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- Review the drivers of current changes in the healthcare landscape
- Discuss the basic structure of PDPM
- Compare and contrast PDPM and RUGS IV
- Identify systems to review and enhance to facilitate transition to PDPM

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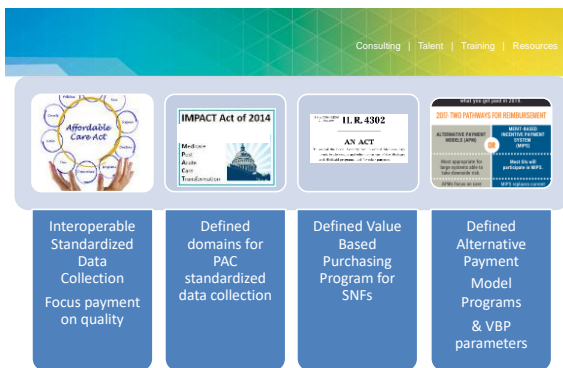
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## Linear Relationship to Payment

Consulting | Talent | Training | Resources

Within the RUG-IV Category, the higher the ADL score; *i.e.*, the higher the number, the higher the level of payment.

Rehabilitation Category Ultra High Criteria	ADL Score	RUG-IV	Medicare Part A Reimbursement Jo Daviess County, IL
720 or more minutes per week and One discipline for at least 5 days and A second discipline for at least 3 days			
	11 - 16	RUC	\$589.28
	6 - 10	RUB	\$589.28
	0 - 5	RUA	\$500.99

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## Payment Difference for Betty based on RUG-IV Code

Consulting | Talent | Training | Resources

**\$589.28** (RUB) (ADL Score = 6)

**-\$500.99** (RUA) (ADL Score = 5)

**\$ 88.29** per day

Approximately **\$1,236** more for a 14-day stay

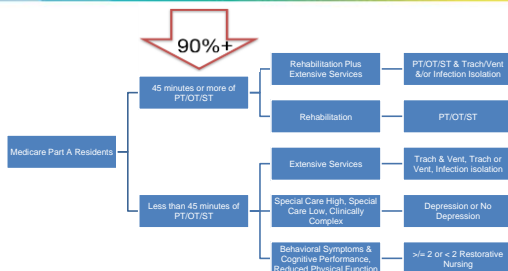
Direct care staff tend to “under-code” more than “over-code” and persons coding the MDS must have supporting documentation for their coding

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## Summary of RUG-IV Categories

Consulting | Talent | Training | Resources



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Consulting | Talent | Training | Resources

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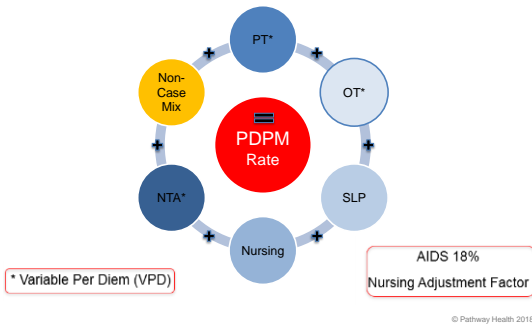
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Component	Base Rate	Case Mix Index	Adjustment Factor
PT	Yes	Yes	<b>Yes</b>
OT	Yes	Yes	<b>Yes</b>
SLP (ST)	Yes	Yes	No
Nursing	Yes	Yes	AIDS Only
Non – Therapy Ancillary (NTA)	Yes	Yes	<b>Yes</b>
Non-Case Mix	Yes	<b>No</b>	No
<b>= Rate</b>			

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## PDPM Patient Characteristics

Consulting | Talent | Training | Resources

Patient Characteristics					
PT	OT	SLP	Nursing	NTA	NCM
Clinical category	Clinical category	Presence of acute neurologic conditions	Clinical information from SNF stay	Extensive services received	
Functional status	Functional status	Other SLP-related comorbidities	Functional status	Comorbidities present	
		Cognitive status	Extensive services received		
		Presence of swallowing disorder or mechanically altered diet	Presence of depression		
			Restorative nursing services received		
			(Same characteristics as under RUG-IV)		

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## Non-Linear Relationship to Payment

Consulting | Talent | Training | Resources

Under PDPM, there is NOT a direct relationship between increasing dependence and increasing payment as in RUG-IV.

Example:

For the PT & OT component, payment for functional scores is lower for the most and least dependent patients (who are less likely to require high amounts of therapy), compared to those in between (who are more likely to require high amounts of therapy).

Clinical Category	Section GG Function Score	PT & OT Case-Mix Group	PT Case-Mix Index	OT Case-Mix Index
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
	<b>6-9</b>	<b>TB</b>	<b>1.69</b>	<b>1.63</b>
	<b>10-23</b>	<b>TC</b>	<b>1.88</b>	<b>1.68</b>
	24	TD	1.92	1.53

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## SNF PPS Basics: PDPM

Beginning October 1, 2019

Consulting | Talent | Training | Resources

MDS 3.0 Assessments and Tracking Forms		
	OBRA	PPS (PDPM)
Who	All residents, regardless of payment status	All residents in a Medicare Part A covered stay
What	MDS 3.0 A0310A & A0310F	MDS 3.0 A0310B, A0310C, & A0310H
When	Admission Quarterly Annually Significant Change in Condition Discharge from the nursing home Entry/Re-Entry/ Death in Facility	<ul style="list-style-type: none"> <li>Scheduled 5 day</li> <li>End of Medicare Part A stay (NPE)</li> <li>Unscheduled Interim Payment Assessment (IPA)</li> </ul>
Why	Care planning purposes Survey & certification requirements Quality measurement	Payment rate determination

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- “The IPA is **optional** and will be completed when providers determine that the patient has undergone a **clinical change that would require a new PPS assessment.**”
- “The item set for the IPA is the **IPA item set**, a specifically tailored item set that only includes demographic items and those necessary for PDPM classification.”
- “The IPA **does not affect the variable per diem**. When an IPA is completed and payment changes, it continues the variable per diem schedule that was established by the 5-day assessment.”
- “**No PPS assessments can be combined.** The 5-day assessment must be completed prior to any other PPS assessment, followed by the IPA and the PPS Discharge Assessment should be the last PPS assessment completed.”

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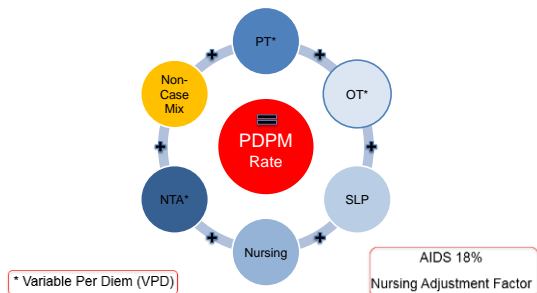
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[illegible]

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Six PDPM Components Consulting | Talent | Training | Resources



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## PT and OT Components

Clinical Category

Function Score: Section GG



Consulting | Talent | Training | Resources

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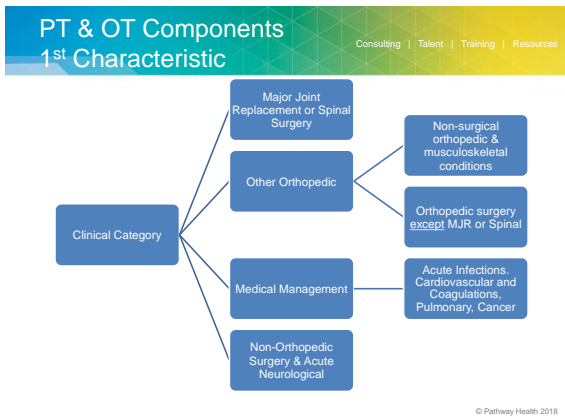
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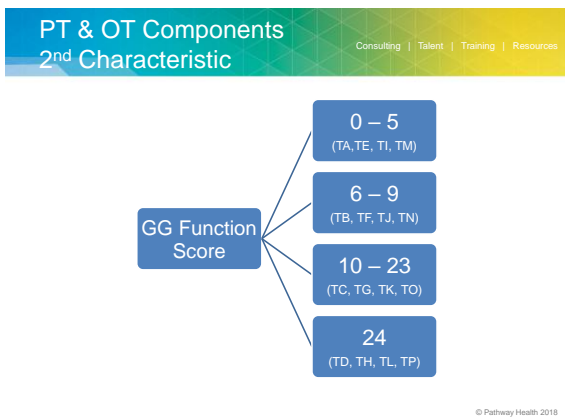
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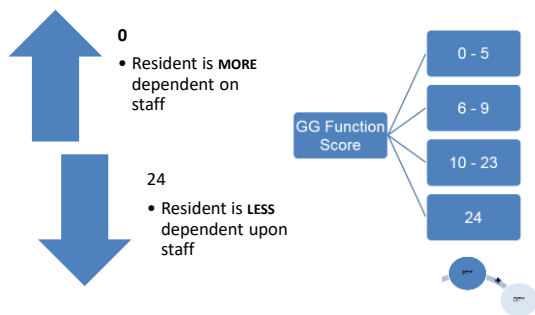
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## Functional Performance Scores for PT and OT

Consulting | Talent | Training | Resources



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## PT & OT Components: Payment Groups

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

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## RATES


Consulting | Talent | Training | Resources

Case mix	CMI	Urban	Rural
<b>PT</b>		\$59.33	\$67.63
TA	1.53	\$90.77	\$103.47
TB	1.69	\$100.27	\$114.29
TC	1.88	\$111.54	\$127.14
TD	1.92	\$113.91	\$129.85
TE	1.42	\$84.25	\$96.03
TF	1.61	\$95.52	\$108.88
TG	1.67	\$99.08	\$112.94
TH	1.16	\$68.82	\$78.45
TI	1.13	\$67.04	\$76.42
TJ	1.42	\$84.25	\$96.03
TK	1.52	\$90.18	\$102.80
TL	1.09	\$64.67	\$73.72
TM	1.27	\$75.35	\$85.89
TN	1.48	\$87.81	\$100.09
TO	1.55	\$91.96	\$104.83
TP	1.08	\$64.08	\$73.04

Case Mix	CMI	Urban	Rural
<b>OT</b>		\$59.33	\$67.63
TA	1.49	\$88.40	\$100.77
TB	1.63	\$96.71	\$110.24
TC	1.68	\$99.67	\$113.62
TD	1.53	\$90.77	\$103.47
TE	1.41	\$83.66	\$95.36
TF	1.59	\$94.33	\$107.53
TG	1.64	\$97.30	\$110.91
TH	1.15	\$68.23	\$77.77
TI	1.17	\$69.42	\$79.13
TJ	1.44	\$85.44	\$97.39
TK	1.54	\$91.37	\$104.15
TL	1.11	\$65.86	\$75.07
TM	1.3	\$77.13	\$87.92
TN	1.49	\$88.40	\$100.77
TO	1.55	\$91.96	\$104.83
TP	1.09	\$64.67	\$73.72

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## SLP Component

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment

Presence of Swallowing Disorder or Mechanically Altered Diet



Consulting | Talent | Training | Resources

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## SLP 1<sup>st</sup> Characteristic

Consulting | Talent | Training | Resources

Does the resident have....?

### Acute Neurological Condition

Coded as primary diagnosis at I0020B (effective 10/1/19)

Neuro system infections, tumors, degenerative diseases, inherited disorders, traumatic injuries, vascular disorders, sequelae of above.

### SLP-Related Comorbidity

Aphasia; CVA, TIA, or Stroke; Hemiparesis; TBI; Trach care/Vent (while a resident); Laryngeal/Oral CAS; Apraxia; Dysphagia; ALS; or Speech & language deficits (MDS Sections I & O)

### Mild – Severe Cognitive Impairment

BIMs interview score or PDPM cognitive level (MDS Section C)

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## SLP Component PDPM Cognitive Scoring

Consulting | Talent | Training | Resources

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13 – 15
<b>Mildly Impaired</b>	8 – 12
<b>Moderately Impaired</b>	0 - 7
<b>Severely Impaired</b>	-

If unable to complete the BIMS, code is "99." The Staff Assessment will be used to determine cognitive status.

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## SLP Component 1<sup>st</sup> Characteristic

Consulting | Talent | Training | Resources

Acute Neurological Condition  
SLP-Related Comorbidity  
Mild to Severe Cognitive Impairment

None

Any  
One

Any  
Two

All  
Three

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## SLP Component 2<sup>nd</sup> Characteristic

Consulting | Talent | Training | Resources

Swallowing Disorder (K0100A-D)  
OR  
Mechanically Altered Diet (K0510C2)

Neither

Either

Both

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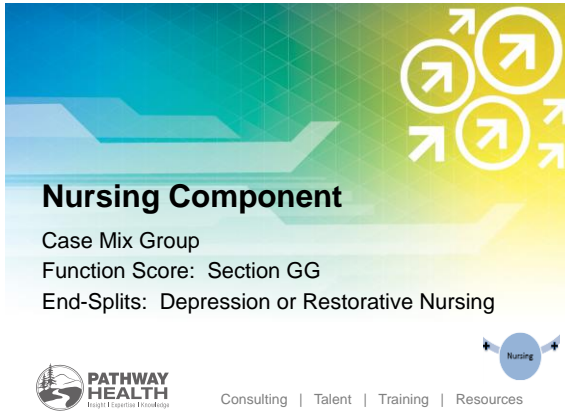
## SLP Case-Mix Classification Groups and Weights

Consulting | Talent | Training | Resources

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Presence of Swallowing Disorder or Mechanically Altered Diet	SLP Case-Mix Group	Case-Mix Index
None	Neither	SA	0.68
	Either	SB	1.82
	Both	SC	2.66
Any One	Neither	SD	1.46
	Either	SE	2.33
	Both	SF	2.97
Any Two	Neither	SG	2.04
	Either	SH	2.85
	Both	SI	3.51
All Three	Neither	SJ	2.98
	Either	SK	3.69
	Both	SL	4.19

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**Nursing Component**

Case Mix Group  
Function Score: Section GG  
End-Splits: Depression or Restorative Nursing

**PATHWAY HEALTH**  
Right. Everytime. Everywhere.

Consulting | Talent | Training | Resources

Nursing

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**Nursing Component**  
Case Mix Groups

Consulting | Talent | Training | Resources



Extensive Services

Special Care High

Special Care Low

Clinically Complex

Behavioral Symptoms & Cognitive Performance

Reduced Physical Function

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**Nursing Function Score**  
Construction: Section GG

Consulting | Talent | Training | Resources

Admission Performance		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10, 88, (-)	Dependent, Refused, N/A, Not attempted due to environment, Not attempted due to medical condition/safety	0



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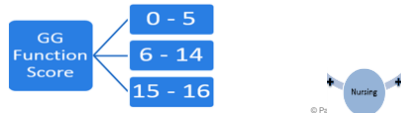
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## Nursing Component Extensive Services

Consulting | Talent | Training | Resources

Nursing Group	Extensive Service(s)	GG-Based Function Score <sup>A</sup>	Case Mix Index
ES3	Tracheostomy & Ventilator	0 - 14	4.04
ES2	Tracheostomy or Ventilator	0 - 14	3.06
ES1	Infection Isolation	0 - 14	2.91

<sup>A</sup> A GG-Based Function Score of 15 -16 in the Extensive Services Nursing Component places the resident within the Clinically Complex category.



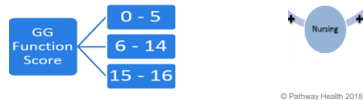
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## Nursing Component Special Care High

Consulting | Talent | Training | Resources

Nursing Group	Clinical Condition(s)	Depression Symptoms	GG-Based Function Score <sup>A</sup>	Case Mix Index
HDE2	Serious medical conditions; e.g., Comatose, Septicemia,	Yes	0 - 5	2.39
HDE1	DM, Quadriplegia, COPD w	No	0 - 5	1.99
HBC2	oxygen, Fever, Tube feeding, IV fluids, respiratory therapy	Yes	6 - 14	2.23
HBC1		No	6 - 14	1.85

<sup>A</sup> A GG-Based Function Score of 15 -16 in the Special Care High Nursing Component places the resident within the Clinically Complex category.



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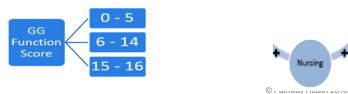
## Nursing Component Special Care Low

Consulting | Talent | Training | Resources

Nursing Group	Clinical Condition(s)	Depression	GG-Based Function Score <sup>A</sup>	Case Mix Index
LDE2	Serious medical conditions; e.g., CP, MS, Parkinson's	Yes	0 - 5	2.07
LDE1	Respiratory failure, Feeding tube, Pressure ulcers, Foot ulcers or infections, radiation therapy or dialysis <sup>2</sup>	No	0 - 5	1.72
LBC2		Yes	6 - 14	1.71
LBC1		No	6 - 14	1.43

<sup>A</sup> A GG-Based Function Score of 15 -16 in the Special Care Low Nursing Component places the resident within the Clinically Complex category.

<sup>2</sup> While a resident



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## Nursing Component Clinically Complex

Consulting | Talent | Training | Resources

Nursing Group	Clinical Condition(s)	Depression	GG-Based Function Score	Case Mix Index
CDE2	Conditions requiring complex medical care; e.g., pneumonia, surgical wounds, burns, hemiplegia, chemotherapy, Oxygen, IV medications, Transfusions <sup>2</sup>	Yes	0 - 5	1.86
CDE1		No	0 - 5	1.62
CBC2		Yes	6 - 14	1.54
CA2		Yes	15 - 16	1.08
CBC1		No	6 - 14	1.34
CA1		No	15 - 16	0.94

<sup>2</sup> While a resident

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## Nursing Component Behavioral Symptoms & Cognitive Performance

Consulting | Talent | Training | Resources

Nursing Group	Clinical Condition(s)	Number of Restorative Nursing Programs	GG-Based Function Score	Case Mix Index
BAB2	Behavioral or Cognitive symptoms (BIMS <10 or CFS >2)	2 or more	11 - 16	1.04
BAB1		0 - 1	11 - 16	0.99

• NOTE: The GG Function Score must be &gt; 10!



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## Nursing Component Reduced Physical Function

Consulting | Talent | Training | Resources

Nursing Group	Clinical Condition(s)	Number of Restorative Nursing Programs	GG-Based Function Score	Case Mix Index
PDE2	Assistance with daily living and general supervision	2 or more	0 - 5	1.57
PDE1		0 - 1	0 - 5	1.47
PBC2		2 or more	6 - 14	1.21
PA2		2 or more	15 - 16	0.70
PBC1		0 - 1	6 - 14	1.13
PA1		0 - 1	15 - 16	0.66



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## HIV/AIDS Add-On (B20 ICD-10-CM)

Consulting | Talent | Training | Resources

18%

Plus an additional  
Non-Therapy  
Ancillary  
Component amount



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## Non-Therapy Ancillary Component

50 Conditions/Extensive Services



Consulting | Talent | Training | Resources



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## Non-Therapy Ancillary Characteristics

Consulting | Talent | Training | Resources

50 Conditions/Extensive Services



Each is assigned points



The number of points determines the NTA Case-Mix  
Group

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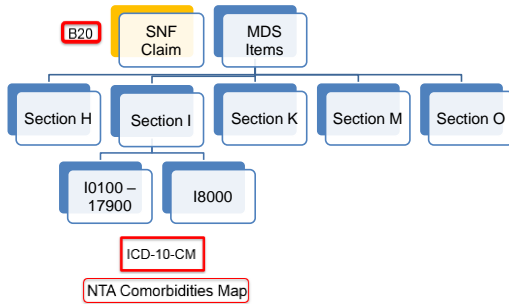
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## NTA Component 50 Conditions/Extensive Services



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## PDPM NTA CMI : Non-Therapy Ancillary Case Mix Indices



Consulting | Talent | Training | Resources



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## Non-Therapy Ancillary

NTA Score Range	NTA Case-Mix Group	NTA Case-Mix Index
12+	NA	3.25
9 - 11	NB	2.53
6 - 8	NC	1.85
3 - 5	ND	1.34
1 - 2	NE	0.96
0	NF	0.72



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**Non-Case-Mix Component**

**PATHWAY HEALTH**  
Right. Right. Right.

Consulting | Talent | Training | Resources

Non-Case-Mix

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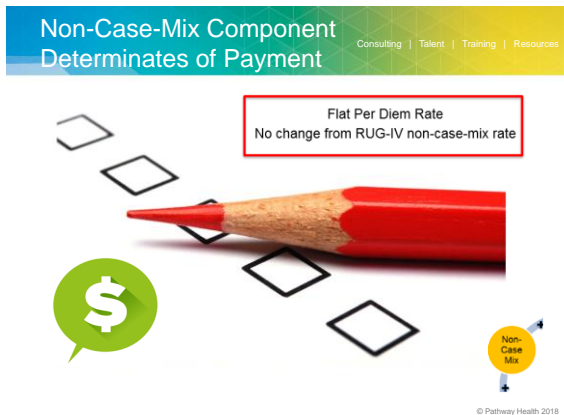
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**Non-Case-Mix Component  
Determinates of Payment**

Consulting | Talent | Training | Resources

Fiat Per Diem Rate  
No change from RUG-IV non-case-mix rate

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Non-Case-Mix

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**Variable Rate Adjustments**  
NTA, PT, and OT Components

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Right. Right. Right.

Consulting | Talent | Training | Resources

Non-Case-Mix

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Days 1 – 3

Consulting | Talent | Training | Resources

3 X the Non-Therapy Ancillary Component

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Days 21 - 100

Consulting | Talent | Training | Resources

PT and OT Components decline by 2% every 7 days

Days 98 -100 have an adjustment factor of 0.76

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Variable Per Diem (VPD) Adjustment Schedules

Consulting | Talent | Training | Resources

PT and OT Components

Day in Stay	Adjustment Factor	Day in Stay	Adjustment Factor
1 – 20	1.00	63 – 69	.86
21 – 27	.98	70 – 76	.84
28 – 34	.96	77 – 83	.82
35 – 41	.94	84 – 90	.80
42 – 48	.92	91 – 97	.78
49 – 55	.90	98 - 100	.76
56 - 62	.88		

NTA Component

Day in Stay	Adjustment Factor
1 – 3	3.00
4 – 100	1.00

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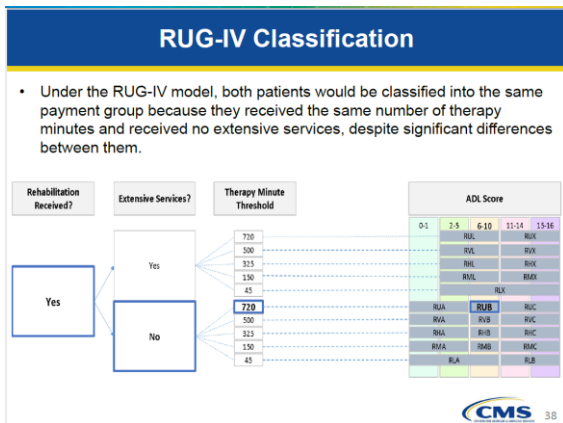
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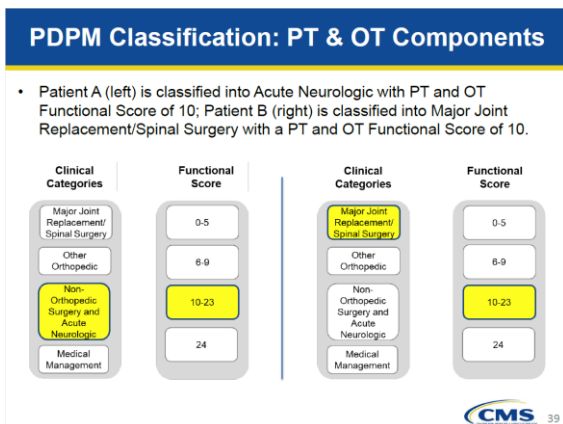
Resident Characteristics	Resident A	Resident B
Therapy	Yes	Yes
Minutes	730	730
Extensive Services	No	No
ADL Score	9	9
Clinical Category	Acute Neurologic	Major Joint Replaced
PT & OT Function Score	10	10
Nursing Function Score	7	7
Cognitive Impairment	Moderate	Intact
Swallowing Disorder	No	No
Mechanically Altered Diet	Yes	No
SLP Comorbidity	No	No
Comorbidity Score	7 (IV Med & DM)	1 (Ch. Pancreatitis)
Other Conditions	Dialysis	Septicemia
Depression/Restorative	No/No	Yes/No

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## PDPM Classification: SLP Component

- Patient A (left) is classified into Acute Neurologic, has moderate cognitive impairment, and is on a mechanically-altered diet; and Patient B (right) is classified into non-neurologic with no SLP-classification related issue.

Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognitive Impairment	Mechanically-Altered Diet or Swallowing Disorder	Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognitive Impairment	Mechanically-Altered Diet or Swallowing Disorder
None	Neither	None	Neither
Any One	Either	Any One	Either
Any Two	Both	Any Two	Both
All Three		All Three	

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## PDPM Classification: Nursing Component (1)

- Patient A is receiving dialysis services with a Nursing Function Score of 7 and is classified into LBC1.

Extensive Services?	Extensive Services	PDPM Nursing Function Score
	Tracheostomy Ventilator/Respirator Infection Isolation	0-1 2-5 6-10 11-14 15-16
Yes	<input checked="" type="checkbox"/> Tracheostomy <input checked="" type="checkbox"/> Ventilator/Respirator <input checked="" type="checkbox"/> Infection Isolation	ES1 ES2 ES3
No	Other Conditions: Serious medical conditions e.g. comatose, septicemia, respiratory therapy Serious medical conditions e.g. radiation therapy or dialysis Conditions requiring complex medical care such as pneumonia, surgical wounds, burns	Depression? Yes: HDE2, HBC1, LDE2, LBC2, CDE2, CBC2, CA2 No: HDE1, HBC1, LDE1, LBC1, CDE1, CBC1, CA1

CMS 42

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## PDPM Classification: Nursing Component (2)

- Patient B has septicemia and a Nursing Function Score of 7, exhibits signs of depression, and is classified into HBC2.

Extensive Services?	Extensive Services	PDPM Nursing Function Score
	Tracheostomy Ventilator/Respirator Infection Isolation	0-1 2-5 6-10 11-14 15-16
Yes	<input checked="" type="checkbox"/> Tracheostomy <input checked="" type="checkbox"/> Ventilator/Respirator <input checked="" type="checkbox"/> Infection Isolation	ES1 ES2 ES3
No	Other Conditions: Serious medical conditions e.g. comatose, septicemia, respiratory therapy Serious medical conditions e.g. radiation therapy or dialysis Conditions requiring complex medical care such as pneumonia, surgical wounds, burns	Depression? Yes: HDE2, HBC2, LDE2, LBC2, CDE2, CBC2, CA2 No: HDE1, HBC1, LDE1, LBC1, CDE1, CBC1, CA1

CMS 43

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## PDPM Classification: NTA Component

- Patient A (left) has an NTA Comorbidity Score of 7 from IV medication (5 points) and diabetes mellitus (2 points); Patient B (right) has an NTA Comorbidity Score of 1 from chronic pancreatitis (1 point).



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## PDPM Calculations

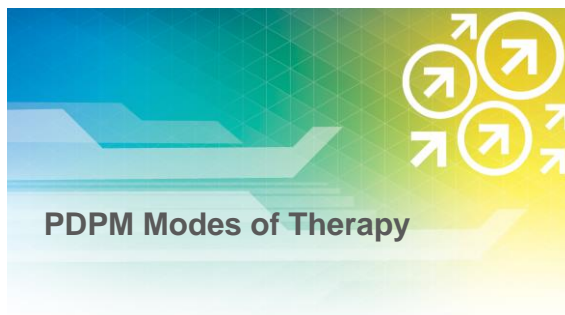
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Component	Resident A		Resident B	
	Case Mix Group	Case-Mix Index	Case Mix Group	Case-Mix Index
PT*	TO	1.55	TC	1.88
OT*	TO	1.55	TC	1.68
SLP	SH	2.85	SA	0.68
Nursing	LBC1	1.43	HBC2	2.23
Non-Therapy Ancillary*	NC	1.85	NE	0.96
Non-Case-Mix	Flat Rate		Flat Rate	

Days 1 – 3	NTA*	12.93 + Flat Rate	9.35 + Flat Rate
Days 4 - 20		9.23 + Flat Rate	7.43 + Flat Rate
Days 21 - 28	PT*/OT*	9.20 + Flat Rate	7.36 + Flat Rate

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## PDPM Modes of Therapy

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- Group Therapy plus Concurrent Therapy will be limited to 25% of total minutes **per discipline**
- Group and Concurrent minutes will be counted in full rather than one-quarter and one-half respectively as in RUGs-IV.
- PPS End of Stay Assessment will monitor therapy utilization.
- A non-fatal error warning will appear on the Validation Report if the 25% amount is exceeded.

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## Therapy Treatment

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- Co-treatment may be appropriate when practitioners from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session

*Joint Guidelines for Therapy Co-treatment under Medicare*  
*The American Speech-Language-Hearing Association (ASHA)*  
*The American Occupational Therapy Association (AOTA)*  
*The American Physical Therapy Association (APTA)*  
[https://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding\\_and\\_Billing/SN/F/JointCotreatmentGuidelinesUnderMedicare\\_ASHAOTAAPTA.pdf](https://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding_and_Billing/SN/F/JointCotreatmentGuidelinesUnderMedicare_ASHAOTAAPTA.pdf)

Documentation for (speech therapy) group therapy should clearly identify why services were delivered in a group setting;

- establish that group therapy services were provided as part of an individualized plan of care;
- demonstrate that services were based on the clinical needs of the patient; and
- describe goals and outcomes (e.g., improvement in the patient's condition, prevention of further decline).

*Medicare Guidelines for Group Therapy*  
*Speech-Language Pathology Services*  
*American Speech-Language-Hearing Association*  
[www.asha.org/practice/reimbursement/medicare/group/treatment/](http://www.asha.org/practice/reimbursement/medicare/group/treatment/)

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## (NPE) Discharge Therapy Collection Items

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### Items O0425A1 –O0425C5 (New Items)

- Using a look-back of the entire PPS stay, providers report, by each discipline and mode of therapy, the amount of therapy (in minutes) received by the patient
- If the total amount of group/concurrent minutes, combined, comprises more than 25% of the total amount of therapy for that discipline, a warning message is issued on the final validation report

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## Calculating Compliance with Concurrent/Group Therapy Limit

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- **Step 1:** Total Therapy Minutes, by discipline
  - (O0425X1 + O0425X2 + O0425X3)
  - (Individual + Concurrent + Group)
- **Step 2:** Total Concurrent and Group Therapy Minutes, by discipline
  - (O0425X2 + O0425X3)
  - (Concurrent + Group)
- **Step 3:** C/G Ratio
  - (Step 2 Result / Step 1 Result)
- **Step 4:**
  - If Step 3 Result is greater than 0.25, then non-compliant

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## Section GG – Interim Performance

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- On the IPA, Section GG items will be derived from a new column “5” which will capture the interim performance of the resident
- The look-back for this new column will be the three-day window leading up to and including the ARD of the IPA (ARD and the 2 calendar days prior to the ARD)

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## Current Systems

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ICD-10-CM

MDS Accuracy

Quality Documentation

Restorative Program

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## Get Systems in Place Now

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### ICD-10-CM

- Education
- Communication
- Practice

The image shows a portion of the ICD-10-CM Index to Diseases and Injuries. It is a multi-column table listing various medical conditions and their corresponding ICD-10-CM codes. The table is organized alphabetically by the condition name. The columns include the condition name, the ICD-10-CM code, and a brief description of the condition. The table is titled 'ICD-10-CM Index to Diseases and Injuries' and is published by the U.S. Department of Health and Human Services.

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## Get Systems in Place Now

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### MDS Accuracy

- Education
  - RNAC
  - IDT – Especially Nursing
- Admissions
- Billing
- Timely completion
- On-going audits
- System improvement
  - Accuracy Audits
  - Communication
  - Medicare Meetings
  - Pre-Billing Audits

The image shows a screenshot of the Minimum Data Set (MDS) Version 3.0 Resident Assessment and Care Screening form. The form is titled 'MINIMUM DATA SET (MDS) - Version 3.0' and 'RESIDENT ASSESSMENT AND CARE SCREENING'. It is a form used to assess the needs of residents in long-term care facilities. The form is divided into several sections, including 'Section A: Identification Information', 'Section B: Functional Status', 'Section C: Clinical Information', and 'Section D: Care Planning'. Each section contains various questions and checkboxes that must be completed by the healthcare provider.

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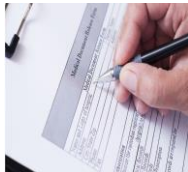
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## Get Systems in Place Now

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### Quality of Documentation

- Support skilled necessity
- Support MDS coding
- Nurse leadership involvement
- Education
- System improvement
  - UDAs
  - Concurrent audits



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## Get Systems in Place Now

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### Restorative Program

- Maintain/Attain highest level of well-being
- Maintain goals achieved during therapy services
- Enhance or compliment skilled therapy services
  - Different goal and modalities than skilled therapy
- Entire facility involvement



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## Budgeting

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### Staffing

- MDS Staff
  - Back ups and interims

### Education

- Certifications
- Webinars, Conferences
- New Employee Orientation and Competency

### Supplies/Equipment

- ICD-10-CM coding books, software
- Restorative supplies
- Electronic medical record (software)



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## Therapy Contracts

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RUGS Based

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PDPM: Support
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Today

October 1, 2019

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# Time for Action

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Questions?
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PDPM Assessment Schedule	
5 Day PPS	PPS Part A Discharge (NPE)
<ul style="list-style-type: none"> <li>Sets rate for entire stay</li> <li>Grace days incorporated into existing assessment window – Days 1 – 8</li> <li>Pays for all covered Part A days until Part A discharge (Unless an IPA is completed)</li> </ul>	<ul style="list-style-type: none"> <li>Reports end of Medicare stay and QRP data</li> <li>Additional items to be added to report therapy minutes and days during stay -- Section O 10/1/2019</li> </ul>

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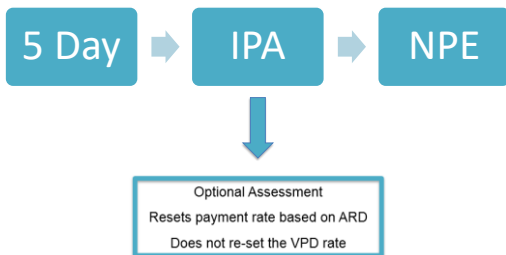
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## Interrupted Stay Policy



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## Interrupted Stay Policy

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If a resident is discharged from a SNF and **readmitted to the same SNF** no more than 3 consecutive calendar days after discharge, then the subsequent stay is considered a continuation of the previous stay.

- Assessment schedule continues from the point just prior to discharge
- Variable per diem schedule continues from the point just prior to discharge

If a resident is discharged from a SNF and **readmitted to the same SNF** more than 3 consecutive calendar days after discharge, **or admitted to a different SNF**, then the subsequent stay is considered a new stay.

- Assessment schedule and variable per diem schedule reset to Day 1

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## Interrupted Stay Example 3

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- Resident C is admitted to a SNF on 11/07/19, admitted to a hospital on 11/20/19, and returns to the same SNF on 11/22/19.
- Continuation of previous stay (same SNF, gone < 3 days)
- Assessment Schedule: No PPS assessments required, IPA optional
- Variable Per Diem: Continues from Day 14 (Day of Discharge)
- Also
  - OBRA discharge with ARD 11/20/19
  - NPE not needed

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## Administrative Presumption of Coverage



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## Background

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- The SNF PPS includes an administrative presumption in which a beneficiary who is correctly assigned one of the designated, more intensive case-mix classifiers on the 5-day PPS assessment is automatically classified as requiring a SNF level of care through the assessment reference date for that assessment.
- Those beneficiaries not assigned one of the designated classifiers are not automatically classified as either meeting or not meeting the level of care definition, but instead receive an individual determination using the existing administrative criteria.

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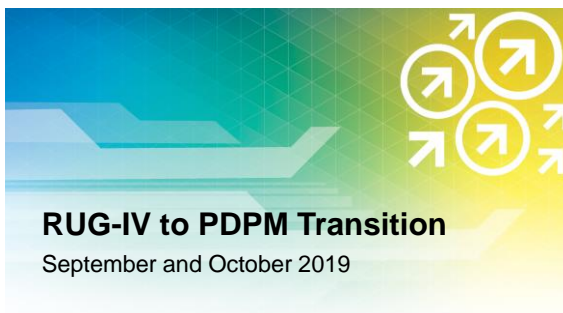
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## RUG-IV to PDPM Transition

September and October 2019



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## RUG-IV to PDPM Transition Consulting | Talent | Training | Resources

- RUG-IV billing ends September 30, 2019
- PDPM billing begins October 1, 2019

Running both systems at the same time would be administratively infeasible for providers and CMS.

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## ACTION PLAN Consulting | Talent | Training | Resources

- Estimate the number of Medicare Part A stays expected in September 2019.
- Estimate the MDS staff needed to complete IPA MDS for patients in the facility on September 30 who will have an ongoing stay into October 1, 2019
- Discuss management of the MDS schedule to spread ARD dates over October 1 – 7, 2019 and subsequent completion of MDSs.
  - Review documentation systems to ensure that information needed for the IPA is documented in the observation periods of these IPAs.

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## What About Medicaid?



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## Non-Case Mix States

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- Upper Payment Limit (UPL) Calculation
- UPL represents a limit on certain reimbursements for Medicaid providers.
  - Specifically, the UPL is the maximum a given State Medicaid program may pay a type of provider, in the aggregate, statewide in Medicaid fee-for-service (FFS)
  - State Medicaid programs cannot claim federal matching dollars for provider payments in excess of the applicable UPL.
- While budget neutral in the aggregate, PDPM changes how payment is made for SNF services, which can have an impact on UPL calculations.
  - States will need to evaluate this effect to understand revisions in their UPL calculations.

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## Case-Mix States

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- RUG-III and RUG-IV models are in use
- CMS will continue to report RUG-III and RUG-IV HIPPS codes, based on state requirements, in Item Z0200, through 9/30/2020.
- Case-mix states also may rely on PPS assessments to capture changes in patient case-mix, including scheduled and unscheduled assessments.
  - As of October 1, 2019, all scheduled PPS assessments (except the 5-day) and all current unscheduled PPS assessments will be retired
  - To fill this gap in assessments, CMS will introduce the Optional State Assessment (OSA), which may be required by states for NFs to report changes in patient status, consistent with their case-mix rules

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## Optional State Assessment (OSA)

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- Solely to be used by providers to report on Medicaid-covered stays, per requirements set forth by their state
- Allows providers in states using RUG-III or RUG-IV models as the basis for Medicaid payment to do so until September 30, 2020, at which point CMS support for legacy payment models will end.

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## Additional Considerations

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- Pre-Admission Information
- Medical Director support
- PDPM clinical status monitoring
- Clinical documentation changes – staff training and implementation
- Establish a monitoring system for therapy types - individual, concurrent, group and co-treatment
- Evaluate length of stay targets by condition
- Develop a work plan, including staffing, for October IPA completion.

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*CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period.*

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