

**FREE WEBINAR**

# ROCK YOUR REFERRALS

*Building a rockstar referral strategy with your SNF data*

WED, AUG 7 | 2 PM CT

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**YOUR SPEAKER**



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Senior Client Success Coordinator  
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# POLL #1

What is your role at your SNF?

- A. MDS
- B. Administrator
- C. DON
- D. Other

# Objectives



Learn how Five-Star rating, readmission rate, location and other factors play into where a resident is admitted.



Explore the correlation between referral metrics and PDPM performance.



Identify which metrics a SNF should be tracking to ensure they are optimizing their referrals & reimbursement.

# Factors affecting referrals to SNFs



# The MYTHS



The closer facility is always getting more referrals



The facility with the lower readmit rate is always getting more referrals



The facility with the higher Five-Star rating is always getting more referrals



I do not have an impact on the referrals my building gets

# The FACTS



Facilities need to know where they stand in the competitive market



Partnerships are important for referrals



You have an impact on your facility's referral metrics

# Build Referral Partnerships

**Hospitals**

**MDs at  
Hospital**

**MDs at  
SNF**

**Shift Your Strategy**



# The Data Available

## ▶ CMS Data

- ▶ Quarterly LDS Data set
  - ▶ Hospital Claims
  - ▶ SNF Claims
- ▶ Advantages
  - ▶ PDPM & Referral positioning
- ▶ Drawbacks
  - ▶ Timeliness of data - ~6-9 month lag

## ▶ Current Metrics



## The Obvious

- ▶ Location
- ▶ Readiness to Admit

## Data Driven Partnerships

- ▶ 5-Star Rating
- ▶ Readmission Rates
- ▶ Clinical Category Metrics
- ▶ Referral Partnerships

# Referral Metrics – Five-Star & QMs

## Five-Star

- ▶ Crucial role in where a referral goes

## QMs

- ▶ V18 QM changes
- ▶ Rehospitalization QM Measures
  - ▶ Compare to local and national
- ▶ Filtered categories in what your facility excels in
  - ▶ i.e. fall risks, sepsis
- ▶ What plans have you put in place to assist in QMs

# Other Metrics & Partnerships

## Acuity

- ▶ Position the acuity along with readmit rates
  - ▶ Shows even better outcomes or helps offset higher readmit rate

## Clinical Categories

- ▶ DRGs
  - ▶ Where are you succeeding?
  - ▶ Where is a Hospital struggling?

# The Research

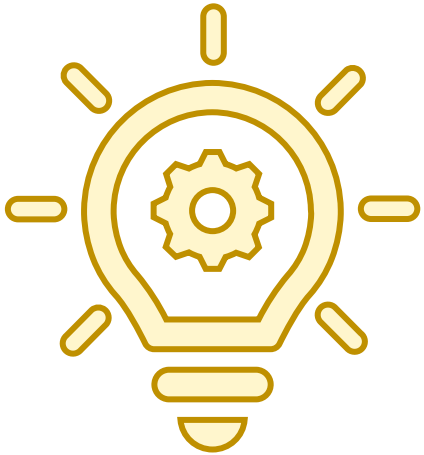


## Data Used:

- ▶ Most recent CMS LDS data set
  - ▶ Top Hospital referring to SNFs in the top 10% of PDPM rates

**Hypothesis:** if a facility is exceling in reimbursement & QMs, they would also be exceling in referrals

# The Research - Discovery



The SNFs in the top 10% of PDPM rates were more than often not the top facilities for hospitals Medicare Part A referrals

- ▶ In most cases, there were no glaring reasons why these SNFs should not be getting more Part A referrals from their top hospital
  - ▶ i.e. higher acuity residents, good outcomes

What this shows:

- ▶ The opportunity facilities have to build data driven partnerships

# The Connection to Reimbursement

- ▶ The referrals facilities receive are without a doubt having an impact on their PDPM performance
- ▶ Facilities need to leverage their data to drive referrals to their buildings
  - ▶ QMs
  - ▶ Readmit Rate
  - ▶ Five Star
  - ▶ Optimizing PDPM
- ▶ **Referrals = Reimbursement**

**Referrals = Reimbursement**

+ a dive into PDPM



# POLL #2

**How confident do you feel in your knowledge of the PDPM reimbursement model?**

- A. Very confident
- B. Somewhat confident
- C. Not very confident

# Referrals = Reimbursement

It's no surprise: **Referrals affect reimbursement**

- ▶ More Part A = more \$
- ▶ Marketing towards specific DRGs and Clinical Categories

**Small PDPM improvement = large reimbursement impact** when combined with referral management

- ▶ Benchmark performance at each PDPM level
- ▶ Track IPA completion percentages & Depression capture

Payor Mix

- ▶ Med A
- ▶ Managed Care

# Importance of ICD-10 Coding

- ▶ PDPM Reimbursement is dependent on **BOTH** primary and active secondary diagnoses
- ▶ Primary Diagnosis should reflect the **main cause** of skilled nursing care in the facility
  - ▶ Classifies resident into a PDPM clinical category
  - ▶ May not be the same as the reason the resident was admitted to the qualifying hospital stay
  - ▶ May change
- ▶ ICD-10 codes **must be consistent** across MDS, EHR, and Claims for **compliant billing**

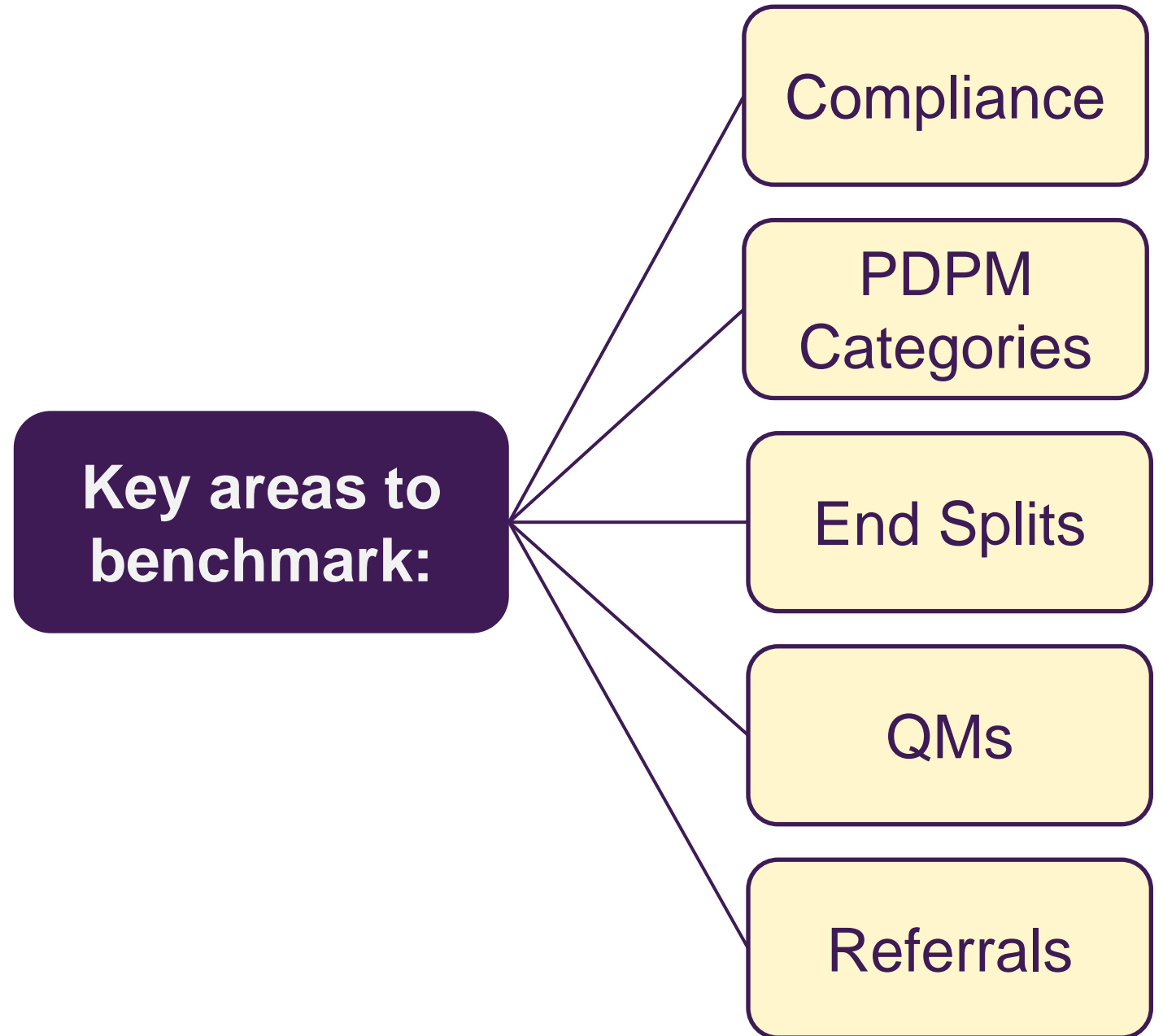
# Active Diagnosis

- ▶ The RAI MDS 3.0 Manual steps for assessment to determine active diagnoses.
  - ▶ Step 1. Diagnosis Identification: 60-day look-back to identify all physician or physician extender documented disease/diagnosis
  - ▶ Step 2. Diagnosis Status: 7-day look-back period to determine if the diagnosis is active
- ▶ **What makes a diagnosis considered active?**
  - ▶ “Active diagnosis that have a direct relationship to the resident’s current functional, cognitive, mood, or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.”
  - ▶ Records to review for “active” diagnosis: transfer documents, physician progress notes, H&P, discharge summaries, nursing assessments, nursing care plans, Medication sheets, Doctor’s orders, consults and official diagnostic reports, and other sources as available.

*If it's not documented...*

**IT DIDN'T HAPPEN.**

# Accuracy Matters



# Benchmarking is Critical - Compliance

## The Audits Are Here

- ▶ Accurate Data is NECESSARY

## Analysis of Likely Targets for Audits

- ▶ Conduct routine internal and external (third-party) compliance audits to ensure accurate capture and proper payments.
- ▶ The greater the variance from the national percentile value, the greater consideration should be given to that target area
  - ▶ 80<sup>th</sup> percentile or above
  - ▶ 20<sup>th</sup> percentile or below

Source 1: Siddiqi, Zahida. "The Audits Are Here": Ways Nursing Homes Can Ease Regulatory Pressures After MDS Changes." [www.skillednursingnews.com](http://www.skillednursingnews.com), March 26, 2024.

Source 2: SimpleCORE – SALT report

# Benchmarking is Critical - Compliance

## Key Audit Areas

PDPM Category	Target Area
PT/OT	Non-Orthopedic Surgery and Acute Neurologic
SLP 1	All Three
SLP 2	Both
Nursing	Special Care High
Nursing	Extensive Services
Nursing	Depression End-Split
NTA	3-5 Points
NTA	6-8 Points
NTA	9-11 Points
NTA	12+ Points
N/A	PPD Rate (AWI=1)
N/A	Average Length of Stay



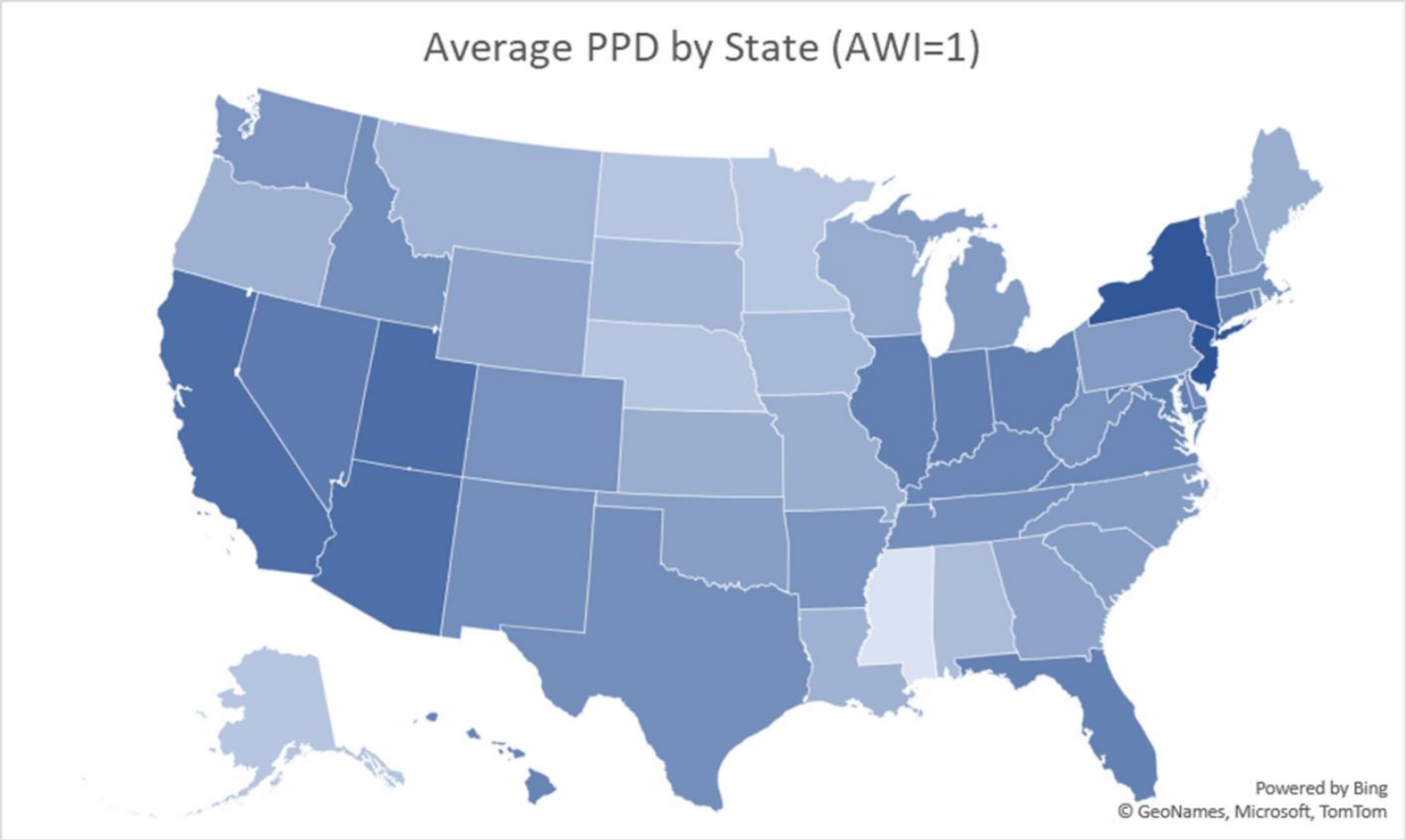
# Benchmarking is Critical - Compliance

## Diagnoses at Risk

- ▶ Asthma, COPD, or Chronic Lung Disease
- ▶ Morbid Obesity
- ▶ Foot Infections & Open Lesions on the Foot
- ▶ Orthopedic Issues

- ▶ Swallowing Problems
- ▶ Mechanically Altered Diets
- ▶ Malnutrition/Risk for Malnutrition
- ▶ Isolation

# Benchmarking is Critical – PDPM Performance



Source: SimpleCORE – 12 months ending 9/30/2024

## Top 9 Performers by State

PPD	Depression End Split	Nursing Category
New Jersey	New York	New Jersey
New York	New Jersey	New York
Utah	Illinois	Illinois
Arizona	California	California
California	Ohio	Indiana
Nevada	Maryland	Arizona
Indiana	Utah	Ohio
Illinois	Indiana	Utah
Maryland	Nevada	Connecticut

Source: SimpleCORE - 12 months ending 9/30/2024

# Benchmarking is Critical – Current Performance

Areas to use to your advantage in your data-driven referral marketing

Ensure optimal care by documenting the residents needs & conditions

Ensure optimal reimbursement for the care being provided

# Most Common Missed PDPM Opportunities

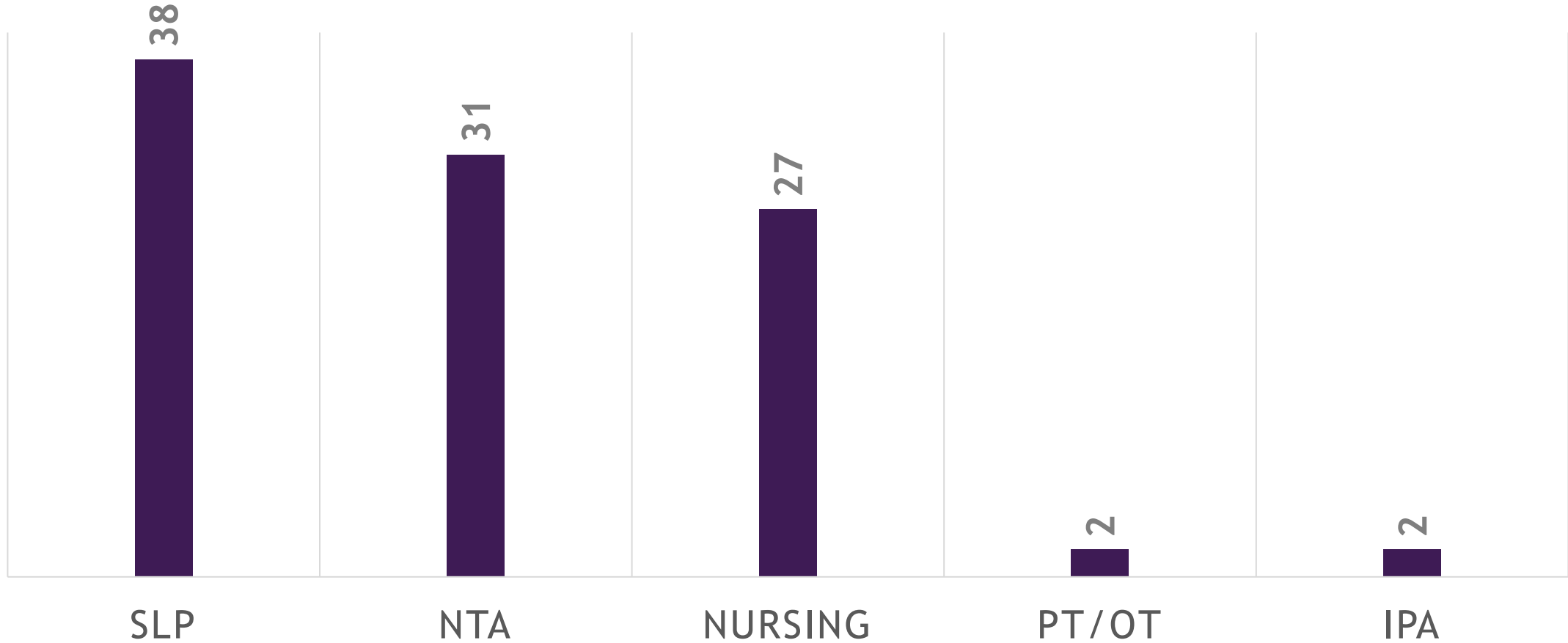
## Internal Process Questions:

- ▶ Do you review your MDS?
- ▶ Do you have a Triple Check process?
- ▶ Does your MDS match your Claim?

It is important to know the most common missed PDPM opportunities in the industry & at your facility

# Where Are the PDPM Errors?

% OF ERRORS BY PDPM CATEGORY



# Most Common Missed PDPM Opportunities

**SLP**



77% of SLP errors were in SLP 2

# Most Common Missed PDPM Opportunities

**NTA**



43% involved Asthma/COPD/Chronic Lung Disease



43% involved Diabetes Mellitus



32% involved Malnutrition



18% involved IV Meds



# Most Common Missed PDPM Opportunities

## Nursing



51% of errors were missed Shortness of Breath While Lying Flat



12% of errors were missed Oxygen Therapy



9% of errors were Sepsis



Remaining 28% scattered amongst other coding issues

# Most Common Missed PDPM Opportunities

**PT/OT**



Primary diagnosis supported higher category

# Most Common Missed PDPM Opportunities

**Other**



Depression



IPAs

# Benchmarking is Critical – Other Metrics

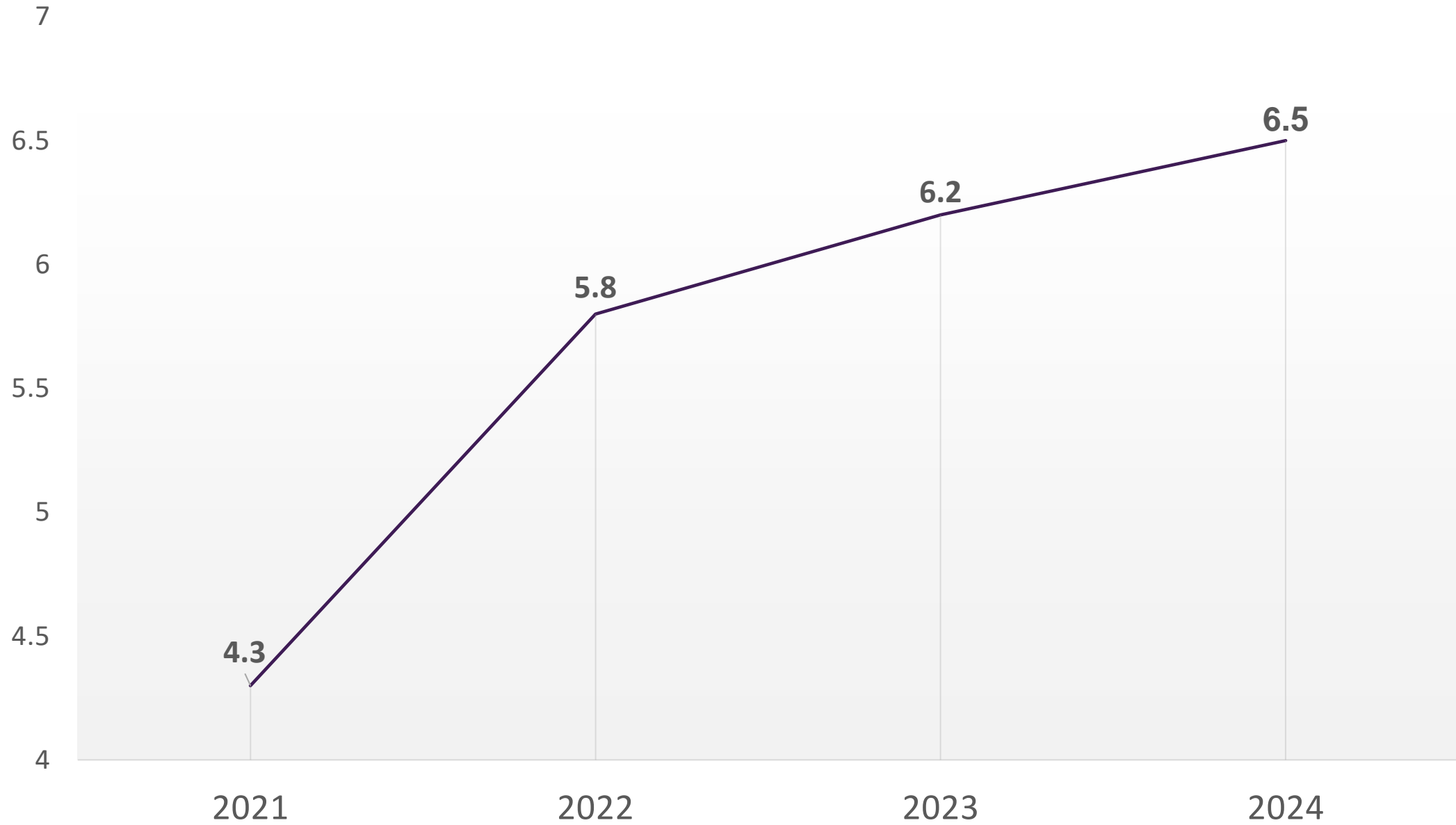
## Depression

- ▶ >1/3 of facilities have 0% Depression End Split
  - ▶ Can capture depression in 3 Nursing Categories
    - ▷ Special Care High
    - ▷ Special Care Low
    - ▷ Clinically Complex

## IPAs

- ▶ OPTIONAL assessment
- ▶ >1/3 of facilities are not completing a single IPA in the last 6 months

# IPA Completion % By Assessment Trended

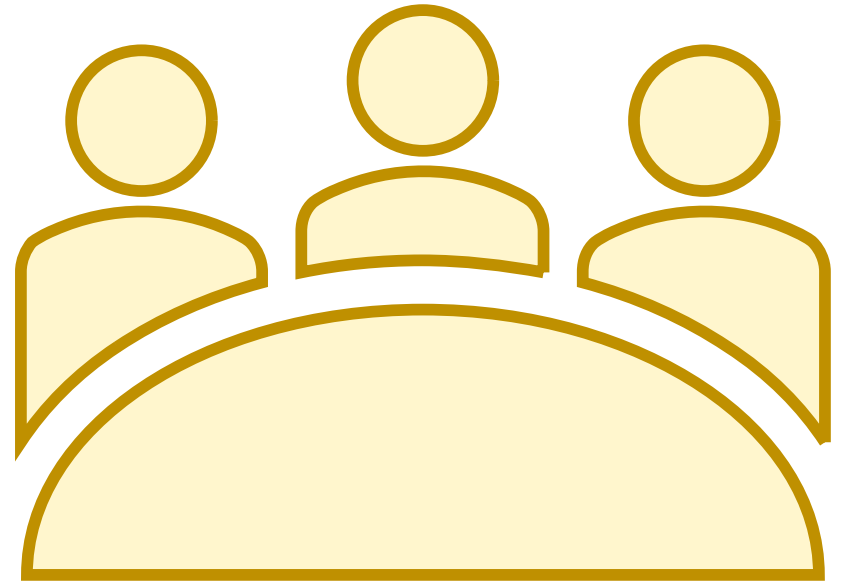


# Ensuring Optimal Referrals



# A Data-Driven Strategy

- ▶ Information = Opportunity
- ▶ Build or Maintain Status
- ▶ Collaboration of Disciplines & Data



Ready to rock your referrals?

# Get your free referrals evaluation

Learn to build a rockstar referral strategy using critical data elements



Analyze referral patterns



Identify networking opportunities



Optimize Medicare A census



**SIGN UP NOW for your free 30-min evaluation.**

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# QUESTIONS

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# THANKS FOR JOINING US!

Webinar recording and slides are available here:  
[simpletc.com/referral-rockstar](https://simpletc.com/referral-rockstar)



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# Sources

- ▶ Simple. SimpleClaims. CMS LDS Data Set – Q4 2022-Q3 2023
- ▶ RAI Manual, Chapter 3.
- ▶ Siddiqi, Zahida. “The Audits Are Here’: Ways Nursing Homes Can Ease Regulatory Pressures After MDS Changes.” [Www.skillednursingnews.com](http://www.skillednursingnews.com), March 26, 2024.
- ▶ Zimmet, Marc. “The Rime of the New World Mariner -Medicare Advantage & SNF Reimbursement.” [Www.zhealthcare.com](http://www.zhealthcare.com), October 2021, <https://www.zhealthcare.com>.
- ▶ eCap Intel. SALT Report