



Billing Webinar Series

3-Part Home Health Billing

October 26, November 1, 4 –10:30am – 12:00pm

The Patient Driven Groupings Model (PDGM) went into effect January 1, 2020. This is the most massive change to the home care industry reimbursement structure since the introduction of the Prospective Payment System (PPS) in October 2000. The new payment model has dramatically impacted agency operations, processes and performance. January 2023 brings even more issues with rate changes that have been proposed for home health and the impending Value-Based Purchasing Nationwide Rollout. This workshop will discuss key areas, strategies and processes in assisting an agency in staying ahead of PDGM changes and reimbursement rates. This webinar series will have a focus on best episode management and process improvement practices including the referral, intake and scheduling processes, timely documentation, physician and patient communication strategies, all of which are required to more tightly manage care within the 30-day payment period. The Notice of Admission (NOA) will be reviewed in detail with examples of exceptions and how agencies should respond. Lastly, this series will review the emphasis of ICD-10 coding under PDGM and how agencies will have to monitor to ensure the specificity of coding for their patient care plans. Lastly this series will review the impact of Medicare Advantage claims on the Home Health Revenue Cycle.

Program Topics

Webinar #1 (Oct. 18th) – PDGM Model Review & Impact on Billing

- Summarize key Revenue Cycle Operations affected by PDGM
- Discuss necessary modifications to the intake and referral process under PDGM
- Present data to assist in determining financial impacts of PDGM on an agency.
- Evaluate the specificity requirements of coding under PDGM
- Review strategies for improved physician interaction to ensure timely 30-day billing
- Explain the importance of clinical review of each 30-day payment period under PDGM

Webinar #2 (Oct. 26th) – Submission of the NOA and Specifics of Billing 30-day Final Claims

- Detail requirements of submitting the NOA
- Explain scheduling strategies to prevent penalties for Late NOAs
- Outline the exceptions request process for the NOA
- Detail the requirements for submitting Final claims
- Review the complexity of determining LUPA thresholds under PDGM
- Review the reconciliation process after posting payments for claims

Webinar #3 (Nov. 1st) – Medicare Advantage and Getting Paid

- Outline the credentialing process with Medicare Advantage Plans
- Evaluate the most important questions to ask before signing an in-network agreement
- Detail the impact of Medicare Advantage Plans on the Medicare Program
- Review the most common claim denial reasons and working through those
- Review the most common road blocks in getting MA claims to appropriately process & pay
- Review MSP policies and practices



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About the Speaker

Melinda Gaboury, is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc., an organization out of Nashville, TN that provides financial, reimbursement, clinical and operation services to the home health and hospice industries. With more than 27 years of experience in Medicare Home Health, she is a presenter at both the state and national levels, and 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.

Webinar login instructions will be emailed to registered attendees.

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Registrations will not be accepted without payment in full. Webinar instructions and links to materials will be provided in a confirmation email.

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