



PDPM Re-Tooling BC/AC

Before COVID & After COVID

Susan Krall, PT, CSO at QRM



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Objectives

- PDPM component capture knowledge refresh
- Trends impacting component accuracy
- Strategies for optimal capture & retention
- Five key missed opportunities – lessons learned
- Gain an understanding of the clinical and financial impact of our documentation

“We become what we behold. We shape our tools, and thereafter our tools shape us.”

— Marshall McLuhan

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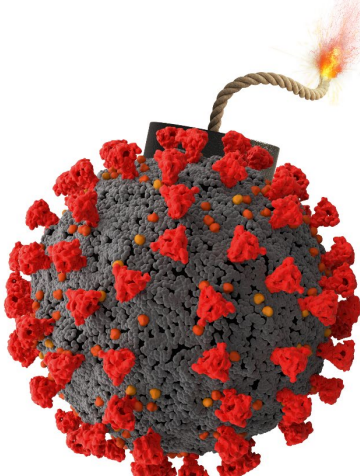
Poll #1

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Re-balancing our PDPM Approach

Before COVID	COVID Disruption	After COVID
2019 Preparation		Fragmented collaboration & teamwork
Education, Education, Education		PDPM knowledge gaps
Simulated PDPM IDT Collaboration		Feb 2021: 83% drop in # of new cases
Financial Forecasting - Transitional IPA		Time to Re-Tool our PDPM approach
Go Live Oct 2019		
<6 months to assess		



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Re-Drafting the PDPM Blueprint for Success

Establish Communication Timelines (7-day window)

- ARD selection
- Clinical Review
- GG Usual Performance
- Interviews – Cognition & Depression
- Optional IPA checks
- Month end Triple Check & Auditing of PDPM Capture



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“You can use an eraser on the drafting table or a sledgehammer on the construction site.”

– Frank Lloyd Wright

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PDPM Component Refresher

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QRM PDPM Buzz-sheet

Patient -		
Admission Date -	Skill in Place? Yes <input type="checkbox"/> No <input type="checkbox"/>	PDPM HIPPS -
Qualifying Hosp. Dates -	MDS Assessment Type -	ARD -
Interrupted Stay? Yes <input type="checkbox"/> No <input type="checkbox"/>	MDS Assessment Type -	Skilling Entity -
Primary Reason for SNF I0020B -		Hospital IV nutrition/fluids: Yes <input type="checkbox"/> No <input type="checkbox"/>
Recent Major Surgery J2100? Yes <input type="checkbox"/> Type of Surgery -	No <input type="checkbox"/>	If Yes, enter IV dates - DC Plan -
Clinical Category -		
PT/OT Functional Score GG Usual Performance (GG UP) -		
Nursing Functional Score GG Usual Performance (GG UP) -		
Mechanically Altered Diet? Yes <input type="checkbox"/> No <input type="checkbox"/>	2+ Restorative Programs started Day 1? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section K Swallowing Disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supplemental O2 (PRN or continuous)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
BIMS Date -	BIMS Score -	Cognitive Impairment Level -
PHQ-9 Date -	PHQ-9 Score -	Depression Criteria Met? Yes <input type="checkbox"/> No <input type="checkbox"/>

PT/OT Component		
Items impacting CMG: Clinical Category & PT/OT Functional (GG UP) Score		
Collapsed Clinical Category	PT/OT GG UP Score	PT/OT Case Mix Group
<input type="checkbox"/> Major Joint Replacement or Spinal Surgery	0-5	TA
<input type="checkbox"/> Major Joint Replacement or Spinal Surgery	6-9	TB
<input type="checkbox"/> Major Joint Replacement or Spinal Surgery	10-23	TC
<input type="checkbox"/> Major Joint Replacement or Spinal Surgery	24	TD
<input type="checkbox"/> Other Orthopedic	0-5	TE
<input type="checkbox"/> Other Orthopedic	6-9	TF
<input type="checkbox"/> Other Orthopedic	10-23	TG
<input type="checkbox"/> Other Orthopedic	24	TH
<input type="checkbox"/> Medical Management	0-5	TI
<input type="checkbox"/> Medical Management	6-9	TJ
<input type="checkbox"/> Medical Management	10-23	TK
<input type="checkbox"/> Medical Management	24	TL
<input type="checkbox"/> Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
<input type="checkbox"/> Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
<input type="checkbox"/> Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
<input type="checkbox"/> Non-Orthopedic Surgery and Acute Neurologic	24	TP

QRM PDPM Buzz-sheet

SLP Component	
Identifying CMG: Clinical Category if Acute Neurologic, BIMS, Diet, Section K, SLP Comorbidities	
Identified Comorbidities - MDS Item	SLP Related Comorbidities - ICD-10 codes
Stroke I4500	<input type="checkbox"/> Laryngeal Cancer I8000
Stroke I4500	<input type="checkbox"/> Apraxia I8000
Stroke or Hemiparesis I4900	<input type="checkbox"/> Dysphagia I8000
Brain Injury I5500	<input type="checkbox"/> ALS I8000
Skilled Nursing Care while a resident O0100E2	<input type="checkbox"/> Oral Cancers I8000
Respirator Care while a resident	<input type="checkbox"/> Speech & Language Deficits I8000

I8000 ICD-10 SLP Diagnosis List	Qualifies for SLP Comorbidity?	Section K Swallowing Disorders
-	Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of liquids from mouth when eating or drinking <input type="checkbox"/>
-	Yes <input type="checkbox"/> No <input type="checkbox"/>	Holding food in mouth/cheeks or residual food in mouth after meals <input type="checkbox"/>
-	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coughing or choking during meals or when swallowing medications <input type="checkbox"/>
-	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaints of difficulty or pain with swallowing <input type="checkbox"/>
-	Yes <input type="checkbox"/> No <input type="checkbox"/>	None of the above <input type="checkbox"/>

Category = Acute Neurologic Comorbidity Impairment < 13 > 13	<input type="checkbox"/> Mechanically Altered Diet	SLP Case Mix Group	
	<input type="checkbox"/> Section K Swallowing Disorder		
	None	Neither	<input type="checkbox"/> SA
	None	Either	<input type="checkbox"/> SB
None	Both	<input type="checkbox"/> SC	
Any One	Neither	<input type="checkbox"/> SD	
Any One	Either	<input type="checkbox"/> SE	
Any One	Both	<input type="checkbox"/> SF	
Any Two	Neither	<input type="checkbox"/> SG	
Any Two	Either	<input type="checkbox"/> SH	
Any Two	Both	<input type="checkbox"/> SI	
Any Three	Neither	<input type="checkbox"/> SJ	
Any Three	Either	<input type="checkbox"/> SK	
Any Three	Both	<input type="checkbox"/> SL	

QRM PDPM Buzz-sheet

Nursing Component		CMG	HIPPS
Diagnoses, specialized services, IV's, co-morbidities and conditions, e.g. PHQ-9, BIMS, restorative therapies, respiratory therapy			
Care while a resident	Nursing Functional (GG UP) Score = 0-14	ES3	<input type="checkbox"/> A
Care while a resident		ES2	<input type="checkbox"/> B
		ES1	<input type="checkbox"/> C
Fever with one of the following: - Pneumonia - Vomiting - Weight loss - Feeding tube with intake requirements** Parenteral/IV feedings while a resident (K0510A) or while not a resident (K0510A2)	GG UP	Depression Criteria	
	0-5	Yes	HDE2 <input type="checkbox"/> D
	0-5	No	HDE1 <input type="checkbox"/> E
	5-14	Yes	HBC2 <input type="checkbox"/> F
5-14	No	HBC1 <input type="checkbox"/> G	
2+ Stage 2 pressure ulcers with 2+ skin treatments Any Stage 3 or 4 pressure ulcer OR unstageable with slough or eschar with 2+ skin treatments 2+ venous/arterial ulcer with 2+ skin treatments Stage 2 pressure ulcer x1 and venous/arterial x1 with 2+ skin treatments Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings	GG UP	Depression Criteria	
	0-5	Yes	LDE2 <input type="checkbox"/> H
	0-5	No	LDE1 <input type="checkbox"/> I
	5-14	Yes	LBC2 <input type="checkbox"/> J
5-14	No	LBC1 <input type="checkbox"/> K	
Care low with GG UP score = 15-16	GG UP	Depression Criteria	
	0-5	Yes	CDE2 <input type="checkbox"/> L
	0-5	No	CDE1 <input type="checkbox"/> M
	5-14	Yes	CBC2 <input type="checkbox"/> N
5-14	No	CA2 <input type="checkbox"/> O	
15-16	Yes	CBC1 <input type="checkbox"/> P	
15-16	No	CA1 <input type="checkbox"/> Q	
IVs, IV medications, Transfusions	GG UP	Restorative Criteria	
	11-16	≥ 2 RNP	BAR2 <input type="checkbox"/> R
	11-16	0-1 RNP	BAB1 <input type="checkbox"/> S
	11-16	≥ 2 RNP	
Rest of Physical Function for RNP criteria minutes per RNP program for ≥ 6 days: bowel toileting program ambulation	GG UP	Restorative Criteria	
	0-5	≥ 2 RNP	PDE2 <input type="checkbox"/> T
	0-5	0-1 RNP	PDE1 <input type="checkbox"/> U
	5-14	≥ 2 RNP	PBC2 <input type="checkbox"/> V
5-14	0-1 RNP	PA2 <input type="checkbox"/> W	
15-16	≥ 2 RNP	PBC1 <input type="checkbox"/> X	
15-16	0-1 RNP	PA1 <input type="checkbox"/> Y	

*Count as 1 RNP if both are provided

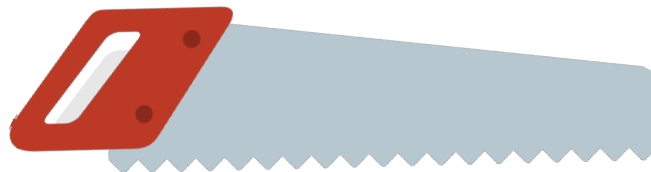
Non-Therapy Ancillary Component & Checklist	
CMG points collected for specialized services, clinical conditions & comorbidities, active qualifying diagnoses	
CMG	Pts
Level High (K0510A2, K0710A2)	7
Level Low (K0510A2, K0710A2, K0710B2)	3
Lung Disease (e.g., Chronic bronchitis, restrictive lung diseases such as asbestosis) (K100)	2
Limb and Shock (R800 - see Dr Mapping Tool)	1
MIA (R800 - see Dr Mapping Tool)	2
OR - see Dr Mapping Tool	1
Used Implanted Device or Graft (R800 - see Dr Mapping Tool)	1
Used Dr Mapping Tool	1
Diabetic retinopathy, nephropathy, and neuropathy (J2800)	2
Proliferative and Vitreous Hemorrhage (R800 - see Dr Mapping Tool)	1
Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage (R800 - see Dr Mapping Tool)	1
R (R800 - see Dr Mapping Tool)	1
See Dr Mapping Tool	1
R800 - see Dr Mapping Tool	1
Stasis (R800 - see Dr Mapping Tool)	1
T2 - see Dr Mapping Tool	1
T3 (R800 - see Dr Mapping Tool)	2
T4 (R800 - see Dr Mapping Tool)	2
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Trends - Razor Sharp Insights are Key

- Missed active diagnoses due to lack of physician query & RAI instruction adherence
 - Impact to PT/OT Category (primary reason for SNF stay – I0020B)
 - SLP co-morbidities (I8000 Dx cross walking to ST)
 - Nursing Category Capture
 - NTA points (common misses – Malnutrition and Morbid Obesity)
- Required documentation not present to support components captured
- Location of MDS items to be captured in PDPM Component missing in the correct location - check box vs Section I8000 issue



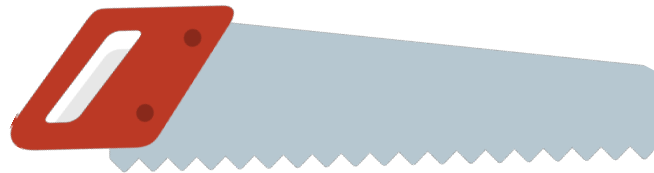
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Trends - Razor Sharp Insights are Key

- Lack of CMS mapping tool utilization
 - PT/OT Clinical Category
 - SLP and NTA mapping for co-morbidities and qualifying points
- [ICD-10 Mapping Tool](#)



“Sharpening the saw means preserving and enhancing the greatest asset you have – you.”

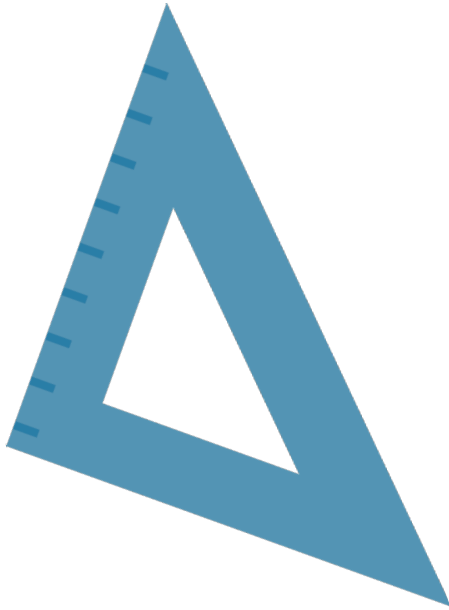
– Stephen Covey

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PDPM Strategies: The Right Angle for Your SNF



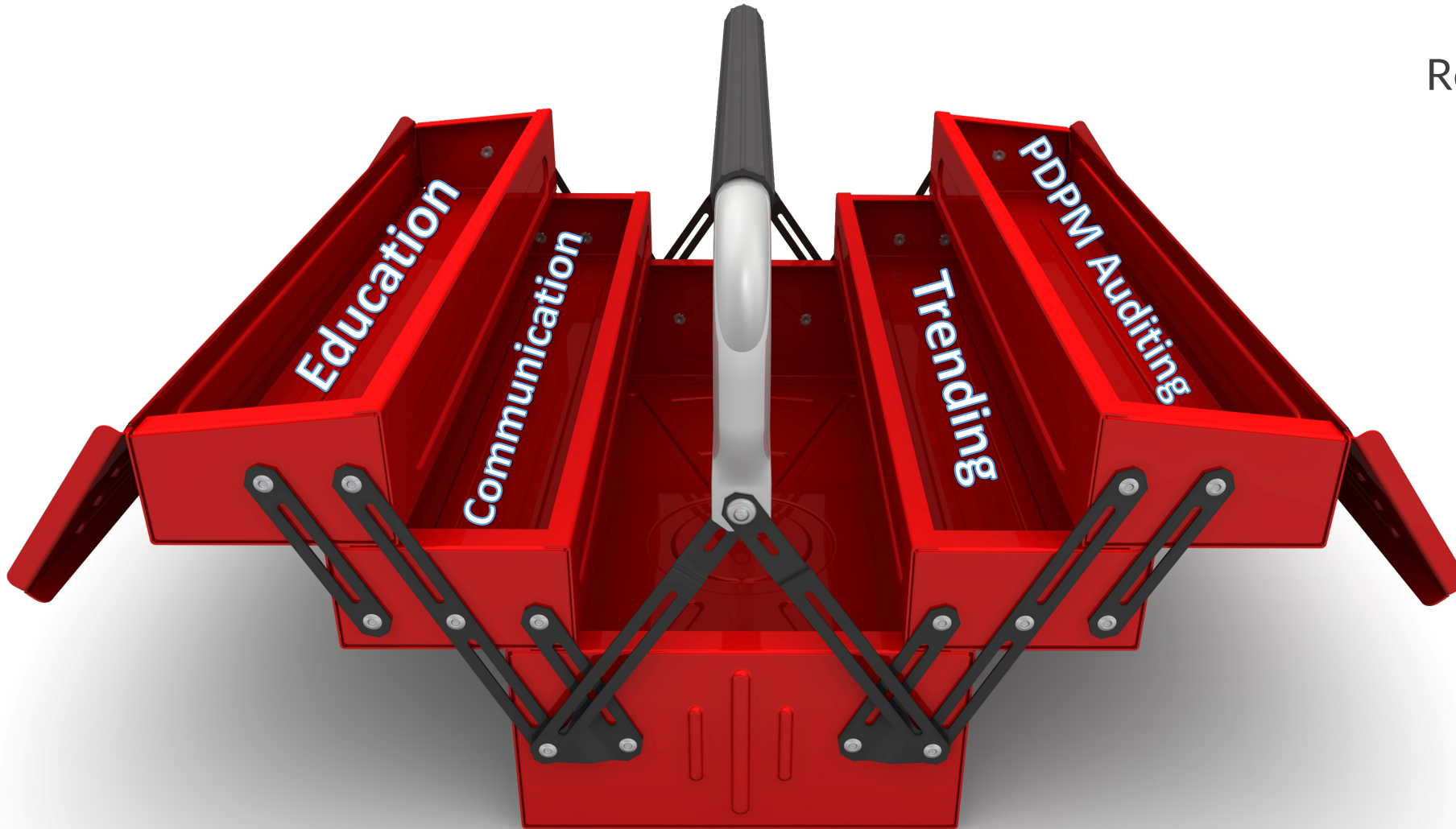
- Daily IDT Meeting – Communication and Collaboration
 - New Admission Review of:
 - ARD
 - Hospital Info
 - Primary Reason for SNF stay and
 - Skilling Disc (nursing/rehab)
 - Day 4:
 - GG IDT Documentation Entry of Usual Performance
 - Review of PDPM HIPPS capture
 - Identification of Missing Documentation / Dx
- Utilization of Tools and Cheat Sheets ('Toolkit')



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Re-Building Your Toolkit



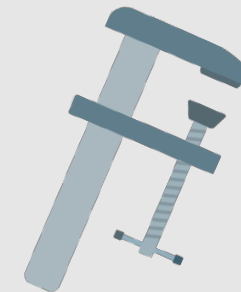
Resources:

- [Buzz Sheet](#)
- [Section K Crosswalk](#)
- [NTA Condition Tool](#)
- [PDPM Calculator](#)
- [GG Video Link](#)
- [RAI Manual](#)
- [ICD-10 Coding Link](#)

Five Key Missed Opportunity Areas

Tighten Up Your Procedures

- 1.SLP
- 2.Nursing
- 3.NTA
- 4.Optional Interim Payment Assessments
- 5.ARD Selection



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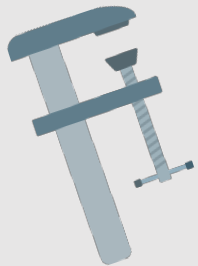
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Five Key Missed Opportunity Areas

Tighten Up Your Procedures

1. SLP

- Missing Clarification orders for SLP diet recommendations
- Section K Swallowing Disorder prompts left blank by Nursing & Speech
 - Loss of liquid from mouth when eating or drinking
 - Holding food in mouth / cheeks or residual food after meals
 - Coughing or choking during meals or while taking medications
 - Complaints of difficulty or pain while swallowing
- Ensure comorbidity active diagnoses & conditions are captured in appropriate MDS location

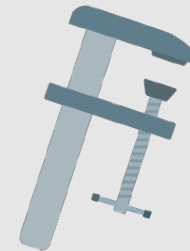


Five Key Missed Opportunity Areas

Tighten Up Your Procedures

2. Nursing

- a) SOB while lying flat
- b) Respiratory failure and oxygen therapy
- c) Hemiplegia / Hemiparesis
 - Observe for presence
 - Query physician for clarification for neuro residents

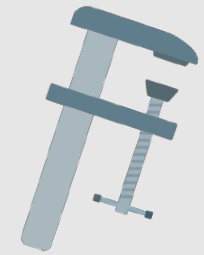


Five Key Missed Opportunity Areas

Tighten Up Your Procedures

3. NTA

- a) Engage physician to clarify all unclear active diagnosis
- b) Review capture of active dx in appropriate MDS section
- c) Review IV meds vs. NTA mapping tool
- d) Resolve inactive diagnoses following physician confirmation

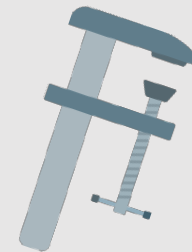


Five Key Missed Opportunity Areas

Tighten Up Your Procedures

4. Optional Interim Payment Assessments (IPA)

- a) Incorporate identification of new conditions into daily IDT discussions
- b) ST evaluations after the ARD often trigger swallowing disorders
- c) Utilize PDPM calculator to project IPA financial impact
- d) Isolation post admit
- e) IV feedings while a resident
- f) Oxygen therapy while a resident

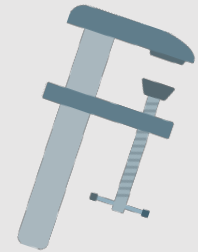


Five Key Missed Opportunity Areas

Tighten Up Your Procedures

5. ARD Selection

- a) Review hospital documentation packet as part of admission process
 - Nutrition / hydration IV capture potential
 - Active diagnosis for NTA and co-morbidity capture
- b) Involve ST prior to ARD
- c) Ensure completion of required interviews
 - Cognition (BIMs)
 - Depression (PHQ9)
- d) Respiratory therapy x 7 days (trained respiratory nurse)



Potentials

Watch for Post COVID residuals, such as:

- Pneumonia
- Neurologic symptoms that can lead to stroke, seizures, encephalopathy & myopathy
- Coronary artery disease and stroke
- Cognitive deficits
- Oxygen use
- Dehydration / malnutrition
- Painful swallow

“Knowledge is a tool, and like all tools, it’s impact is in the hands of the user.”

– Dan Brown

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Pulling it all Together: Having the Right Tools Pays Off

Component	Urban Base Fed Rate * Non-wage index adjusted	Rural Base Fed Rate * Non-wage index adjusted		Case Mix Index (Determined by Case Mix Group Capture)		Special Adjustors		Variable per diem (VPD)		Payment (per diem) URBAN without VPD or AWI impact
PT	\$62.04	\$70.72	X	1.08 - 1.92	X		X	1 through day 20 then drops 2% every 7 days	=	\$67 - \$119.12
OT	\$57.75	\$64.95	X	1.09 - 1.69	X		X	Same as above	=	\$62.95 - \$97.60
SLP	\$23.16	\$29.18	X	.68 - 4.21	X		X		=	\$15.75 - \$97.50
Nursing	\$108.16	\$103.34	X	.66 - 4.06	X	1.00**	X		=	\$71.39 - \$439.13
NTA	\$81.60	\$77.96	X	.72 - 3.24	X		X	3 day 1 - 3, then drops to 1	=	\$58.75 - \$264.38
Non-Case Mix Component	\$96.85	\$98.64	X		X		X		=	\$96.85
<ul style="list-style-type: none"> AWI applied to labor portion of base rate for 2021 = 71.3%. 2021 Wage Index Analysis - capped at 5% drop for 2021 								Total Payment		\$372.69 - \$ 1,114.58
** Except when the resident has HIV/AIDS, then variable per diem adjustment equals 1.18										
*** Rates are for FY 2021, from SNF PPS final rule										

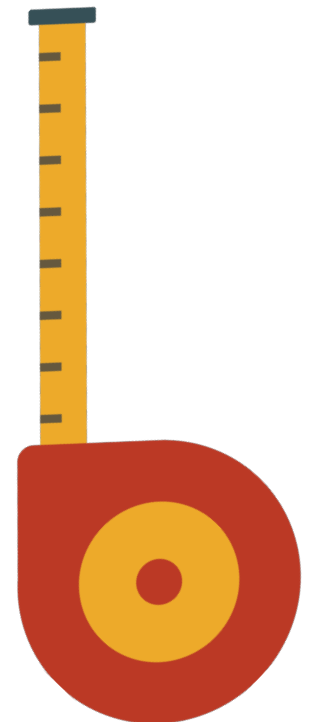


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How Are You Measuring Up?

PDPM Category	Target Area	National %
PT/OT	Non-Orthopedic Surgery and Acute Neurologic	17.7%
SLP 1	All Three	7.0%
SLP 2	Both	14.5%
Nursing	Special Care High	30.5%
Nursing	Extensive Services	8.2%
Nursing	Depression End-Split	15.3%
NTA	3-5 Points	31.2%
NTA	6-8 Points	8.8%
NTA	9-11 Points	3.7%
NTA	12+ Points	1.5%
N/A	PPD Rate (AWI=1)	\$599
N/A	Average Length of Stay	28.0



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*National % = Target area based on the CMS LDS database of claims -
updated quarterly with an approximate 5-month lag.
- CORE Analytics, SALT Report*

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Empower Your Team - A Cut Above



- Identify educational needs
- Implement training options
- Provide competency checks
- Delegate responsibilities amongst IDT members
- Data analytics
- Track & trend results

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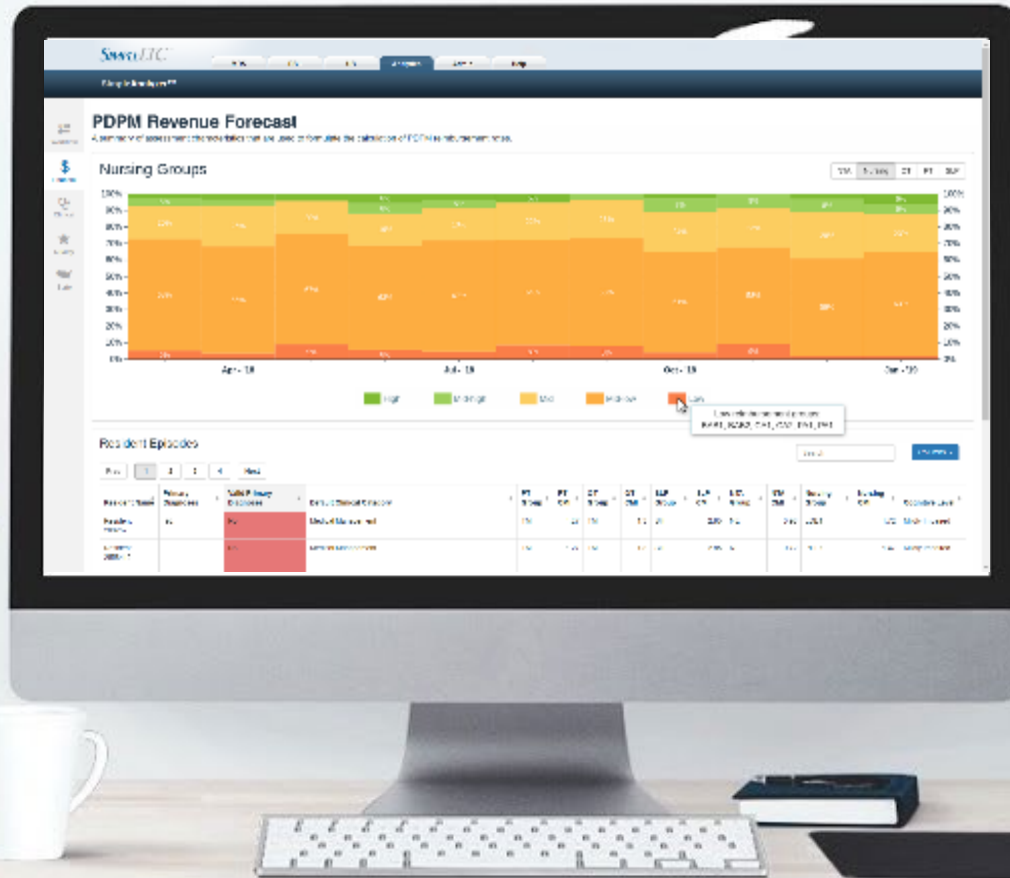


Poll #2



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MDS analytics

- Real-time quality metrics
- Pre-transmission scrubbing
- PDPM performance tools
- Five-Star insights

[Sign up for a live demo](#)



Q&A



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Contact:
info@qrmhealth.com

Connect with us!





Thanks for attending!



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