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# **PDPM: Getting to Know You**

*Why Understanding Your Resident  
is the First Step*

**Susan Krall, PT, RAC-CT**

# Getting To Know You (The King and I)



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*"Getting to know you  
Getting to know all about you  
Getting to like you  
Getting to hope you like me."*

# Agenda



- PDPM - A Little Background
- CMS' Drive Towards Value vs. Fee For Service
  - The push to know our patients
- Reimbursement and Regulatory Drivers by PDPM Category
  - Case scenarios
- The Analytics
  - What are we seeing and does this make sense?
- New Skills/ Competencies
  - Making certain all involved in assessing residents have renewed competencies
- Audit Focus Areas
  - We've got this!

# Poll #1



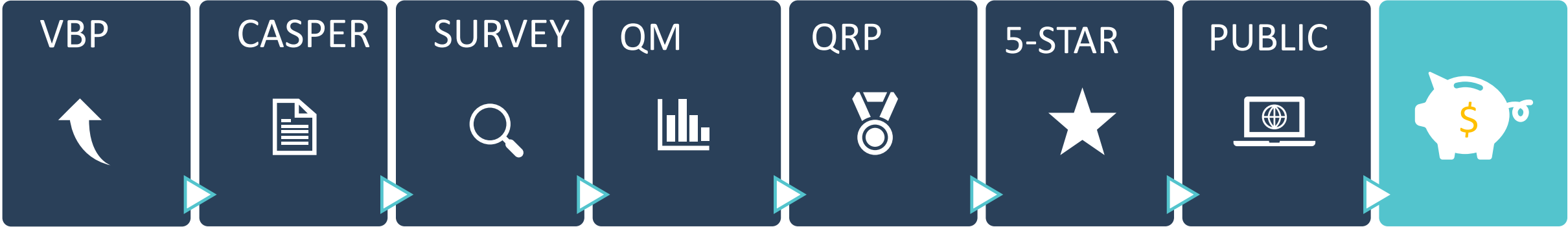
## 10/1/19 – CMS rolls out the Medicare Part A Patient Driven Payment Model “PDPM”

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- Impacting Who:
  - Skilled Nursing Facilities’ Medicare Part A
- What:
  - Reimbursement model complete re-write
  - Skilled criteria remains unchanged (3-day hospital admission)
  - Medically necessary daily skilled intervention in a SNF level of care
  - No impact to eligible requirements or available days
- Why:
  - Drive towards ‘Value’ vs ‘Volume’ (better outcomes = less cost)
- Intent: Focus solely on residents unique, individualized needs, characteristics and goals of each patient. We must know our patients to care for them.
- Introducing the biggest change in Medicare Part A SNF reimbursement in over 20 years.....

The > Patient Driven Payment Model “PDPM”

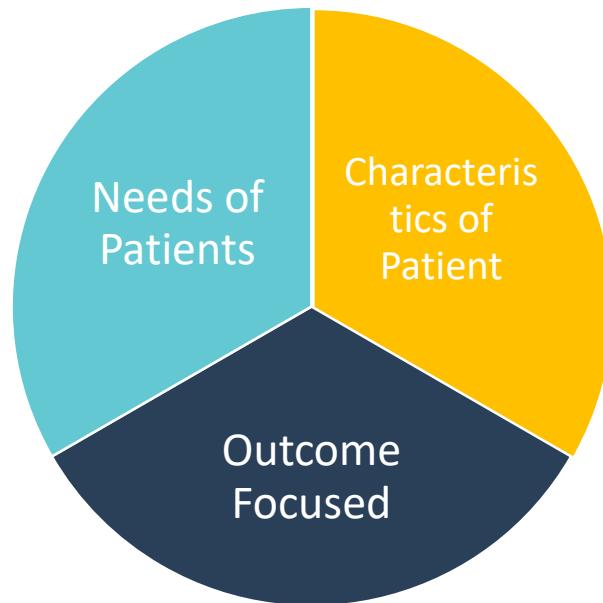
# CMS' Move Towards Value



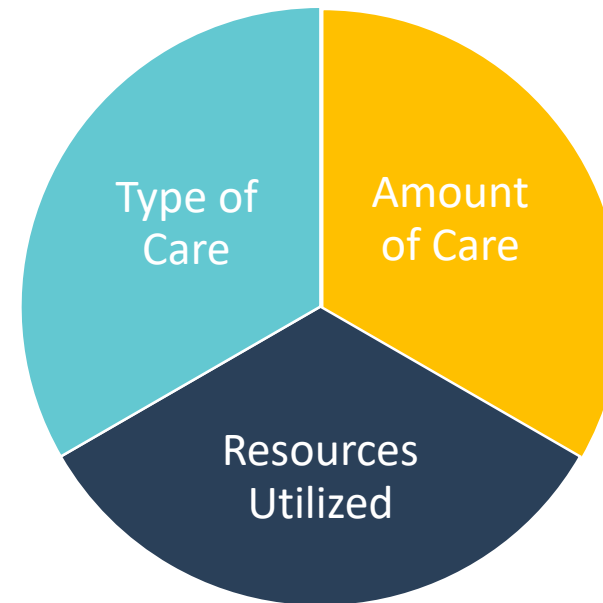
# PDPM Replacing RUG's – Why?



## PDPM



## RUG



# PDPM: October 1, 2019



- NEW Reimbursement drivers: (No longer days/minutes of therapy)
  - Primary Reason for SNF stay (ICD 10 Diagnosis with specificity requirements)
  - Surgery resulting in SNF care
  - Functional scores (Self Care and Mobility)
  - Clinical conditions and comorbidities
  - Treatments
  - Depression (PHQ-9)
  - Cognition (BIMs / CPS)
  - Diet modifications and Swallowing disorders
  - Restorative Nursing
- 5 Clinical Categories scored individually assigning Case Mix Groups and reimbursement rates for each: PT/ OT/ ST/ Nursing/ NTA
- Initial MDS establishes reimbursement for entire stay based on total of the 5 clinical categories as determined no later than day 8 of the stay
- Intended to Strengthen Care Delivery Process and Care Team Collaboration
- New Core Competencies Required - Designed to better Know our Patients and Identify potential Risk and Keys to Success



# New MDS Assessments & Schedule



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## Type: Admission Assessment

- ARD: Days 1-8
- Payment Days: All covered Part A days until Part A discharge - UNLESS an optional IPA is completed

## Type: IPA – Interim Payment Assessment (Optional)

- ARD: No later than 14 days after change in classification criteria is identified
- Payment Days: ARD of IPA assessment through Part A discharge – UNLESS another IPA is completed

## Type: Discharge Assessment

- PPS Discharge equals end date of the Medicare Part A stay
- NO payment impact
- Note: GG functional scores upon discharge provide QRP data for change and improvement in self care and mobility.



# Interdisciplinary Communication: Collaborative Assessments and Care Delivery



- Day 1-3 Gathering of GG Performance & Patient Specific Goals
- Restorative Nursing Initiation
- Initial IDT PDPM Component Review
- Determine care delivery needs by Discipline
- GG 1<sup>st</sup> 3 days "Usual Performance" & DC goals
- Baseline care plan
- IDT Review of Patient Response to Intervention & progress towards capturing of active conditions, Dx and characteristics
- PDPM Component Review Leading to Accurate Admission Assessment by day 8 (161 items on MDS impact reimbursement)
- BIMs / CPS completion

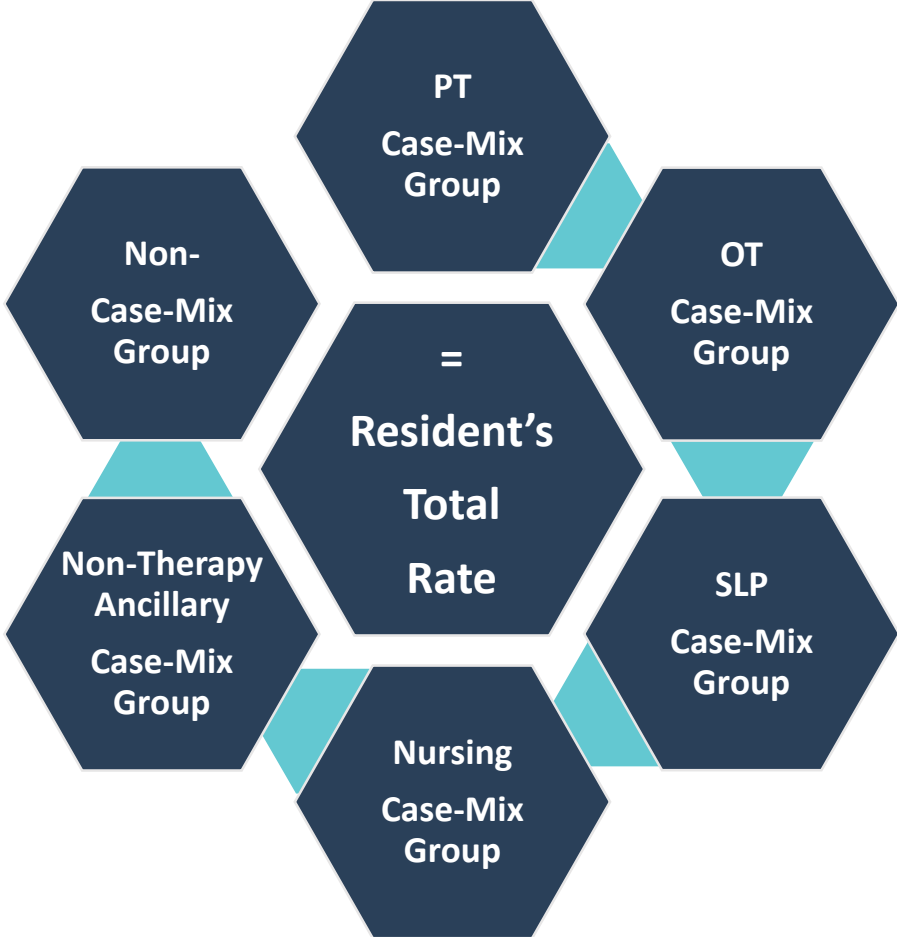
Pre-Admission	Day 1, (Day of Admission)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9<
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Dx capturing of Primary Reason for SNF stay begins preadmission – continually reassess for accuracy and supportive documentation

- Ongoing Dx Specificity > Clinical Category (68,000 ICD10 codes, 24,000 RTP)
- Gathering of Clinical Conditions and Characteristics - including Pre-Admission
  - Consequence of incomplete assessment = default category



# 6 Components of PDPM



Every resident is assigned a CMG for each Component (Non-Case Mix Payment is excluded).

# PDPM Calculator (Per Diem Rate)

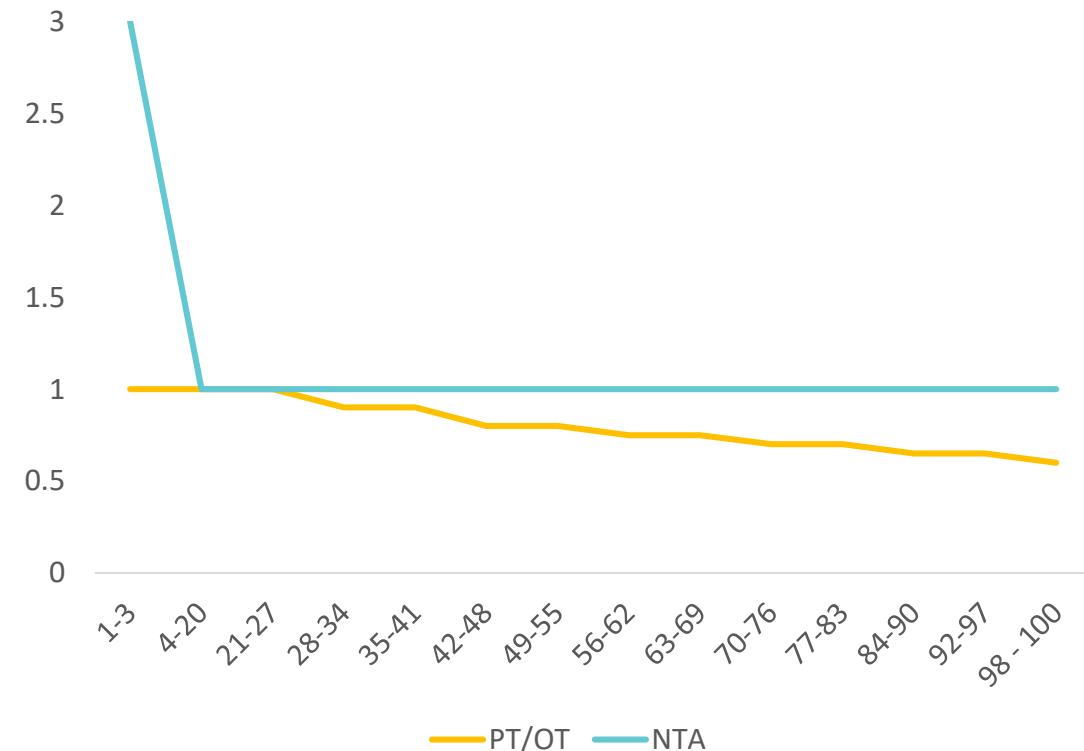


Component	Urban Base Fed Rate *	Rural Base Fed Rate *		Case Mix Index		Special Adjustors		Variable per diem		Payment (per diem)
PT	\$60.75	\$69.25	X		X		X		=	
OT	\$56.55	\$63.60	X		X		X		=	
SLP	\$22.68	\$28.57	X		X		X		=	
Nursing	\$105.92	\$101.20	X		X	1.00**	X		=	
NTA	\$79.91	\$76.34	X		X		X		=	
Non-Case Mix Component	\$94.84	\$96.59	X		X		X		=	
* Non-wage index adjusted								Total Payment		
** Except when the resident has HIV/AIDS, then variable per diem adjustment equals 1.18										
*** Rates are for FY 2020, from final rule										



# Variable Per-Diem Adjustment Factor and the Interrupted Stay Impact

- Day 1-3 - NTA variable per-diem adjustment factor of 3x
- Day 4 – NTA variable per-diem adjustment factor of 1x
- Day 21 and every 7 days after – PT and OT variable per-diem adjustment rate reduction of 2%
- Interrupted Stay:
  - if > 3 days or admission from another SNF - Admission assessment required and re-starts the Variable Per Diem count
  - If < 3 days no Admission Assessment – continue at prior PDPM CMGs



# PDPM Model – MDS Drivers by Section



B Hearing, Speech, and Vision - SLP / Nursing

C Cognitive Patterns - SLP / Nursing

D Mood - Nursing

E Behavior - Nursing

GG Functional Abilities and Goals – PT / OT / Nursing

H Bladder and Bowel - Nursing / NTA

I Active Diagnoses - PT/OT/SLP /Nursing / NTA

J Health Conditions - PT/OT/SLP/Nursing

K Swallowing/Nutritional Status - SLP / Nursing / NTA

M Skin Conditions - Nursing / NTA

N Medications – Nursing

O Special Treatments, Procedures and Programs (all while a resident) – SLP / Nursing / NTA

# PDPM ICD-10 Mapping for Primary Reason for SNF Stay / SLP & NTA Comorbidities



PDPM ICD-10 Mappings: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>

## PDPM Resources

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This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.

- [PDPM Classification Walkthrough](#) updated 4-4-19
- [PDPM GROUPER Logic \(SAS\)](#) updated 4-4-19
- [PDPM ICD-10 Mappings](#) updated 4-4-19

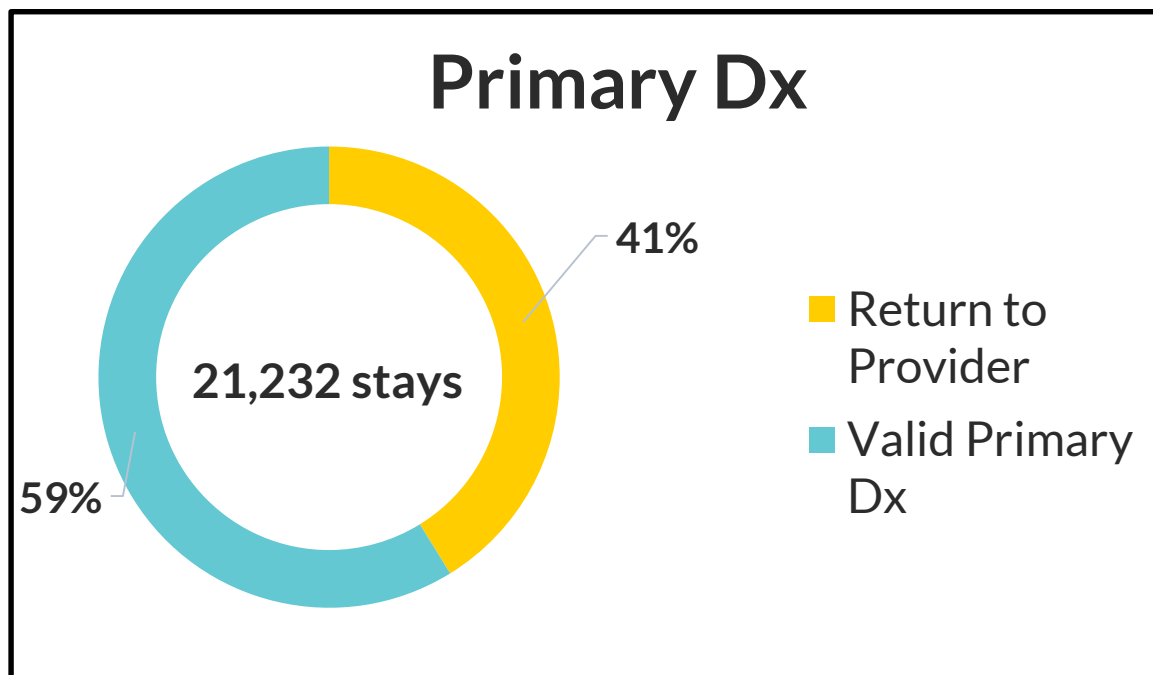


# Real-world data: SimpleAnalyzer™

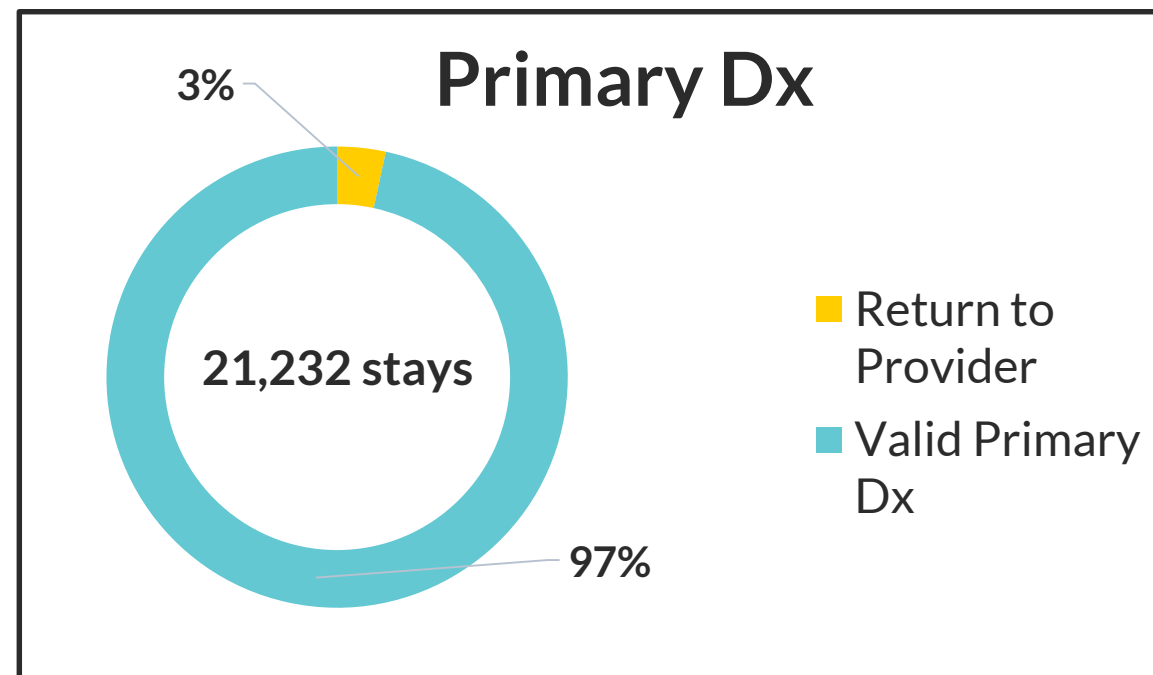


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Jan. 1, 2019



Jul. 31, 2019



Summarized from 21,000+ stays



# Section I0020B



Section I		Active Diagnoses	
<b>I0020. Indicate the resident's primary medical condition category</b>			
<b>Enter Code</b>		<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b>	
<input type="text"/>	<input type="text"/>	<ul style="list-style-type: none"><li>01. <b>Stroke</b></li><li>02. <b>Non-Traumatic Brain Dysfunction</b></li><li>03. <b>Traumatic Brain Dysfunction</b></li><li>04. <b>Non-Traumatic Spinal Cord Dysfunction</b></li><li>05. <b>Traumatic Spinal Cord Dysfunction</b></li><li>06. <b>Progressive Neurological Conditions</b></li><li>07. <b>Other Neurological Conditions</b></li><li>08. <b>Amputation</b></li><li>09. <b>Hip and Knee Replacement</b></li><li>10. <b>Fractures and Other Multiple Trauma</b></li><li>11. <b>Other Orthopedic Conditions</b></li><li>12. <b>Debility, Cardiorespiratory Conditions</b></li><li>13. <b>Medically Complex Conditions</b></li></ul>	
		<b>I0020B. ICD Code</b>	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

# Section J – Surgical Procedures



<b>J2100. Recent Surgery Requiring Active SNF Care</b>	
Enter Code <input type="checkbox"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown
<b>Surgical Procedures - Complete only if J2100 = 1</b>	
↓ Check all that apply	
<b>Major Joint Replacement</b>	
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total
<b>Spinal Surgery</b>	
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerves
<input type="checkbox"/>	J2410. Involving fusion of spinal bones
<input type="checkbox"/>	J2420. Involving lamina, discs, or facets
<input type="checkbox"/>	J2499. Other major spinal surgery
<b>Other Orthopedic Surgery</b>	
<input type="checkbox"/>	J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
<input type="checkbox"/>	J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
<input type="checkbox"/>	J2520. Repair but not replace joints
<input type="checkbox"/>	J2530. Repair other bones (such as hand, foot, jaw)
<input type="checkbox"/>	J2599. Other major orthopedic surgery
<b>Neurological Surgery</b>	
<input type="checkbox"/>	J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
<input type="checkbox"/>	J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
<input type="checkbox"/>	J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
<input type="checkbox"/>	J2699. Other major neurological surgery
<b>Cardiopulmonary Surgery</b>	
<input type="checkbox"/>	J2700. Involving the heart or major blood vessels - open or percutaneous procedures
<input type="checkbox"/>	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
<input type="checkbox"/>	J2799. Other major cardiopulmonary surgery
<b>Genitourinary Surgery</b>	
<input type="checkbox"/>	J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
<input type="checkbox"/>	J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
<input type="checkbox"/>	J2899. Other major genitourinary surgery

# PT/OT Classification Groups & Case-Mix Weights



Collapsed Clinical Categories for PT and OT Classification	
PDPM Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	
Medical Management	Medical Management
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

# Using Section GG



Section GG Items Included in PT, OT & Nursing Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene*	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1 GG0170C1	Mobility: Sit to lying Mobility: Lying to sitting on side of bed	0 - 4 (average of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to stand Mobility: Chair / bed-to-chair transfer Mobility: Toilet transfer	0 - 4 (average of 3 items)
GG0170J1 GG0170K1	Mobility: Walk 50 feet with 2 turns* Mobility: Walk 150 feet*	0 - 4 (average of 2 items)

*\*Not included in Nursing Functional Score*

# Section GG: Functional Abilities and Goals (PT/OT & Nursing Component)



Section GG	Functional Abilities and Goals - Interim Payment Assessment
<b>GG0130. Self-Care</b> (Assessment period is the last 3 days)	
<b>Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.</b>	
<p><b>Coding:</b></p> <p><b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <ul style="list-style-type: none"><li>06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.</li><li>05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</li><li>04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li><li>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li><li>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li><li>01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li></ul> <p><b>If activity was not attempted, code reason:</b></p> <ul style="list-style-type: none"><li>07. <b>Resident refused</b></li><li>09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</li><li>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</li><li>88. <b>Not attempted due to medical condition or safety concerns</b></li></ul>	



# Section GG: Functional Abilities and Goals - GG0130. Self-Care (PT/OT & Nursing)

5. Interim Performance	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/> <input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/> <input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

## Section GG: Functional Abilities and Goals - GG0170. Mobility (PT/OT & Nursing)



5. Interim Performance	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/> <input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/> <input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# PDPM Functional Scoring



PT / OT Function Score Construction		
Response		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	0
<i>* Coded based on response to GG0170H1 (does the resident walk?)</i>		



# PT/OT Classification Groups and Case-Mix Weights



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
Major Joint Replacement or Spinal Surgery	6-9	TB	1.70	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.69
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	1.60
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.18
Medical Management	6-9	TJ	1.42	1.45
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	1.50
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

# PT, OT Example / Trends



## Case Scenario:

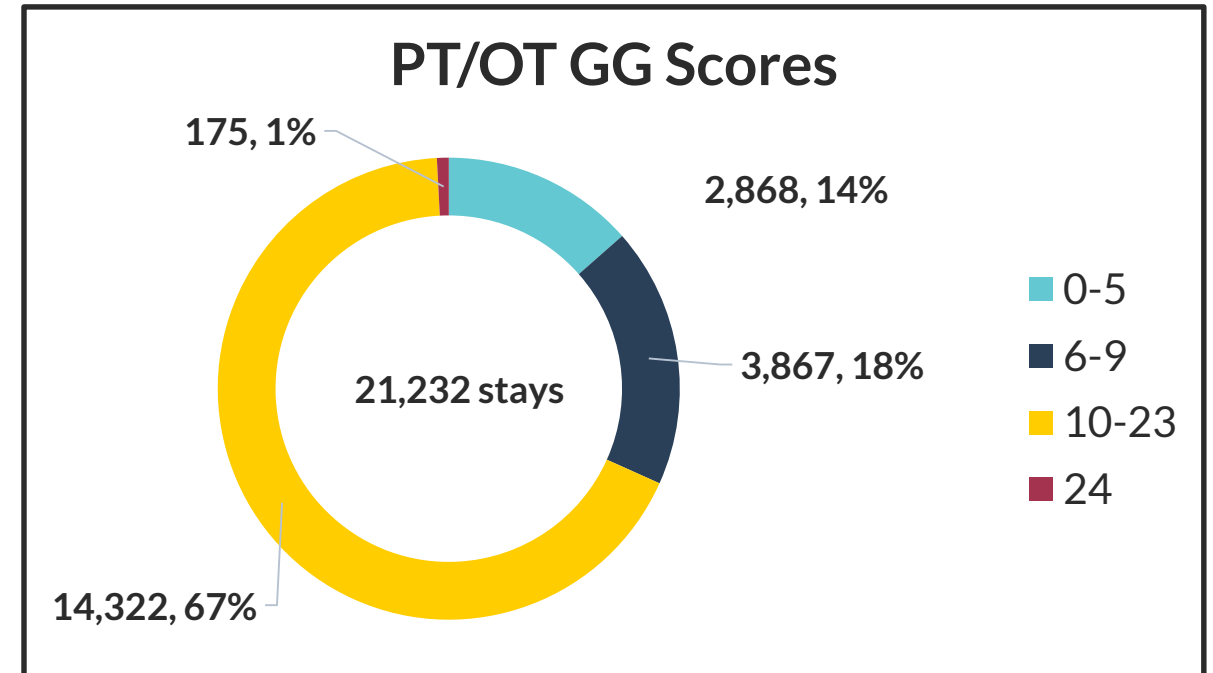
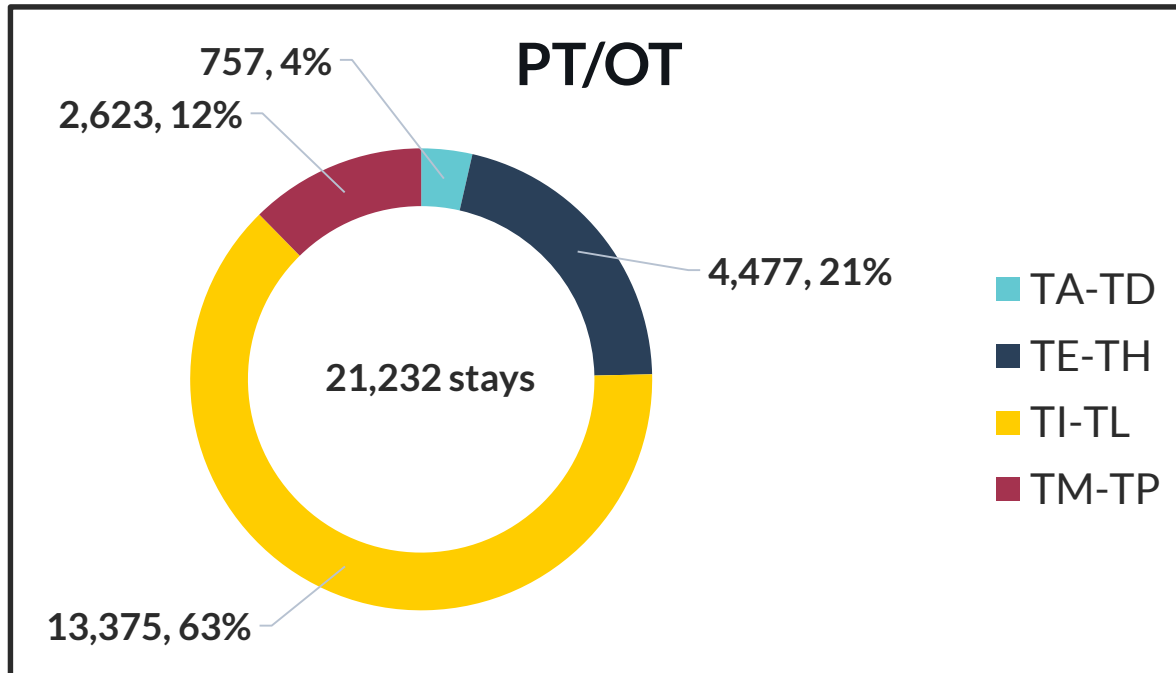
- Primary Reason for SNF Stay = Acute Neuro (hosp following CVA with Hemiplegia)
  - Functional GG Score of 8
    - PT / OT CMG = TN
    - CMI PT =  $1.48 \times 60.75 = \$89.91$  (day 1-20)  $\times .98$  (day 21-27) = \$88.11
    - CMI OT =  $1.49 \times 56.55 = \$84.26$  (day 1-20)  $\times .98$  (day 21-27) = \$82.57
- ~ rates are not geographically wage base adjusted

**Trends:** Majority of PT/OT GG Scores are falling within 10-23 ( $1.55 \times 60.75 = \$94.16$ )

?..... Is this truly the baseline admission 'Usual' Performance prior to the benefit of therapeutic intervention, was the ICD10 Crosswalk utilized to find the most accurate diagnosis



# Real-world data: SimpleAnalyzer™



Summarized from 21,000+ stays

# SLP Comorbidities and Cognitive Measure Methodology



SLP Related Comorbidities	
✓ Aphasia	Laryngeal Cancer - I8000
✓ CVA, TIA or Stroke	Apraxia – I8000
✓ Hemiplegia or Hemiparesis	Dysphagia – I8000
✓ Traumatic Brain Injury	ALS – I8000
✓ Tracheostomy Care *	Oral Cancers – I8000
✓ Vent or Respirator Care *	Speech & Lang Deficits – I8000

*\* while a resident*

PDPM Cognitive Measure Classification Methodology		
Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severly Impaired	0	5-6

# Section C: Cognitive Patterns (SLP & Nursing)



Brief Interview for Mental Status (BIMS)	
<b>C0200. Repetition of Three Words</b>	
Enter Code <input type="checkbox"/>	<p>Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: <b>sock, blue, and bed.</b> Now tell me the three words."</p> <p><b>Number of words repeated after first attempt</b></p> <ol style="list-style-type: none"> <li>0. None</li> <li>1. One</li> <li>2. Two</li> <li>3. Three</li> </ol> <p>After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.</p>
<b>C0300. Temporal Orientation</b> (orientation to year, month, and day)	
Enter Code <input type="checkbox"/>	<p>Ask resident: "Please tell me what year it is right now."</p> <p><b>A. Able to report correct year</b></p> <ol style="list-style-type: none"> <li>0. Missed by &gt; 5 years or no answer</li> <li>1. Missed by 2-5 years</li> <li>2. Missed by 1 year</li> <li>3. Correct</li> </ol>
Enter Code <input type="checkbox"/>	<p>Ask resident: "What month are we in right now?"</p> <p><b>B. Able to report correct month</b></p> <ol style="list-style-type: none"> <li>0. Missed by &gt; 1 month or no answer</li> <li>1. Missed by 6 days to 1 month</li> <li>2. Accurate within 5 days</li> </ol>
Enter Code <input type="checkbox"/>	<p>Ask resident: "What day of the week is today?"</p> <p><b>C. Able to report correct day of the week</b></p> <ol style="list-style-type: none"> <li>0. Incorrect or no answer</li> <li>1. Correct</li> </ol>
<b>C0400. Recall</b>	
Enter Code <input type="checkbox"/>	<p>Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</p> <p><b>A. Able to recall "sock"</b></p> <ol style="list-style-type: none"> <li>0. No - could not recall</li> <li>1. Yes, after cueing ("something to wear")</li> <li>2. Yes, no cue required</li> </ol>
Enter Code <input type="checkbox"/>	<p><b>B. Able to recall "blue"</b></p> <ol style="list-style-type: none"> <li>0. No - could not recall</li> <li>1. Yes, after cueing ("a color")</li> <li>2. Yes, no cue required</li> </ol>
Enter Code <input type="checkbox"/>	<p><b>C. Able to recall "bed"</b></p> <ol style="list-style-type: none"> <li>0. No - could not recall</li> <li>1. Yes, after cueing ("a piece of furniture")</li> <li>2. Yes, no cue required</li> </ol>
<b>C0500. BIMS Summary Score</b>	
Enter Score <input type="text"/>	<p>Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview</p>

CMS Training Videos

# Section K: Swallowing Disorder (SLP)



<b>K0100. Swallowing Disorder</b>	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
<input type="checkbox"/>	<b>A. Loss of liquids/solids from mouth when eating or drinking</b>
<input type="checkbox"/>	<b>B. Holding food in mouth/cheeks or residual food in mouth after meals</b>
<input type="checkbox"/>	<b>C. Coughing or choking during meals or when swallowing medications</b>
<input type="checkbox"/>	<b>D. Complaints of difficulty or pain with swallowing</b>
<input type="checkbox"/>	<b>Z. None of the above</b>

# Mechanically Altered Diet



<b>K0510. Nutritional Approaches</b>		
Check all of the following nutritional approaches that were performed during the last <b>7 days</b>		
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank  <b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	<b>1. While NOT a Resident</b>	<b>2. While a Resident</b>
	↓ Check all that apply ↓	
<b>A. Parenteral/IV feeding</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Feeding tube</b> - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Mechanically altered diet</b> - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
<b>Z. None of the above</b>	<input type="checkbox"/>	<input type="checkbox"/>

# SLP Classification Groups and Case-Mix Weights



Presence of acute Neurologic, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	Case-Mix Group	CMI
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.67
Any one	Neither	SD	1.46
Any one	Either	SE	2.34
Any one	Both	SF	2.98
Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
Any three	Neither	SJ	2.99
Any three	Either	SK	3.70
Any three	Both	SL	4.21



# SLP Example/ Trends

## Case Scenario:

- Primary Reason for SNF Stay – Neuro
  - Co-morbidities – Hemiplegia (“yes” co-morbidity)
  - Cognitive Impairment – BIMS score of 10 ( “yes” impaired”)
  - Mechanically altered diet – no alterations
  - Swallowing Disorder – none captured in Section K
- SLP CMG: SJ (3 in column 1, neither in column 2)
  - SLP CMI:  $2.99 \times 22.68 = \$67.81$
  - Note: SL (All 3 in column 1 and both in column 2) = \$95.48

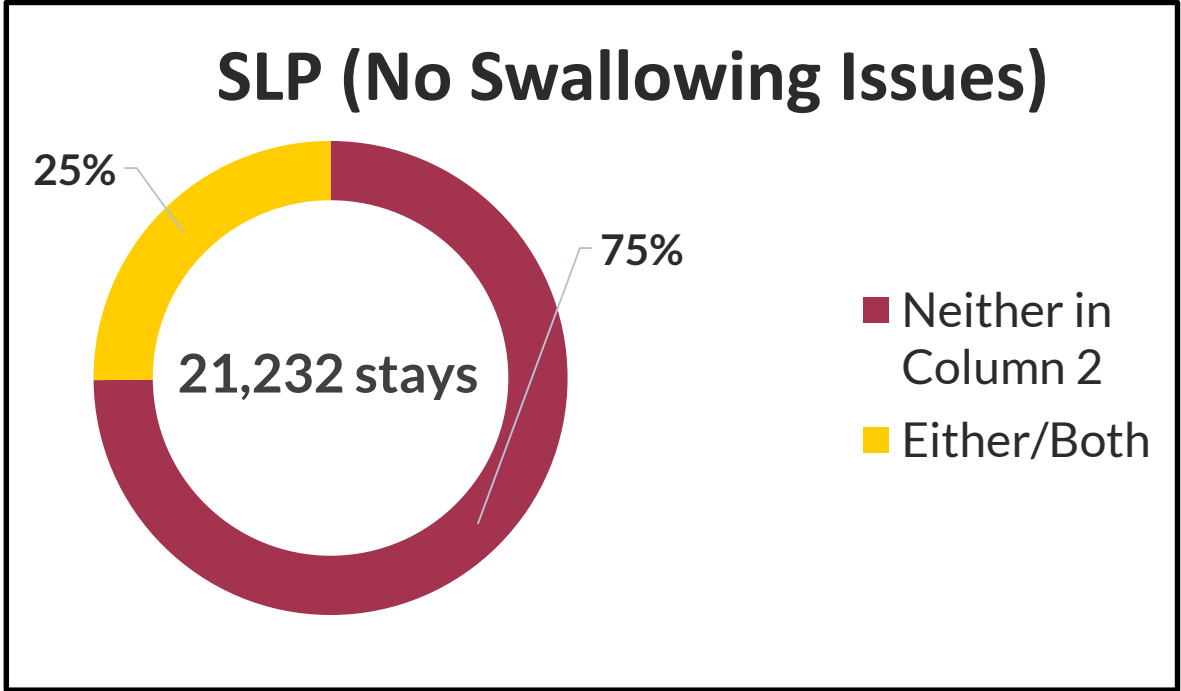
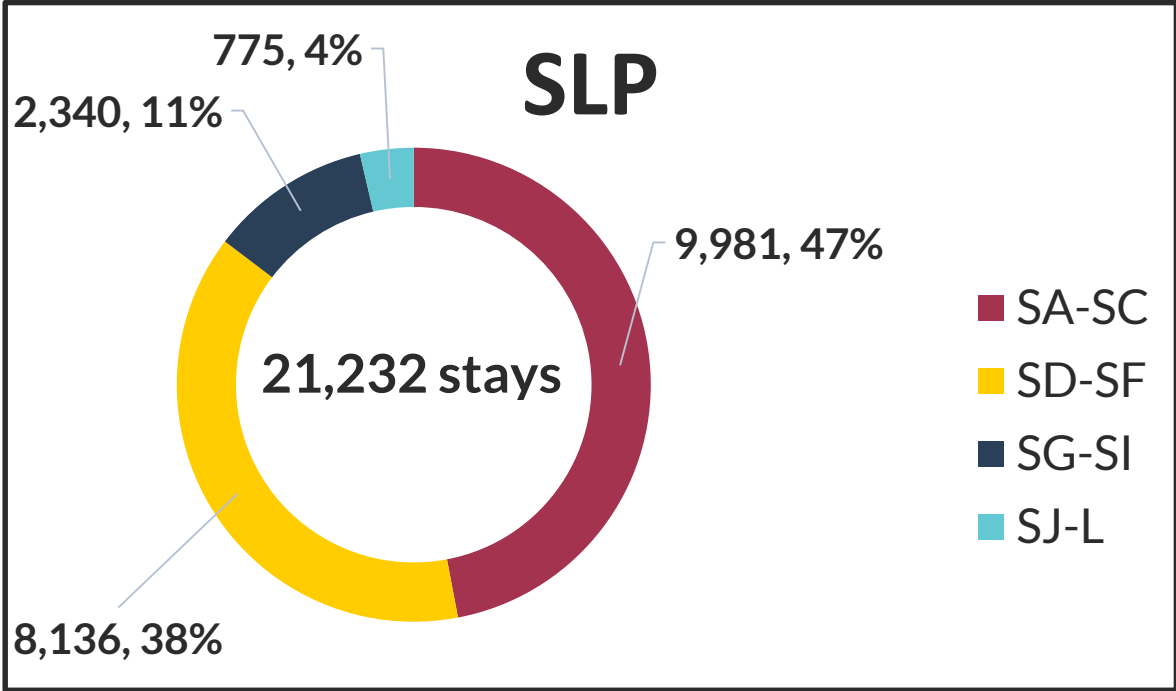
## Trends:

Finding many SLP are falling in SA – None in Column 1 and Neither in Column 2: (  $.68 \times 22.68 = \$15.42$ )

?..... New sense of urgency for assessing swallowing, cognition and co-morbidities - Section K requires observation and documentation of the swallowing issues (no diagnosis), Cognition requires the BIMs and co-morbidities come from clinical assessment and diagnosis. Competency check on BIMs is essential



# Real-world data: SimpleAnalyzer™



Summarized from 21,000+ stays

# Nursing CMI



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Each resident is Assigned to 1 of 25 Groupings each with its own CMI based on

- Depression – MDS Sections B, D
- Cognition – MDS Section C
- Behavior – MDS Section E
- Functional Status – MDS Section GG
- Diagnosis – MDS Section I
- Health Conditions – MDS Section J
- Swallowing/ Nutritional Status– MDS Sections K
- Skin – MDS Section M
- Medications – MDS section N
- Bowel and Bladder – MDS Section H
- Special Treatments, Procedures and Programs – MDS Section O

# Nursing Case Mix Under PDPM



Nursing Section GG Item		ADL Score
GG0130A1	Self-care: eating	0-4
GG0130C1	Self-care: toileting hygiene	0-4
GG0170B1 GG0170C1	Mobility: sit to lying Mobility: lying to sitting on side of bed	0-4 (average of two items)
GG0170D1	Mobility: sit to stand	0-4 (average of three items)
GG0170E1	Mobility: chair bed-to-chair transfer	
GG0170F1	Mobility: toilet transfer	

# RN Classification Groups & Case-Mix Weights



<b>Extensive Services</b>				
<b>Functional GG Score = 0 -14</b>			<b>PDPM/ CMI</b>	
Tracheostomy care AND ventilator or respirator (while a resident)	<i>Extensive Services HIPPS</i>		ES3 / 4.06	
	ES3	A		
Tracheostomy care OR ventilator or respirator (while a resident)	ES2	B	ES2 / 3.07	
Infection Isolation (while a resident)	ES1	C	ES1 / 2.93	
<b>Special Care High</b>				
<b>Functional GG Score = 0 -14</b>		<b>GG Score</b>	<b>Depression</b>	<b>PDPM / CMI</b>
Comatose and dependent /activity did not occur		0-5	Depression	HDE2 / 2.40
Septicemia		0-5	No Depression	HDE1 / 1.99
Diabetes with both:		6-14	Depression	HBC2 / 2.24
- daily injections		6-14	No Depression	HBC1 / 1.86
- insulin order changes on 2+ days				
Quadriplegia with Functional Score <=11	<i>Special Care High HIPPS</i>			
COPD and SOB when lying flat		HDE2	D	
Fever with one of the following:		HDE1	E	
- pneumonia		HBC2	F	
- vomiting		HBC1	G	
- weight loss				
- feeding tube with intake requirement				
Parenteral/IV feedings – while not or while a resident				
Respiratory therapy = 7 days				
Depression criteria is met if the Total Severity Score = or > 10 but not 99				

# RN Classification Groups & Case-Mix Weights



Special Care Low						
Functional GG Score = 0 -14	GG Score	Depression	PDPM / CMI			
Cerebral Palsy	0-5	Depression	LDE2 / 2.08			
Multiple Sclerosis	0-5	No Depression	LDE1 / 1.73			
Parkinson's Disease and Functional Score <=11	6-14	Depression	LBC2 / 1.72			
Respiratory failure and oxygen therapy while a resident	6-14	No Depression	LBC1 / 1.43			
Feeding tube >=51% of calories or 6-50% calories + fluid >=501cc during entire last 7 days (avg across 7 days)	<i>Special Care Low HIPPS</i> LDE2 H LDE1 I LBC2 J LBC1 K					
2+ Stage 2 pressure ulcers with 2+ skin treatments						
Stage 3 or 4 pressure ulcer, or unstageable with slough or eschar with 2+ skin treatments						
2+ venous/arterial ulcers with 2+ skin treatments						
Stage 2 pressure ulcer (1) and venous/arterial ulcer (1) with 2+ skin treatments						
Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings						
Radiation therapy while a resident						
Dialysis while a resident						
Depression criteria is met if the Total Severity Score = or > 10 but not 99						

# RN Classification Groups & Case-Mix Weights



<b>Clinically Complex</b>			
<b>Functional GG Score = 0 -16</b>	<b>GG Score</b>	<b>Depression</b>	<b>PDPM / CMI</b>
Residents with Extensive Services, Special Care High, or Special Care Low with Functional Score = 15 OR 16	0-5	Depression	CDE2 / 1.87
Pneumonia	0-5	No Depression	CDE1 / 1.62
Hemiplegia/hemiparesis and Functional Score <=11	6-14	Depression	CBC2 / 1.55
Surgical wounds or open lesion with treatments	15-16	Depression	CA2 / 1.09
Burns	6-14	No Depression	CBC1 / 1.34
Chemotherapy while a resident	15-16	No Depression	CA1 / .94
Oxygen therapy while a resident	<i>Special Care High HIPPS</i>		
IV medications while a resident	<i>CDE2 L</i>	<i>CA2 O</i>	
Transfusions while a resident	<i>CDE1 M</i>	<i>CBC1 P</i>	
	<i>CBC2 N</i>	<i>CA1 Q</i>	
Depression criteria is met if the Total Severity Score = or > 10 but not 99			
<b>Behavioral Symptoms &amp; Cognitive Performance</b>			
<b>Functional GG Score= 11-16</b>	<b>GG Score</b>	<b>Restorative</b>	<b>PDPM/ CMI</b>
Cognitive impairment (BIMS score =/ < 9 or CPS =/ >3)	11-16	>2 restorative nursing	BAB2 / 1.04
Hallucinations	11-16	0-1 restorative nursing	BAB1 / .99
Delusions	<i>Behavioral and Cog HIPPS</i>		
Physical behavior symptoms toward others	<i>BAB2 R</i>		
Verbal behavior symptoms toward others	<i>BAB1 S</i>		
Other behavioral symptoms not directed toward others			
Rejection of care			
Wandering			
Restorative Nursing Services Administered for 6 or more days for at least 15 minutes			

# RN Classification Groups & Case-Mix Weights



Reduced Physical Function		GG Score	Restorative	PDPM / CMI
Functional GG Score = 0-16				
Restorative Count	**Count as 1 service if both provided			
H0200C, H0500**	Urinary toileting program and/or bowel toileting program	0-5	>2 restorative nursing	PDE2 / 1.57
O0500A, B**	Passive and/or active range of motion	0-5	0-1 restorative nursing	PDE1 / 1.47
O0500C	Splint or brace assistance	6-14	>2 restorative nursing	PBC2 1.22
O0500D, F**	Bed mobility and/or walking training	15--16	>2 restorative nursing	PA2 / .71
O0500E	Transfer training	6-14	0-1 restorative nursing	PBC1 / 1.13
O0500G	Dressing and/or grooming training	15-16	0-1 restorative nursing	PA1 / .66
O0500H	Eating and/or swallowing training	<i>Reduced Physical Function HIPPS</i> PDE2 T PDE1 U PBC2 V PA2 W PBC1 X PA1 Y		
O0500I	Amputation/prostheses care			
O0500J	Communication training			
<b>Provided at least 15 minutes each on 6 out of last 7 days</b>				



# Nursing Example / Trends



## Case Scenario:

- Functional GG Score of 6
- Hemiplegia
- PHQ9: 9 (not depressed)
- CMG: CBC1
- CMI:  $1.34 \times \$105.92 = \$141.93$
- *Note:*
  - CBC2 with depression score of 10:  $1.55 \times \$105.92 = \$164.18$
  - CDE2 functional score of 5 with depression:  $1.87 \times \$105.92 = \$198.07$

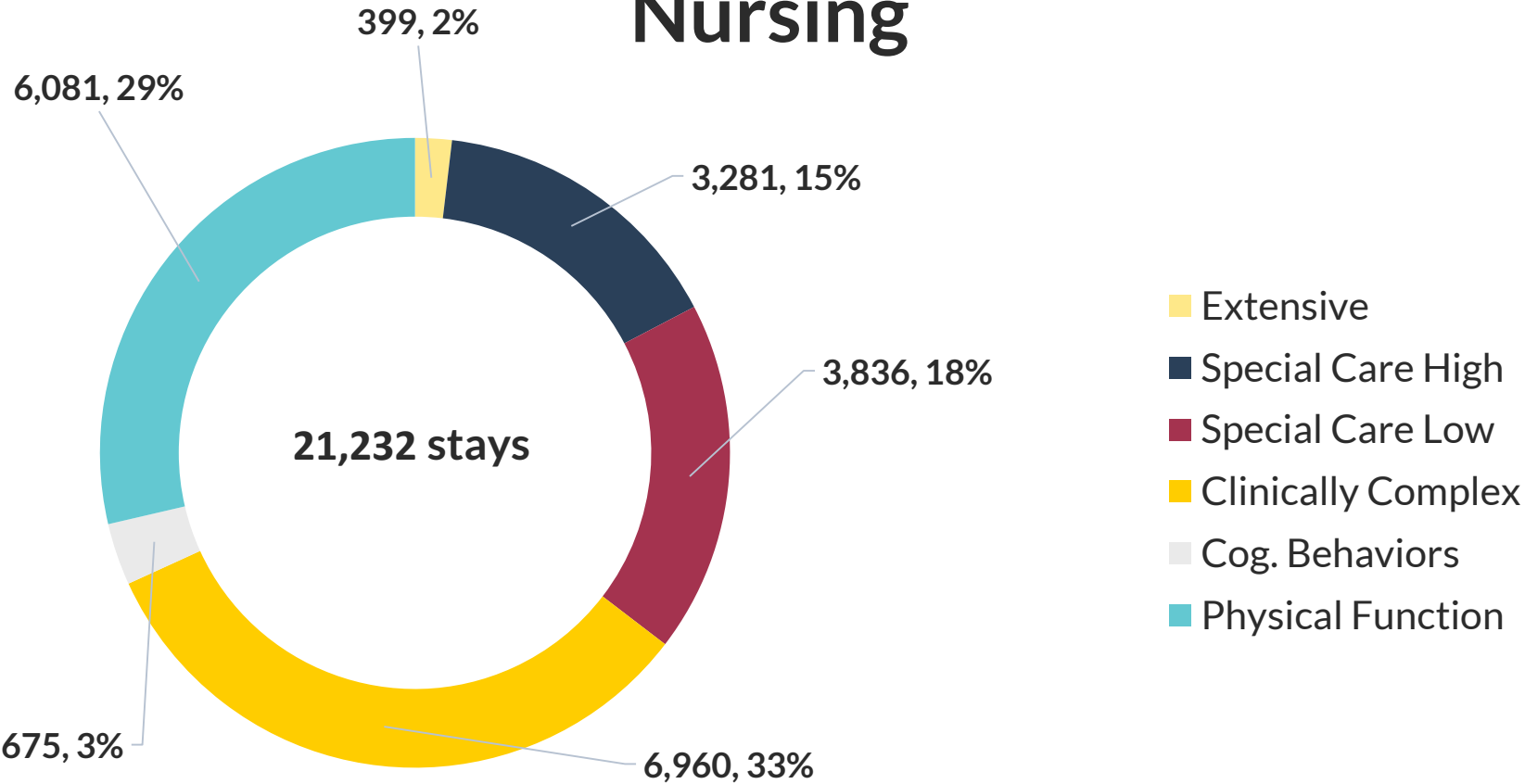
**Trends:** Functional GG scoring opportunity for improved IDT collaboration and collection of 'Usual' performance prior to the benefit from therapy *and* we are seeing virtually 0 depression

?.....perhaps a need for a revamp of GG collection and collaboration on scoring, plus all who are scoring PHQ9's are benefiting from reviewing the RAI instructions and viewing available VIVE video's on interviewing skills – competencies are key

# Real-world data: SimpleAnalyzer™

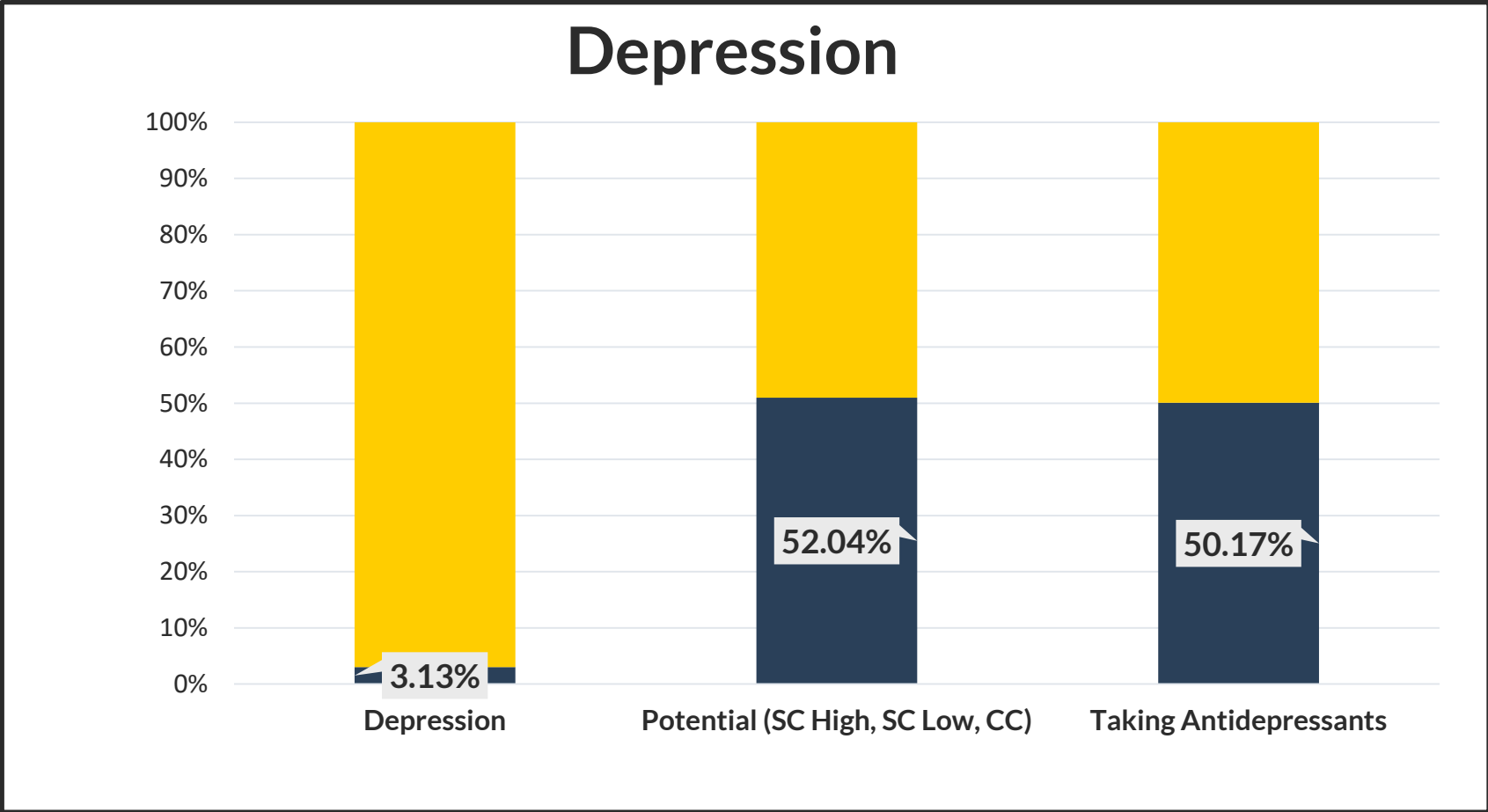


## Nursing



Summarized from 21,000+ stays

# Real-world data: SimpleAnalyzer™



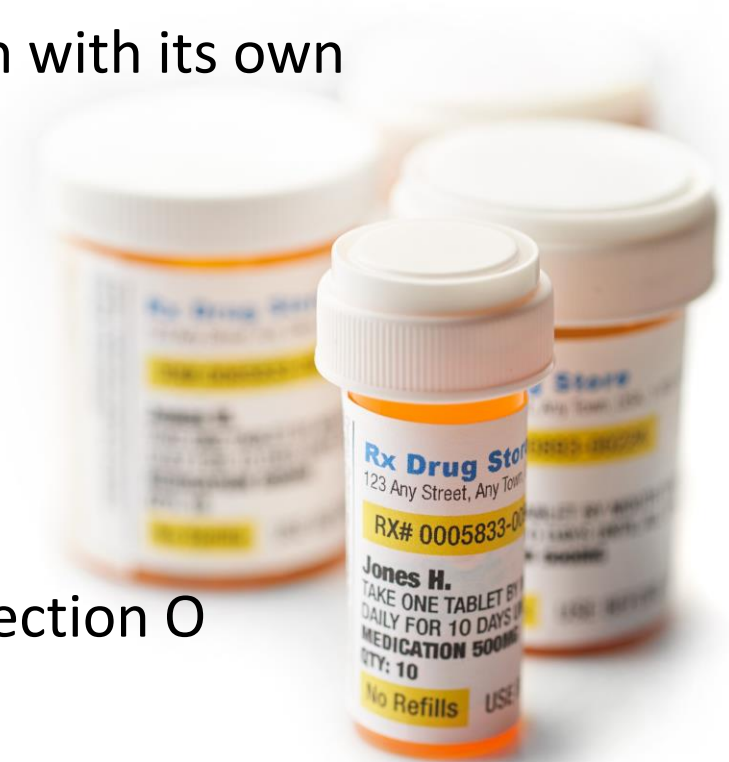
Summarized from 21,000+ stays

# Non-Therapy Ancillary Services (NTA)



Each resident is Assigned to 1 of 6 Groupings NA – NF, each with its own CMI based on:

- Bladder and Bowel -MDS H
- Active Clinical Conditions –MDS Section I
- Swallowing/ Nutritional Status – MDS Section K
- Skin Conditions – MDS Section M
- Special Treatments, Procedures & Programs – MDS Section O



# NTA CMI



## Conditions and Extensive Services Used for NTA Component

NTA Score Range

12+ Points = NA CMG = 3.24 CMI

9-11 = NB = 2.53

6-8 = NC = 1.84

3-5 = ND = 1.33

1-2 = NE = .96

0 = NF = .72

# NTA (1 of 2)



Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1

# NTA (2 of 2)



Condition/Extensive Service	Source	Points
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

# NTA Example/ Trends



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## Case Scenario:

- NTA conditions captured:
  - Diabetes – 2 points
- CMG: NE
- CMI:  $.96 \times \$79.91 = \$76.71$  (Day 1-3:  $.96 \times \$79.91 \times 3 = \$230.14$ )
- Note: 3 points, ND =  $1.33 \times \$79.91 = \$106.28$  baseline  $\times 3 = \$318.84$  each day 1-3

**Trends:** Majority are falling into NF (0 points) and NE (1-2 points)

?..... Once discussions start, this is the largest area of opportunity, but education and re-training must occur and all clinical eyes must be on the patient, their history, meds, specialist appointments, etc. to capture the full spectrum of conditions our patients are presenting with.

**Knowing our patients = better care delivery and outcomes!**

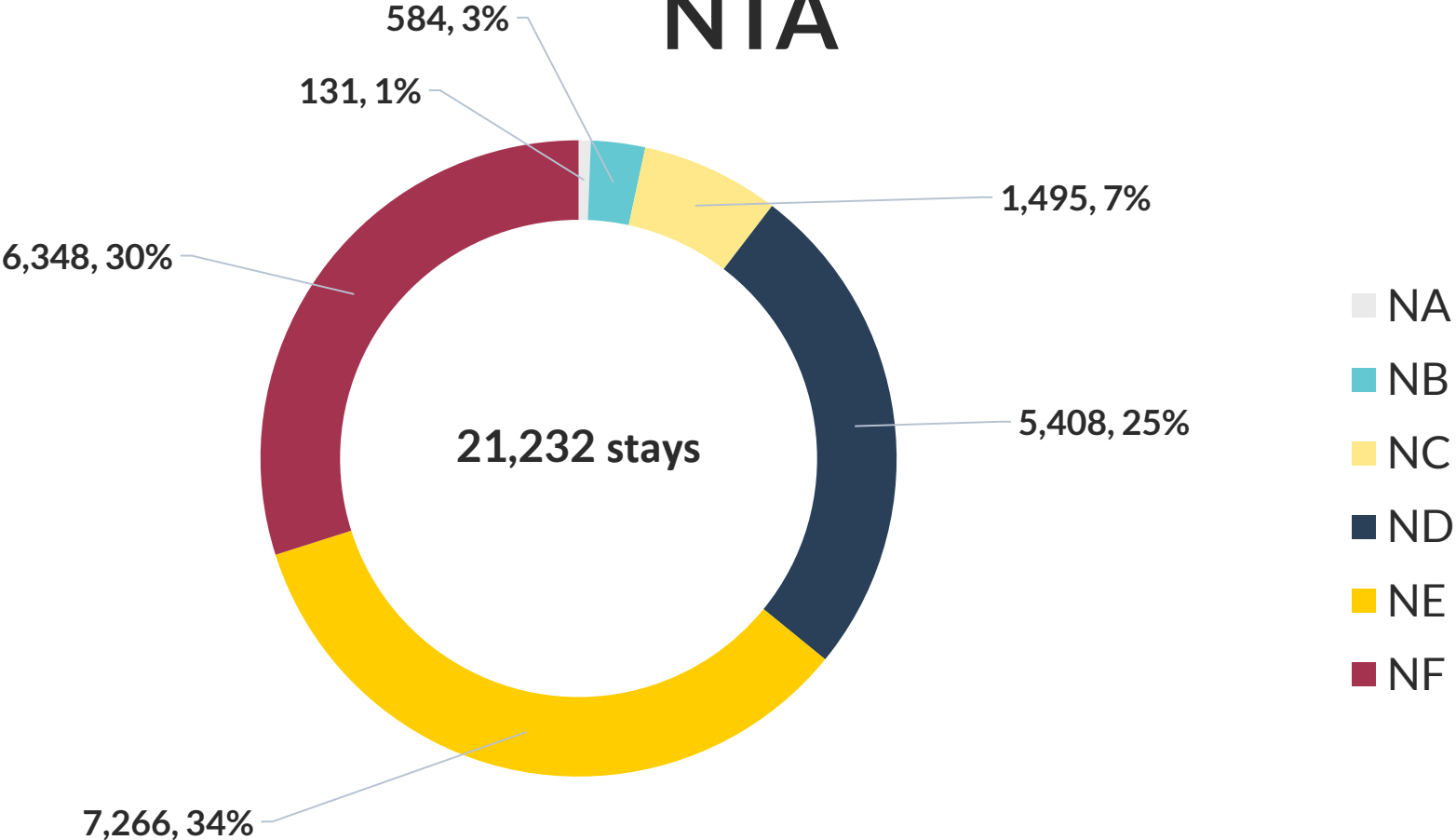




# Real-world data: SimpleAnalyzer™



## NTA



Summarized from 21,000+ stays

# New HIPPS Coding for Billing



## New HIPPS coding for Billing

In order to accommodate the new payment groups, the PDPM HIPPS algorithm is revised as follows:

- Character 1: PT/OT Payment Group
- Character 2: SLP Payment Group
- Character 3: Nursing Payment Group →
- Character 4: NTA Payment Group
- Character 5: Assessment Indicator
  - 5 day = 1
  - IPA = 0
- Example TF, SD, LBC1, NB, 5 day = **FDKB1**

Nursing Payment Group	HIPPS Character	Nursing Payment Group	HIPPS Character
ES3	A	CBC2	N
ES2	B	CA2	O
ES1	C	CBC1	P
HDE2	D	CA1	Q
HDE1	E	BAB2	R
HBC2	F	BAB1	S
HBC1	G	PDE2	T
LDE2	H	PDE1	U
LDE1	I	PBC2	V
LBC2	J	PA2	W
LBC1	K	PBC1	X
CDE2	L	PA1	Y
CDE1	M		

**Default : ZZZZZ (the lowest CMG of each component)**

# CMS Major Components of PDPM Monitoring



- “Any significant shifts in care provision between RUG-IV and PDPM could draw significant scrutiny from CMS review entities”
- Quality “outcomes” measured through:
  - SNF Quality Reporting Program
  - SNF Value Based Purchasing (re-hospitalization)
  - Nursing Home Compare Star Ratings
- QRP Assessment Based Measures; 10/1/18 data collection start date
  - Skin Integrity
  - Change in mobility and self care score
  - Discharge mobility and self care score
- QRP Claims Based Measures
  - DC to Community
  - Potentially Preventable 30- day Post DC Readmission Measure
- 5 Star Short Stay Measures
  - % of short stay residents self reporting mod to severe pain
  - % of short stay residents who have had an outpatient emergency dept visit



# Additional PDPM Focus Audit Areas

Documentation to support the Primary Reason for the SNF Stay

Functional Scoring Significant Shifts

Changes in capturing Depression, Cognitive Impairment, Swallowing Disorders, Diet Modifications, and Co-morbidities

Rehab Utilization during the 5-Day assessment window

Group and Concurrent delivery shifts as captured on the DC assessment

*Note: Follow CMS' SNF Quality Reporting Program Training @ CMS.gov*

# Quality Rehab Management



## Comprehensive Rehab Management

- In-House Transitions
- Ongoing Program Ownership
- Cost Containment
- Operational Expertise

## PDPM Training

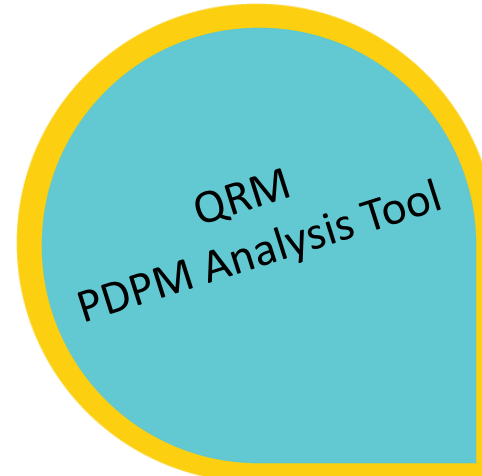
- Analytics
- Onsite Support
- Webinars
- PDPM Tool Kit
- Podcasts

## Clinical Programming & Education

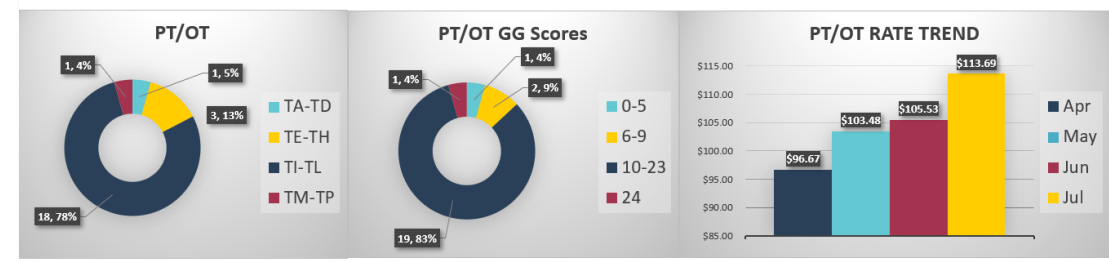
- Outcome Focused
- Compliance Driven

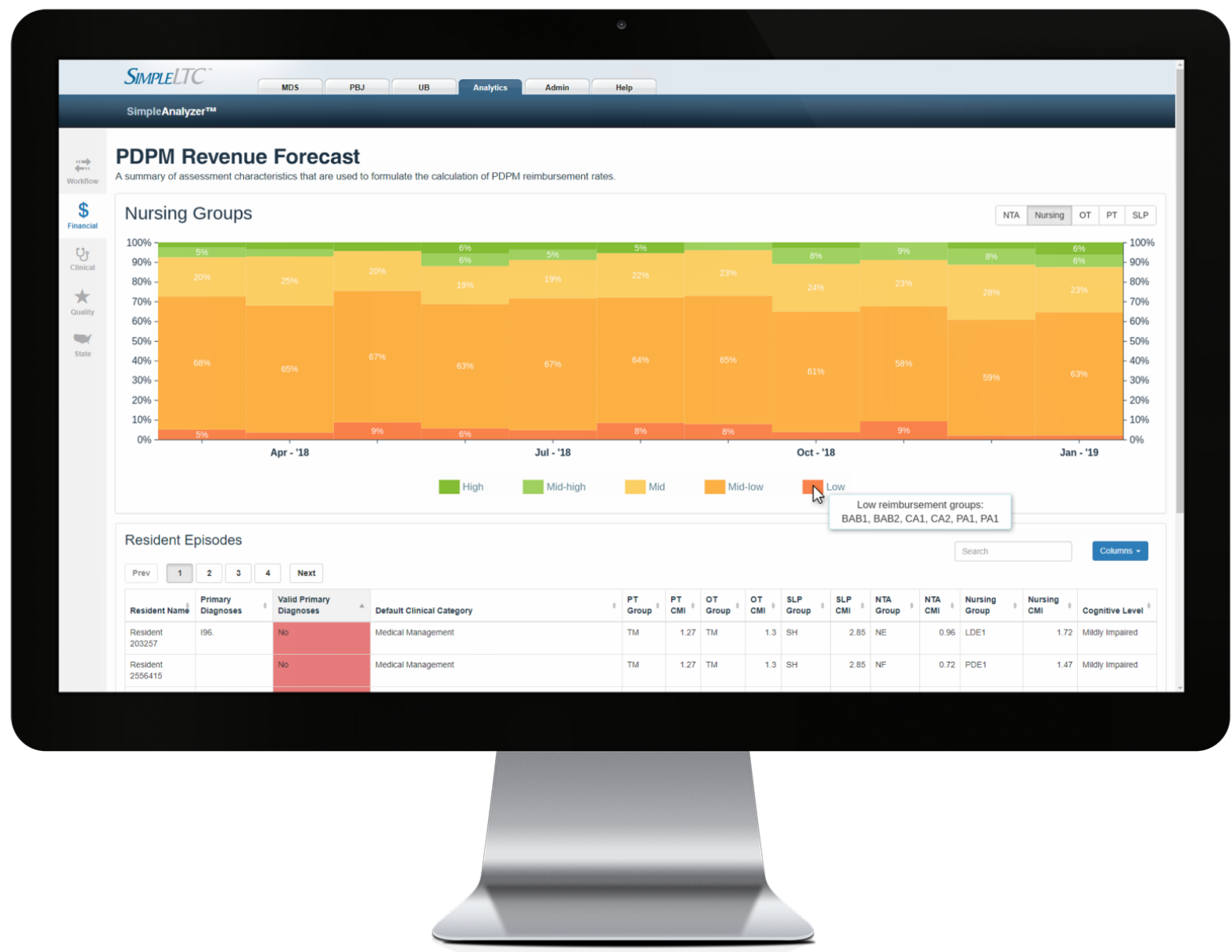
## Medical Review

## Recruitment & Staffing



	Other Ortho	Medical Mgmt			Return to Provider		Mjr Joint Replace / Spine Surg	Other Ortho	Medical Mgmt	Non-Ortho Surg & Acute Neuro	Return to Provider
		E-TH	TI-TL	TM-TP							
	8	29	0	2		0.0%	20.5%	74.4%	0.0%	5.1%	
	5	35	1	2		2.3%	11.4%	79.5%	2.3%	4.5%	
	6	20	4	7		0.0%	16.2%	54.1%	10.8%	18.9%	
	3	18	1	3		3.8%	11.5%	69.2%	3.8%	11.5%	
MO	PT/OT	0-5	6-9	10-23	24						
April		5	9	23	0	2	12.8%	23.1%	59.0%	0.0%	5.1%
May		1	5	36	0	2	2.3%	11.4%	81.8%	0.0%	4.5%
June		1	5	22	2	7	2.7%	13.5%	59.5%	5.4%	18.9%
July		1	2	19	1	3	3.8%	7.7%	73.1%	3.8%	11.5%





# SimpleAnalyzer™

- Forecast PDPM revenue
- Scrub pre-transmission MDS data
- Forecast negative trends
- Improve QMs and Five-Star
- Reduce rehospitalization



*SIMPLELTC*<sup>™</sup>

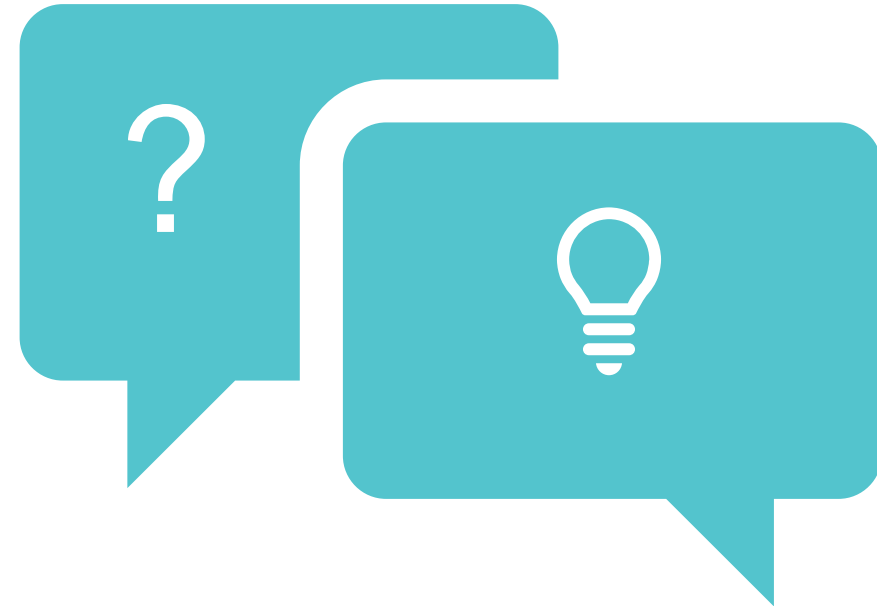
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# Poll #2



# Questions / Discussion

- New Competencies Needed?
- Shifting of responsibilities?
- Back up plans in place?
- Pre-admission Checklist?
- Daily IDT communication re-vamp?
- Physician Education?
- Audit Tool Development?
- Triple Check Readiness?
- Transition Game Plan in Place?







# References

## MDS Manual

- Comprehensive
- IPA – Interim Payment Assessment (Optional)

## RAI Manual

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/mds30raimanual.html>

## CMS PDPM Updates

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>

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# Thank you for attending!



Recording and slides available at  
[simpleltc.com/pdpm-getting-to-know-you](https://simpleltc.com/pdpm-getting-to-know-you)