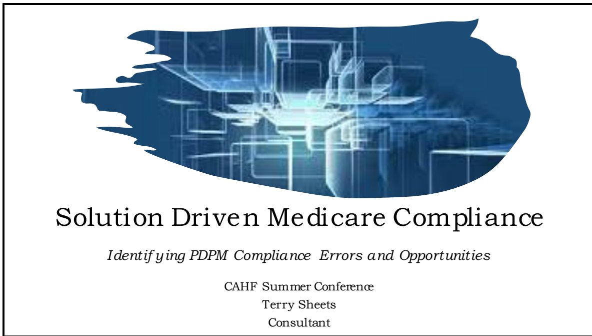
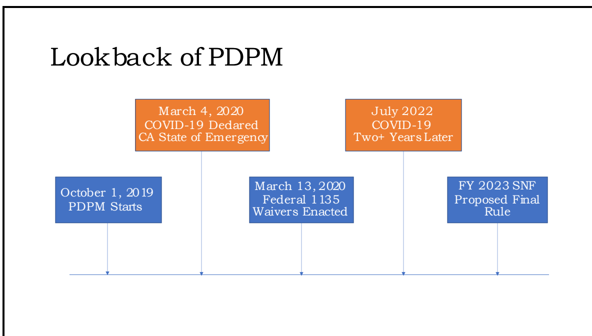


Objectives

- Participants will understand the PDPM trends that have impacted the proposed FY 2023 shift in Medicare reimbursement.
- Participants will understand how to minimize Medicare risk with a solid MDS process that ensures accurate Case Mix Groups under PDPM, and Quality Measures utilized in the SNF QRP and VBP.
- Participants will understand how to implement an interdisciplinary monitoring system that focuses on quality of care and reimbursement key elements.



CMS Monitors Emerging Trends

- PDPM implementation was not budget neutral
  - FY 2020 higher payments under PDPM than RUGs
  - Increase by $1.7 billion
- COVID-19 caused a significant shift in the delivery of care in skilled nursing facilities.
  - Decrease % Therapy Minutes
  - Increase % Depression
  - Increase % Isolation
  - Increase % Mechanically Altered Diets
  - Decrease SNF LOS
- SNF Utilization of COVID-19 Waivers

CMS Emerging Trends

- Decline in outcome performance in several Quality Measures and on surveys (i.e., weight loss, pressure ulcers, depression and critical mobility)

Providers will live with COVID-19 and get back to normal operations

Normal Operations

- Resumption of Licensing & Certification surveys
- Termination of many COVID-19 Waivers, except:

3 Day Stay Waiver

- Requirement for a 3-day prior inpatient hospitalization for SNF stay

Wellness Period Waiver

- Certain beneficiaries who recently exhausted their SNF benefits, it authorized on-time renewal of SNF coverage without new benefit period

FFY 2023 Proposed Rule

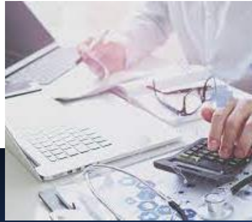
- Market Basket: 2.8%
- Forecast Error Increase: 1.5%
- Multifactor Productivity Reduction: 0.4%

Total Regular Adjustment: 3.9%
(Applied to the unadjusted base rates)

Proposed 4.6% Parity Adjustment
(Applied to the CMI)

Net -0.7% Adjustment Proposed for FFY 2023
Decrease of $320M SNF PPS Payments Nationwide

Minimize Your Medicare Risk



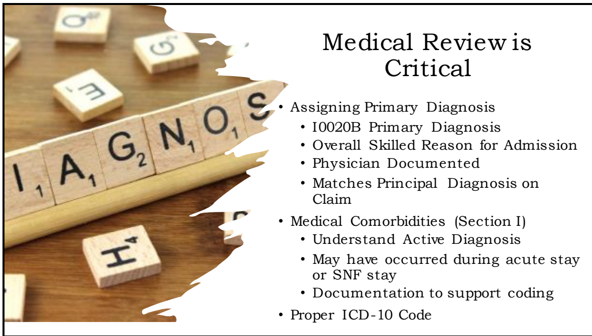
Recovery Audit Contractor (RAC)

Region 4 - Cotiviti GOV Services (formerly HMS)

- Lookback 3 years
- Audit post payment
- 45 day ADR cycle with baseline annual ARD limit (0.05% claims)
- Denial Rate determine future ARD limit

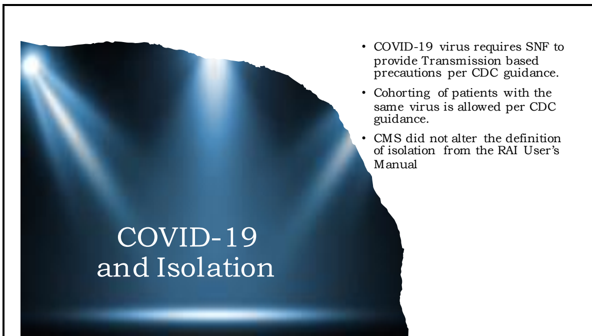
Post COVID Audit Focus

- Utilization of waivers (3 day stay and wellness period)
- Daily Skilled Service criteria



Medical Review is Critical

- Assigning Primary Diagnosis
  - I0020B Primary Diagnosis
  - Overall Skilled Reason for Admission
  - Physician Documented
  - Matches Principal Diagnosis on Claim
- Medical Comorbidities (Section I)
  - Understand Active Diagnosis
  - May have occurred during acute stay or SNF stay
  - Documentation to support coding
- Proper ICD-10 Code



COVID-19 and Isolation

- COVID-19 virus requires SNF to provide Transmission based precautions per CDC guidance.
- Cohorting of patients with the same virus is allowed per CDC guidance.
- CMS did not alter the definition of isolation from the RAI User's Manual

Isolation or Quarantine – Section O0100M

RAI User's Manual, page O-5 Code for "single room isolation" only when **all of the following conditions are met**:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g., rehabilitation, activities, dining, etc.).

Isolation Coding

- Active – infectious stage with positive test result and symptomatic
- Documentation to support precautions that are beyond standard precautions.
- No roommate

Coding Isolation is not allowed when:

- Standard quarantine upon admission
- Potential exposure to COVID-19
- Other infectious disease that does not meet definition

Resident Interviews

- BIMS – Cognition
- PHQ - Depression

Resident Interviews

- Per RAI, interviews are to be completed on or prior to the ARD.
  - Without supportive documentation that proves interview was conducted on or prior to the ARD, the date MDS signed will illustrate late interviews.
- Timely interviews may impact PDPM:
  - Brief Interview of Mental Status (BIMS) - SLP Component
  - Patient Health Questionnaire (PHQ-9) - Nursing Component`

SLP Components

Staff Assessment for Mental Status

- Cognitive level is utilized in PDPM's Speech Language Pathology (SLP) component
- Staff Assessment of Mental Status may be completed when an interviewable resident is unexpectedly discharged prior to conducting BIMS.
  - Code C0100 – Should BIMS be conducted – No
  - Proceed to Staff Interview

Interview needs to be conducted no later than ARD

Functional Outcomes (Section GG)

- Impacts PT, OT and Nursing components
- Documentation must be found in the chart to support coding
  - First three days of Medicare A stay
  - Last three days of Medicare A stay
  - Three days prior to ARD for Interim Payment Assessment (IPA)
- Ten functional items

Section GG Items	
GG0130A1	Self-care: Eating
GG0130B1	Self-care: Oral hygiene
GG0130C1	Self-care: Toilet hygiene
GG0170B1	Mobility: Sit to lying
GG0170C1	Mobility: Lying to sitting on side of bed
GG0170D1	Mobility: Sit to stand
GG0170E1	Mobility: Chair/bed-to-chair transfer
GG0170F1	Mobility: Toilet transfer
GG0170J1	Mobility: Walk 50 feet with 2 turns
GG0170K1	Mobility: Walk 150 feet

Documentation Issues

Insufficient Documentation to support:
- Diagnoses
- Need for isolation
- Cognition and Depression
- Swallowing
- NTA Conditions and Services

Monitor Opportunities

Opportunities Don't Happen, They are Created

Managing MDS ARD

Medicare 5 Day ARD range Days 1 - 8
- Days 1-5 to capture hospital services or conditions
- Parenteral or IV Fluids in acute

Days 7-8 to capture full assessment of resident
- SLP Assessment of cognition, swallowing

Functional Outcomes (Section GG)

- Impacts PT, OT and Nursing components
- Documentation must be found in the chart to support coding:
  - First three days of Medicare A stay
  - Last three days of Medicare A stay
  - Three days prior to ARD for Interim Payment Assessment (IPA)
- Ten functional items Communication to staff
- Educate staff to intent & definition of each item
- Different environment and situation can impact functional abilities

Section GG Coding

GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)
Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

Primary Diagnosis

- Primary reason for Medicare Part A Stay
- ICD-10 Code
- Not necessarily acute admission diagnosis
- Medical condition or injury related to the acute hospital admission or a condition that occurred during the acute stay
- Should match principal diagnosis on UB-04

Chronic Effects of COVID-19

- Chronic and systemic impact of the COVID-19 effects
- System shown to be affected by COVID-19
  - Pulmonary
  - Cardiac
  - Neurologic
  - Hematologic
  - Renal
  - Hepatic
  - Musculature
  - Metabolic
- It is imperative that clinicians understand the PDPM primary diagnosis and the power it has to resident centered care and PDPM payments.

Comorbidities

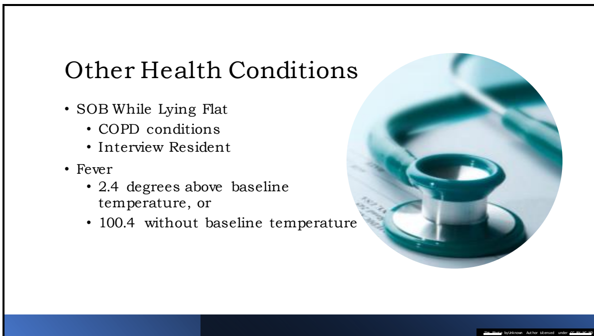
- Diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death.
- NTA Conditions
- Monitor and add to patient's list throughout stay

Diagnosis Pitfalls

- Diagnosis without Comorbidities
  - CVA without hemiparesis/hemiplegia, dysphagia, cognitive impairment, depression
  - ALS or Parkinson's disease without dysphagia, mechanical soft diet
- Treatments without Diagnosis
  - Oxygen without COPD, CHF, Pneumonia
  - Isolation without MDRO
  - Suctioning without trach, pneumonia, COPD
- Diagnosis without documented criteria
  - Morbid Obesity without documented BMI

Swallowing & Nutrition

K0100 – Swallowing Problems often missed	Mechanically Soft Diet	Parenteral or IV Fluids
• Collaborate with SLP when treating dysphagia • Interview nurses during med pass • Interview CNAs during dining	• Documented reason for altered diet	• Review hospital records • Act fast so to capture the most appropriate ARD



Services Provided While a Resident

- Section O Services
- Services delivered either in the facility or at another location
  - Emergency room
  - Outpatient procedure
  - Outpatient oncology
  - Physician office
  - Dialysis
- Obtain necessary documentation

COVID-19 and PDPM

- Diagnoses in Section I
  - U07.1 COVID-19
  - Shortness of Breath
  - Check all comorbidities that could be impacted / exacerbated due to COVID
- Health Conditions to Monitor
  - Fever
  - Shortness of Breath
  - Changes in BIMS
  - Changes in Functional Abilities
  - Use of Oxygen
- IPA may be needed

Solution Driven Strategies

Interdisciplinary Communication

- Daily Stand-Up Meetings
  - 24 Hours After Admission – Patient Diagnoses, Characteristics & Needs
  - Ongoing Clinical Discussion
  - Follow up MD Appointments, ER Visits, Outpatient Procedures
- PPS Meetings
  - Skilled Coverage
  - Capture PDPM Components
  - IPA Opportunities
- Resident Interviews: BIMS, PHQ and Pain
- Triple Check

ED Visits

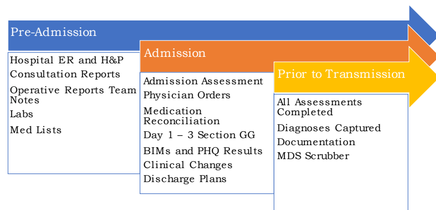
- Reason for transfer to the ED
- What occurred in the ED
  - IV Medications or Fluids
  - Medication, injections
  - Oxygen
  - Transfusions
- New Diagnosis

May meet criteria for IPA

Audit……Before CMS Does

- Focus on CMS identified target areas
- Audit in real time
- Share Concrete Findings
- Modifications to correct errors
- Educational plan

Admission Roadmap to Success



Proactive Audit System

- Admission Audits
  - Assessments
  - Medications and Treatments
  - Diagnoses – Query Physician
  - Appropriate ICD-10 Code
- Diagnosis and ICD-10
  - Admission diagnosis
  - Speech therapy comorbidity diagnoses are supported in documentation
  - NTA diagnoses and services are supported with documentation
  - Verify diagnoses in section I8000 of MDS
- Swallowing and Mechanical Soft diet are supported by SLP and/or MD documentation

Proactive Audit System

- Documentation of skilled care
  - Documentation to support PDPM components
  - Changes in condition
  - Physician, pharmacist, dietitian, IDT collaboration
- MDS Trends
  - Resident Interviews completed timely and documented
  - Accurate coding of MDS

Know Your Data

- Analyze your Facility Trends
  - Internal vs External Audit Process
  - Regular audit schedule
  - Utilize EMR audit tools
  - Compare and Share outcomes and data
- MDS Competency
  - Ongoing training of MDS Coordinators and clinical team to ensure they have the knowledge and tools to care and assessment the patient's acuity, treatment plan and characteristics.
  - Determine if your EMR capabilities are being utilized to optimize opportunities

Thank You!

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