursements
- **Halving of the traditional 60-day unit of payment to 30 days**—A shorter period requires shorter timelines for intake and orders
- **Patient classification**—Every 30-day period used as a basis for payment will be categorized into 432 case-mix groups with varying levels of reimbursement depending on admission source, timing, clinician groupings, functional impairment level and co-morbidity adjustment.

The more complex patient-classification system means home health providers must have strong intake and orders management processes in place – otherwise they'll surely fall behind once PDGM goes into effect, says Gina Mazza of Fazzi Associates.

"You have to be armed with information," she says. "You can't be chasing it."

About Cornerstone VNA

Founded in 1913, Rochester, N.H.-based Cornerstone Visiting Nurses Association is a nonprofit home, health and hospice organization serving New Hampshire and Maine.

In particular, providers will need to have a much greater understanding of their patients' chronic care needs during intake as well, as PDGM adds new layers of reimbursement attached to low and high co-morbidities when present. When comorbidities are documented properly, providers can see their reimbursement increase by hundreds of dollars per episode of care.

"The secondary diagnoses aspect is very new," Mazza says. "The more information we can get right up front, the better we'll be. So much of our revenue or reimbursement is going to come from understanding the reason for home care -- the primary diagnosis -- but also chronic care needs, meaning the comorbidity adjustment."

For context, about 37% of billing periods in calendar year 2017 had some level of comorbidities present, according to CMS data.

In addition to co-morbidities, PDGM will also include higher reimbursement rates for patients coming from institutional settings, such as in-patient hospitals, skilled nursing facilities, long-term care hospitals and other settings. At times, the difference between a patient from a community setting and an institutional setting can be more than \$500 per payment period, industry projections suggest, meaning providers need to get that information correct in a timely manner.



37%

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When it comes to orders management, all the same rules and regulations agencies are living with under PPS will apply.

The big difference is the timing, Mazza says, adding that being able to prioritize based on internal data and records will be key.

"The orders that are coming in from Day 1 to 30, they have to be back, signed and dated by the physician before providers can bill for that payment period," she says. "You've got to know your process, and how long it takes you to get orders out and back in."

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Gina Mazza

Senior Vice President Regulations and Compliance, Fazzi Associates

Indeed, some industry experts believe documents should be in hand five to seven days in order to meet the new 30-day billing window.

Technology solutions can help shore up orders and intake as a means to help agencies adapt to the new payment structure, says Craig Mandeville, CEO of software company Forcura.

“From a PDGM standpoint, providers need granular visibility into their orders tracking process and how their internal teams are performing,” Mandeville says. “Where we’re headed, providers need better transparency to meet this new 30-day window, and the ability to act fast and enable quick orders turnaround.”

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Preparing for PDGM

Intake and orders management are already two huge aspects of running a home health businesses. Both will become even more critical to a provider’s financial success come Jan. 1, 2020.

Providers that are serious about succeeding in a PDGM environment need to start reinforcing their intake and orders management processes today.

How providers are optimizing intake and orders management

VNA Care is the largest home health agency in the New England region, with about 1,300 employees and a home health average daily census of about 4,000 patients. In addition to home health, VNA Care also operates a hospice business line with an average daily census of about 300.

Given its size, VNA Care onboards between 90 and 130 patients on any given day.

To bolster its intake process, VNA Care reviewed best practices across health care, including intake practices among hospitals and physician groups. Those efforts have prompted the organization to invest in staff training, along with the multi-faceted software tools that are capable of centralizing services and quickly digesting vast amounts of diverse information.

VNA Care implemented Forcura, an integrated technology platform focused on the post-acute care space that helps providers manage information with paperless workflow and secure communication.

Barbara Boulton is the clinical informatics manager for New Hampshire-based Cornerstone VNA. She has taken a similar approach.

“Before Forcura, we had a very difficult time figuring out what orders had not been sent out -- even though they had been approved to be sent, many, many were not,” says Barbara Boulton, clinical informatics manager for Cornerstone VNA. “It was also difficult to track orders that had not come in yet ... there were a lot of pain points. Prior to using Forcura, we didn’t even know how many outstanding orders we had – or how many we had that had never left the building.”

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clinical informatics, Cornerstone VNA

Contact Us

Forcura is transforming the way healthcare manages information. Our industry-leading document management and HIPAA-compliant communication platform streamlines and simplifies workflow for home health providers. Our solutions seamlessly integrate with your EHR to simplify intake and referral management, physician orders and mobile care coordination. Learn more at forcura.com.