PDPM: It's Here!
*The transitional IPA (MDS) and Beyond…*

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Sponsored by: QRM, TMC & SimpleLTC

Agenda

🟡 CMS Resource Updates

🟡 PDPM's Transitional IPA Assessment vs Traditional IPA

🟡 Transition considerations leading up to and following 10/1

🟡 PDPM - our new world

🟡 Opportunities found in Data

🟡 Accountability

🟡 New Skills/ Competencies
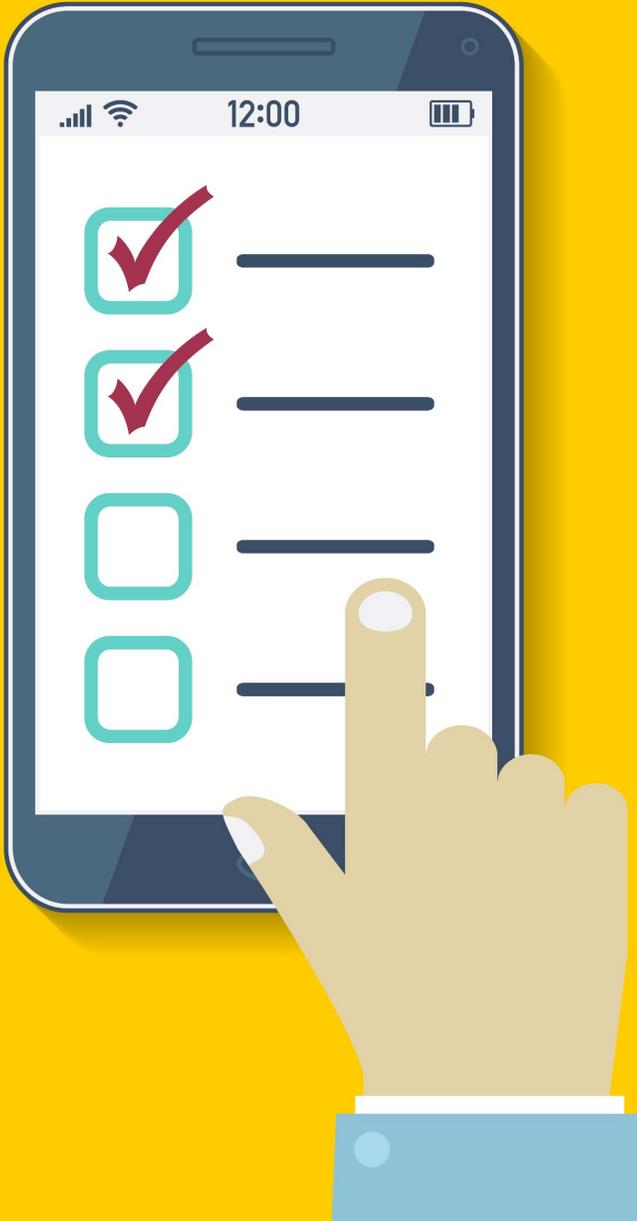
Poll #1

CMS' Updated Links to the PDPM Basics +…

CMS' PDPM website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

PDPM Frequently Asked Questions

- This section contains frequently asked questions (FAQs) related to PDPM policy and implementation.
- PDPM FAQs (revision posted 8-30-19)

PDPM Training Presentation

- This section includes a training presentation which can be used to educate providers and other stakeholders on PDPM policy and implementation.
- PDPM Presentation

PDPM Resources

- This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.
- PDPM GROUPER Logic updated 7-3-19
- PDPM ICD-10 Mappings (revision posted 8-30-19)

PDPM: October 1, 2019
CMS 8/30 FAQ's

How is CMS Transitioning from RUGs to PDPM?

"The transition between RUG-IV and PDPM will be a "hard" transition, meaning that the two systems will not run concurrently at any point. All days of service on or prior to September 30, 2019 will be billed under RUG-IV, while all days of service beginning October 1, 2019 will be billed under PDPM."

PDPM: October 1, 2019
CMS 8/30 FAQ's Contd.

Payment

"To receive a PDPM HIPPS code that can be used for billing beginning October 1, 2019, all providers will be required to complete an IPA with an ARD no later than October 7, 2019 for all SNF Part A patients. October 1, 2019 will be considered Day 1 of the variable per diem schedule under PDPM, even if the patient began their stay prior to October 1, 2019.   Any "transitional IPAs" with an ARD after October 7, 2019 will be considered late and the late assessment penalty would apply.

The HIPPS code derived from the transitional IPA should be used to bill for dates of service beginning October 1, 2019."

PDPM Assessments

Required:
- Initial Medicare Assessment
- Discharge Assessment

Optional Interim Payment Assessment (IPA) – intended to capture new reimbursement level
- 7 day look back requiring new GG (ARD date and 2 days prior), BIMs and PHQ9
- Reimbursement changes on ARD date
- Completed when deemed necessary by the provider
- Determines payment through DC unless another optional IPA is completed

REQUIRED TRANSITIONAL IPA – ONE TIME
- ARD date no later than Oct 7
- 7 day look back (OK to look back into Sept if included in the 7 day look back)
- Variable per diem count starts on Oct 1 for this transition
- Payment determined by IPA assessment is eff 10/1/19 through DC unless an Optional IPA assessment is completed

CMS is retiring the following:
- 14-day, 30-day, 60-day, 90-day
- Unscheduled OMRA Assessments (SOT, EOT, COT)
- Short Stay Assessment (no longer applicable)

NOTE: The IPA Assessment cannot be used in conjunction with any other assessment and has no impact on assessments completed as a result of the Omnibus Budget Reconciliation Act of 1987 (i.e., OBRA assessments).

Variable Per Diem (VPD)

The Variable Per Diem Schedule - day 1 begins:

- On Admission Date

OR

- 10/1/19 for anyone transitioning to PDPM on 10/1/19

VPD Impacts

- PT/OT: Beginning on day 21, reimbursement drops 2% every 7 days
- NTA: Reimbursement is x3 day 1-3 then reverts to x1 for rest of stay

Interrupted Stay Impact on VPD

Intent:

Interrupted Stay was designed to mitigate provider incentive to DC and Re-admit to re-set the VPD payments

Interrupted Stay Criteria:

1) Resident leaves Part A Stay and returns to the same SNF
2) Resident returns by 11:59 at the end of the 3rd calendar day

NOTE: NO VPD re-set with an Interrupted Stay

Transitional IPA Considerations

- Required ARD date 10/1 – 10/7
  - Must use day when resident is in the building
  - Default rate applied when late
  - Provider liable when missed

- Lookback window considerations to determine ideal ARD date
  - 7-day lookback into Sept allowed
  - Consider 14-day lookback items
  - Objective is to capture current active conditions and characteristics as supported in the medical record ensuring physician diagnosis as needed

- Requires NEW GG "Interim Performance"
  - 3-day window = ARD date and 2 days prior
  - Establish at least 1 GG goal
  - Ensure goals are care planned

- Requires NEW BIMs and PHQ9

- Ensure Restorative plan is in place if indicated to be captured in the 7-day lookback

- Payment based on PDPM HIPPS categories begins 10/1/19

- VPD count begins 10/1/19

- Medicare start date remains the original start date of this Medicare Part A stay

ARD Readiness Prior to 10/1 IPA

- Select ARD to capture most accurate picture of active clinical conditions, characteristics and co-morbidities
- ICD10 Coding Confirmed for all residents in advance of ARD (CMS ICD10 mapping)
  - Primary reason for SNF stay mapping to appropriate clinical category
  - SLP co-morbidities found in I8000
  - NTA conditions/ co-morbidities found in I8000
  - *If a Diagnosis is not granular enough to be captured - engage physician/clinical support to obtain and enter into the medical record
- Consider 7- and 14-day lookback options
  - As early as Sept 19th
- Ensure Documentation is in place for all active conditions, treatments, order changes and interventions

IPA Considerations Beyond the Transition

- Optional assessment provided to capture new PDPM category
  - Requires new GG: ARD date and 2 days prior
  - Requires new BIMs and PHQ9 completion
- ARD (item A2300) may be set for any day of the SNF PPS stay, beyond the ARD of the 5-Day assessment
- Must be completed (item Z0500B) within 14 days after the ARD (ARD + 14 days)
- Authorizes payment for remainder of the PPS stay, beginning on the ARD
- Must be submitted electronically and accepted into the QIES ASAP system within 14 days after completion (item Z0500B) (completion + 14 days)
- May not be combined with any other assessments (PPS or OBRA)

Sept Accuracy under RUGs

- Accurately capture Sept RUG levels
  - If 5 days available at end of Sept for new admissions – ensure rehab availability if indicated
  - Capture appropriately any COT, EOT, scheduled assessments

- Short-Stay Payment Policy
  - All 8 Medicare Short Stay Assessment Requirements must be true:
    1. Must be SOT OMRA
    2. 5-day assessment must be completed (may be combined with the SOT OMRA)
    3. Must be Day 8 or earlier of Part A stay
    4. Must be last day of Part A stay (see Item A2400C instructions)
    5. Must be no more than 3 days after the start of therapy, not including the start of therapy date
    6. Must have started in last 4 days of Part A stay
    7. Must continue through last day of Part A stay
    8. Must classify resident into a Rehabilitation Plus Extensive Services or Rehabilitation group.

Note: When the earliest start of therapy is the first day of stay, then the Part A stay must be 4 days or less

New MDS Assessments & Schedule

Type: Initial Medicare 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

- 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)

- Initial IDT PDPM Component Review
- Determine care delivery needs by Discipline

- Day 1-3 Gathering of GG Performance & Patient Specific Goals

- Restorative Nursing Initiation

- GG 1st 3 days "Usual Performance" & DC goals

- Baseline care plan

- 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<

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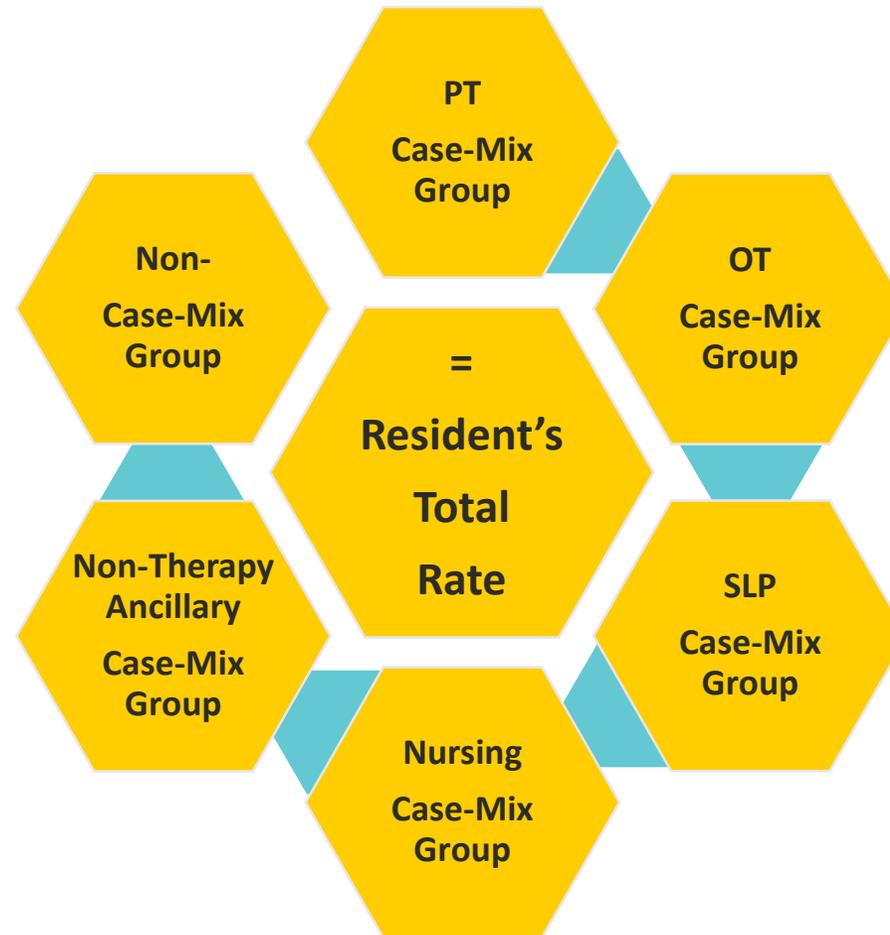
Every resident is assigned a CMG for each Component (Non-Case Mix Payment is excluded).

PDPM 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

Real-world data: SimpleAnalyzer™
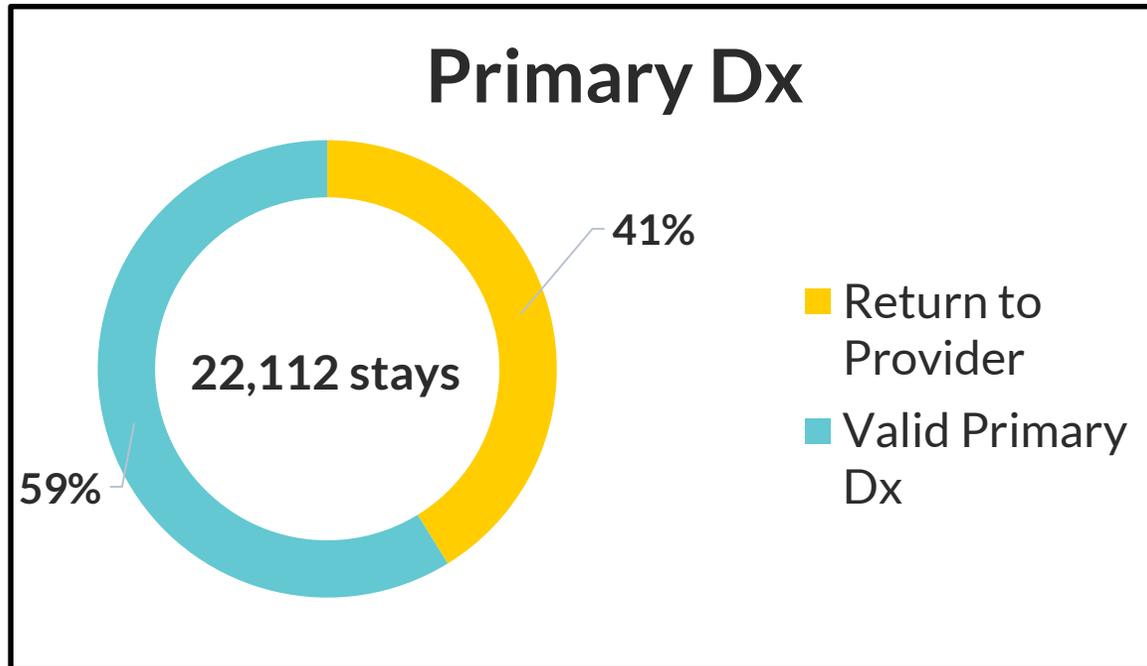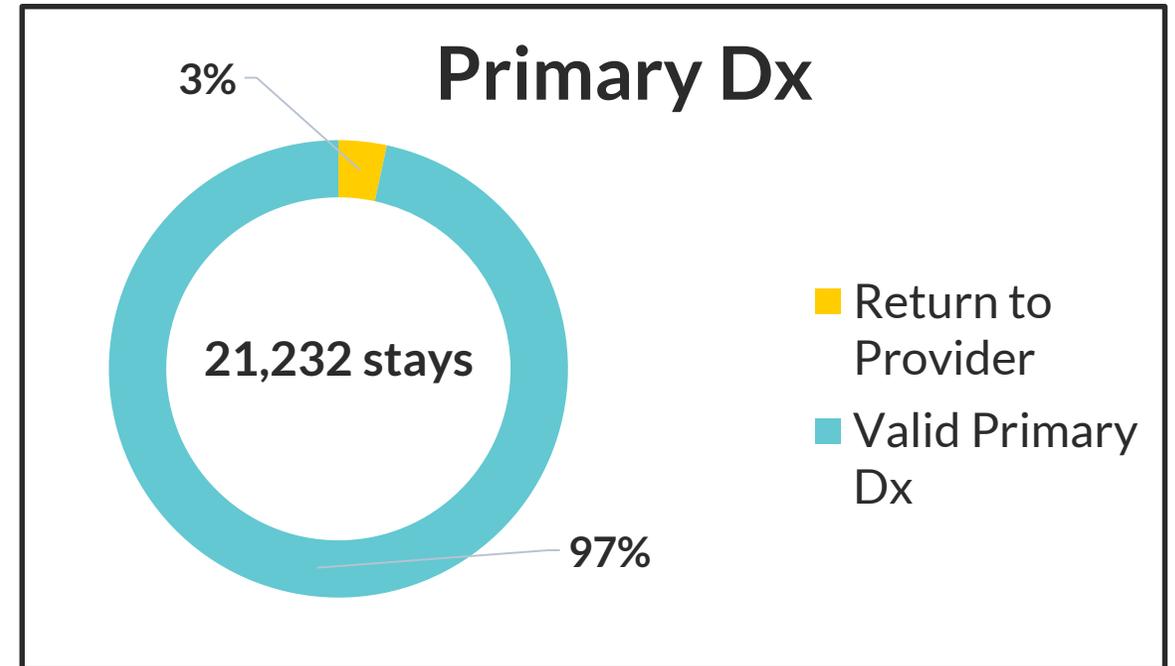
Section GG:
Functional Abilities and Goals - GG0130
Self-Care (PT/OT & Nursing)

| 5. Interim Performance Enter Codes in Boxes ↓	
☐ ☐	**A. Eating:** 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.
☐ ☐	**B. Oral hygiene:** 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.
☐ ☐	**C. Toileting hygiene:** 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 ↓	
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** 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.
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	**I. Walk 10 feet:** 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
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Real-world data: SimpleAnalyzer™

PT/OT

757, 4%

2,623, 12%

4,477, 21%

21,232 stays

13,375, 63%

- TA-TD
- TE-TH
- TI-TL
- TM-TP

PT/OT GG Scores

175, 1%

2,868, 14%

3,867, 18%

21,232 stays

14,322, 67%

- 0-5
- 6-9
- 10-23
- 24

Summarized from 21,000+ stays

21
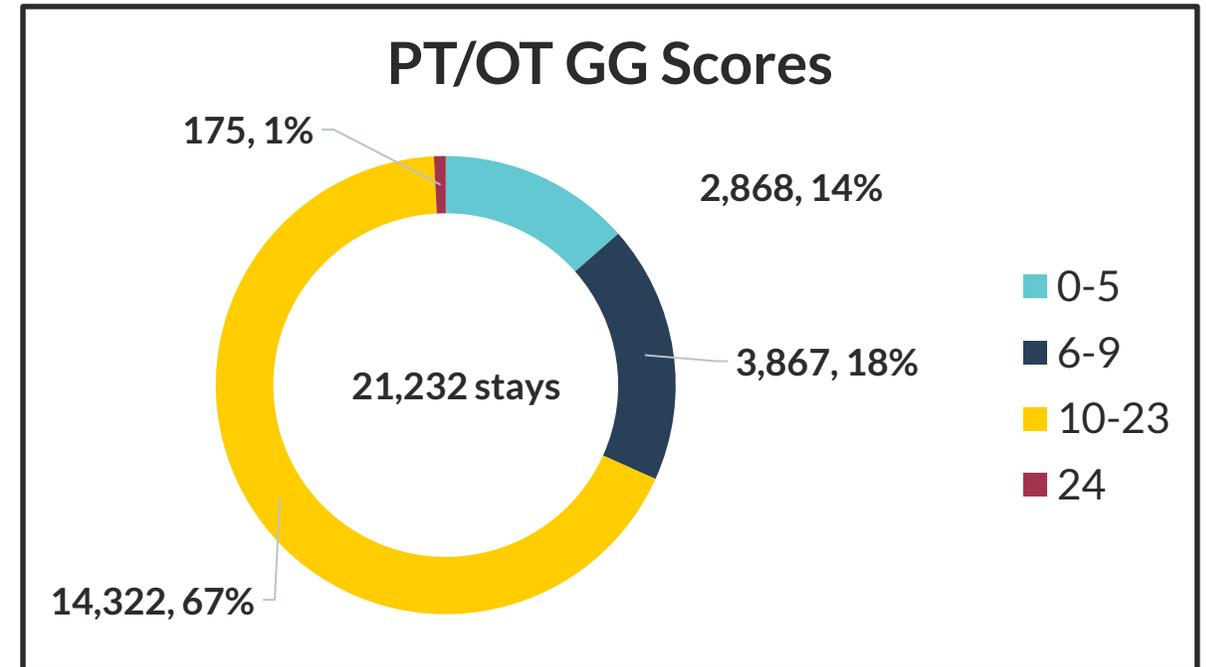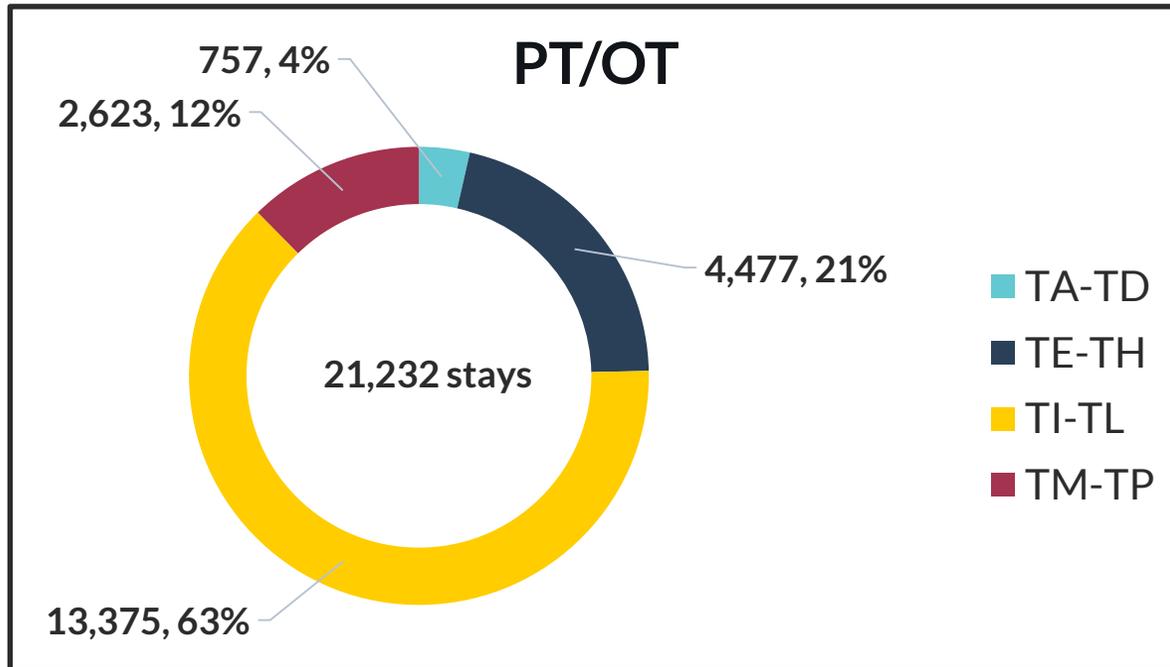
Section C: Cognitive Patterns (SLP & Nursing)

Brief Interview for Mental Status (BIMS)	
C0200. Repetition of Three Words	

Enter Code	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: **sock, blue, and bed.** Now tell me the three words."*
	Number of words repeated after first attempt
	  0. **None**
	  1. **One**
	  2. **Two**
	  3. **Three**
	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.

C0300. Temporal Orientation (orientation to year, month, and day)	

Enter Code	Ask resident: *"Please tell me what year it is right now."*
	A. Able to report correct year
	  0. **Missed by > 5 years** or no answer
	  1. **Missed by 2-5 years**
	  2. **Missed by 1 year**
	  3. **Correct**

Enter Code	Ask resident: *"What month are we in right now?"*
	B. Able to report correct month
	  0. **Missed by > 1 month** or no answer
	  1. **Missed by 6 days to 1 month**
	  2. **Accurate within 5 days**

Enter Code	Ask resident: *"What day of the week is today?"*
	C. Able to report correct day of the week
	  0. **Incorrect** or no answer
	  1. **Correct**

C0400. Recall	

Enter Code	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.
	A. Able to recall "sock"
	  0. **No - could not recall**
	  1. **Yes, after cueing** ("something to wear")
	  2. **Yes, no cue required**

Enter Code	**B. Able to recall "blue"**
	  0. **No - could not recall**
	  1. **Yes, after cueing** ("a color")
	  2. **Yes, no cue required**

Enter Code	**C. Able to recall "bed"**
	  0. **No - could not recall**
	  1. **Yes, after cueing** ("a piece of furniture")
	  2. **Yes, no cue required**

C0500. BIMS Summary Score	
Enter Score	**Add scores** for questions C0200-C0400 and fill in total score (00-15) **Enter 99 if the resident was unable to complete the interview**

CMS Training Videos

Section K: Swallowing Disorder (SLP)

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ **Check all that apply**

☐	A. Loss of liquids/solids from mouth when eating or drinking
☐	B. Holding food in mouth/cheeks or residual food in mouth after meals
☐	C. Coughing or choking during meals or when swallowing medications
☐	D. Complaints of difficulty or pain with swallowing
☐	Z. None of the above

Mechanically Altered Diet

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

	1. While NOT a Resident	2. While a Resident
1. **While NOT a Resident** Performed *while NOT a resident* of this facility and within the *last 7 days*. 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 2. **While a Resident** Performed *while a resident* of this facility and within the *last 7 days*	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		☐
Z. **None of the above**	☐	☐

Real-world data: SimpleAnalyzer™

SLP

775, 4%
2,340, 11%
9,981, 47%

21,232 stays

8,136, 38%

- SA-SC
- SD-SF
- SG-SI
- SJ-L

SLP (No Swallowing Issues)

25%
75%

21,232 stays

- Neither in Column 2
- Either/Both
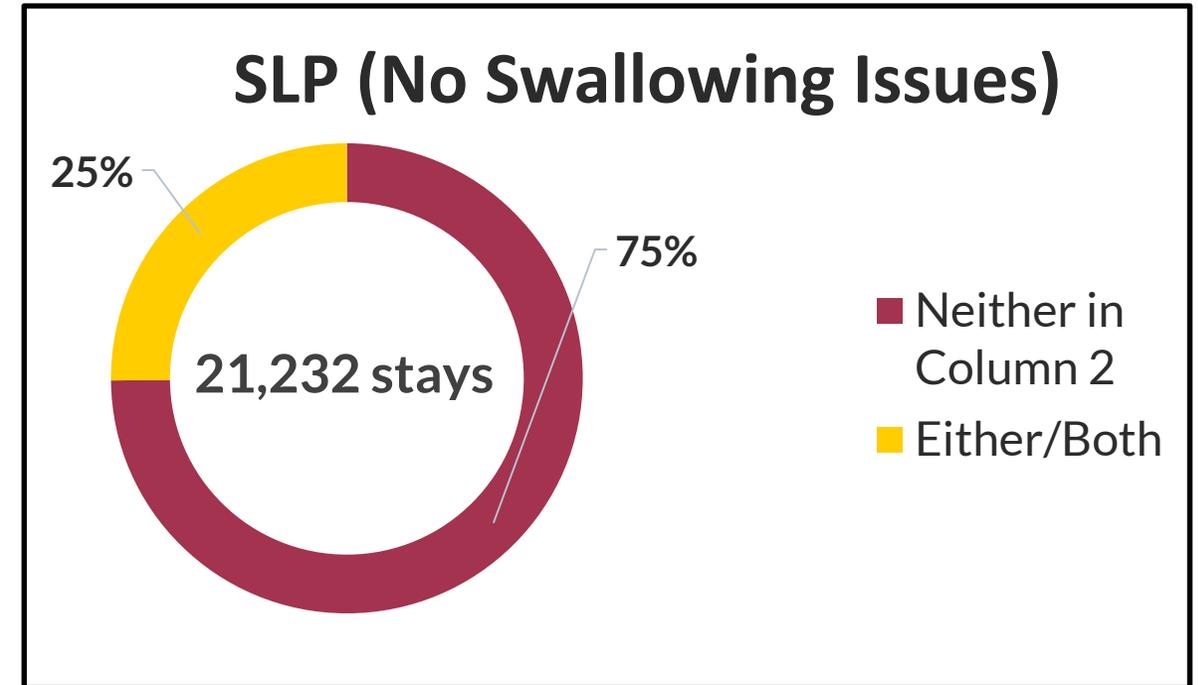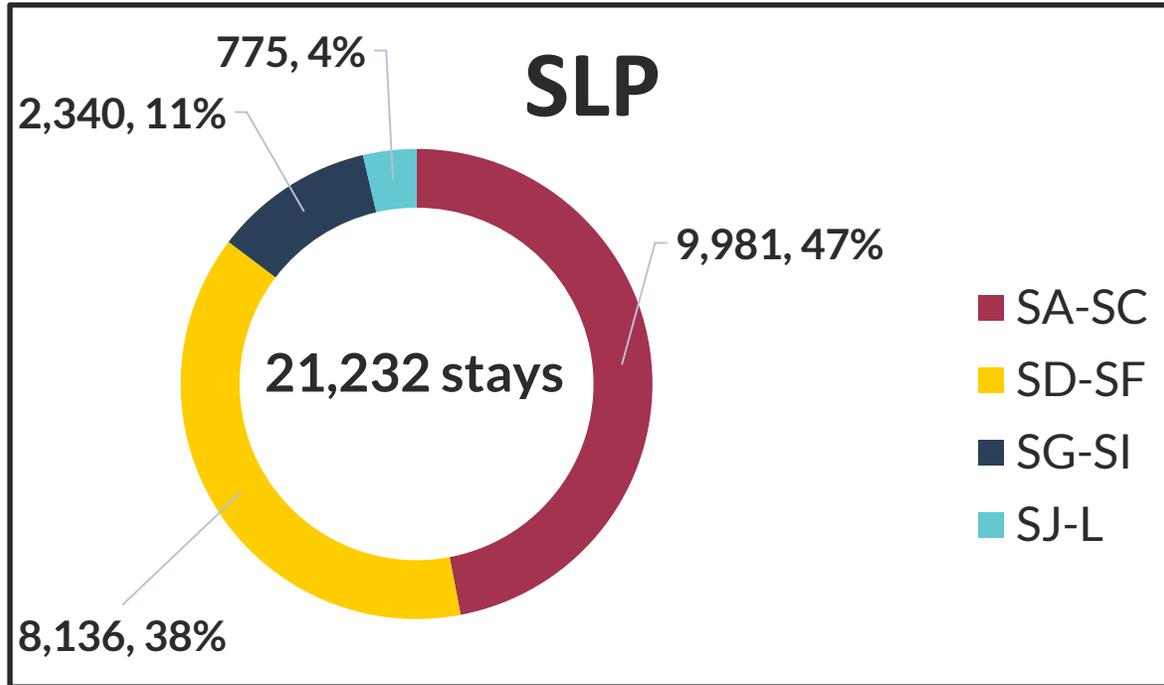
Summarized from 21,000+ stays

Nursing CMI

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

Real-world data: SimpleAnalyzer™

Nursing

21,232 stays

- 399, 2%
- 3,281, 15%
- 3,836, 18%
- 6,960, 33%
- 675, 3%
- 6,081, 29%

Legend:
- Extensive
- Special Care High
- Special Care Low
- Clinically Complex
- Cog. Behaviors
- Physical Function
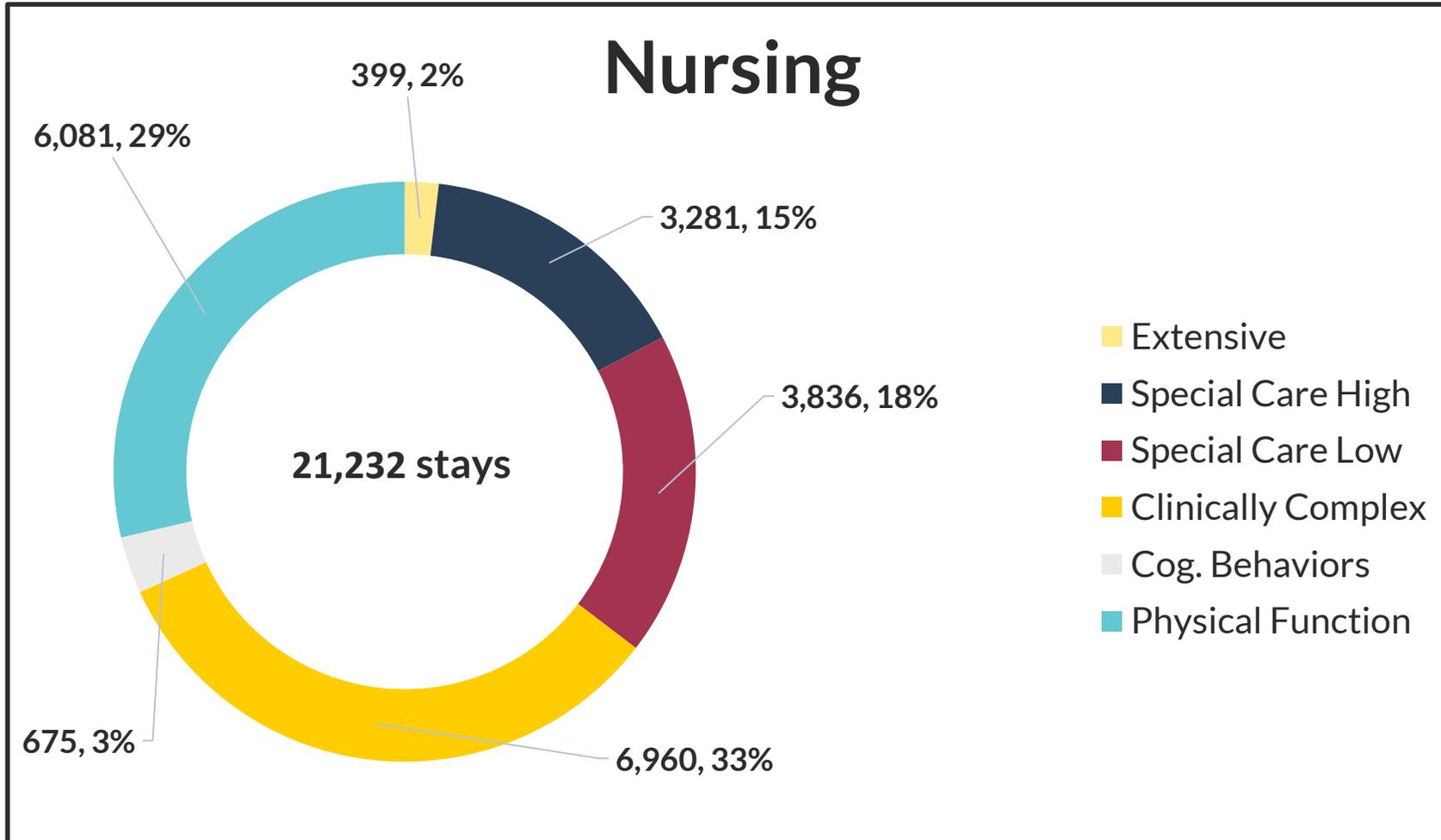
Summarized from 21,000+ stays

Real-world data: SimpleAnalyzer™

Depression
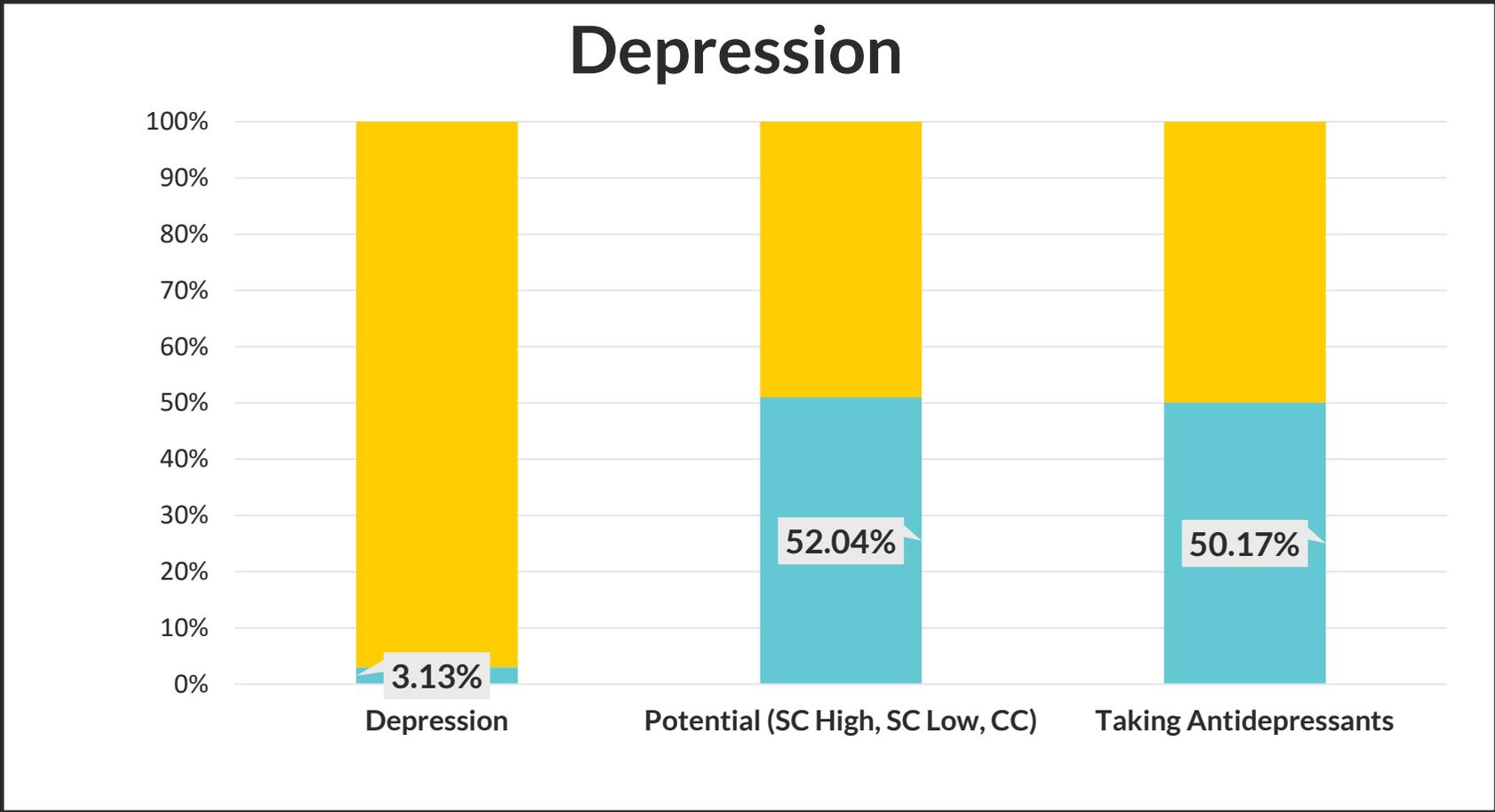
Summarized from 21,000+ stays

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

Real-world data: SimpleAnalyzer™

NTA

- 584, 3%
- 131, 1%
- 1,495, 7%
- 6,348, 30%
- 5,408, 25%
- 21,232 stays
- 7,266, 34%

Legend:
- NA
- NB
- NC
- ND
- NE
- NF
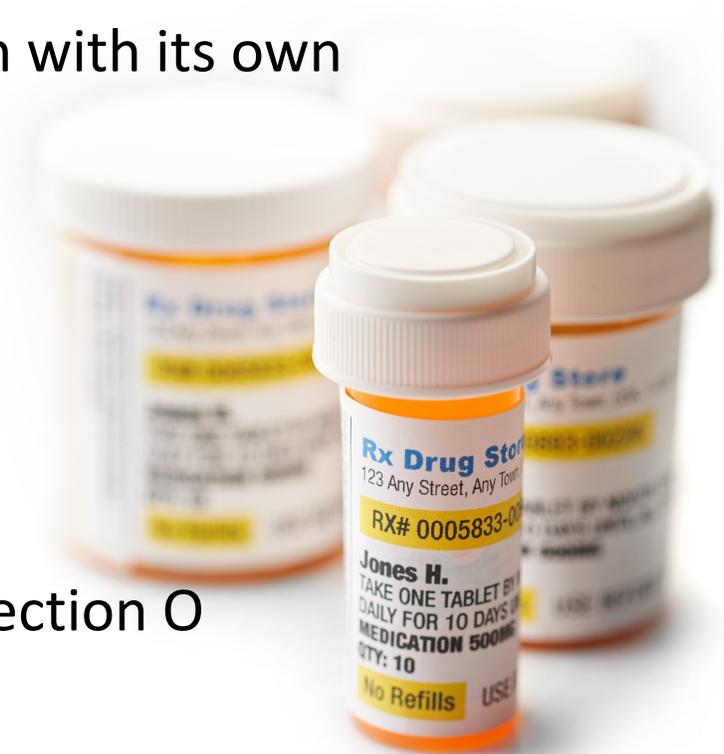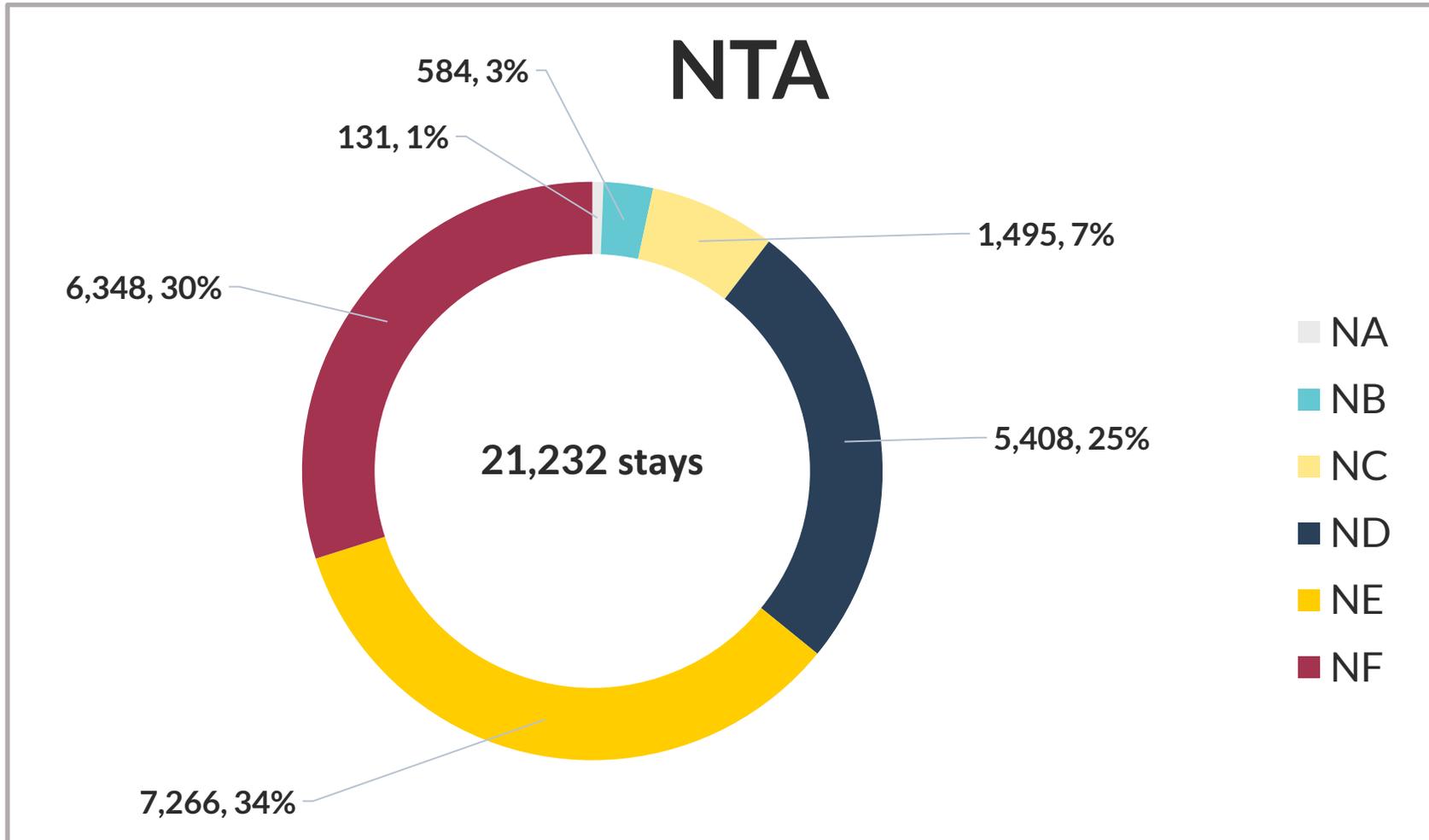
Summarized from
21,000+ stays

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**

Default : ZZZZZ (the lowest CMG of each component)

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		

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

QRM
Quality Rehab Management
QRMHEALTH.COM

- **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**

QRM
PDPM Analysis Tool

qrmhealth.com
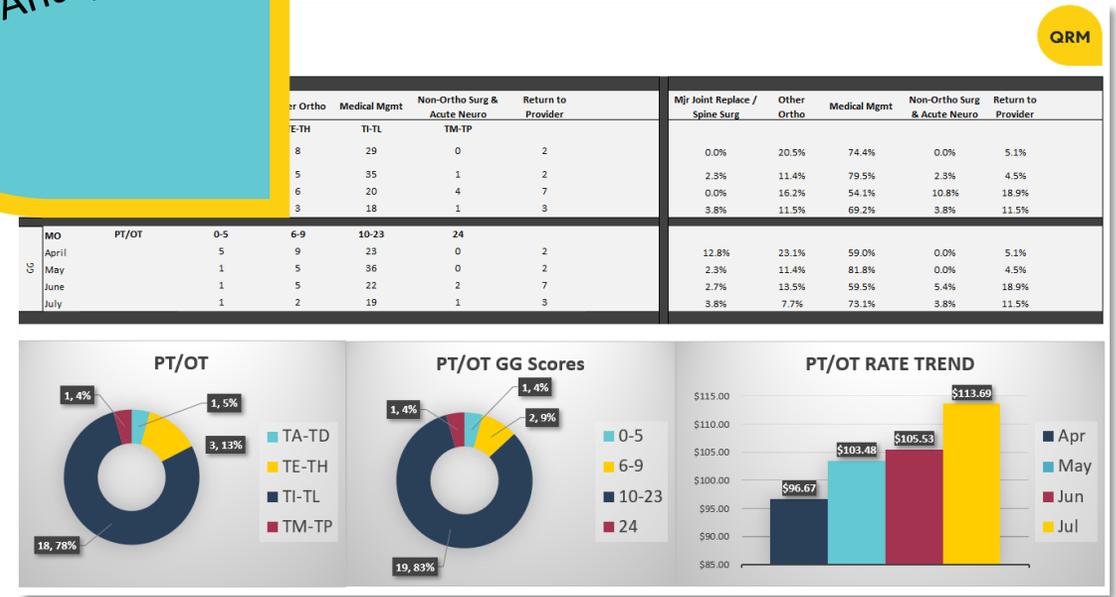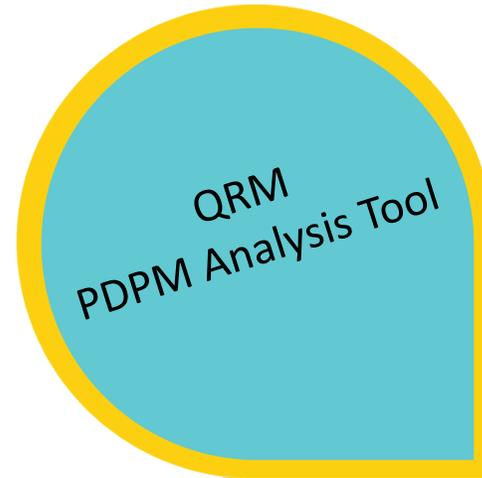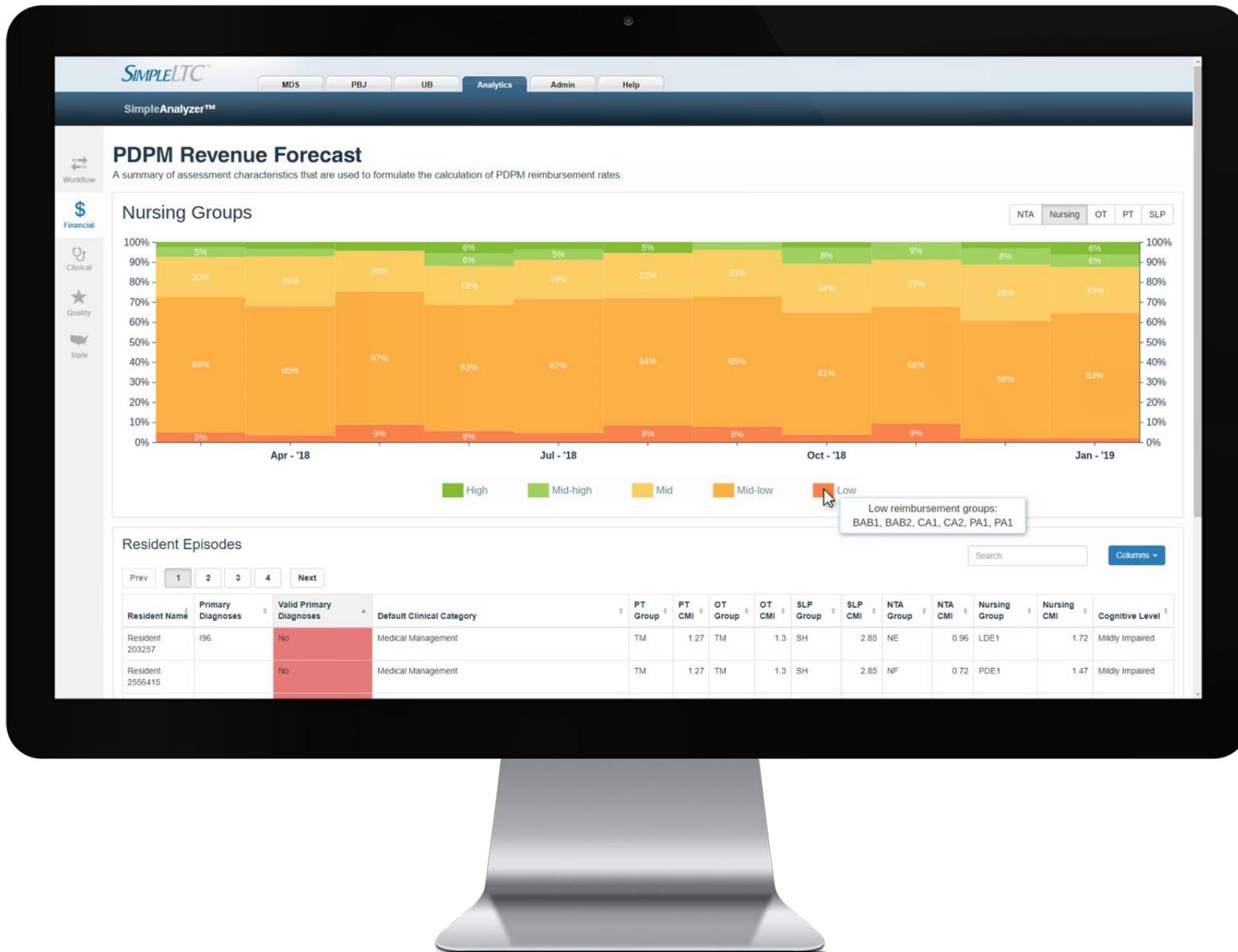
SimpleAnalyzer™

- Forecast PDPM revenue
- Pre-transmission MDS scrubbing
- Forecast negative trends
- Improve QMs and Five-Star
- Reduce rehospitalization
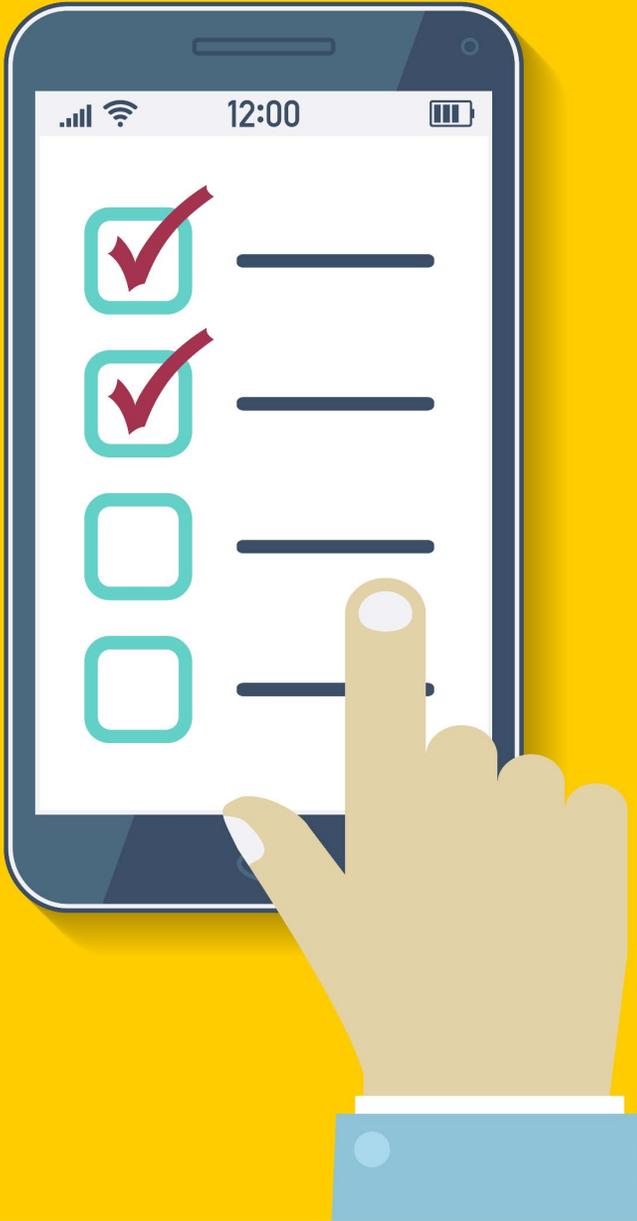
Poll #2

Questions / Discussion

- Transition Game Plan in Place?

- 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?
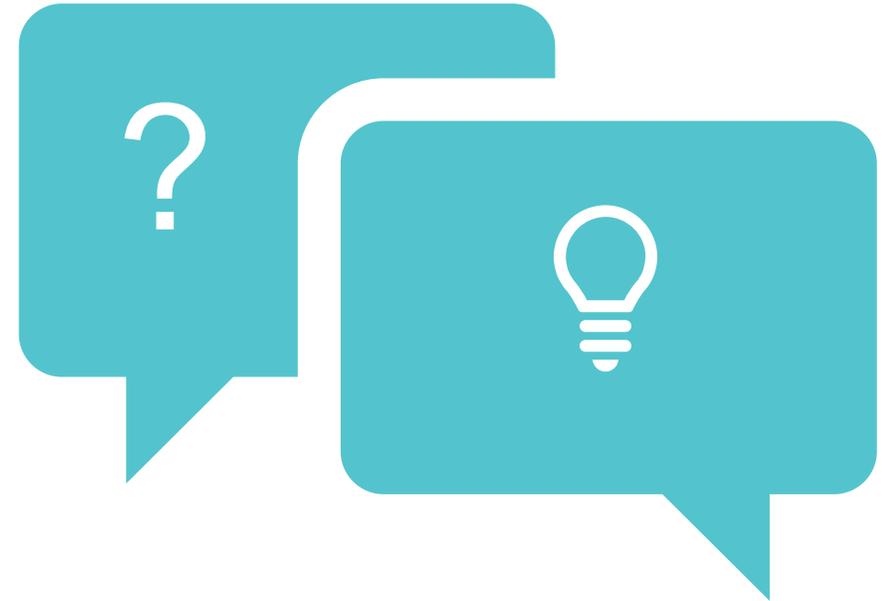
References

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-ipa