It has been over a year: PDPM Takeaways

It has been over a year since PDPM has replaced RUG-IV. Under the previous RUG-IV calculations, SNF payment was derived from two case-mix components (nursing and therapy). Under PDPM, the number of case-mix components was increased from two to five. The new components are: PT, OT, SLP, Nursing Services, and Non-therapy ancillary services (NTA). PDPM also includes an adjustment that modifies the resident's rate over their stay.

According to a webinar hosted by Health Dimensions Group (HDG), facilities have not made use of the depression and restorative nursing categories, both of which could mean they are "leaving money on the table," according to the presentation. Another area to keep a close eye on are the non-therapy ancillary (NTA) comorbidities. There are over 50 of these to be aware of and code for when relevant.

On top of that COVID-19 has made it difficult for therapy providers to capitalize on group and concurrent therapy, which was a modality that was to be used more favorably under PDPM. It was also anticipated as a potential savings.

With the FY 2022 Proposed Rule (CMS 1746-P), CMS stated "Since PDPM implementation, currently available data suggest an unintended increase in payments of approximately 5 percent, or $1.7 billion in FY 2020. As with past payment model transitions, CMS has conducted the data analysis to recalibrate the parity adjustment used to achieve budget neutrality under PDPM." What does this mean for providers? We are unsure yet. CMS is currently asking for public comments on potential methodology and will also look to determine whether this change will be delayed or phased.

Now that facilities have gotten a good sense of PDPM and how HIPPS Codes are calculated, it is time to capitalize on each of the five different components that make up a score. In today's webinar, we review all the tools available in ECS which can assist in a facility capturing each of these.

Non-Therapy Ancillary (NTA) Component

Below is the table which lists each of the NTA components. Those highlighted in red are not checkboxes, but rather are gathered from question I8000. It is imperative that when populating I8000, MDS Coordinators are selecting codes that will best benefit the PDPM HIPPS score.

Condition/Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7
Special Tx/Programs: IV Medication Post-admit Code	O0100H2	5
Special Tx/Programs: Ventilator or Respirator Post-admit Code	O0100F2	4

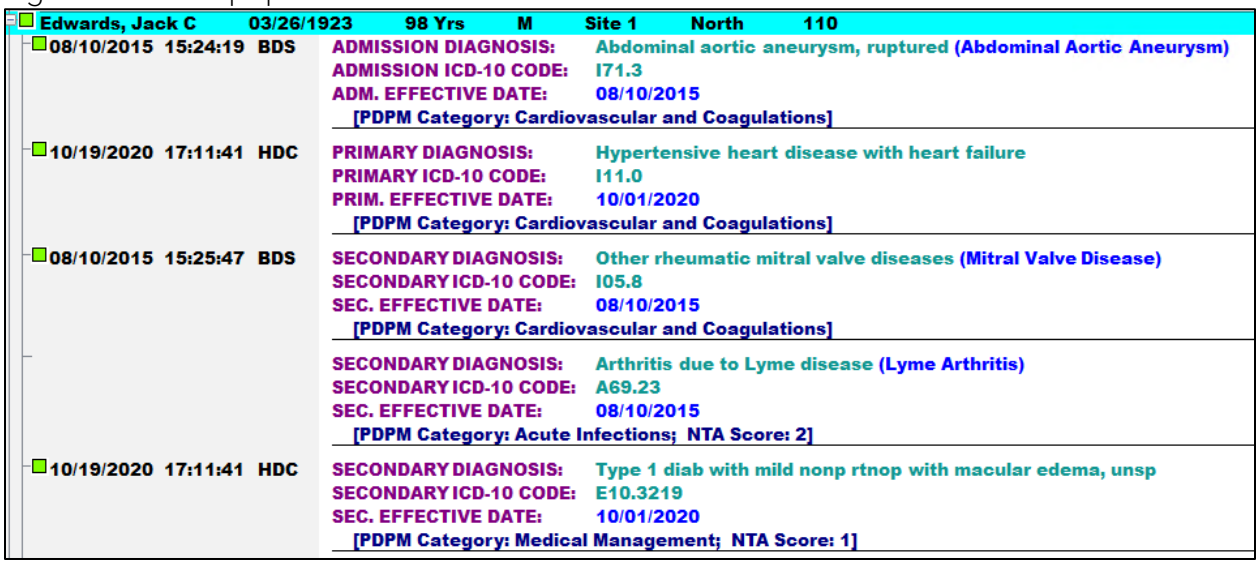
Parenteral IV Feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Tx/Programs: Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	3
Active Diagnosis: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnosis: 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 Diagnosis: 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
Special Tx/Programs: Tracheostomy Care Post-admit Code	O0100E2	1
Active Diagnosis: Multi-Drug Resistant Organism (MDRO) Code	I7000	1
Special Tx/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Tx/Programs: 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
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot/Skin Problems: Foot Infection Code, Other Open Lesion of Foot Code, Except Diabetic Foot Ulcer (M1040B)	M1040A, 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
Special Tx/Programs: 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 White a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1

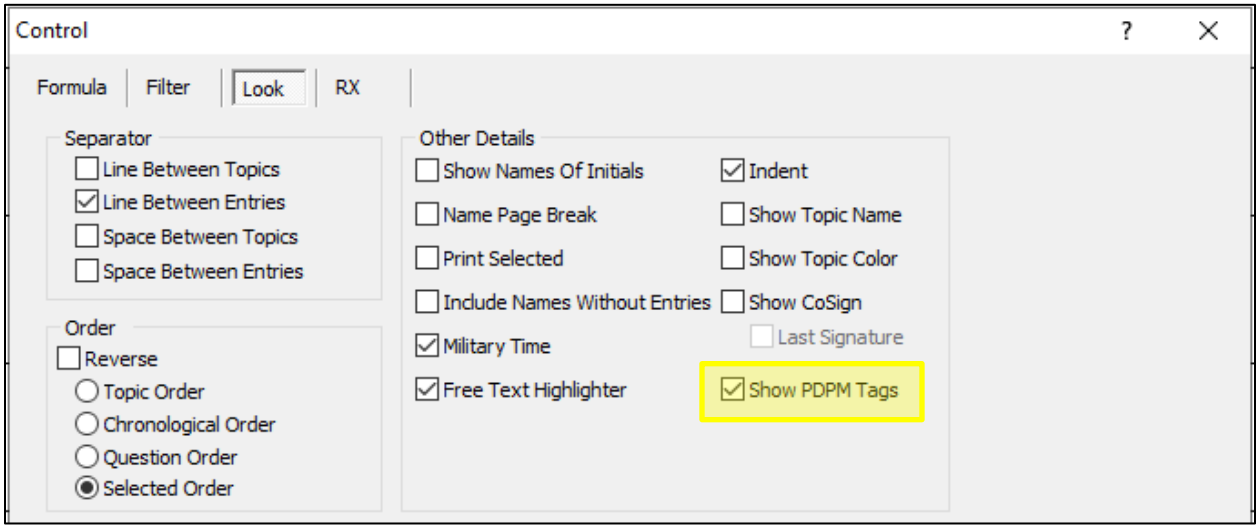
Intractable Epilepsy	I8000	1
Active Diagnosis: Malnutrition Code	I5600	1
Disorders of Immunity – Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

Knowing the Specific ICD10 Codes that Impact I8000

View Screen

In a view screen, there is an option in Control > Look tab for Show PDPM Tags. This will display not only the PDPM Category, but also whether the ICD code is an SLP comorbidity and the total number of NTA points associated with it. This checkbox can be saved on any view task and should be checked on in any of the Diagnosis tasks, especially at a facility with a higher Medicare population.

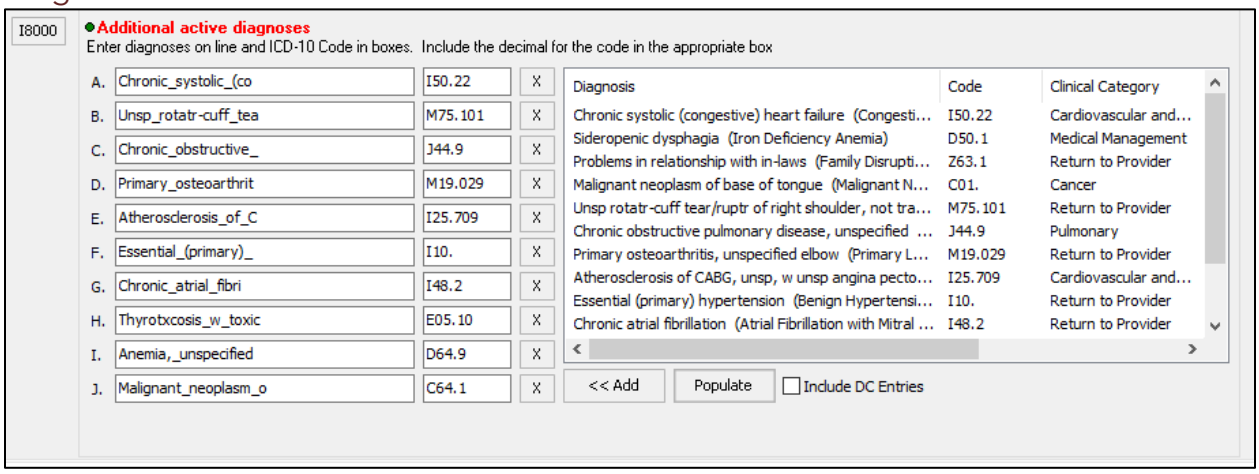




To save this checkbox in a view task, follow the below steps:

1. Click onto the **Toolbar**.
2. Click onto the green **View** icon.
3. Select any name and click **OK**.
4. Click onto the **Tasks** button.
5. Highlight the task (most likely starting with "Diagnosis") that you would like to make this adjustment too and select **Edit.**
6. Navigate to the **Look** tab and place a check in **Show PDPM Tags**.
7. Click **OK** to save changes to the task.

Diagnosis Code Box on MDS



On the MDS, to the right of I8000, there is a Diagnosis box which can be populated. This is key to ensuring that the correct codes get entered in I8000. There are only 10 boxes for codes, so picking the right ones is crucial. Before clicking **<<Add** and moving codes into I8000, check to see if it is a SLP comorbidity and review the potential NTA points.

Section GG Coding

Unlike section G of the MDS, there is no algorithm or rules for section GG to determine what the correct coding should be. Facilities must implement rationale being used to make your usual performance determination to withstand audits. While section G has a "rule of 3," section GG states to code the resident's usual performance.

American Data merged out Section GG charting topics to all clients several years ago. In most client databases, these topics created a new section in the database titled "Therapy" and "Nurse Charting." The following topics were merged into all client databases:

1. Therapy > Mobility Ability/Goals (GG)
2. Therapy > Self Care Ability/Goals (GG)
3. Nursing > Func. Abilities & Goals (GG)
4. CNA > Self Care, Transfers, and Mobility (one topic was transferred per shift for a total of 9 topics)

These topics had all the Section GG language required at the time of transfer, however more questions have been added, adjusted, or removed throughout the years. This is a manual update process that clinical offers free of charge. If you want to know whether your GG topics are updated or not, please reach out to clinical, and we can assist in getting this completed or confirm that it was already done.

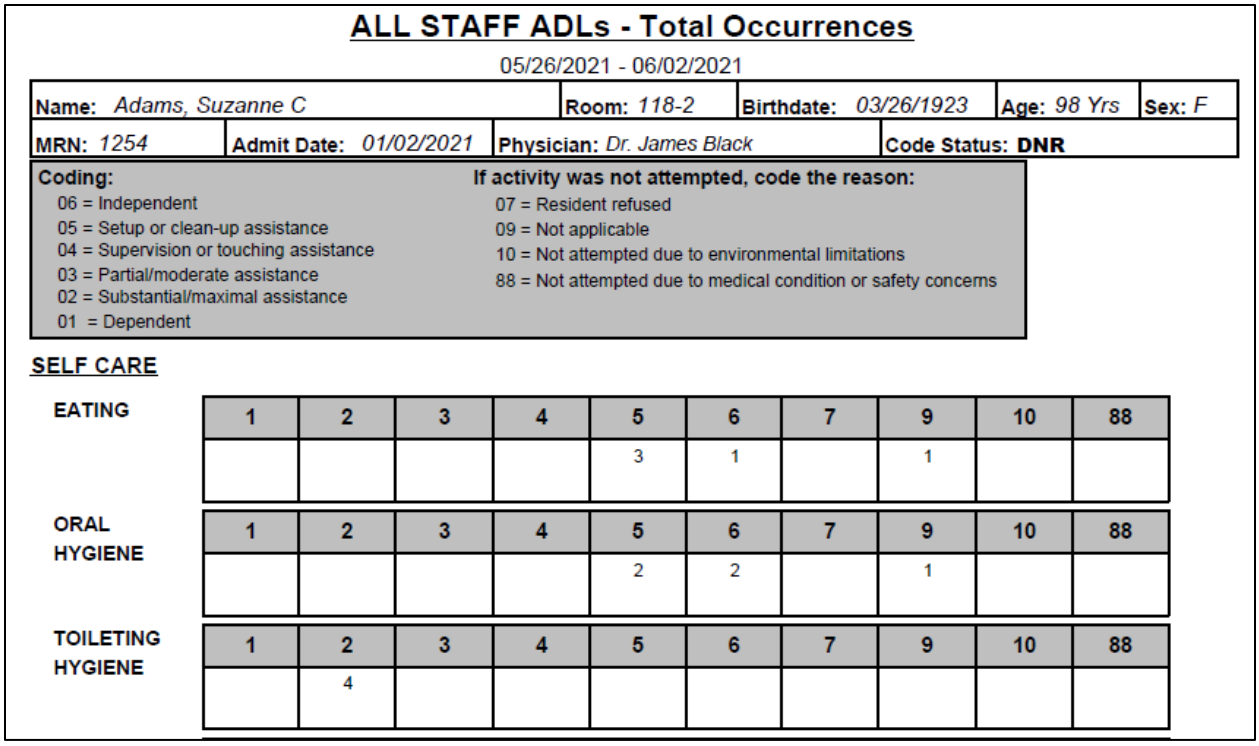
The therapy and nursing topics are linked directly to the MDS > Section GG. However, the CNA topics are not linked at all as a CNA would typically chart performance every shift, every day or during the ARD window. The information documented by CNA's will populate into view tasks, which were also sent over. These view tasks may be utilized by the IDT to determine how Section GG should be coded. The view tasks are:

1. CNA Charting – Mobility (GG)
2. CNA Charting – Self Care (GG)
3. CNA Charting – Transfers (GG)

In an article posted to the AAPACN website, Martins suggests "Currently, most providers would be better served having CNAs only document section G rather than section GG or both sections." She stated, "The best-case scenario for Section GG is a collaboration between nursing and therapy, with the NAC determining the resident's usual performance based on input from those qualified professionals."

When ECS merged out these topics, we were unaware as to who should or would be charting the section GG information. Therefore, we sent the topics to therapy, nursing, and CNA sections in ECS. It is essentially facility preference as to who and how often these topics should be utilized. If your facility is not completing any section GG charting in ECS, but are interested in getting this implemented, reach out to the clinical department. We can assist in getting the charting screens linked to easy buttons and make sure that the screens have the most updated language within them.

ECS has Total Occurrence reports available as well that may help to decipher section G and GG coding. These reports may better assist the IDT to make decisions surrounding a resident's usual performance. Examples of these reports are below. If a facility does not have these reports, they can be merged into your database, however the linking is billable time. They may link up automatically or need to be manually linked, which typically takes one hour per report to complete ($100/hour). The reports available are CNA – ADL Charting (G) (Total Occurrences), CNA – ADL Charting (GG) (Total Occurrences) (pg. 1), and CNA – ADL Charting (GG) (Total Occurrences) (pg. 2).



ALL STAFF ADLs - Total Occurrences

05/26/2021 - 06/02/2021

Name: *Adams, Suzanne C*	Room: *118-2*	Birthdate: *03/26/1923*	Age: *98 Yrs*	Sex: *F*
MRN: *1254*	Admit Date: *01/02/2021*	Physician: *Dr. James Black*	Code Status: **DNR**	

Coding:
06 = Independent
05 = Setup or clean-up assistance
04 = Supervision or touching assistance
03 = Partial/moderate assistance
02 = Substantial/maximal assistance
01 = Dependent

If activity was not attempted, code the reason:
07 = Resident refused
09 = Not applicable
10 = Not attempted due to environmental limitations
88 = Not attempted due to medical condition or safety concerns

SELF CARE

	1	2	3	4	5	6	7	9	10	88
EATING					3	1		1		
ORAL HYGIENE					2	2		1		
TOILETING HYGIENE		4								

Restorative Programs

Most residents in a nursing home are candidates for a restorative nursing program that focuses on maintaining and expanding their self-involvement in ADLs. According to the RAI Manual: "A resident may be started on a restorative nursing program when he or she is admitted to the facility with the restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy."

The following criteria for restorative nursing programs must be met to code O0500 on the MDS:

1. Measurable objective and interventions must be documented in the care plan. Reassessing the resident's goals and their progress towards meeting these goals is also required.
2. Periodic evaluation by the licensed nurse. A progress note written by a restorative aide and countersigned by a licensed nurse is a sufficient option once the nursing program has been established.
3. Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity.
4. A RN or LPN must supervise the activities in a restorative program. Restorative nursing does not require a physician's order. Nursing homes may elect to have licensed rehab staff perform repetitive exercised and other maintenance treatments or to supervisor aides performing these maintenance services. In situations where services do not

actually require the involvement of a qualified therapist, the services may not be coded as therapy in item O0400.

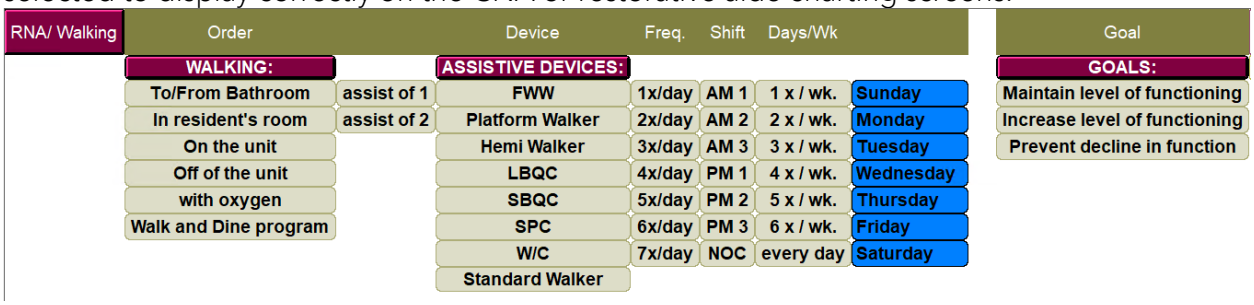
5. This category does not include groups with more than four residents per supervising helper or caregiver.

Implementing a Restorative Program in ECS

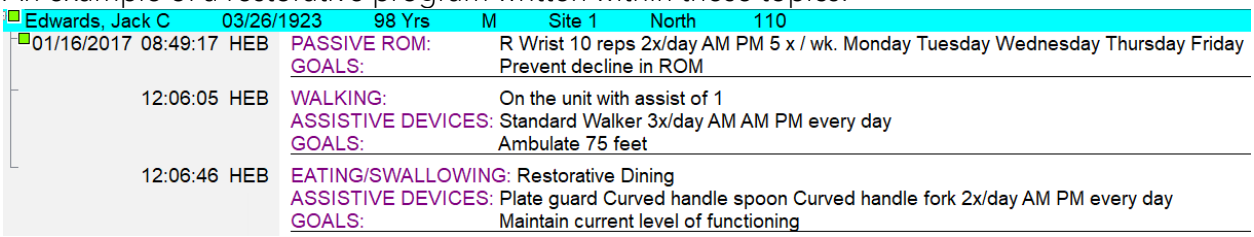
There is a Restorative Nurse access screen which consists of a Restorative Notes/Assessment topic as well as several different plan topics. Additional restorative plans can be added into ECS per facility request, however the default ones currently available in ECS are:

1. Passive Range of Motion
2. Active Range of Motion
3. Splint/Brace
4. Bed Mobility
5. Transfer
6. Walking
7. Dressing
8. Eating
9. Prosthesis
10. Communication
11. Other

Each of the plan topics are setup the same and require day(s) of week and shift(s) to be selected to display correctly on the CNA or restorative aide charting screens.



An example of a restorative program written within these topics:



When the CNA/restorative aide documents, they will be prompted to enter in number of minutes as well as any other relevant information (number of feet walked, number of reps, etc.). This information will automatically populate total number of days onto the MDS in question O0500.

Plan
- Restorative plans are entered into ECS
- Only one plan allowed per topic on each resident
- Must include day(s) of week and shift(s)

Charting
- CNA/Restorative Aide will see the restorative program(s) assigned on the Assignment Sheet
- CNA/Restorative Aide will chart on all necessary program(s) with # of minutes and any other required details

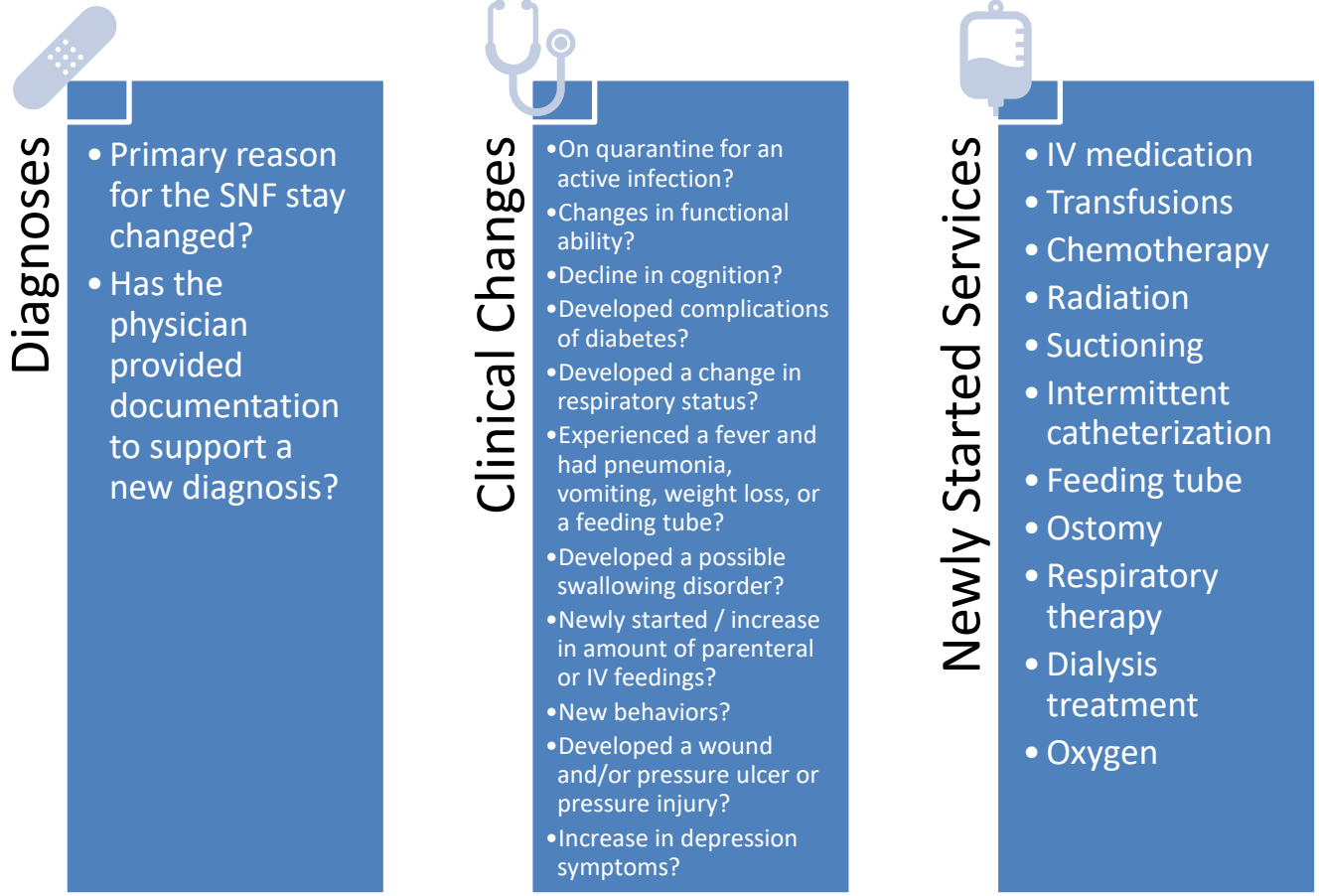
Audit
- RN or LPN can review total restorative minutes via the **Weekly Minutes Total Report** or the **Total Minutes Calendar**

MDS
- Total minutes will populate into the MDS and automatically calculate number of days for question O0500

If your facility is not utilizing the restorative nursing program setups in ECS currently, but have interest in doing so, reach out to the clinical department and we can assist with the setups.

IPA Considerations

AAPACN developed an IPA Considerations tool. It is a three-page document which reviews items that should be reviewed to consider how these changes may affect components of the PDPM. This tool is available to AAPACN members free of charge. Below is a list of items to be constantly keeping tabs on for determining whether an IPA should be further investigated.



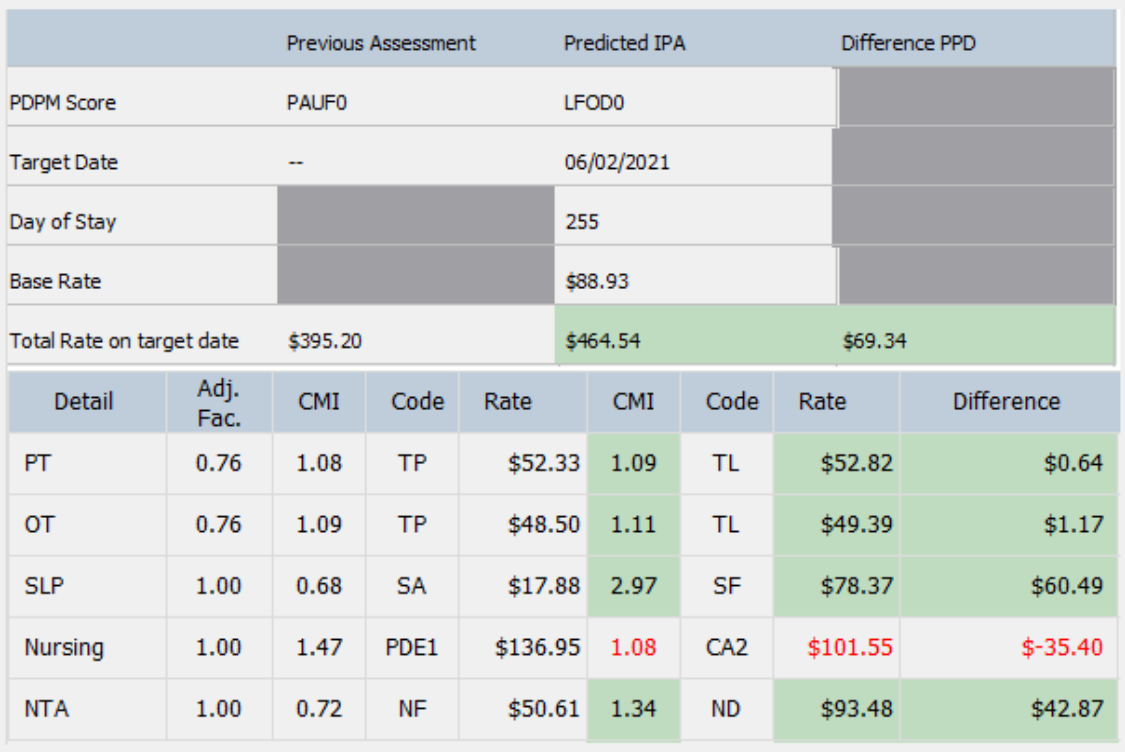
IPA Predictor

The purpose of the IPA Predictor is to provide clinical decision support for IPA completion. If facilities suspect an IPA should be completed, based on resident information or IPA Forecast results, the IPA Predictor will provide precise feedback on whether, and how much, the facility will benefit, both regarding CMI and dollars.

Using the IPA Predictor

1. From the MDS Access screen or from within the MDS Manager, select the **IPA Predictor** button.
2. The resident list will be displayed. Select the desired resident to complete a test MDS assessment and click **OK**.
3. The resident's MDS Selection will display. Only IPA and 5-day assessments will be listed. Typically, a user would want to select the most recent MDS assessment. Select the desired MDS assessment to be copied forward into the virtual IPA and click **OK**.
4. Select the reference date and click **OK**.

5. A virtual IPA assessment displays, with responses from the most recent 5-day or IPA. Changes may be made to any portion of this assessment, although sections cannot be signed.
6. The PDPM Comparison Panel is displayed across the bottom or right-hand side of the screen. The panel tracks all changes as they are made and calculates the CMI and rate adjustments. The user can see immediately how changes that are made impact the components and overall rate.
7. The panel will let you know whether the IPA should be completed or not based on whether you are seeing a large enough difference displaying in green (positive impact on the rate), or numbers displaying in red (negative impact on the rate). There are two options available once you have determined to create or not create the IPA:
    a. To proceed with the IPA, select the Create IPA button at the bottom of the screen. The assessment will be added to the resident's assessment list, and sections may now be signed. Any changes that were made within the IPA Predictor have carried over into this newly created assessment. Complete the assessment as usual.
    b. To close the IPA Predictor without creating the IPA, click Close.



	Previous Assessment	Predicted IPA	Difference PPD
PDPM Score	PAUF0	LFOD0	
Target Date	--	06/02/2021	
Day of Stay		255	
Base Rate		$88.93	
Total Rate on target date	$395.20	$464.54	$69.34

Detail	Adj. Fac.	CMI	Code	Rate	CMI	Code	Rate	Difference
PT	0.76	1.08	TP	$52.33	1.09	TL	$52.82	$0.64
OT	0.76	1.09	TP	$48.50	1.11	TL	$49.39	$1.17
SLP	1.00	0.68	SA	$17.88	2.97	SF	$78.37	$60.49
Nursing	1.00	1.47	PDE1	$136.95	1.08	CA2	$101.55	$-35.40
NTA	1.00	0.72	NF	$50.61	1.34	ND	$93.48	$42.87

Benefits of the IPA Predictor

1. Provides live feedback on changes in resident condition.
2. Saves significant time determining whether an IPA should be completed or not.
3. Provides certainty that IPA completion will result in increased revenues.

IPA Forecast

The purpose of the IPA Forecast feature is to make it easy for MDS Coordinators to review resident data to determine who might qualify for an IPA. Although there are many things that go into the calculation of the PDPM Components, the most changeable items are the function scores. The IPA Forecast tool, therefore, compiles Functional Score data across the Medicare A population to provide an overview and a clear picture of residents for whom the functional score has changed. The Forecaster displays the resident's therapy and nursing function score for each day in the selected date range, based on caregiver documentation.

4. Data may be collected from therapy documentation, nurses' notes, or CNA charting.
5. Data is collected based upon the MDS "Collect" setups for Section GG. This is the same setup which provides the blue highlights for supported answers on the MDS. This setup can be found at American Data – ECS > Setup > MDS 3.0 > Input tabs for section GG questions.

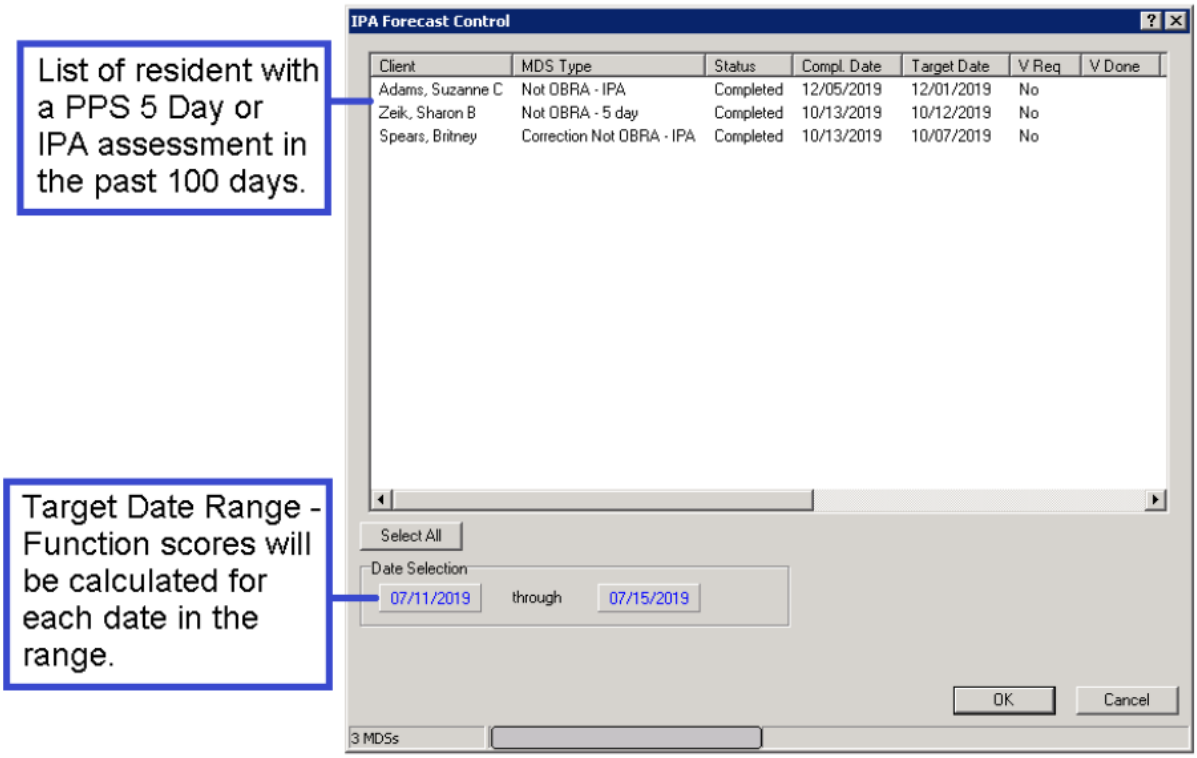
Using the IPA Forecast Tool

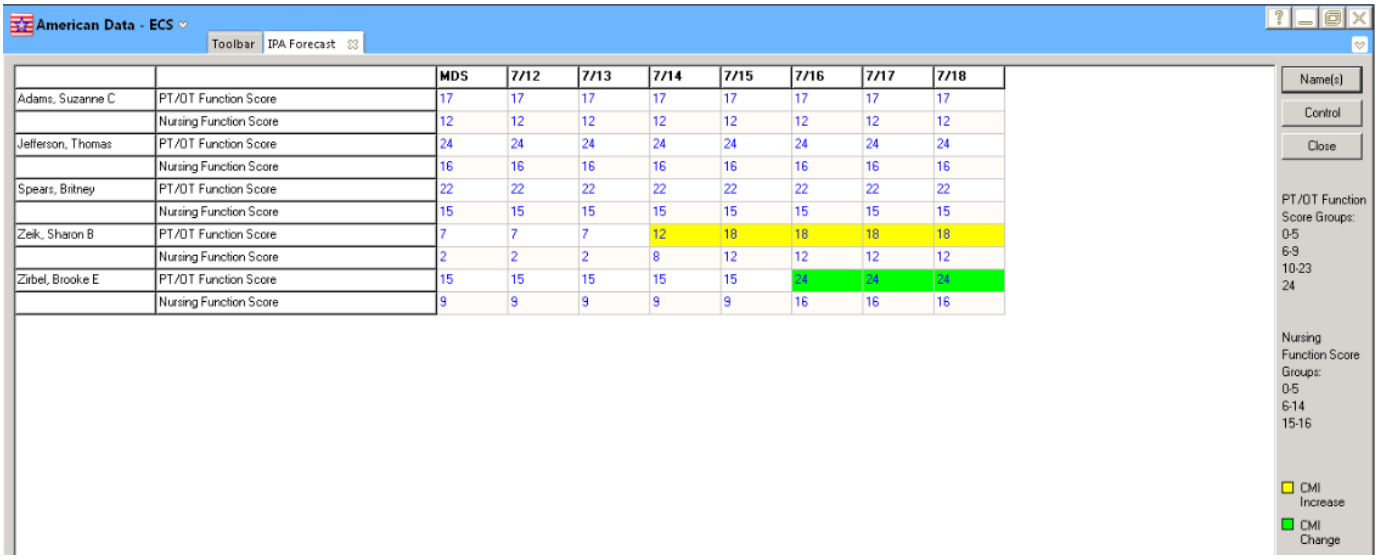
1. From the MDS Access screen or from within the MDS Manager, click onto the IPA Forecast button.
2. The resident list will be displayed. Users may select all residents or a specific selection. Click OK.
3. The Forecast Tool will display an MDS Selection Screen that has filtered through the selected names as follows:
    a. Of the highlighted names, those without a 5-day assessment or an IPA completed in the past 100 days are excluded.
    b. The 5-day or IPA assessments must have target dates of 10/1/2019 or later.
    c. The 5-day or IPA assessment must have a PDPM score.
    d. Of the remaining names, only the most recent 5-day or IPA is displayed for each resident.
4. Select the desired resident/MDS combinations to view functions score changes and click OK.
5. In the Period area, select the date range desired for data collection, and click OK.
6. The IPA Forecast Tool will display. Each resident will be displayed with the therapy function score and nursing function score for each date in the selected period.
7. Legends on the right display the functional score categories used in PDPM Component Calculation. If a functional score for a given day jumps to a category that compared to the last MDS assessment, increases the CMI/rate, the score will be highlighted in yellow. This indicates that, based on the function score a lone, an IPA should be considered.

Integrating the IPA Forecast Tool into MDS Workflow

1. What makes IPA Forecast valuable? The IDT team, typically, is aware of improvement and decline in resident ability and performance. The value of the IPA Forecast lies in its ability to indicate when the Function Scores have crossed a threshold into another CMI/payment category compared to the previous MDS.

2. Determine whose responsibility it will be to run the IPA Forecast Tool? The MDS Coordinator? The Medicare team?
3. How often will the tool be run? Running the tool as part of the daily Medicare meeting is ideal, as well as efficient.





Summary

There are many tools to be aware of in ECS that can assist a user in monitoring and capturing all PDPM HIPPS Component data. Make note of the items below and ensure that they are properly linked and implemented within your facility.

1. Audit diagnosis codes via the view screen to check for NTA points and SLP comorbidities.
2. Turn on the Show PDPM Tags in view tasks that are being utilized for Diagnosis.
3. Utilize the box to the right of I8000 within the MDS (Section I) to ensure that you are inserting diagnosis codes that have NTA points and/or SLP comorbidities associated with them.
4. Capture GG charting data from nursing, therapy, and potentially even CNA users.
5. Utilize Total Occurrence reports to determine what the resident's usual GG performance is.
6. Develop a restorative program at the facility. Or if your facility already has one, but it is on paper, look at making it electronic by placing it all into ECS.
7. Utilize the IPA Forecast at Medicare and/or IDT meetings.
8. Utilize the IPA Predictor when the IPA Forecast indicates there may have been a function score shift.