Netsmart

Preparing for PDPM change

It's not just for Medicare anymore

Presented by:

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ZIMMET HEALTHCARE SERVICES GROUP, LLC

Your Speakers

Vincent Fedele
Chief Operating Officer – *CORE Analytics*
Partner – Zimmet Healthcare Services Group, LLC

Michael Sciacca
Chief Operating Officer
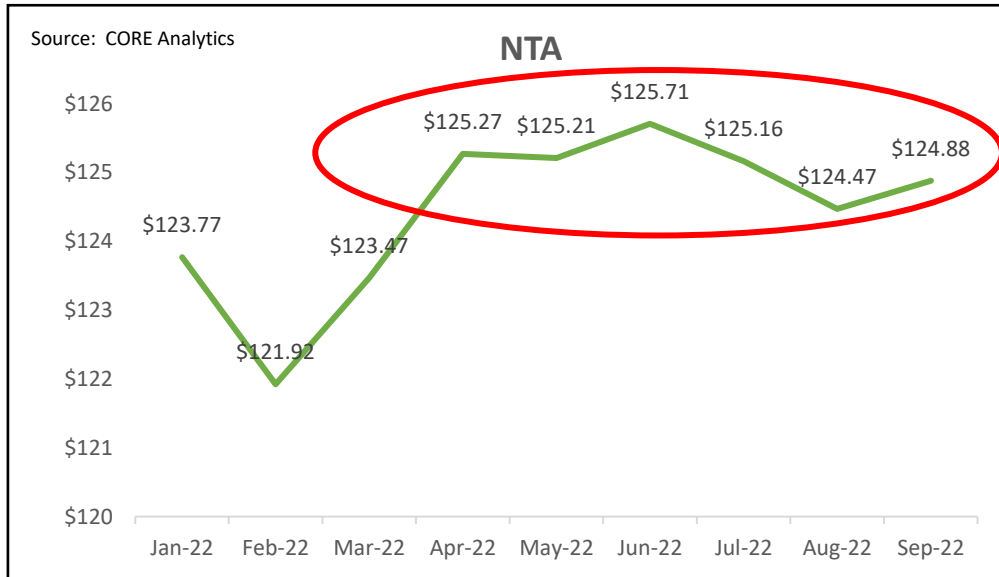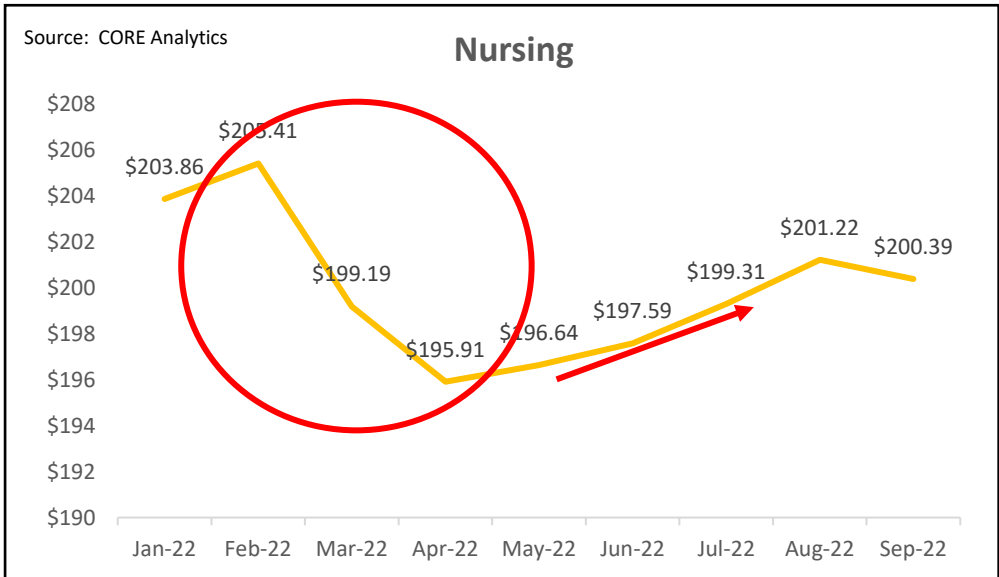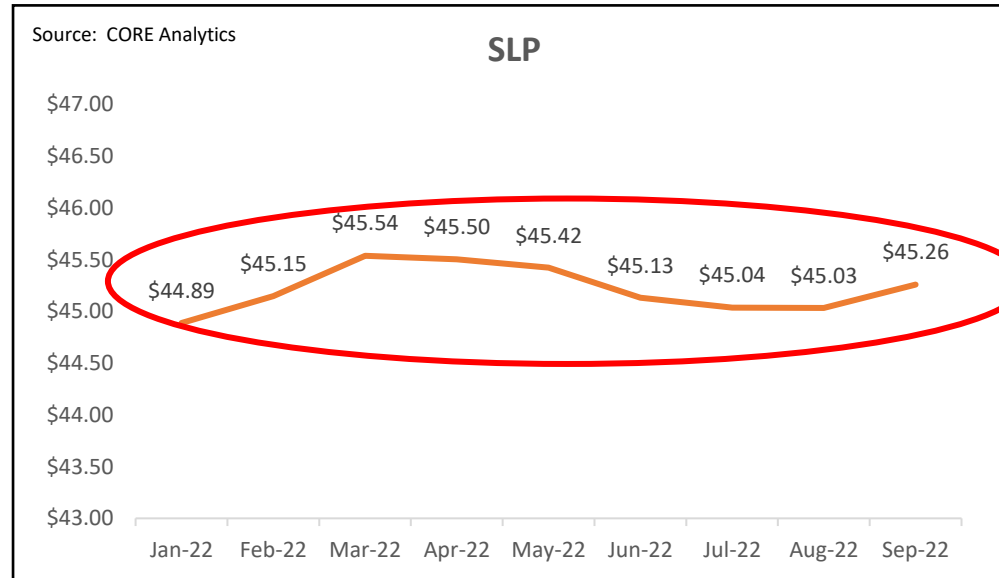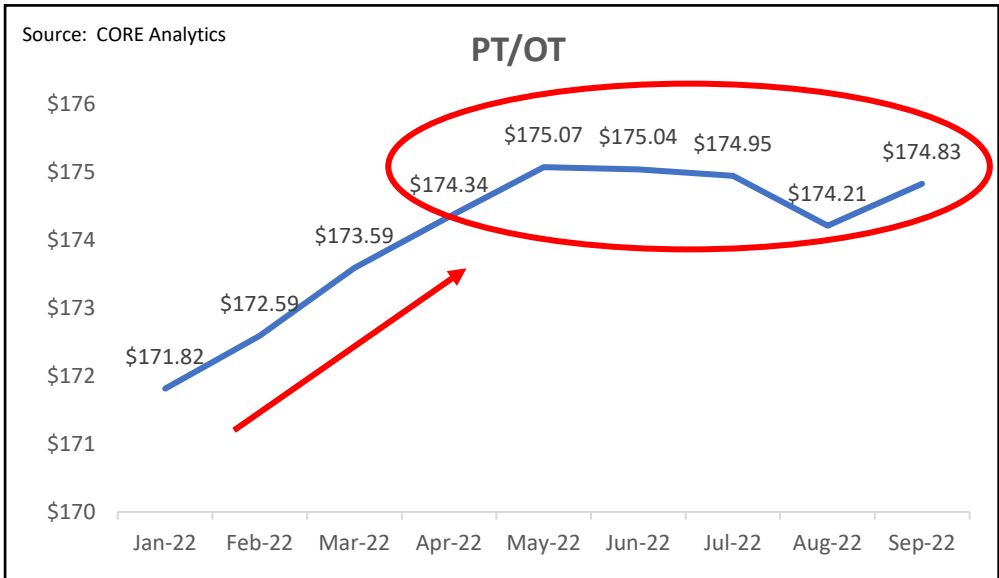*Partner - Zimmet Healthcare Services Group, LLC*

Poll #1

How well is your organization performing with PDPM relative to your peers?

Medicare PDPM Rate Update

Rate Component	Top 10%	CORE Average	Bottom 10%	Difference Between Top 10% and Bottom 10%	
				Difference ($)	Difference (%)
PT/OT	$172.72	$173.99	$169.69	$3.03	1.8%
SLP	$51.86	$45.21	$41.44	$10.42	25.1%
Nursing	$237.12	$200.07	$160.95	$76.17	47.3%
NTA	$147.87	$124.39	$100.96	$46.91	46.5%
NCM	$98.07	$98.07	$98.07	-	-
Total	**$707.64**	**$641.73**	**$571.11**	**$136.53**	**23.9%**

*Source: CORE Analytics proprietary database, Medicare Part A claims expressed at AWI-1, January - September 2022

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PT/OT

Source: CORE Analytics

- Jan-22: $171.82
- Feb-22: $172.59
- Mar-22: $173.59
- Apr-22: $174.34
- May-22: $175.07
- Jun-22: $175.04
- Jul-22: $174.95
- Aug-22: $174.21
- Sep-22: $174.83

SLP

Source: CORE Analytics

- Jan-22: $44.89
- Feb-22: $45.15
- Mar-22: $45.54
- Apr-22: $45.50
- May-22: $45.42
- Jun-22: $45.13
- Jul-22: $45.04
- Aug-22: $45.03
- Sep-22: $45.26

Nursing

Source: CORE Analytics

- Jan-22: $203.86
- Feb-22: $205.41
- Mar-22: $199.19
- Apr-22: $195.91
- May-22: $196.64
- Jun-22: $197.59
- Jul-22: $199.31
- Aug-22: $201.22
- Sep-22: $200.39

NTA

Source: CORE Analytics

- Jan-22: $123.77
- Feb-22: $121.92
- Mar-22: $123.47
- Apr-22: $125.27
- May-22: $125.21
- Jun-22: $125.71
- Jul-22: $125.16
- Aug-22: $124.47
- Sep-22: $124.88

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PT / OT Breakdown

PT/OT			
Category	**Top 10%**	**Average %**	**Bottom 10%**
Major Joint	4.4%	4.1%	3.1%
Other Ortho	27.1%	24.6%	19.1%
Med Man	36.1%	45.7%	60.2%
NOS / AN	32.4%	25.6%	17.7%

Source: CORE Analytics

PT/OT Function Score			
Range	**Top 10%**	**Average %**	**Bottom 10%**
24	0.1%	0.5%	1.5%
10-23	51.0%	57.1%	59.1%
6-9	27.9%	25.6%	23.0%
0-5	21.0%	16.8%	16.5%

Source: CORE Analytics

SLP Breakdown

SLP Profile 1

Category	Top 10%	Average %	Bottom 10%
None	23.0%	31.7%	32.6%
Any One	40.1%	39.5%	45.0%
Any Two	22.8%	19.4%	16.4%
All Three	14.1%	9.4%	6.1%

Source: CORE Analytics

SLP Profile 2

Category	Top 10%	Average %	Bottom 10%
Neither	52.4%	61.7%	66.1%
Either	20.9%	19.4%	22.8%
Both	26.8%	18.9%	11.1%

Source: CORE Analytics

Entire SLP Case-Mix Profile

Category	Top 10%	Average %	Bottom 10%
None / Neither	16.6%	25.1%	26.9%
None / Either	3.7%	4.2%	4.3%
None / Both	2.7%	2.5%	1.5%
Any One / Neither	21.9%	23.8%	28.1%
Any One / Either	8.6%	8.4%	11.7%
Any One / Both	9.6%	7.4%	5.1%
Any Two / Neither	9.6%	9.5%	8.5%
Any Two / Either	5.3%	4.5%	4.8%
Any Two / Both	7.9%	5.4%	3.1%
All Three / Neither	4.3%	3.4%	2.6%
All Three / Either	3.3%	2.3%	2.0%
All Three / Both	6.6%	3.7%	1.4%

Source: CORE Analytics

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Nursing Breakdown

Nursing			
Category	Top 10%	Average %	Bottom 10%
Behavior/Cognition	0.8%	2.3%	6.1%
Clinically Complex	7.1%	13.8%	20.8%
Extensive Services	16.9%	9.8%	2.8%
Reduced Physical Function	7.7%	17.5%	35.5%
Special Care High	58.8%	44.1%	18.0%
Special Care Low	8.8%	12.5%	16.9%

Source: CORE Analytics

Nursing Function			
Range	Top 10%	Average %	Bottom 10%
15-16	0.8%	2.2%	4.2%
6-14	58.8%	65.1%	67.1%
0-5	40.4%	32.7%	28.7%

Source: CORE Analytics

Depression		
Top 10%	Average %	Bottom 10%
48.5%	19.7%	4.4%

Source: CORE Analytics

PHQ-9 Score Distribution

Source: Simple LTC

% of Assessments
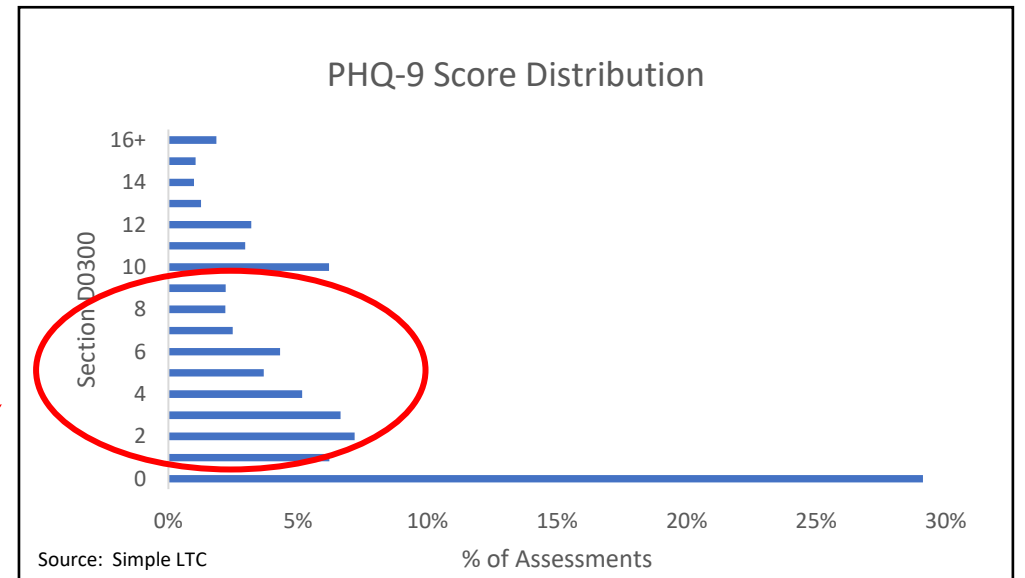
NTA Breakdown

NTA			
Category	**Top 10%**	**Average %**	**Bottom 10%**
12+	6.7%	2.2%	0.4%
9-11	9.0%	4.5%	1.2%
6-8	18.3%	11.6%	4.7%
3-5	39.4%	36.9%	29.2%
1-2	23.6%	32.4%	36.6%
0	3.1%	12.4%	28.0%

Source: CORE Analytics

Non-Therapy Ancillary Scoring / Groups

Condition / Service	MDS Item	Points
HIV / AIDS	No MDS Item; B20 coded on the UB-04	8
Parenteral IV Feeding: High (> 50% calories)	K0510A2, K0710A2	7
Intravenous Medication Post-admit Code	O0100H2	5
Ventilator or Respirator Post-admit Code	O0100F2	4
Parenteral IV Feeding: Low (26% - 50% calories; 501cc per day)	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Dx: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Dx: Asthma, COPD, Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Dx: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Tracheostomy Care Post-admit Code	O0100E2	1
Active Dx: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Radiation Post-admit Code	O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

Condition / Service	MDS Item	Points
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Prob: Foot Inf. Code, Other Open Lesion, Except Diabetic Ft Ulcer Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Dx: Malnutrition Code	I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

Patient Driven Payment Model

NTA Case-Mix Classification Groups			Urban, AWI = 1.0; per diem	
Range	**Group**	**CMI**	**Days 1 - 3**	**Days 4 - 100**
12 +	NA	3.15	$821.02	$273.67
9 - 11	NB	2.46	$641.17	$213.72
6 - 8	NC	1.79	$466.55	$155.52
3 - 5	ND	1.29	$336.23	$112.08
1 - 2	NE	0.93	$242.40	$80.80
0	NF	0.70	$182.45	$60.82

Compiled by Zimmet Healthcare

The Elusive Interim Payment Assessment (IPA)

IPA Completion Percentage
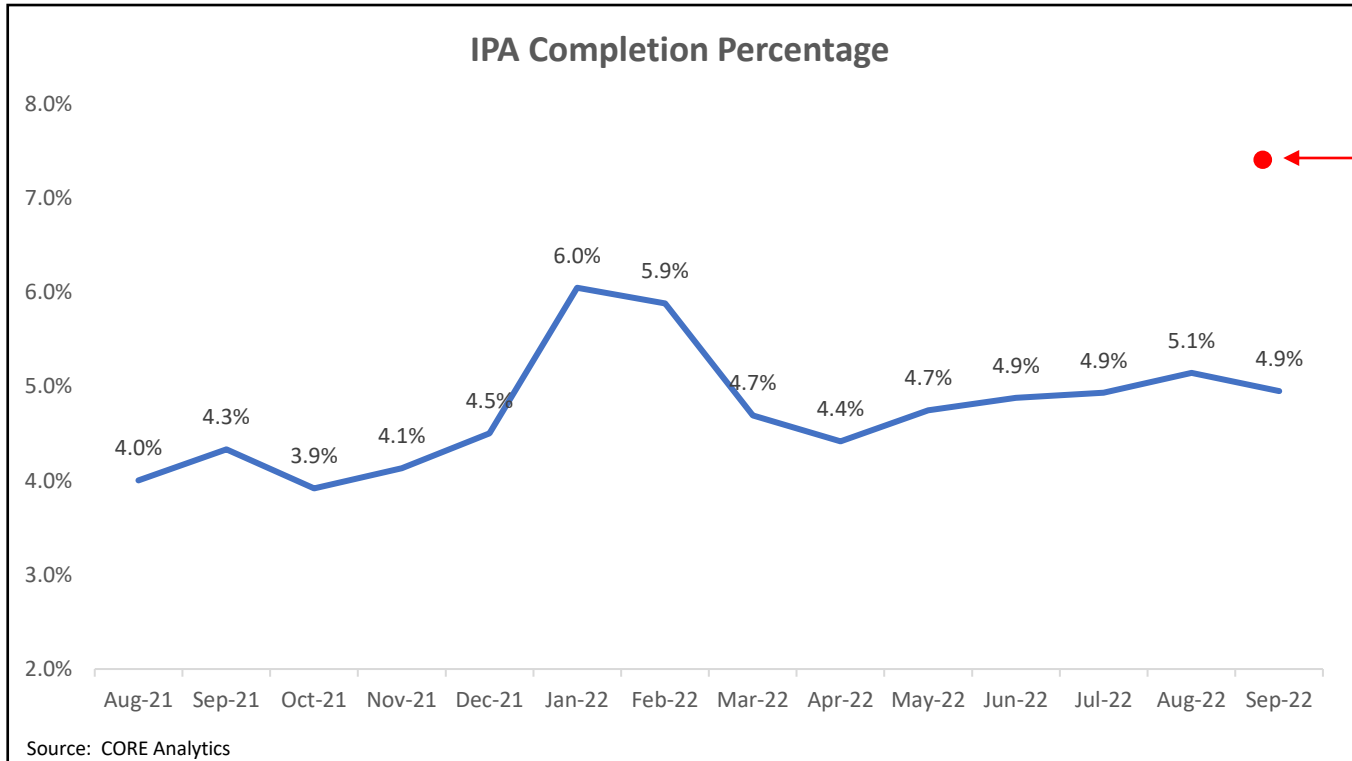
7.1% = Average IPA Completion % for the top 10% of providers

Data points (Aug-21 through Sep-22):
- Aug-21: 4.0%
- Sep-21: 4.3%
- Oct-21: 3.9%
- Nov-21: 4.1%
- Dec-21: 4.5%
- Jan-22: 6.0%
- Feb-22: 5.9%
- Mar-22: 4.7%
- Apr-22: 4.4%
- May-22: 4.7%
- Jun-22: 4.9%
- Jul-22: 4.9%
- Aug-22: 5.1%
- Sep-22: 4.9%

Source: CORE Analytics

Most common reasons for IPA completion:

- Capture of isolation related to COVID
- Physical Function to SPH for Nursing
- NTA point increases from E/D to C
- None to One for SLP #1
- Neither to Both for SLP #2

Approximately 5% of all IPAs completed reduce the net reimbursement, despite the IPA being an optional assessment!

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Medicare Stay Profile When IPA is Completed

The average IPA in the CORE Analytics database is completed on day-23 of the Medicare stay and controls payment for an additional 24 days prior to discharge. The average per diem rate difference for an IPA is estimated at $97.30, using an AWI of 1. This generates on average an estimated $2,335 in marginal revenue each time that an IPA is appropriately identified and completed. The illustration above does not factor in the variable per diem rate adjustment; however, VPD was accounted for when the per diem difference in payment was calculated to generate the simple average rate increase when an IPA is completed.

PDPM is Coming.... Again

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-26-12

Baltimore, Maryland   21244-1850

SMD# 22-005

RE: Guidance on Nursing Facility

State Plan Payment and Upper

Payment Limit Approaches in

Medicaid Relying on the Medicare

Patient-Driven Payment Model

September 21, 2022

Early Systems Vary......

Wisconsin January 1, 2022

Illinois July 1, 2022

Historical Case-Mix Distribution

Zimmet CMI (RUG) Database Avg (Jan 2020-July 2022)	
Rehab	55.3%
Extensive Services	5.9%
Special Care High/Low	9.4%
Clinically Complex	11.6%
Impaired Cognition	2.5%
Behavior	0.0%
Physical Function Reduced	15.3%
Restorative Nursing	3.1%
Depression	7.9%

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Medicare v. Medicaid PDPM Capture

PDPM Component	Item	MDS Section	Medicare MDS Assessments	OBRA MDS Assessments
Nursing	Septicemia	I2100 = 1	8.3%	3.4%
Nursing	Parenteral / IV Feedings	K0510A1 or K0510A2 = 1	20.6%	4.0%
Nursing	Resp. Therapy, 7 days	O0400D2 = 7	5.3%	2.5%
Nursing	COPD w/ SOB	I6200 AND J1100C	15.5%	8.0%
Nursing	PHQ-9	D0300 >9	17.5%	8.4%
NTA	Malnutrition	I5600	46.4%	24.9%

Source: Simple LTC

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SPECIAL CARE HIGH (any one of these is a qualifier)								
Comatose (fully dep)	B0100	Fever with one of:	J1550A	Parenteral/IV feedings	K0510A	0 - 5	Depression	HDE2	2.40
Septicemia	I2100	Pneumonia	I2000	Respiratory Tx, 7 days	O0400D	0 - 5		HDE1	1.99
Diabetes with:	I2900	Vomiting	J1550B	COPD with:	I6200	6 - 14	Depression	HBC2	2.24
Daily insulin inj. &	N0300A	Feeding Tube	K0510B	Shortness of breath when lying flat	J1100C	6 - 14		HBC1	1.86
Insulin order change	N0350B	Weight loss	K0300	Quad as prim. (GG <12)	I5100	*Depression = MDS Section D PHQ*			

SPECIAL CARE LOW (any one of these is a qualifier)								
Cerebral Palsy (GG < 12)	I4400	Pressure Ulcers w/ Tx:		Radiation therapy^	O0100B2	0 - 5	Depression	LDE2	2.08
Multiple Scler (GG < 12)	I5200	> 1 Stage II	M0300B	Resp failure & Oxy Tx^	I6300, O0100C2	0 - 5		LDE1	1.73
Parkinson's (GG < 12)	I5300	Any Stage III/IV	M0300C,D	Dialysis^	O0100J2	6 - 14	Depression	LBC2	1.72
Foot infection	M1040A	2 or more skin Tx w/:	M1200	Diabetic Foot Ulcer	M1040B	6 - 14		LBC1	1.43
Feeding tube *	K0510B	>1 ven/art ulcers; or	M1030	Foot lesions w/ Tx	M1040C; M1200I				
* = calories ≥ 51% or		1 Stage 2 pres ulcer &	M0300B	*^ = while a resident*					
26-50% & & fluid ≥ 501cc		1 venous/arterial ulc	M1030	*Depression = MDS Section D PHQ*					

CLINICALLY COMPLEX (any one of these is a qualifier)								
Extensive Services, Special Care High or Special Care Low qualifier with GG Function Score = 15 - 16						0 - 5	Depression	CDE2	1.87
Pneumonia	I2000	Chemotherapy^	O0100A2	Burns	M1040F	0 - 5		CDE1	1.62
Hemi-plegia/paresis*	I4900	IV medications^	O0100H2	** = GG score < 12*		6 - 14	Depression	CBC2	1.55
Surgical wounds**	M1040E	Transfusions^	O0100I2	*** = with treatment*		15 - 16	Depression	CA2	1.09
Open lesions**	M1040D	Oxygen therapy^	O0100C2	*^ = while a resident*		6 - 14		CBC1	1.34
				Depression = MDS Section D PHQ		15 - 16		CA1	0.94

PDPM Strategies for the Long-Term Care Population

- Medicare Performance Benchmarking

- Depression Capture

- COVID Bed Management Protocol

- Ancillary Program Development
  - Respiratory Therapy
  - IV Services for Hydration or Medication
  - Wound Care
  - Specialty Physician Consults

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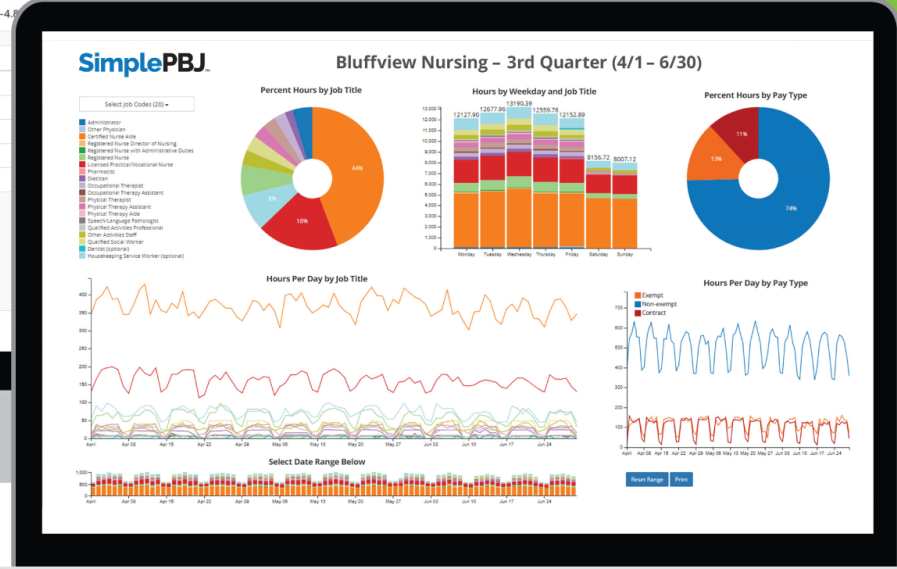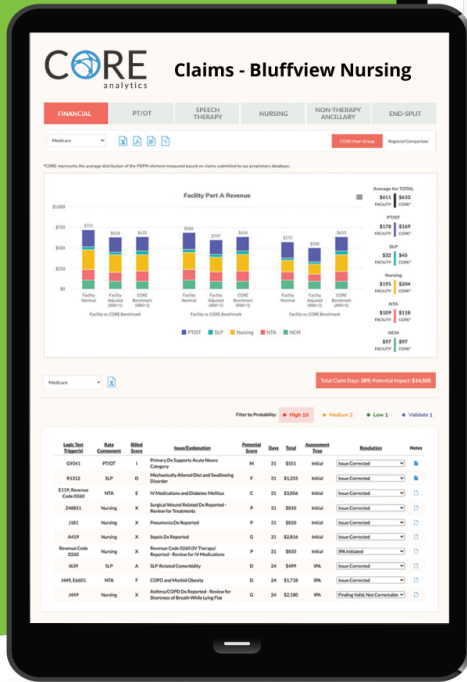
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CORE Analytics joins the Simple/Netsmart family!

simple. a Netsmart solution + CORE analytics = The first **complete** view of
Claims **+** MDS **+** Staffing

For your free demo, email *sales@simpleltc.com*

Live Q&A

Thank you for joining us!

Recording and handouts can be found here:
https://www.simpleltc.com/webinar-registration-preparing-for-pdpm-change/