A 2-Part Webinar Series & Recordings • February 13th & 20th, 2020 • 10:30 am —12:00 pm CST

February 13th—Part 1: Intake, Orders, Prebill Audits—The Patient Driven Groupings Model (PDGM) is effective January 1, 2020. This is the most massive change to the home care industry reimbursement structure since the introduction of the current Prospective Payment System (PPS) in October 2000. The new payment model dramatically impacts agency operations, processes and performance. Agencies must develop and implement plans to successfully transition to PDGM. This workshop will discuss key areas, strategies and processes in preparing an agency for PDGM. This workshop will have a focus on changes to the 30-day payment model which will bring significant back office changes, specific to the claims processing and collections.

Summarize key areas of agency operations impacting Revenue Cycle under PDGM
- Discuss necessary modifications to the intake and referral process under PDGM, including Face to Face Requirements
- Review Order Management
- Review significant pieces of the PreBill Audit Process

February 20th—Part 2: Billing & Collecting RAPs & Final Claims— PDGM brings many changes to the Billing process, including almost doubling the volume of claims as compared to 2019 that will be sent and multiple changes to the data on the claims. The billing volume for 75% of the current Medicare episodes is likely going to DOUBLE under PDGM. With RAPs and Final claims being required every 30 days instead of 60, agencies may need to expand their Revenue Cycle teams. This webinar will cover details regarding the actual billing changes that will need to occur under PDGM. This webinar will take you through details of billing under PDGM and will review the process that the Medicare MAC will go through to calculate the HIPPS code and pay the claims. Lastly, this webinar will cover the proposed changes from a RAP to NOA for 2021. There will also be a discussion of the overall impact on the revenue cycle under PDGM.

PDGM Billing Changes
- Detail the changes to the billing process under PDGM
- Detail the specific changes to RAPs and Final Claims that is currently available.
- Review the specific impact on billing under PDGM if agency is under RCD
- Review the Revenue Cycle structure and the key points at which tweaks will need to be made under PDGM.

Presenter: Melinda Gaboury is co-founder & CEO of Healthcare Provider Solutions, Inc., an organization in Nashville TN that provides financial, reimbursement, clinical & operation services to the home health & hospice industries. With more than 27 years of experience in Medicare Home Health, she is a presenter at both the state & national levels, & is interviewed frequently for national home health publications. Ms. Gaboury is also the author of “Home Health Guide to OASIS D: A Reference for Field Staff”. **Ms. Gaboury has no conflict of interest in regard to this program.**

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