Introducing PDPM Schedule Changes and Transition

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Healthcare Academy™

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Disclaimer

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Meet Our Experts: Kim Barrows, RN, BSN

Kim Barrows, RN, BSN is the owner of a Post-Acute care consulting company, Home Health Agency, and Behavioral Health Clinic. Kim is recognized as an expert in the healthcare industry who has developed holistic programs that place healthcare organizations at the forefront of their competitors. The programs' initiatives have also created relationships with premier local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving patient outcomes and occupancy resulting in financial success for all. She has attended the AHCA PDPM Academy. Her accomplishments have been nationally recognized by industry leaders and organizations such as the American Health Care Association and Christ Hospital.

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Meet Our Experts: Mary Braun, RN

Mary Braun, RN is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey readiness, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement. She has attended the PDPM Academy presented by The American Health Care Association.

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Continuing Education Credit – Cont'd

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1. Participate in 60 minutes of continuous learning.
2. Complete a quiz with a minimum score of 85%.
3. Complete an evaluation form.

After the activity has ended, the quiz and evaluation can be accessed by clicking on the button below the video content titled **Quiz and Evaluation Form.** A popup window will appear on your screen to complete the quiz and evaluation for continuing education credit.

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Continuing Education Credit – Cont'd

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Disclosure Information

There will be no endorsements for products or off label use.

The following committee members have nothing to disclose:

- Judy Hoff, RN, BSN, MA, PhD
- Mary Braun, RN
- Kim Barrows, RN, BSN

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Learning Outcome & Objectives

ANCC Learning Outcome

At the completion of this educational activity, the learner will demonstrate knowledge about the new PDPM payment system by passing a quiz with a score of 85% or greater accuracy.

NAB Learning Objectives

1. State two (2) MDS scheduling changes under PDPM.
2. List two (2) potential facility impacts related to the new PDPM payment system.
3. State two (2) actions that will prepare a facility for the transition process to PDPM.

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Course Objectives

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3. State two (2) actions that will prepare a facility for the transition process to PDPM.

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Brief Review on How This All Began

- PDPM is not new to the Impact Act of 2014
  - Improved Medicare Beneficiary Outcomes through:
    - Shared Decision Making
    - Care Coordination
    - Enhanced Discharge Planning
  - Cross setting payment/quality reporting across the board (Hospital/Inpatient Rehabilitation Facilities (IRF)/Long Term Care (LTC)/Home Health)
  - PDPM has been set to replace RUGS IV case mix classification model which has been the indication of SNF PPS for years.
    - PDPM is not as parallel as RUG IV

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How CMS Believes PDPM will be Beneficial

- PDPM improves SNF PPS in the following ways:
  - PDPM will base payments on resident clinical characteristics
  - PDPM will enhance payment accuracy
  - PDPM will strengthen incentives for appropriate resident care
    - Will provide proper payment for the higher complex resident

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Benefits of PDPM

- Components based on Relevant Clinical Patient Conditions
  - Looks at the needs of the "whole resident"
  - Looks at clinical complex care versus having therapy drive the care.
- Variable Per Diem Payment to track payment over time
  - Looks at length of stay and payment changes over the course of the stay.
- Reduces Administrative Burden
  - Less MDS Assessments to be completed. (less paperwork and time)
    - Estimated that facilities will save over 2 million dollars over the next 10 years by decreasing the number of assessments.

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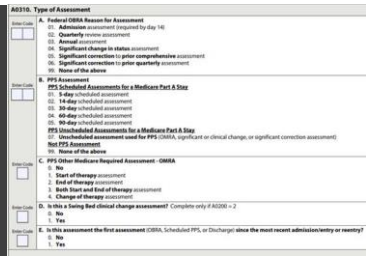
Scheduling MDS Assessments under PDPM

What is Going Away

Biggest change in Section A; Item #A0310



A0310. Type of Assessment

A. Federal OBRA Reason for Assessment
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
10. **None of the above**

B. PPS Assessment
PPS Scheduled Assessments for a Medicare Part A Stay
01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
PPS Unscheduled Assessments for a Medicare Part A Stay
07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)
Not PPS Assessment
10. **None of the above**

C. PPS Other Medicare Required Assessment - OMRA
0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2
0. **No**
1. **Yes**

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?**
0. **No**
1. **Yes**

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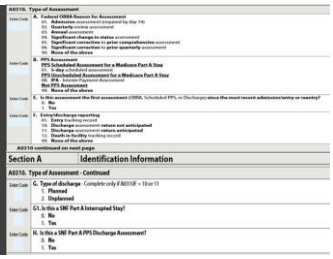
Scheduling MDS Assessments under PDPM

What is New

Biggest Change in Section A

- Item #A0310B. PPS Assessments
  - 01. 5day Scheduled assessment
  - 08. IPA- Interim Payment Assessment
- Item # A0310G1. Is this a SNF Part A Interrupted Stay


A0310. Type of Assessment

Section A Identification Information

A0310. Type of Assessment - Continued

G. Type of discharge. Complete only if A0310F = 10 or 11
1. Planned
2. Unplanned

G1. Is this a SNF Part A Interrupted Stay?
0. No
1. Yes

H. Is this a SNF Part A PPS Discharge Assessment?
0. No
1. Yes

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SNF PPS Assessments Under PDPM

- 5 Day Assessment - this is a scheduled assessment
  - Required assessment
- IPA (Interim Payment Assessment - this is an unscheduled assessment
  - Optional assessment
- PPS Discharge Assessment (End Of PPS Stay)
  - Required assessment.

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5 Day PPS Assessment

- The item set code for the 5 day Assessment is the NP item set.
  - In most cases will be combined with the Admission assessment which is the Nursing Home Comprehensive Set (NC)
  - The 5 day Assessment is REQUIRED
  - The ARD has to be set days 1-8, using admission date as day 1.
  - The 5 Day Assessment will pay for all covered Part A days until the Part A stay ends or until an IPA is completed.

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5 Day PPS Assessment – Cont'd

- The 5 Day assessment will set the variable per diem schedule (applicable for PT/OT component and the NTA component)
- The 5 Day assessment must be completed prior to any other PPS assessment.
- 5 Day assessment can be combined with an OBRA assessment.
- 5 Day assessment-for late assessments, the facility will have to bill the default rate (similar to RUG IV)

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5 Day PPS Assessment – Cont'd

- Meaning the facility will have to bill the default rate/HIPPS code for the days found to be out of compliance.
- Then the 5 day HIIPS code for the remainder of the days out of compliance.
- The Variable Per Diem can be impacted by late assessments.
- The default code will be ZZZZZ
  - Indicating the sum of the lowest per diem rate under each component and non-case mix component.

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Interim Payment Assessment (IPA) – Cont'd

- Interim Payment Assessment (IPA)
  - IPA is an OPTIONAL assessment (unscheduled assessment)
  - Should be completed when providers determine that the resident has had a clinical change that would require a new PPS assessment
  - ARD requirements for IPA
    - ARD can be set for any day of the PPS stay after the 5 Day assessment
  - Completion date for the IPA
    - Needs completion within 14 days after the ARD (ARD + 14 days)

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Interim Payment Assessment (IPA) – Cont'd

- Payment for the IPA
  - Begins with the ARD of the IPA and authorizes payment through the end of the PPS stay, or until another IPA assessment is completed.
- Submission to the QIES ASAP system
  - Must be electronically submitted and accepted within 14 days of completion date. (completion + 14 days)
- Item Set for the IPA is the "IPA"
  - This item set includes the demographic items and items used to generate scores in the PDPM classifications/components.
  - Section GG has a 1 column item for Interim Performance using the same usual performance and 6 point scale .
  - IPA does not affect the variable per diem schedule even though the payment changes
- IPA cannot be combined with any other assessments

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PPS Discharge Assessment

- Also has been referred to as "End of PPS Stay"
- Coded in A0310 H as "yes"—

- Is a REQUIRED Assessment
- ARD requirements for the PPS Discharge Assessment
  - ARD is equal to the end of the most recent Medicare Stay (A2400C) exception: unless is an interrupted stay.
  - Another condition - when the End Date of the Most Recent Medicare Stay is on the day or the day before the Discharge Date (A2000). In this case the Part A Discharge Assessment may be combined with the OBRA Discharge Assessment. In this case ARD is the DC date. *

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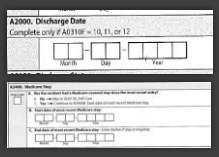
PPS Discharge Assessment – Cont'd

- Completion requirements for the PPS Discharge Assessment
  - Completed within 14 days after the end date of the Most Recent Medicare Stay (A2400C)



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PPS Discharge Assessment – Cont'd

- Submission of the PPS Discharge Assessment
  - Must be submitted within 14 days after the MDS completion date.
- When a PPS Discharge Assessment is required
  - Resident remains in facility after their Medicare Stay ends
    - 100th day
    - Change in payer Source
  - Resident is physically discharged from the facility when their Medicare Stay ends
    - In this case the Part A Discharge and the OBRA Discharge may be combined)

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PPS Discharge Assessment – Cont'd

- Some side notes of PPS Discharge Assessments
  - Really nothing new from when first introduced.
  - Compliance for completion of PPS Discharge Assessments is critical to prevent the 2% reduction penalty
    - IMPACT ACT/ SNF Quality Reporting – related to the QM that resident assessment data must be submitted in regard to resident's admission and discharge.
  - Items on the PPS Discharge Assessment
    - Section A-Identification
    - Section GG-Functional Abilities and Goals- Discharge (End of SNF PPS Stay) (SNF QR)
      - Discharge Performance
    - Section J-Falls (SNF QR)
    - Section M-Pressure Ulcer (SNF QR)

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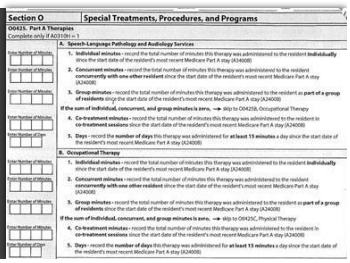
PPS Discharge Assessment – Cont'd

- Section N - Drug Regimen Review (SNF QRP)
  - Medical Intervention
- Section O-Therapy minutes *sum of individual, concurrent group minutes (not to go over therapy cap per PDPM)



Section O | **Special Treatments, Procedures, and Programs**

O0425. Part A Therapies

Complete only if A0310H = 1

B. Speech-Language Pathology and Audiology Services

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400I)
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400I)
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400I)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400I)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400I)

B. Occupational Therapy

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400I)
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400I)
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400I)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400I)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400I)

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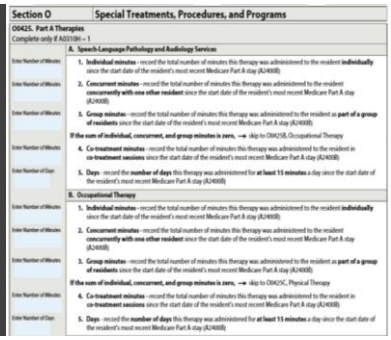
Section O on NPE
(Part A PPS Discharge)



Section O — Special Treatments, Procedures, and Programs

O0425. Part A Therapies

Complete only if A0310H = 1

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes — **1. Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes — **2. Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes — **3. Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

Enter Number of Minutes — **4. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days — **5. Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

B. Occupational Therapy

Enter Number of Minutes — **1. Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes — **2. Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes — **3. Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy

Enter Number of Minutes — **4. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days — **5. Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

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Case Scenario #1

Mr. Smith is being admitted to Happy Valley SNF from The Community Hospital on 10/14/19. He has had a 3 day qualifying stay and has a full 100 days under his Part A benefit. To comply with PDPM PPS assessment scheduling which of the following is correct:

A. MDS Nurse schedules an Admission/5Day PPS Assessment with ARD 10/20/19
B. MDS Nurse schedules an Federal OBRA Admission /Start of Therapy with ARD 11/2/19
C. MDS Nurse schedules an Admission/5Day PPS Assessment with ARD 10/31/19
D. MDS Nurse schedules an Interim Payment Assessment with ARD 10/21/19

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Case Scenario #2

Mr. Smith has been residing at Happy Valley SNF for approximately 3 weeks now. Nursing documentation and several new interventions and treatments have been added to his care. He now has swallowing difficulties, requires staff to assist with feeding, and he has new pressure area in his coccyx. With these issues it has been determined that he has had significant change in clinical condition and clinical care required to meet his needs.

For assessment scheduling which of the following is correct:

A. MDS Nurse to schedule a Discharge PPS Assessment ARD 11/4/19
B. MDS Nurse to schedule an Interim Payment Assessment with ARD 11/4/19
C. MDS Nurse to schedule another 5Day PPS Assessment ARD 11/4/19 because of the change in resident condition
D. MDS Nurse to schedule a Change of Therapy MDS ARD 11/4/19 because he can no longer tolerate RUH minutes.

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Case Scenario #3

Since the Interim Payment Assessment has been scheduled with ARD 11/4/19, which of the following statements is the best statements for authorized billing dates.

A. The 5-Day will pay at the default rate 10/14/19-11/3/19, then IPA will pick up payment 11/4/19 until 12/31/19.
B. The 5-Day will continue to pay the entire stay until a last covered day has been issued.
C. The 5-Day will pay from day 1, admission date 10/14/19 through 11/3/19, then the IPA will pick up payment on ARD 11/4/19 until the end of the stay or another IPA is scheduled.
D. The IPA has no impact authorized billing dates.

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Case Scenario #4

Mr. Smith has been issued his last covered day of Medicare Part A coverage on 12/13/19. However due to his daughter's work schedule and transportation issues, Mr. Smith is scheduled to be discharged home on 12/14/19. Which of the following statements are correct for scheduling assessments:

A. MDS Nurse to schedule an Federal OBRA Discharge Return Not Anticipated (planned) combined with PPS Discharge Assessment ARD 12/14/19.
B. MDS Nurse to schedule a PPS Discharge Assessment ARD 12/13/19.
C. MDS Nurse to schedule a PPS Discharge Assessment ARD 12/16/19
D. MDS Nurse to schedule a Federal OBRA Discharge Assessment-return not anticipated only

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Variable Per Diem Adjustment

- What is a Variable per Diem?
  - Background
    - Since the beginning of PPS, CMS has used a CONSTANT per diem rate.
      - Payment for each day of the SNF day is the same per diem rate as long as the resident stays in the same payment group.
  - What has changed with PDPM
    - Analysis was completed under SNF Payment Models Research (PMR)
      - Revealed that resources used for certain SNF services did not remain constant over the entire stay
      - Revealed that resource use varies over the course of the stay
      - Found that using a constant per diem rate allocates too few resources at the beginning of the stay when costs trends are higher and allocates too many resources at the end of the stay when cost trends are lower.
      - Variable per Diem then introduced with PDPM as an adjustment factor to adjust the per diem factor over the course of the resident's stay.

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Variable Per Diem - Cont'd

- Two of the Case Mix Components effected by the Variable Per diem
  - PT/OT schedule
  - NTA schedule (Non-Therapy Ancillary)
    - as an adjustment factor to adjust the per diem factor over the course of the resident's stay.

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Variable Per Diem Adjustment/Factors/PT/OT Component

Medicare Payment Days	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

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Variable Per Diem PT/OT Component

- PT/OT uses the same variable per diem schedule
  - Assumption first 3 weeks resident need the same amount of therapy and then the need levels off after the 3 weeks
  - Will see a rolling 7 days starting with day 21 a 2% decrease in payment.
  - Once the resident has been classified in the PT/OT component, the CMI for that group is multiplied against the component base rate, then that result is multiplied by the per diem adjustment factor.
  - Strategize the emphasis to accurately and completely capture at the very beginning of the stay because over time that rate is going to drop.

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Variable Per Diem NTA Component

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0

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Variable Per Diem NTA Component

- NTA costs found to be highly concentrated at the beginning of the stay and then decrease to a lower level that holds relatively the same until the end of the stay.
- For the first 3 days of the Medicare Part A stay the payment for the NTA component is 3X the payment received.
- On day 4 of the stay until the remainder of the stay the payment is then cut by 2/3.

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NTA Component

- Once again just like the PT/OT component, once the NTA component is calculated the same formula applies only this per diem only changes 1 time by 2/3 on day 4 of the Part A stay.
- Once again strategize to completely and accurately code everything at the beginning of the stay.

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Case Scenarios for Variable Per Diem Adjustments

Let's go back to Mr. Smith who was admitted on 10/14/19. We discussed earlier that his 5 Day PPS Assessment ARD was set 10/20/19. The assessment has now been completed on 10/27/18\19. According to the Variable Per diem Adjustment Factor Schedule- PT and OT component, what is the adjustment factor on this day 14 from admission?

A. 0.98
B. 1.00
C. 0.14
D. There is no Adjustment factor

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Case Scenarios for Variable Per Diem Adjustments

- Correct answer: B

On this same day 14 what would be the Variable Per-diem Adjustment Factor/Schedule NTA component?

A. There is no adjustment factor
B. 3.0
C. 100.0
D. 1.0

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Interrupted Stay Policy

- Background
  - New concept with implementation of PDPM
  - Policy sets out criteria for determining when a Medicare stay will be considered an "interrupted stay" versus a separate stay.
  - Medicare Benefit still 100 days
  - Making SNFs more consistent with IRF and Hospital settings
  - Interruption window 3 days or less
  - This policy will be implemented in discouraging facilities discharging residents then readmitting them shortly after to reset the variable per diem when the payment would be higher.

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Interrupted Stay - Cont'd

- What is the criteria for the interrupted stay?
  - When a resident is discharged from SNF and then readmitted to the SAME SNF WITHIN 3 days or less after the discharge
    - The resident must return by 12:00am at the end of the third calendar day.
      - OR can think of it as
    - The interruption period starts at the calendar day of discharge add 2 calendar days ending at midnight of the 3rd calendar day.

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Interrupted Stay - Cont'd

- How does the MDS scheduling process flow?
  - Conditions of readmitted 3 days or less to same facility apply then:
    - The assessment schedule stays the same
    - The variable per diem schedule stays the same
    - The assessment schedule will continue from the day of the previous discharge
      - One exception unless an optional IPA is completed, which will be a decision of the facility
    - Will be identified on item A0310G1. "Is this a SNF Part A Interrupted Stay. "

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When the Interruption Stay Policy Does Not Apply

- Two instances:
  1. Resident is readmitted to the same SNF MORE than 3 consecutive calendar days after discharge
     - Regardless of how many days the resident is out
  2. Resident is admitted to a different SNF
     - Regardless of how many days/length of time between stays.

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Interruption Policy Not Apply

- With those 2 instances, what will need to happen?
  - A new 5 day will be required. The assessment schedule resets to day 1.
  - Variable per diem will reset to day 1.

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More on the Interruption Stay Policy

- Comments regarding Interruption Stay Policy
  - Since a new 5 Day PPS assessment is not required if criteria met, if the resident has had significant changes in health status and/or significant change in care needs an IPA can be completed.
    - Facilities will still need to meet the requirements of OBRA assessments.
      - IDT to assess and determine if a Significant Change is warranted
  - Once again CMS sees this a decrease in burden/workload by omitting a readmission 5 day MDS for the resident who may go in and out of the hospital frequently for short periods.

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Comments on Interruption Stay Policy

- Recommended that providers should wait to observe if the resident returns on an interrupted stay before coding the ND.

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Case Scenario Interrupted Stay

Mrs. R is admitted to SNF on 10/20/19, then sent out to hospital and admitted, then returns to the same SNF on 10/25/19

A. Interrupted Stay
B. New Stay

What happened the Assessment Schedule and the Variable per Diem?

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Case Scenario Interrupted Stay

What would be another case scenario in which a New Stay would be required?

A. Mrs. T admitted to SNF on 12/4/19, admitted to Hospital on 12/6/19 then returns to SNF on 12/8/19.
B. Mrs. T admitted to SNF on 12/4/19, admitted to Hospital on 12/6/19, then admitted to a different SNF closer to her family.
C. Mrs. T admitted to SNF on 12/4/19, after out patient surgery, kept under observation for 1 night and then returned to SNF the next morning at 9am.

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Case Scenario Interrupted Stay

Mr. G is admitted to SNF on 12/7/19, discharged from SNF and admitted to the hospital on 12/20/19 and returns to the same SNF at 9pm 12/23/19. This would be considered a:

A. New Stay
B. Interrupted Stay

What will happen to the schedule?
What will happen to the Variable per Diem?

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Transition from RUGS IV-PDPM

- CMS anticipates that days paid under RUGS IV will end September 30, 2019
- Days paid under PDPM will begin October 1, 2019
- All other adjustment factors will remain the same
- Considered a "hard" transition because the 2 payment systems will not run concurrently at any point.
- Will need to complete a transitional IPA because due to the significance in item changes and these changes are not effective until 10/1/19, no way a MDS ARD prior to 10/1/19 will produce a PDPM HIPPS code for billing.

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Transition from RUGS IV-PDPM

Medicare Short Stays may be completed for residents admitted near the end of September 2019, as long as the criteria for the MSSA is met (8 criteria)

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Transition from RUGS IV-PDPM

- How to receive the PDPM code for billing dates beginning Oct 1, 2019.
  - Start with:
    - List of all Medicare Part A residents who are Part A on before September 30, 2019
  - Then:
    - Schedule all listed residents for a "transitional" Interim Payment Assessment
      - ARDS have to be set no later than October 7, 2019 or will be considered late. Late assessments penalty to apply.
      - Completion and submission requirements for the IPA ae same as previously discussed.

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Case Scenario Transition RUGS IV to PDPM

Mrs. A was admitted to SNF on 9/24/19 under her skilled benefit under Medicare Part A. She continued her Part A Coverage until her discharge home on 10/27/19. Which of the following is the most accurate statements following the transition period for RUGS IV to PDPM?

A. Complete an Admission/5Day PPS ARD 10/8/19 only
B. Complete an Admission/5Day PPS ARD 9/28/19 only
C. Complete an Admission/5day PPS ARD 9/30/19 and a Transitional IPA ARD 10/4/19
D. Complete an Admission/5Day ARD 9/30/19 and a Transitional IPA ARD 10/10/19

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HIPPS Code Under PDPM

Character	Group
1st Character	PT and OT Case-Mix Group
2nd Character	SLP Case-Mix Group
3rd Character	NTA Case-Mix Group
4th Character	Nursing Case-Mix Group
5th Character	Assessment Indicator

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HIPPS Code Under PDPM

Character	Group	Case-Mix Group	HIPPS Character
1st Character	PT and OT payment group	TC	C
2nd Character	SLP payment group	SD	D
3rd Character	NTA payment group	NE	E
4th Character	Nursing payment group	PBC1	X
5th Character	Assessment indicator	5-day	1

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PDPM HIPPS Coding Crosswalk: PT, OT, NTA

- PT/OT, SLP, NTA Payment Groups to HIPPS Translation

PT/OT Payment Group	SLP Payment Group	NTA Payment Group	HIPPS Character
TA	SA	NA	A
TB	SB	NB	B
TC	SC	NC	C
TD	SD	ND	D
TE	SE	NE	E
TF	SF	NF	F
TG	SG		G
TH	SH		H
TI	SI		I
TJ	SJ		J
TK	SK		K
TL	SL		L
TM			M
TN			N
TO			O
TP			P

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PDPM HIPPS Coding Crosswalk: Nursing

- Nursing Payment Group to HIPPS Translation

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		

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PDPM HIPPS Coding Crosswalk: AI

- Assessment Indicator (AI) Crosswalk

HIPPS Character	Assessment Type
0	IPA
1	PPS 5-day
6	OBRA Assessment (not coded as a PPS Assessment)

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Section Z

Section Z will look like on the new NC and NP assessment.

Section Z	Assessment Administration
Z0100. Medicare Part A Billing	
	A. Medicare Part A HIPPS code:
	B. Version code:
Z0200. State Medicaid Billing (if required by the state)	
	A. Case Mix group:
	B. Version code:
Z0250. Alternate State Medicaid Billing (if required by the state)	
	A. Case Mix group:
	B. Version code:
Z0300. Insurance Billing	
	A. Billing code:
	B. Billing version:

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Optional State Assessment (OSA)

- Will be state specific as far as requirements
- Current draft form- 20 page item set.
- Includes sections A; B; C; D; E; G; I; J; K; M; N; O;
- Instructions on coding will not be found in the RAI manual
- Cannot be combined with any OBRA (Federally required assessments, Adm/Q/Sign Changes
- RUGS III and RUGs IV HIPPS will still be available on the 5 day PPS, OBRA Comprehensive and the OBRA Quarterly until September 30, 2020.

A0300. Optional State Assessment	
Complete only if A0200 = 1	
Enter Code	A. Is this assessment for state payment purposes only? 0. No 1. Yes

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Getting Started

- Review the CMS SNF Provider Specific Impact Analysis file
  - File has been created so that every facility in the country is provided with their own provider specific estimated details on how they will be impacted by PDPM
    - Please note that the provider and data is from fiscal year 2017
    - Represents estimated payments under PDPM assuming no changes in provider behavior or resident case mix

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Getting Started - Cont'd

- Know payer source for the resident!
  - Facility staff needs to be familiar with which payers are using PDPM and which are using RUGS
- Ongoing assessment, monitoring and observation
- Skilled documentation in place across all disciplines
- Compare current 5 day to 14 day PPS assessments to what was captured in the 14 day which could have also been captured in the 5 day
- How often are 5 Day MDS being modified for missed or inaccurate information
- Start now with new admissions, readmissions, as assessments are due; cleaning up dx lists, converting dx to acceptable PDPM dx, researching in the record any dx previously missed.

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Getting Started - Cont'd

- What information is currently available upon admission to code the 5 Day? Is the information received timely? Does the information received accurately reflect the clinical condition and the and clinical care that will be necessary to meet needs?
- Encourage MDS Coordinators to start now with this review of the 5 Day MDS for data gaps that will affect PDPM.

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Strategies

- Emphasize the accuracy of the 5 Day PPS Assessment
  - Keep in mind that for PT/OT and NTA the VPD is the highest for the first 3 days.
    - If some information missing/inaccurate coding and IPA is completed to "make it up" for the missed information , Yes the score will likely increase reimbursement but the VPD rate will not capture the 3X higher rate.
      - In regard to the NTA
  - Familiarize with the 5 Day baseline levels for each of the components
    - This will assist in identifying if an IPA is warranted
      - Only change in 1 of the 5 components needed.
- Review facilities intercommunication system
    - Ask yourself such questions as "how will I know if a diet has changed? " : "how will I know if a resident has had a change in cognition?" "how will I know if the resident is needing more treatment/medical supplies?"

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Strategies - Cont'd

- How effective is your EMR Dashboard?
  - Reeducate staff on how to use
  - Be on the look out for Release of Draft RAI Manual
    - Anticipated to come out in May.
      - ?" "how will I know if the resident is needing more treatment/medical supplies?"

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- Centers for Medicare & Medicaid Services. (2019). *Patient Driven Payment Model.* Retrieved August 31, 2018, from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
- Centers for Medicare & Medicaid Services. (2019). *Patient Driven Payment Model: Frequently asked questions (FAQs).* Retrieved February 14, 2019, from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_FAQ_Final_v2_508.pdf

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Upcoming CE Webinars

Comprehending and Maximizing Under PDPM – Specifics of the PT, OT, and SLP Classifications

Available starting on May 20, 2019

Presented by: Kim Barrows, RN, BSN and Mary Braun, RN

PDPM Classification for Nursing and NTA – What Drives Reimbursement and Strategies for Success

Available starting on June 24, 2019

Presented by: Kim Barrows, RN, BSN and Mary Braun, RN

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