WHAT IT MEANS + HOW WAYSTAR CAN HELP

# The new Patient-Driven Groupings Model

## What is PDGM?

**In November 2018, Center for Medicare & Medicaid Services (CMS)** finalized a new case-mix classification model, the Patient-Driven Groupings Model (PDGM), effective beginning January 1, 2020. The PDGM relies more heavily on clinical characteristics and other patient information to place periods of home health care into meaningful payment categories and eliminates the use of therapy service thresholds. In conjunction with the implementation of the PDGM, there will be a change in the unit of home health payment from a 60-day episode to a 30-day period. More detailed information from CMS can be found **here.**

## Impacts of PDGM on billing processes:

- **Increase volume of claims**
- **Shorter timeframe to resolve all pre-billing issues prior to final claim**
- **Monitor claims to identify Medicare processing errors**

## How can Waystar help?

As claim volume doubles with PDGM, it will be more important than ever to eliminate wasted effort, streamline workflows and increase staff productivity. Waystar's Claim and Denial Management solutions ensure maximum productivity during the PDGM transition.

**100% transparency of Waystar and payer rejections reduces avoidable write-offs** such as missing timely filing. All claims not accepted by payers will be caught in workgroups or can be flagged directly in your practice management system/EHR to streamline the resubmission process. When claim volume doubles with PDGM, efficiently and comprehensively tracking rejections (both clearinghouse and payer) will be critical to avoid cash flow disruptions.

**Get in touch.** **waystar.com** | **1-844-6Waystar**



WAYSTAR

## How can Waystar help? (continued)

- **Automated pre-claim eligibility for Medicare ensures patient coverage is valid** prior to sending claims if workflows are not in place pre-service or at the time of service. This reduces rejection and denial volumes, which in turn saves staff time and minimizes cost increases related to higher claim volumes.
- **Automated secondary claims,** automated shadow claims, automated claim conversion and automated claim splitting.
- **FISS Emulator streamlines billing** and follow up workflows specific to Medicare claims. Fewer clicks and screens mean more efficient workflows.
- **Aging claim worklists** can be configured to expose and prioritize all claims that have aged past a client-specified threshold and have not yet received a remit to minimize avoidable write-offs.
- **Industry-leading denial and appeal management solution** streamlines appeal package creation, automatically closes non-workable denials to eliminate wasted effort, automatically routes workable denials to the right person at the right time to accelerate resolution, offers batch appeal capabilities (100 at a time) and offers a 100% paperless workflow so our clients have one less thing to worry about.
- **Extensive user productivity reporting** allows you to easily to see which team members are performing at a high level so you can share knowledge across your teams to improve overall staff output.
- **Analytics packages provide complete transparency** into financial performance and areas of your revenue cycle that require additional focus (rejections, aged AR, high denials, etc). Data transparency is critical to driving long-term improvements in your revenue cycle and reducing your overall cost to collect.
- **Client service and support:** We pride ourselves on our award-winning, in-house client support team. More than 75% of support cases are closed the same day they are opened, so your organization can be confident that we will minimize issue impact during your PDGM transition.
- **Custom edits are built free of charge.** As the need for new edits arises prior to or during the transition to PDGM, we'll respond quickly.

**Get in touch.** **waystar.com** | **1-844-6Waystar**



WAYSTAR