

REIMBURSEMENT OVERVIEW

BY: MICHELLE STOBER RN, BSN, CEO

SENIOR CARE SOLUTIONS





MICHELLE STOBER RN, BSN, CEO SENIOR CARE SOLUTIONS

- Michelle is the CEO of Senior Care Solutions Inc. (SCS). She brings over 50 years of combined healthcare experience to the industry. Senior Care Solutions provides expertise tailored to your post-acute and community-based service providers. Senior Care Solutions prides itself on providing fully insured professionals who are employees, not independent contractors, who provide outstanding levels of service to our clients. We are pleased to offer services nationwide.

OBJECTIVES

- Participants will be able to:
- Describe basics of PDPM reimbursement and MN Case Mix Reimbursement
- Understand case studies of missed items that resulted in loss of revenue
- Identify strategies for the team to capture reimbursement



REIMBURSEMENT- SNF CASE MIX

- Includes Medicaid and Private Pay Residents



WHAT IS CASE MIX?

- A case mix classification system is a means of classifying care based on the intensity of care and services provided to the resident.
- Each resident assigned a RUG (Resident utilization group)

WHAT IS CASE MIX?

- It takes into account:
 - Selected diagnoses
 - Conditions
 - Treatments
 - Depression
 - Behaviors
 - Assistance with activities of daily living
 - Restorative Nursing
- It classifies residents into groups based on their likely use of resources RUG= Resident Utilization Group
- Interdisciplinary approach



HOW ARE RATES DETERMINED?

- The Minnesota Department of Human Services (DHS) establishes facility specific reimbursement rates for each case mix classification
- DHS establishes these rates annually
- These rates apply to both private pay residents and Medicaid recipients



MDS Assessments Used To Generate Minnesota Case Mix Classifications

- Admission Assessment
 - Annual Assessment
 - Significant Change in Status Assessment
 - Quarterly Assessment
- All MDS assessments can affect the rate..That is why it is so important to catch a significant change in status as soon as possible!
- NEW:Any resident on therapy RUG or Isolation RUG- Needs Sig. change when therapy and Isolation is completed. Families complained about high rates for 3 months



MDS CODING IS KEY!



-
- Each MDS can affect the rate.
 - Case Mix also uses modifications to the most recent assessment to calculate a classification.
 - Modify when necessary (i.e., wound coded wrong, diagnosis was not checked on MDS by accident, etc..)

LET'S SEE HOW CASE MIX RATES ARE CALCULATED!



Case Mix- ADLS Affect Reimbursement

- Only 4 ADLs affect Reimbursement
- Bed Mobility
- Transfers
- Eating
- Toileting (Including all aspects of toileting including transfer)

Case Mix- ADLS Affect Reimbursement

MDS Section G

Definitions First

ADLS: MDS Section G

Definitions First



USING MDS SECTION G TO CODE YOUR ADL SCORE

CMS HAS NOT GIVEN
DATE OF WHEN
SECTION G WILL BE
REMOVED FROM MDS

G0110: Activities of Daily Living (ADL) Assistance

G0110. Activities of Daily Living (ADL) Assistance

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding.

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8). Activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
 - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
 - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

1. ADL Self-Performance

Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time.

Codings:

Activities Occurred 3 or More Times

0. Independent - no help or staff oversight at any time
1. Supervision - oversight, encouragement or cueing
2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. Extensive assistance - resident involved in activity; staff provide weight-bearing support
4. Total dependence - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. Activity occurred only once or twice - activity did occur but only once or twice
8. Activity did not occur - activity for any part of the ADL was not performed by resident or staff at all over the entire 7-day period

2. ADL Support Provided

Code for most support provided over all shifts; code regardless of resident's self-performance classification.

Codings:

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ persons physical assist
8. ADL activity itself did not occur during entire period

	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	<input type="checkbox"/>	<input type="checkbox"/>
B. Transfer - how resident moves between surfaces, including to or from bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<input type="checkbox"/>	<input type="checkbox"/>
C. Walk in room - how resident walks between locations in his/her room	<input type="checkbox"/>	<input type="checkbox"/>
D. Walk in corridor - how resident walks in corridor on unit	<input type="checkbox"/>	<input type="checkbox"/>
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>
G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	<input type="checkbox"/>	<input type="checkbox"/>
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	<input type="checkbox"/>	<input type="checkbox"/>
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	<input type="checkbox"/>	<input type="checkbox"/>
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	<input type="checkbox"/>	<input type="checkbox"/>

MDS- SECTION G – COLUMN I SELF (RESIDENT) PERFORMANCE

- What extent of help did staff provide. Did they use their muscles or take any weight. To code this category ADL assistance must have happened 3x/7 days of assessment period. (Assessment period is a 7 day period prior to ARD date coded on MDS)
 - 0=Independent- no help or oversight
 - 1=Supervision- oversight, encouragement, cueing
 - 2=Limited Assistance-staff guided limbs, no weight-bearing
 - 3=Extensive Assistance-resident help, staff weight bearing help
 - 4=Total Dependence-full staff assistance entire 7 days
 - 7=Activity occurred only time or twice
 - 8=Activity did not occur

ADL CONSIDERATIONS FOR SELF- PERFORMANCE (DURING ASSESSMENT REFERENCE PERIOD)

- **Bed Mobility-** how resident moves to and from lying position, turns side to side, boost in bed.
- **Transfer-** How resident moves between surfaces (Not bath or toilet). Consider the physical boost to get in/out of chars. Consider if an Independent person falls- still need physical support to assist to alternate position.
- **Eating-** How resident eats and drinks. Include tube feeding. Consider food and fluid other than meals, fluid intake at meals or HS Snack.
- **Toilet Use-** How resident uses toilet, consider commode/bedpan during NOC. Includes peri care, adjustment of clothing, management of pad **and transfers** on/off toilet.

ADL CODING- COLUMN 2 MDS STAFF ASSIST

- *Code most support provided over all shifts regardless of resident's self-performance.
- CODE
- 0=No set-up or physical help
- 1= Staff set-up only
- 2= One person physical assist
- 3= Two+ person physical assist
- 8= ADL activity did not occur

ADL CODING- SUPPORT CONSIDERATIONS

- **Consider when you use assistance of 2. It only takes **ONE** time in the 7 day observation window.**
 - When a resident is new and receives assistance for the first time.
 - Consider when a resident falls- are you coding the assistance of 2 or more to assist of ground?

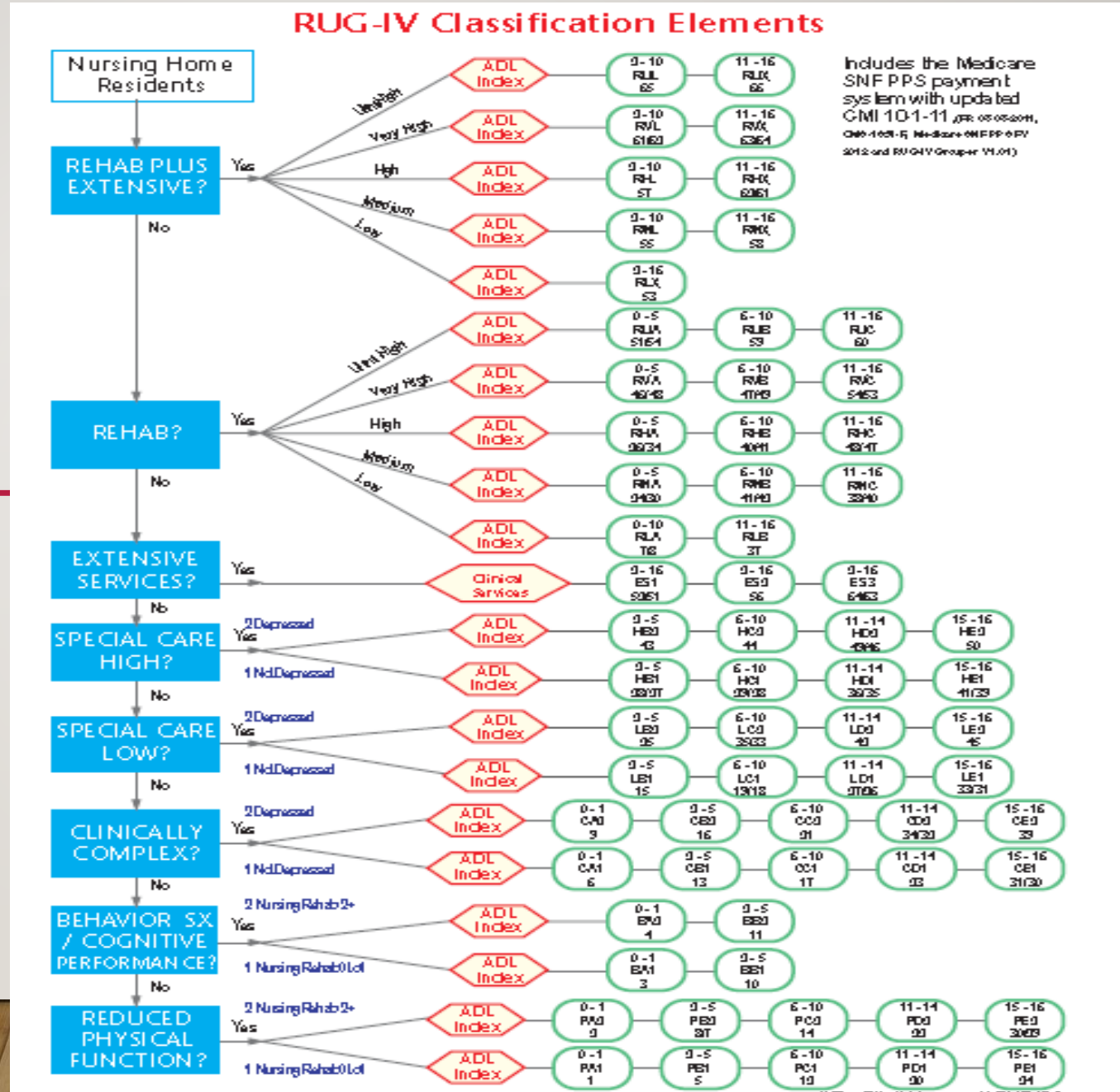
ADL SCORE- HOW TO OBTAIN

ADL Scoring (last 7 days)											
Bed Mobility (G0110A)			Transfers (G0110B)			Toileting (G0110I)			Eating (G0110H)		
Col. 1	Col. 2	Score	Col. 1	Col. 2	Score	Col. 1	Col. 2	Score	Col. 1	Col. 2	Score
0,1,7,8	*	0	0,1,7,8	*	0	0,1,7,8	*	0	0,1,2,7,8	0,1,8	0
2	*	1	2	*	1	2	*	1	0,1,2,7,8	2,3	2
3	0,1,2	2	3	0,1,2	2	3	0,1,2	2	3,4	0,1	2
4	0,1,2	3	4	0,1,2	3	4	0,1,2	3	3	2,3	3
3, 4	3	4	3, 4	3	4	3, 4	3	4	4	2,3	4
Score _____			Score _____			Score _____			Score _____		
Total ADL _____											

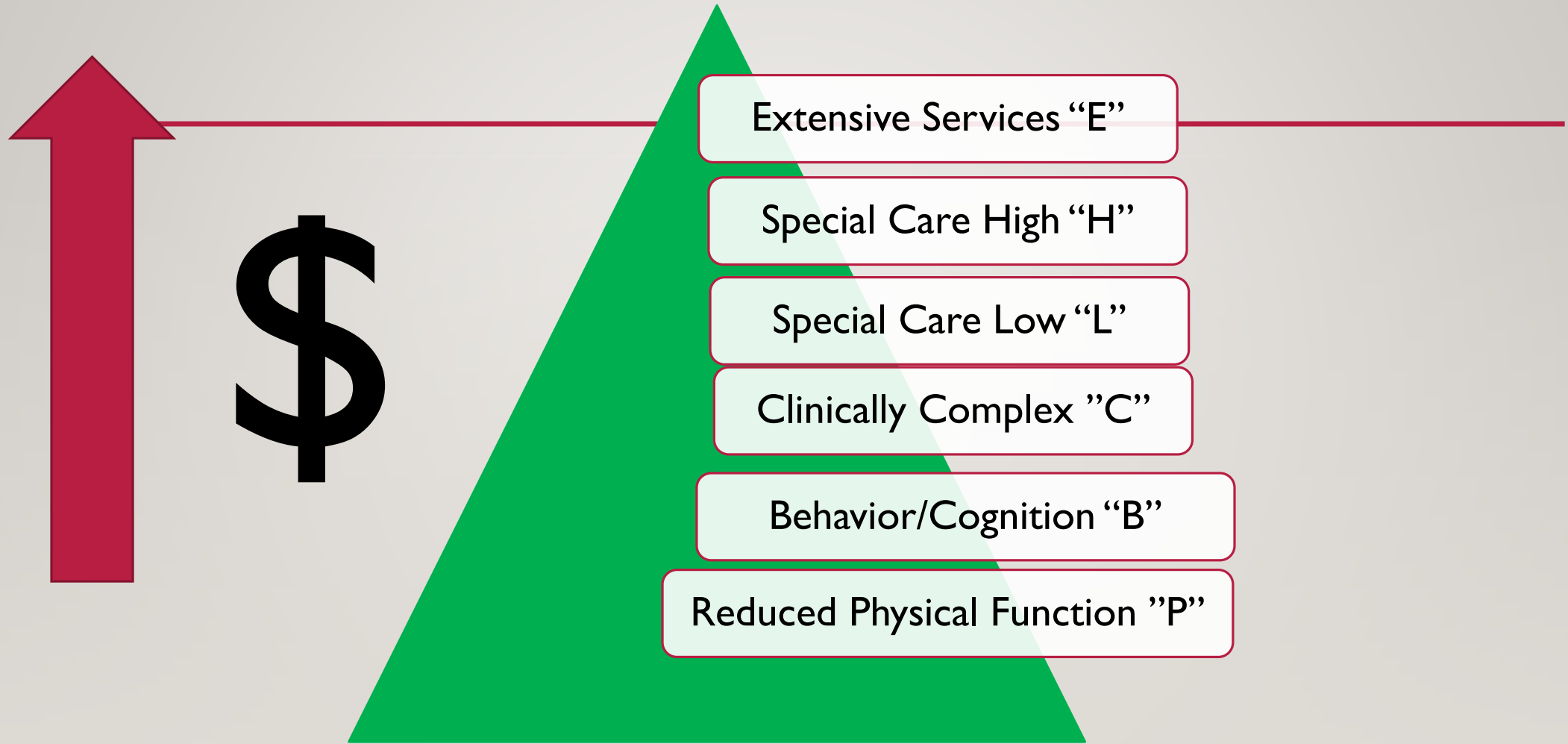
CASE STUDY- ADL SCORE

- **Mr. Anderson: (Use MDS Section G paper)**
- **Bed Mobility-** Extensive assist of 1 to be pulled up in bed. (MDS CODE 3- column 1) . (MDS CODE 2 – Column 2)
- **Transfer-** Extensive assistance to transfer with assist of 1 with EZ stand. (MDS 3 Column 1 and 2 Column 2)
- **Toileting-** Extensive assistance of 2 staff to manage clothing and transfer. (MDS CODE 3- column 1) . (MDS CODE 3 – Column 2)
- **Eating-** Can feed self during meals with supervision, but due to Parkinson's requires assistance of 1 every night with HS snack and sips of water. (MDS CODE 3- Column 1 and MDS CODE 2- Column 2)
- **ADL Score=13**

NEXT STEPS IN DETERMINING CASE MIX CLASSIFICATION



NURSING RATE DOLLAR TREE



				OCCUPANCY AT 96%	
CLASSIFICATION January 1, 2019		STANDARD		BED HOLD	
		DAYS 1-30	DAYS 31 +	DAYS 1-30	DAYS 31 +
Extensive Services	ES3	644.52	537.10	193.36	161.13
	ES2	528.77	440.64	158.63	132.19
	ES1	527.27	439.39	158.18	131.82
Rehabilitation	RAE	441.59	367.99	132.48	110.40
	RAD	431.06	359.22	129.32	107.77
	RAC	397.99	331.66	119.40	99.50
	RAB	358.91	299.09	107.67	89.73
	RAA	316.81	264.01	95.04	79.20
Special Care High	HE2	476.16	396.80	142.85	119.04
	HE1	414.53	345.44	124.36	103.63
	HD2	447.60	373.00	134.28	111.90
	HD1	393.48	327.90	118.04	98.37
	HC2	429.56	357.97	128.87	107.39
	HC1	378.44	315.37	113.53	94.61
	HB2	426.55	355.46	127.97	106.64
Special Care Low	HB1	376.94	314.12	113.08	94.24
	LE2	435.58	362.98	130.67	108.89
	LE1	382.96	319.13	114.89	95.74
	LD2	425.05	354.21	127.52	106.26
	LD1	375.44	312.87	112.63	93.86
	LC2	388.97	324.14	116.69	97.24
	LC1	346.88	289.07	104.07	86.72
Clinically Complex	LB2	375.44	312.87	112.63	93.86
	LB1	336.36	280.30	100.91	84.09
	CE2	402.50	335.42	120.75	100.63
	CE1	381.46	317.88	114.44	95.36
	CD2	387.47	322.89	116.24	96.87
	CD1	366.42	305.35	109.93	91.61
	CC2	355.90	296.58	106.77	88.97
	CC1	337.86	281.55	101.36	84.47
	CB2	336.36	280.30	100.91	84.09
Behavior Symptoms & Cognitive Performance	CB1	321.32	267.77	96.40	80.33
	CA2	303.29	252.74	90.99	75.82
	CA1	291.26	242.72	87.38	72.82
	BB2	315.31	262.76	94.59	78.83
Physically Functioning Reduced	BB1	306.30	255.25	91.89	76.58
	BA2	280.74	233.95	84.22	70.19
	BA1	273.23	227.69	81.97	68.31
	PE2	381.46	317.88	114.44	95.36
Penalty Default	PE1	369.43	307.86	110.83	92.36
	PD2	366.42	305.35	109.93	91.61
	PD1	352.90	294.08	105.87	88.22
	PC2	330.35	275.29	99.10	82.59
	PC1	321.32	267.77	96.40	80.33
	PB2	298.78	248.98	89.63	74.69
	PB1	291.26	242.72	87.38	72.82
	PA2	267.20	222.67	80.16	66.80
	PA1	261.19	217.66	78.36	65.30
	AAA	261.19	217.66	78.36	65.30
	DDF	343.87	286.58	103.16	85.97

PRIVATE ROOM RATE \$45.00

Medicaid and Private Rates are Determined Annually (PIPP will increase)
2 rates- 1st 30 days and after 30 days

Name _____ Rm # _____

Case Mix Tool

Diagnosis: _____

ADL Scoring (last 7 days) RUG Score

Bed Mobility (G0110A)			Transfers (G0110B)			Toileting (G0110I)			Eating (G0110H)			Restorative Nursing (Last 7 Days)		15 min/day 6+ Days	
MDS G Col. 1	Col. 2	Score	MDS G Col. 1	MDS G Col. 2	Score	MDS G Col. 1	MDS G Col. 2	Score	MDS G Col. 1	MDS G Col. 2	Score	H0200C, H0500**Urinary and/or Bowel Toileting			
0,1,7,8	*	0	0,1,7,8	*	0	0,1,7,8	*	0	0,1,2,7,8	0,1,8	0	00500A,B ** Passive/Active Range of Motion			
2	*	1	2	*	1	2	*	1	0,1,2,7,8	2,3	2	00500C Splint or Brace Assistance			
3	0,1,2	2	3	0,1,2	2	3	0,1,2	2	3,4	0,1	2	00500D,F** Bed Mobility/Walking Training			
4	0,1,2	3	4	0,1,2	3	4	0,1,2	3	3	2,3	3	00500E Transfer Training			
3,4	3	4	3,4	3	4	3,4	3	4	4	2,3	4	00500G Dressing or grooming Training			
Score _____												00500H Eating or swallowing Training			
												00500 I Amputation/Prosthesis Care			
												00500J Communication Training			
												Qualifies for Nursing Rehab		Y	N
Total ADL _____												**Count as one service if both provided			

Category II: Rehabilitation

Category I & III: Extensive & Extensive+

Category IV & V: Special Care (Depression PHQ-9 = ≥ 10)

00400A,B,C, 1,2,3 Days	ST	OT	PT	00100E2 Tracheostomy care while a Resident	Special Care HIGH (ADL's 2+)	Special Care LOW (ADL's 2+)
Individual Minutes				00100F2 Vent or respirator while a Resident	B0100, Dep. ADL's, Comatose	I4400, Cerebral Palsy ADL 5+
Concurrent Minutes				00100M2 Infection isolation while a Resident	I2100 Septicemia	I5200, MS ADL5+
Group Minutes				Tracheostomy care AND Ventilator/respirator	ES3	I5300, Parkinson's ADL 5+
Total Minutes ^a				Tracheostomy care OR Ventilator/respirator		I6300, 00100C2 Resp. Failure/O ²
Adjusted Minutes ^b				Infection Isolation	ES1	K0500B, Tube Feeding ^d
Z0100, Medicare Short Stay (SS)?				without Tracheostomy Care and without Ventilator/respirator		M0300B1 2+ St. 2 PU ^e
Short Stay Average Minutes?				Rehabilitation and Rehab+ Extensive Services RUGS	J155A, Fever +1 I2000 Pneumonia, J1550B Vomiting, K0300 Weight Loss (1 or 2), K0500B Tube Feeding ^d K0500A Parenteral/IV Feedings 00400D2 Respiratory Therapy 7D Notes:	
Ultra High: 720 Minutes, 1 disc. 5D, 1 disc. 3D or Short Stay (SS) = ≥144 minn				ADL's 0-5 6-10 11-16 2-10 ^c 11-16 ^c		
Very High: 500 Minn, 1Disc. 5D or SS 100-143 minn				Ultra High RUA RUB RUC RUL RUX	ADL 15-16 DEP HE2 ADL 15-16 No D HE1 ADL 11-14 DEP HD2 ADL 11-14 No D HD1 ADL 6-10 DEP HC2 ADL 6-10 No D HC1 ADL 2-5 DEP HB2 ADL 2-5 No D HB1	
High: 325 Minn, 1 Disc 5D or SS 65 – 99 minn				Very High RVA RVB RVC RVL RVX		
Medium: 150 Minn, 5D any three Disc, or SS 30 – 64minn				High RHA RHB RHC RHL RHX	ADL 15-16 No D LE1 ADL 11-14 DEP LD2 ADL 11-14 No D LD1 ADL 6-10 DEP LC2 ADL 6-10 No D LC1 ADL 2-5 DEP LB2 ADL 2-5 No D LB1	
Low: 45 Minn, 3D any three Disc and 2+ Restorative Nursing or SS 15 – 29 minn				Medium RMA RMB RMC RML RMX		
				Low RLA RLB RLX ^c 0-10 ADL 11-16 ADL 2-16 ADL		

^a Total Minutes: Add Individual, ½ concurrent and group minutes. ^b Adjusted Minutes: If group time is more than 25% of total, add individual + 1/2 concurrent, multiply by 1.33.^c RUG is Extensive Services plus Rehabilitation. ^d Tube Feeding is 51% of total calories or 26% to 50% and 501cc fluid. ^e Two or more skin treatments (M1200A/B,C,D,E,G,H).

RESTORATIVE NURSING- WHAT IS IT?

- Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible.
- This concept actively focuses on **achieving and maintaining** optimal physical, mental, and psychosocial functioning.
- **To qualify- Resident must have 2 restorative nursing programs for 15 minutes in 24 hours/day for each program for 6 days a week with measurable goals and routine evaluation by an RN**

The Reduced Physical Function or “P”

Reimbursement Levels=
(P_Letter_I no
restorative or

P__Letter__2= Res. has 2
~~or more Restorative)~~

Only 1 of 2 RUG
Groups when
Restorative Counts
for \$\$

The other is behavior

Reduced Physical Functioning (No qualifying diagnosis or behaviors)

	Y	N
Nursing Rehab 2 programs/6xweek/15min/day each		
ADL 15-16, 2+ Nursing Rehab	PE2	
ADL 15-16, 0-1 Nursing Rehab	PE1	
ADL 11-14, 2+ Nursing Rehab	PD2	
ADL 11-14, 0-1 Nursing Rehab	PD1	
ADL 6-10, 2+ Nursing Rehab	PC2	
ADL 6-10, 0-1 Nursing Rehab	PC1	
ADL 2-5, 2+ Nursing Rehab	PB2	
ADL 2-5, 0-1 Nursing Rehab	PB1	
ADL 0-1, 2+ Nursing Rehab	PA2	

RATES- DETERMINED BY DHS

- Medicaid and Private Rates are Determined Annually- PIPP will increase
- 2 rates- 1st 30 days and after 30 days
- LTC resident over 30 days PDI reimbursement=294.08 per day

Rates: Day 1-30 Day 31+

Physically	PE2	381.46	317.88	114.44	95.36
Functioning	PE1	369.43	307.86	110.83	92.36
Reduced	PD2	366.42	305.35	109.93	91.61
	PD1	352.90	294.08	105.87	88.22
	PC2	330.35	275.29	99.10	82.59
	PC1	321.32	267.77	96.40	80.33
	PB2	298.78	248.98	89.63	74.69
	PB1	291.26	242.72	87.38	72.82
	PA2	267.20	222.67	80.16	66.80
	PA1	261.19	217.66	78.36	65.30

THE B'S COGNITIVE IMPAIRMENT/BEHAVIORS

Category VII: Behavior Symptoms and Cognitive Performance

Conditions (coded 2 times in 4-6 of last 7 days)		Y	
<i>E0100A</i>	Hallucinations		
<i>E0100B</i>	Delusions		
<i>E0200A</i>	Physical Behavior directed toward others 2+ times		
<i>E0200B</i>	Verbal Behavior directed toward others 2+		
<i>E0200C</i>	Other Beh. Symptoms not directed toward others 2+		
<i>E0800</i>	Rejection of Care 2+		
<i>E0900</i>	Wandering 2+		
Nursing Rehab See Page One (Top right)		Y	
ADL 2-5, & 2+ Restorative Nsg		BB2	
ADL 2-5 & 0-1 Restorative Nsg		BB1	
ADL 0-1 & 2+ Restorative Nsg		BA2	
ADL 0-1 & 0-1 Restorative Nsg		BA1	

MOVING UP TO CLINICALLY COMPLEX

- **Restorative Nursing No Longer Counts** or Adds Dollars in Upper Categories
- **Now .. Instead of Restorative we look at PHQ-9 scores of ≥ 10 indicating Depression.**
- **Next levels if resident is coded with depression- rates go up**



DEPRESSION- NOW THE END SPLIT

- Depression in the next levels increase reimbursement
- Make sure resident understands the questions, use large print laminated cards
- Symptom frequency:
 - 7-11 or 12-14 days they experienced the symptom (i.e. feeling tired or having little energy, poor appetite, feeling down, etc..)
- Can be as much as \$54/day = \$19,710.00/year

CLINICALLY COMPLEX – THE C'S

Depressed = PHQ9 \geq 10

Clinically Complex Conditions		Y/N
<i>I200</i>	Pneumonia	
<i>I4900, ADL \geq 5</i>	Hemiplegia/hemiparesis	
<i>M1040D,E</i>	Surgical Wounds/Open Lesions	
<i>M1040F</i>	Burns	
<i>O0100A2</i>	Chemotherapy while a resident	
<i>O0100C2</i>	Oxygen therapy while a resident	
<i>O0100H2</i>	IV Medications while a resident	
<i>O0100I2</i>	Transfusions while a resident	
	ADL 15-16 Depressed	CE2
	ADL 15-16 Not Depressed	CE1
	ADL 11-14 Depressed	CD2
	ADL 11-14 Not Depressed	CD1
	ADL 6-10 Depressed	CC2
	ADL 6-10 Not Depressed	CC1
	ADL 2-5 Depressed	CB2
	ADL 2-5 Not Depressed	CB1
	ADL 0-1 Depressed	CA2
	ADL 0-1 Not Depressed	CA1

SPECIAL CARE LOW-THE L'S

Special Care LOW (ADL's 2+)		
<i>I4400</i> , Cerebral Palsy ADL 5+		
<i>I5200</i> , MS ADL5+		
<i>I5300</i> , Parkinson's ADL 5+		
<i>I6300</i> , <i>O0100C2</i> Resp. Failure/O ²		
<i>K0500B</i> , Tube Feeding ^d		
<i>M0300B1</i> 2+ St. 2 PU ^e		
<i>M0300C1</i> , <i>D1</i> , <i>F1</i> , St. 3 or 4 PU ^e		
<i>M1030</i> , 2+ venous/arterial ulcers ^e		
<i>M0300B1</i> , <i>M1030</i> St.2 PU + Venous/Arterial ulcer ^e		
<i>M1040A,B,C</i> ; <i>M1200I</i> Foot Inf., DM Foot Ulcer/lesion		
<i>O0100B2</i> , Radiation while res.		
<i>O0100J2</i> , Dialysis while res.		
ADL 15-16	DEP	LE2
ADL 15-16	No D	LE1
ADL 11-14	DEP	LD2
ADL 11-14	No D	LD1
ADL 6-10	DEP	LC2
ADL 6-10	No D	LC1
ADL 2-5	DEP	LB2
ADL 2-5	No D	LB1

TIPS FOR SPECIAL CARE LOW

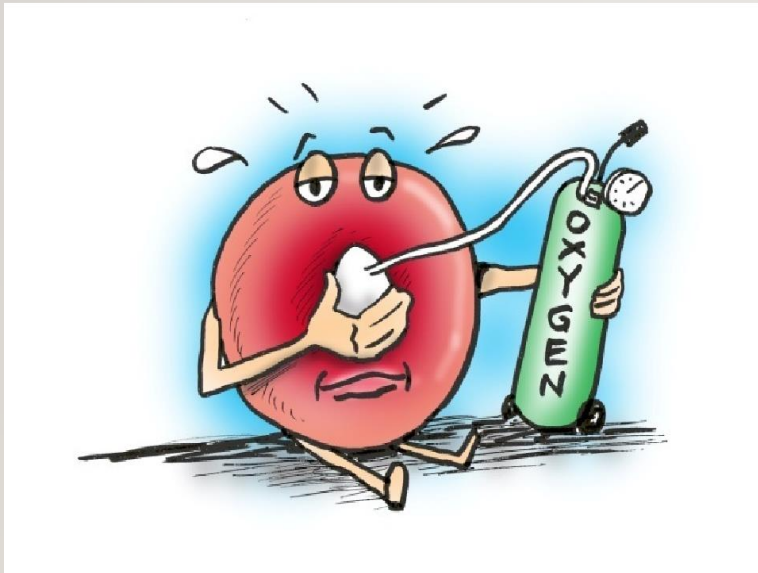


- Know your diabetic foot ulcers/lesions on the foot (Always go with underlying cause). If Diabetic and you cannot feel the pressure of the shoe- and the resident has diabetes/peripheral neuropathy it is not a pressure ulcer, it is a diabetic foot ulcer).
- If a resident is on oxygen due to respiratory failure- get the appropriate diagnosis/documentation from MD

SPECIAL CARE HIGH- H'S

Special Care HIGH (ADL's 2+)		
<i>B0100</i> , Dep. ADL's, Comatose		
<i>I2100</i> Septicemia		
<i>I2900</i> , <i>N0350A,B</i> Diabetes with 7D injection, 2D+ Insulin PO		
<i>I5100</i> , ADL \geq 5 Quadriplegia		
<i>I6200</i> , <i>J1100C</i> COPD, SOB LF		
<i>J155A</i> , Fever +1		
<i>I2000</i> Pneumonia, <i>J1550B</i> Vomiting, <i>K0300</i> Weight Loss (1 or 2), <i>K0500B</i> Tube Feeding ^d		
<i>K0500A</i> Parenteral/IV Feedings		
<i>O0400D2</i> Respiratory Therapy 7D		
ADL 15-16	DEP	HE2
ADL 15-16	No D	HE1
ADL 11-14	DEP	HD2
ADL 11-14	No D	HD1
ADL 6-10	DEP	HC2
ADL 6-10	No D	HC1
ADL 2-5	DEP	HB2
ADL 2-5	No D	HB1

Capturing Respiratory Therapy= \$\$



SPECIAL CARE HIGH- CONSIDERATIONS

- **I6200 – COPD or Chronic Lung Disease** (Chronic Bronchitis, Asthma, and restrictive lung disease such as asbestosis) **AND**
- **J1100C- Shortness of breath** or trouble breathing when lying flat
- **Respiratory Assessment is Required**

CAPTURING RESPIRATORY WITH SOB WITH HEAD FLAT

- **If a resident has a Respiratory Diagnosis AND they have shortness of breath with their head flat- the facility can gain \$20-\$70/day for that particular resident in reimbursement.**
- **What constitutes SOB with head flat?**
 - **HOB elevated**
 - **Use of pillows for breathing comfort at night**
 - **Breathing without oxygen (Added treatment) if HOB is elevated**
 - **Resident does not have to be gasping for air- focus on comfort for breathing**
- *It is extremely important to have the supporting documentation/assessment to capture the reimbursement!! \$\$\$*



CAPTURING RESPIRATORY THERAPY: NEBS

- If a resident receives a nebulizer treatments daily (Not PRN)
- We can capture increased revenue for both case mix and Medicare (PDPM)
- What we need to do is count the minutes of pre and post neb treatment and include the minutes of neb set-up time and assessment before and after neb. If the med set up and pre/post assessment totals 15 minutes or more in 24 hours/7 days -The criteria is met!!
- The assessment before and after the nebulizer includes: lung sounds, pulse, O2 sats, presence of cough/congestion (Performed by a nurse)
- This assessment and the minutes must be documented on the EMAR
- If all these conditions exist: the revenue reimbursement equals \$25-\$70/day

MDH: RESPIRATORY ASSESSMENT GUIDELINES

- An assessment should include, but is not limited to:
- Interviews with the resident, family members or significant other (if appropriate) and facility staff from all shifts.
- Observations of the resident during various activities, sitting at rest, and when in bed.
- The onset, was it sudden or gradual, are there certain activities that make the shortness of breath worse? or better?
- A review of the resident's medical history including any diagnoses or conditions that may affect respiratory status.
- Does the resident use any medications that may affect respiratory function?
- Is the shortness of breath accompanied by a fever, cough, abnormal lung sounds, or chest pain?
- The resident's care plan should identify diagnoses and activities that may exacerbate symptoms of shortness of breath, the measurable goal of treatment, and the interventions utilized to decrease symptoms of shortness of breath.

EXTENSIVE SERVICES: THE HIGHEST CLINICAL CATEGORY

Category I & III: Extensive & Extensive+

<i>00100E2</i> Tracheostomy care while a Resident	
<i>00100F2</i> Vent or respirator while a Resident	
<i>00100M2</i> Infection isolation while a Resident	
Tracheostomy care AND Ventilator/respirator	ES3
Tracheostomy care OR Ventilator/respirator	ES2
Infection Isolation without Tracheostomy Care and without Ventilator/respirator	ES1

EXTENSIVE SERVICES-CODING ISOLATION

- Code only when the resident requires strict isolation or quarantine alone in a separate room because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) in an attempt to prevent spread of illness.
- Do not code history of infectious disease (e.g., MRSA or C-Diff with no symptoms)
- Do not code this item if the "isolation" primarily consists of body/fluid precautions, because these types of precautions apply to everyone.

REHAB RUGS: THERAPY

- If resident receives therapy during MDS assessment period and generates a Rehab RUG rate- a Significant Change MDS is due within 14 days after therapy is complete.
- Requirement is- 150 minutes any therapy for 5 days or 45 minutes any therapy for 3 days PLUS 2 Restorative Nursing
 - RAE – 15-16 ADL Score
 - RAD – 11-14 ADL Score
 - RAC – 6-10 ADL Score
 - RAB – 2-5 ADL Score
 - RAA – 0-1 ADL Score

THE MDS/IDT MEETING- SEE TEMPLATE

- Weekly meeting with IDT
- Focus on Residents who have an MDS due in 2 weeks
- Review for proper documentation from provider for applicable diagnosis
- Review need for Respiratory Assessment (Any respiratory dx)
- Review Nurse Aide ADL charting (Gives you 1-2 weeks to clarify ADL needs)
- Review depression/behavior/mood
- Review documentation of wounds (Proper coding?)
- Review for weight loss, pneumonia, vomiting, tube feeding and fever

RECAP: CASE MIX

- Ensure
 - Team is meeting to review resident before Assessment Reference Period
 - ADL coding is accurate
 - NP/MD has identified active diagnosis in past 60 days
 - Respiratory assessment is performed for capturing respiratory dx and SOB with head lying flat

NEW MN REQUIREMENTS: SCSA

If the resident is receiving skilled therapy or strict isolation services and this is impacting the resident's RUG-IV classification, the SCSA is required

When all speech, occupational, and physical therapies end

- The Assessment Reference Date (ARD) must be set on day eight after all therapy services have ended

When Isolation for an active infectious disease ends

- The ARD must be set on day 15 after all isolation services have ended

NEW!! MDS SCSA ASSESSMENT POST THERAPY AND ISOLATION: ARD AND COMPLETION DATES

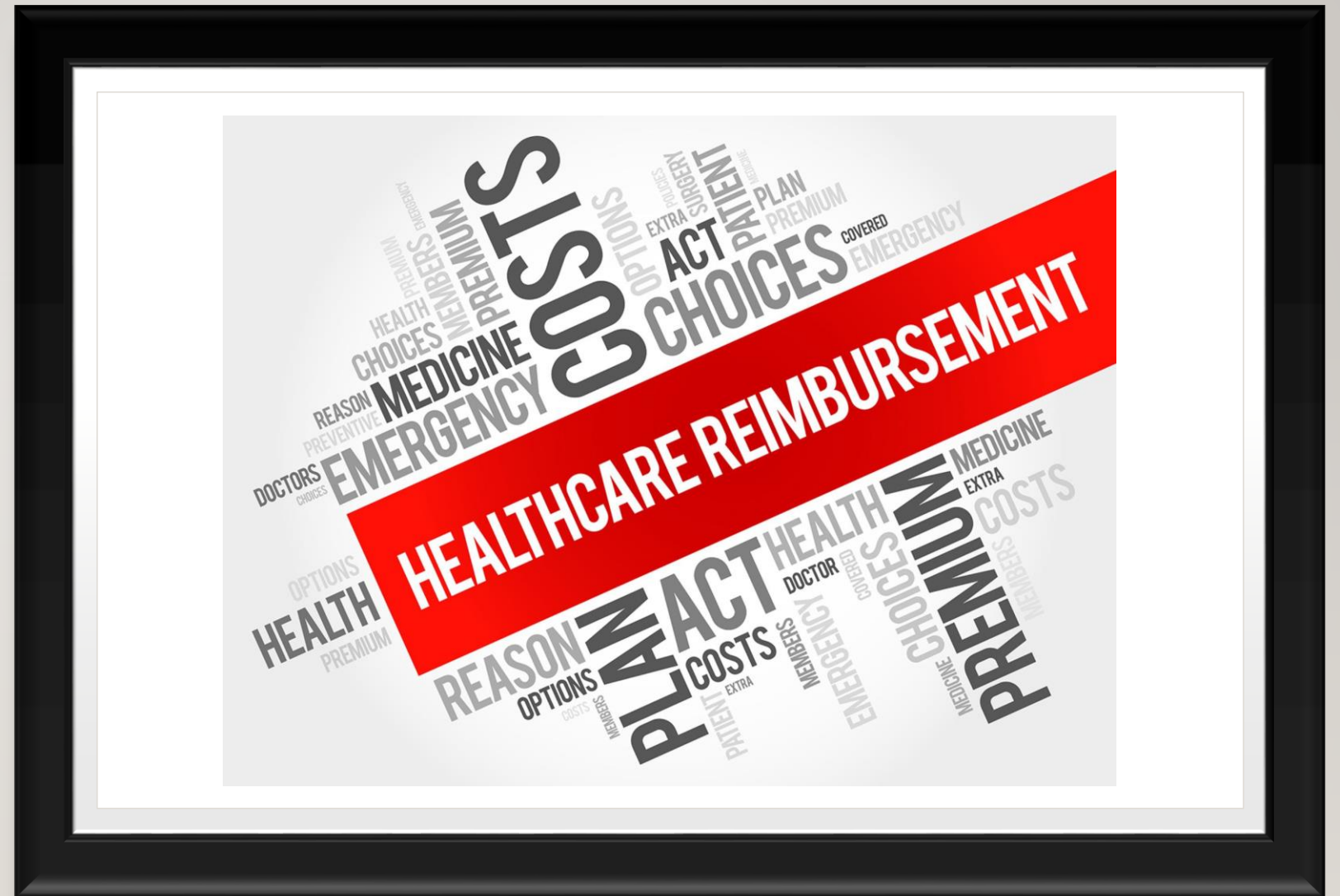
- The last day of skilled therapy or isolation services is considered day 0 when determining the ARD of the SCSA
- The ARD is fixed, this is not flexible
- No grace days are allowed
- The SCSA completion date can be no later than the ARD + 14 calendar days

MDH CRITERIA FOR STRICT ISOLATION

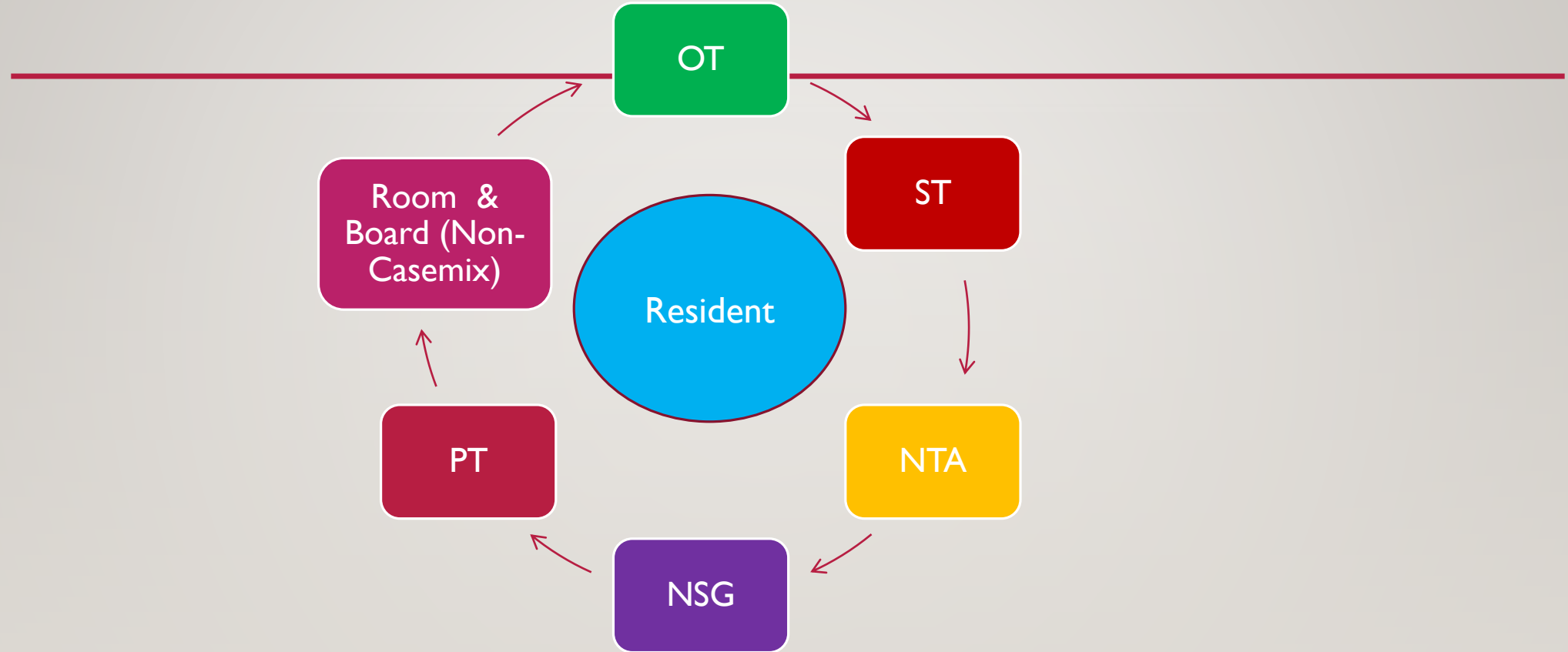
- **Criteria for Strict Isolation**
- An active infection with a highly transmissible pathogen
- Transmission based precautions are in place
- The resident is alone in a room because of the infection
- The resident must remain in their room services are brought to the resident e.g. dining, bathing, therapies, activities, etc.

REIMBURSEMENT: MEDICARE/PDPM (PATIENT DRIVEN PAYMENT MODEL)

OVERVIEW



PATIENT DRIVEN PAYMENT MODEL- REVIEW



Under PDPM all residents are paid for each component even if not on therapy, etc..

Function Scoring

Walking not in Nursing Function Score

Self-Care: Eating GG0130A1		Self Care: Oral Hygiene NOT NURSING GG0130B1		Self Care: Toileting Hygiene GG0130C1		Mobility Sit to Lying GG0170B1		Mobility Lying to Sitting side of bed GG0170C1		Mobility Sit to Stand GG0170D1		Mobility Chair/bed to chair transfer GG0170E1		Mobility: Toilet Transfer GG0170F1		Mobility: Walk 50 ft with 2 turns GG0170j1		Mobility: Walk 150 Feet GG0170K1	
Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col1	Score	Col1	Score	Col1	Score
05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4
04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3
03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2
02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1
1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0
Score		Score		Score		Score		Score		Score		Score		Score		Score		Score	

Function Scores:
 Eat: _____ Oral: _____ Toilet: _____ Average of 2 Bed Mobility: _____ Average of 3 Mobility- Transfer: _____ Average of 2 Walking: _____

PT/OT GG Function Score: _____ (Total all points) Nursing GG Function Score: _____ (Subtract Walking and Oral Hygiene scores)

PT/OT Component: Case Mix _____ \$PT _____/day \$OT _____/day SLP Component: Case Mix Group _____ \$ _____/Day

PT and OT Component <i>Find dx Category and find GG=therapy score = Case Mix and Weight</i>	GG Score	0-5 (Dependent)	6-9	10-23	24 (Ind.)
Major Joint Replacement or Spinal Surgery	TA PT-1.53 OT-1.49	TB PT-1.69 OT-1.63	TC PT-1.88 OT-1.68	TD PT-1.92 OT-1.53	
Other Orthopedic	TE PT-1.42 OT-1.41	TF PT-1.61 OT-1.59	TG PT-1.67 OT-1.64	TH PT-1.16 OT-1.15	
Medical Management	TI PT-1.13 OT-1.17	TJ PT-1.42 OT-1.44	TK PT-1.52 OT-1.54	TL PT-1.09 OT-1.11	
Non-Orthopedic Surgery and Acute Neurologic	TM PT-1.27 OT-1.30	TN PT-1.48 OT-1.49	TO PT-1.55 OT-1.55	TP PT-1.08 OT-1.09	

Nursing Component: Extensive Services

Area	GG	CM
00100E2 Tracheostomy care while a Resident	0-14	ES2 3.06
00100F2 Trach AND Ventilator/Respirator	0-14	ES3 4.04
00100M2 Infection isolation while a Resident	0-14	ES1 2.91

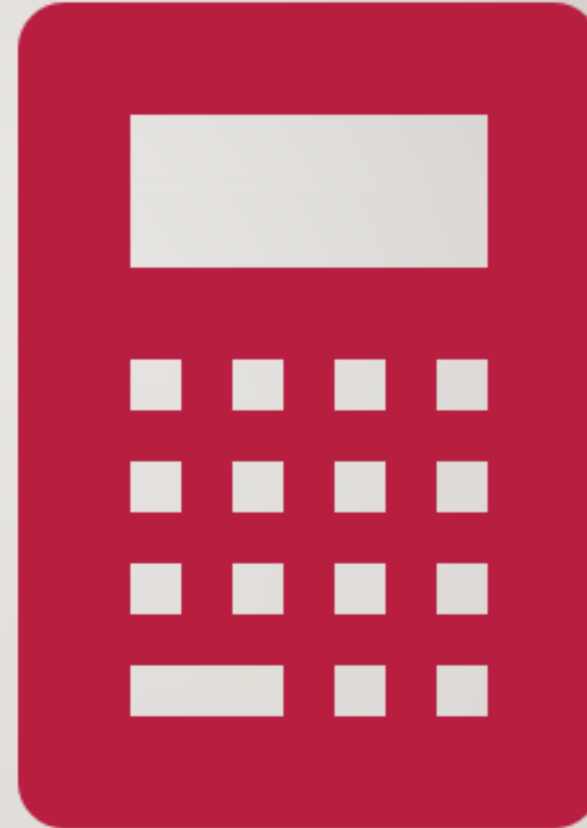
“A”-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, “B”- SLP (Speech) Related Comorbidity and/or “C” Cognitive Impairment B-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR C= Cognitive Impairment (BIMS Score 0-12)	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2)	SLP Case Mix	Wt.
None (“A”, “B”, or “C”)	None	SA	.68
None (“A”, “B”, or “C”)	Either	SB	1.82
None (“A”, “B”, or “C”)	Both	SC	2.66
Any One Category (“A”, “B”, or “C”)	None	SD	1.46
Any One Category (“A”, “B”, or “C”)	Either	SE	2.33
Any One Category (“A”, “B”, or “C”)	Both	SF	2.97
Any Two Categories (“A”, “B”, or “C”)	None	SG	2.04
Any Two Categories (“A”, “B”, or “C”)	Either	SH	2.85
Any Two Categories (“A”, “B”, or “C”)	Both	SI	3.51
All Three Categories (“A”, “B”, “C”)	None	SJ	2.98
All Three Categories (“A”, “B”, “C”)	Either	SK	3.69
All Three Categories (“A”, “B”, or “C”)	Both	SL	4.19

QUICK OVERVIEW- FOLLOW THE PDPM TOOL

- GG Score
- PT/OT rates are determined by Primary DX and GG score
- Speech reimbursement is based on 3 things- presence of acute neuro dx, speech co-morbidities and/or cognitive impairment (BIMS score 0-12)
- Nursing- rates go up with various diagnosis (Same as case mix)
- NTA- rates are dependent on various diagnosis coding on MDS

CASE MIX WEIGHTS

- Under each section PDPM Tool you will see small numbers which reflect the PDPM Case Mix Weights
- The larger the number the greater the reimbursement



NURSING FACILITY BASE RATES

TABLE 3: FY 2021 Unadjusted Federal Rate Per Diem—URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$62.04	\$57.75	\$23.16	\$108.16	\$81.60	\$96.85

TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$70.72	\$64.95	\$29.18	\$103.34	\$77.96	\$98.64

PRIMARY DX CATEGORIES

- **Major Joint Replacement/Spinal Surgery**
- **Other Orthopedic**
- **Medical Management (Includes Respiratory, Infection, etc..)**
- **Non-Orthopedic Surgery and Acute Neurologic**

CHOOSING THE CORRECT PRIMARY DX

- **Primary diagnosis**

- Under PDPM- We are allowed to choose the primary diagnosis. It does NOT have to be the same hospital primary diagnosis. It can have a big financial impact

- **Case Study**

- Resident is admitted with Primary dx- post hemorrhagic anemia (Medical Management Category) – hospital notes also indicated metabolic encephalopathy (Acute Neurological)
- By choosing metabolic encephalopathy- you will increase your therapy reimbursement rates.
- Rural Rates, GG Score of 6-9- PT (ME) 104.66 Anemia=100.4, OT(ME)=96.77 Anemia =\$92.22 Speech is the biggest impact d/t acute neuro \$42.60/day Anemia= \$19.84
- Total Loss \$31.57/day x = **1st 3 days** rate is tripled)= ME- \$732.09 Anemia- \$637.38 (Loss \$94.71)

DRIVERS OF PT/OT AND NSG \$\$: SECTION GG



Section GG	Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
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 for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.	
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 teaching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING 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. (If the assistance of 2 or more helpers is required for the resident to complete the activity.	
If activity was not attempted, code reasons:	
07. Resident refused.	
09. Not applicable.	
80. Not attempted due to medical condition or safety concerns.	

SECTION GG- FUNCTIONAL ADLS

- **Three** ADLs

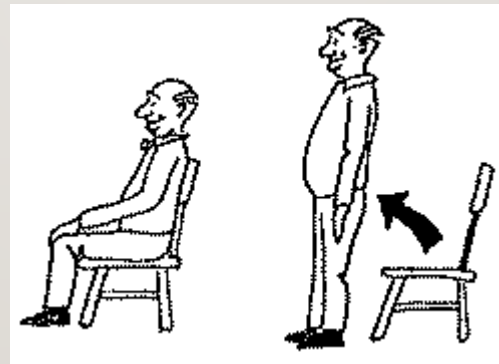
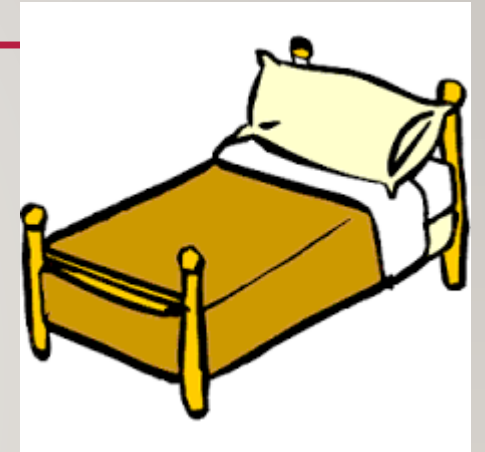
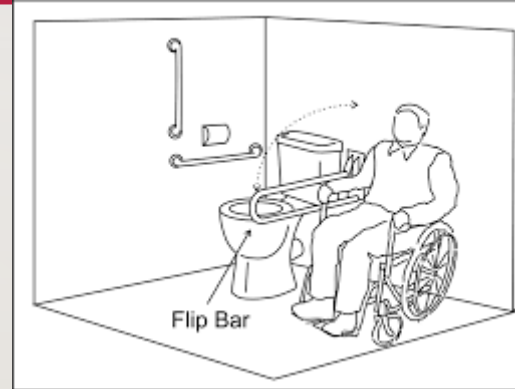
- Eating
- Oral hygiene
- Toilet hygiene

- ** Remember coding is 0= Most Dependent
- 6= Independent***



SECTION GG: MOBILITY

- Bed Mobility (sit to lying)
- Sit to Stand Transfer
- Toilet Transfer
- Ambulation
 - 50 feet
 - 100 feet



PDPM AUDIT TOOL

Enter Section GG codes at Top Section

PDPM Audit/Determination Tool

Name _____ Rm # _____ Diagnosis: _____ BIMS _____ ARD _____

Function Scoring

Self-Care: Eating GG0130A1		Self-Care: Oral Hygiene GG0130B1 NOT NURSING		Self-Care: Toileting Hygiene GG0130C1		Mobility Sit to Lying GG0170B1		Mobility Lying to Sitting side of bed GG0170C1		Mobility Sit to Stand GG0170D1		Mobility Chair/bed to chair transfer GG0170E1		Mobility: Toilet Transfer GG0170F1		Mobility: Walk 50 ft with 2 turns GG0170J1		Mobility: Walk 150 Feet GG0170K1	
Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score
05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4
04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3
03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2
02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1
1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0
Score		Score		Score		Score		Score		Score		Score		Score		Score		Score	

Function Scores:
 Eat: _____ Oral: _____ Toilet: _____ Average of 2 Bed Mobility: _____ Average of 3 Mobility- Transfer: _____ Average of 2 Walking: _____

PT/OT GG Function Score: _____ (Total all points) **Nursing GG Function Score:** _____ (Subtract Walking and Oral Hygiene scores)

PT/OT Component: Case Mix _____ \$PT _____ /day \$OT _____ /day **SLP Component: Case Mix Group** _____ \$ _____ /Day

PT and OT Component Find dx Category and find GG-therapy score = Case Mix and Weight	GG Score	0-5 (Dependent)	6-9	10-23	24 (Ind.)
Major Joint Replacement or Spinal Surgery	TA PT-1.53 OT-1.49	TB PT-1.69 OT-1.63	TC PT-1.88 OT-1.68	TD PT-1.92 OT-1.53	
Other Orthopedic	TE PT-1.42 OT-1.41	TF PT-1.61 OT-1.59	TG PT-1.67 OT-1.64	TH PT-1.16 OT-1.15	
Medical Management	TI PT-1.13 OT-1.17	TJ PT-1.42 OT-1.44	TK PT-1.52 OT-1.54	TL PT-1.09 OT-1.11	
Non-Orthopedic Surgery and Acute Neurologic	TM PT-1.27 OT-1.30	TN PT-1.48 OT-1.49	TO PT-1.55 OT-1.55	TP PT-1.08 OT-1.09	

Nursing Component: Extensive Services

Area	GG	CM
00100E2 Tracheostomy care while a Resident	0-14	ES2 3.06
00100F2 Trach AND Ventilator/Respirator	0-14	ES3 4.04
00100M2 Infection isolation while a Resident	0-14	ES1 2.91

"A"-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, "B"- SLP (Speech) Related Comorbidity and/or "C"- Cognitive Impairment	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2)	SLP Case Mix	Wt.
B-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR C= Cognitive Impairment (BIMS Score 0-12) None ("A", "B", or "C")	None	SA	.68
None ("A", "B", or "C")	Either	SB	1.82
None ("A", "B", or "C")	Both	SC	2.66
Any One Category ("A", "B", or "C")	None	SD	1.46
Any One Category ("A", "B", or "C")	Either	SE	2.33
Any One Category ("A", "B", or "C")	Both	SF	2.97
Any Two Categories ("A", "B", or "C")	None	SG	2.04
Any Two Categories ("A", "B", or "C")	Either	SH	2.85
Any Two Categories ("A", "B", or "C")	Both	SI	3.51
All Three Categories ("A", "B", "C")	None	SJ	2.98
All Three Categories ("A", "B", "C")	Either	SK	3.69
All Three Categories ("A", "B", or "C")	Both	SL	4.19

SECTION GG:WE HAVE TO GET IT RIGHT

- PT and Nursing must collaborate
- 1st 3 days of Admission and 3 days prior to discharge
- Tell the story- follow the RAI manual for coding
- Do not choose more than 2 goals
- Choose reachable goals (Otherwise will hurt you quality)

CALCULATING PT/OT COMPONENTS- LOOK AT PT/OT ON PDPM AUDIT TOOL

PDPM Audit/Determination Tool

Name _____ Rm # _____ Diagnosis: _____ BIMS _____ ARD _____

Function Scoring

Self-Care: Eating GG0130A1				Self-Care: Oral Hygiene NOT NURSING GG0130B1				Self-Care: Toileting Hygiene GG0130C1				Mobility Sit to Lying GG0170B1				Mobility Lying to Sitting side of bed GG0170C1				Mobility Sit to Stand GG0170D1				Mobility Chair/bed to chair transfer GG0170E1				Mobility Toilet Transfer GG0170F1				Walking not in Nursing Function Score Mobility: Walk 50 ft with 2 turns GG0170J1				Mobility: Walk 150 Feet GG0170K1			
Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score								
05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4								
04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3								
03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2								
02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1								
1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0								
Score _____				Score _____				Score _____				Score _____				Score _____				Score _____				Score _____				Score _____											

Function Scores:
 Eat: _____ Oral: _____ Toilet: _____ Average of 2 Bed Mobility: _____ Average of 3 Mobility- Transfer: _____ Average of 2 Walking: _____

PT/OT GG Function Score: _____ (Total all points) Nursing GG Function Score: _____ (Subtract Walking and Oral Hygiene scores)

PT/OT Component: Case Mix \$PT _____ /day \$OT _____ /day **SLP Component: Case Mix Group** \$ _____ /Day

PT and OT Component <i>Find dx Category and find GG=therapy score = Case Mix and Weight</i>	GG Score	0-5 (Dependent)	6-9	10-23	24 (Ind.)	SLP Component: Case Mix Group	SLP Case Mix	Wt.	
		TA PT-1.53 OT-1.49	TB PT-1.69 OT-1.63	TC PT-1.88 OT-1.68	TD PT-1.92 OT-1.53				
Major Joint Replacement or Spinal Surgery		TE PT-1.42 OT-1.41	TF PT-1.61 OT-1.59	TG PT-1.67 OT-1.64	TH PT-1.16 OT-1.15	"A"-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, "B"- SLP (Speech) Related Comorbidity and/or "C" Cognitive Impairment "B"-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR "C" = Cognitive Impairment (BIMS Score 0-12) None ("A", "B", or "C") None ("A", "B", or "C") None ("A", "B", or "C") Any One Category ("A", "B", or "C") Any One Category ("A", "B", or "C") Any One Category ("A", "B", or "C") Any Two Categories ("A", "B", or "C") Any Two Categories ("A", "B", or "C") Any Two Categories ("A", "B", or "C") All Three Categories ("A", "B", "C") All Three Categories ("A", "B", "C") All Three Categories ("A", "B", "C")	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2) None Either Both None Either Both None Either Both	SA SB SC SD SE SF SG SH SI SJ SK SL	.68 1.82 2.66 1.46 2.33 2.97 2.04 2.85 3.51 2.98 3.69 4.19
Other Orthopedic									
Medical Management									
Non-Orthopedic Surgery and Acute Neurologic									

Nursing Component: Extensive Services

Area	GG	CM
00100E2 Tracheostomy care while a Resident	0-14	ES2 3.06
00100F2 Trach AND Ventilator/Respirator	0-14	ES3 4.04
00100M2 Infection isolation while a Resident	0-14	ES1 2.91

PT/OT
Rate
Calculation

CALCULATE PT/OT RATE FOR IMA

PT/OT Component: Case Mix _____ \$PT _____ /day \$OT _____

PT and OT Component <i>Find dx Category and find GG=therapy score = Case Mix and Weight</i>	GG Score 0-5 (Dependent)	6-9	10-23	24 (Ind.)
Major Joint Replacement or Spinal Surgery	TA PT-1.53 OT-1.49	TB PT-1.69 OT-1.63	TC PT-1.88 OT-1.68	TD PT-1.92 OT-1.53
Other Orthopedic	TE PT-1.42 OT-1.41	TF PT-1.61 OT-1.59	TG PT-1.67 OT-1.64	TH PT-1.16 OT-1.15
Medical Management	TI PT-1.13 OT-1.17	TJ PT-1.42 OT-1.44	TK PT-1.52 OT-1.54	TL PT-1.09 OT-1.11
Non-Orthopedic Surgery and Acute Neurologic	TM PT-1.27 OT-1.30	TN PT-1.48 OT-1.49	TO PT-1.55 OT-1.55	TP PT-1.08 OT-1.09

GG Scores

Step 1- Find diagnosis category for Ima Sweetie

Step 2- Find PT/OT GG Score Column

Step 3- Note the Case Mix Index (Small Numbers for PT/OT)

Step 4- Use Case Mix Index/Weight and multiply by the PT OT Rates from CMS Table 3 & 4

Note: (Case Mix Letters are case mix that make up HIPPS Codes- see later slide)

Case Mix Index

Rate Calculation:

PT-1.48 x \$70.72/day=\$104.66

OT- 1.49x \$64.95/day=\$96.77

TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$70.72	\$64.95	\$29.18	\$103.34	\$77.96	\$98.64

CALCULATING PT/OT COMPONENTS- LOOK AT PT/OT ON PDPM AUDIT TOOL

PDPM Audit/Determination Tool

Name _____ Rm # _____ Diagnosis: _____ BIMS _____ ARD _____

Function Scoring

Self-Care: Eating GG0130A1				Self-Care: Oral Hygiene NOT NURSING GG0130B1				Self-Care: Toileting Hygiene GG0130C1				Mobility Sit to Lying GG0170B1				Mobility Lying to Sitting side of bed GG0170C1				Mobility Sit to Stand GG0170D1				Mobility Chair/bed to chair transfer GG0170E1				Mobility Toilet Transfer GG0170F1				Walking not in Nursing Function Score Mobility: Walk 50 ft with 2 turns GG0170J1				Mobility: Walk 150 Feet GG0170K1			
Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score	Col. 1	Score								
05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4	05, 06	4								
04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3	04	3								
03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2	03	2								
02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1	02	1								
1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0	1,7,9,88	0								
Score _____				Score _____				Score _____				Score _____				Score _____				Score _____				Score _____				Score _____											

Function Scores:
 Eat: _____ Oral: _____ Toilet: _____ Average of 2 Bed Mobility: _____ Average of 3 Mobility- Transfer: _____ Average of 2 Walking: _____

PT/OT GG Function Score: _____ (Total all points) Nursing GG Function Score: _____ (Subtract Walking and Oral Hygiene scores)

PT/OT Component: Case Mix \$PT _____ /day \$OT _____ /day **SLP Component: Case Mix Group** \$ _____ /Day

PT and OT Component <i>Find dx Category and find GG=therapy score = Case Mix and Weight</i>	GG Score	0-5 (Dependent)	6-9	10-23	24 (Ind.)	SLP Component: Case Mix Group	SLP Case Mix	Wt.	
		TA PT-1.53 OT-1.49	TB PT-1.69 OT-1.63	TC PT-1.88 OT-1.68	TD PT-1.92 OT-1.53				
Major Joint Replacement or Spinal Surgery						"A"-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, "B"- SLP (Speech) Related Comorbidity and/or "C" Cognitive Impairment "B"-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR "C" = Cognitive Impairment (BIMS Score 0-12) None ("A", "B", or "C") None ("A", "B", or "C") None ("A", "B", or "C") Any One Category ("A", "B", or "C") Any One Category ("A", "B", or "C") Any One Category ("A", "B", or "C") Any Two Categories ("A", "B", or "C") Any Two Categories ("A", "B", or "C") Any Two Categories ("A", "B", or "C") All Three Categories ("A", "B", "C") All Three Categories ("A", "B", "C") All Three Categories ("A", "B", "C")	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2) None Either Both None Either Both None Either Both	SA SB SC SD SE SF SG SH SI SJ SK SL	.68 1.82 2.66 1.46 2.33 2.97 2.04 2.85 3.51 2.98 3.69 4.19
Other Orthopedic		TE PT-1.42 OT-1.41	TF PT-1.61 OT-1.59	TG PT-1.67 OT-1.64	TH PT-1.16 OT-1.15				
Medical Management		TI PT-1.13 OT-1.17	TJ PT-1.42 OT-1.44	TK PT-1.52 OT-1.54	TL PT-1.09 OT-1.11				
Non-Orthopedic Surgery and Acute Neurologic		TM PT-1.27 OT-1.30	TN PT-1.48 OT-1.49	TO PT-1.55 OT-1.55	TP PT-1.08 OT-1.09				

Nursing Component: Extensive Services

Area	GG	CM
00100E2 Tracheostomy care while a Resident	0-14	ES2 3.06
00100F2 Trach AND Ventilator/Respirator	0-14	ES3 4.04
00100M2 Infection isolation while a Resident	0-14	ES1 2.91

PT/OT
Rate
Calculation

CASE MIX INDEXES/WEIGHTS

- Used to determine the rate per day (Multiply x Federal Base Rate)
- The higher the case mix weight number the greater the reimbursement
- Highest PT rate is Joint Replacement or Spinal Surgery with a GG score of 24 (Independent) = PT base rate \$70.72 x 1.92 = \$135.78 daily PT rate

PT AND OT CASE-MIX CLASSIFICATION GROUPS

Clinical Category	Section GG Function Score	PT OT Case-Mix Group	PT Case-Mix Index	OT Case-Mix Index
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.69	1.63
	10-23	TC	1.88	1.68
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.59
	10-23	TG	1.67	1.64
	24	TH	1.16	1.15

This group with lower score is most dependent

Highest OT

These residents (10-23 score) will utilize the most OT-This group more likely to participate

Highest PT

Totally Independent

PT/OT COMPONENTS REVIEW



- **Clinical Categories**
- *(Major Joint Replacement/Spinal Surgery, Other Orthopedic, Medical Management, Non-Orthopedic Surgery and Acute Neurologic)*
- **GG Function Score**
 - 10 MDS section GG items used
 - 0-24 points assigned (0-Dependent 24= Independent)
- **PT/OT Case Mix Groups**
 - 16 Levels each
 - Different CMI's for PT and OT (CMI TA-TP)

Speech Language Pathology

Case-Mix Classification



CALCULATION OF SLP DAILY RATE (EVEN IF NO SPEECH THERAPY)

-
- 1st: **We look for an A, B, and/or C**
 - A= Acute neurological disorder
 - B= Speech related co-morbidities
 - Apasia, TIA, Hemiplegia/plegia, Stroke, CVA, Dysphagia, Apraxia, Speech and Language deficits, Oral Cancer, Laryngeal cancer, ALS
 - C=Cognitive Impairment (BIMS score of 0-12)

CALCULATION OF SLP DAILY RATE (EVEN IF NO SPEECH THERAPY) SWALLOW AND MECH ALTERED DIET

- 2nd: We look for Swallow Disorder or Mechanically Altered Diet (MDS Section K)
 - Swallowing Disorder
 - Consider – When a nurse decides to crush meds or put meds in applesauce- how does the RD know to code it in section K?? If not coded.. LOSE DOLLARS

K0100: Swallowing Disorder

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

CALCULATION OF SLP DAILY RATE (EVEN IF NO SPEECH THERAPY) SWALLOW AND MECH ALTERED DIET

- **RAI Manual:** Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.
 - **Mechanically Altered Diet**
 - Not just swallowing- Also consider..for teeth issues, dentures that do not fit etc..

CALCULATION OF SLP DAILY RATE (EVEN IF NO SPEECH THERAPY) SWALLOW AND MECH ALTERED DIET

- **RAI Manual:** Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.
 - **Mechanically Altered Diet**
 - Not just swallowing- Also consider..for teeth issues, dentures that do not fit etc..

Calculation of Speech for IMA

SLP Component: Case Mix Group _____ \$ _____/Day

"A"-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, "B"- SLP (Speech) Related Comorbidity and/or "C" Cognitive Impairment B-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR C= Cognitive Impairment (BIMS Score 0-12)	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2)	SLP Case Mix	Wt.
None ("A", "B", or "C")	None	SA	.68
None ("A", "B", or "C")	Either	SB	1.82
None ("A", "B", or "C")	Both	SC	2.66
Any One Category ("A", "B", or "C")	None	SD	1.46
Any One Category ("A", "B", or "C")	Either	SE	2.33
Any One Category ("A", "B", or "C")	Both	SF	2.97
Any Two Categories ("A", "B", or "C")	None	SG	2.04
Any Two Categories ("A", "B", or "C")	Either	SH	2.85
Any Two Categories ("A", "B", or "C")	Both	SI	3.51
All Three Categories ("A", "B", "C")	None	SJ	2.98
All Three Categories ("A", "B", "C")	Either	SK	3.69
All Three Categories ("A", "B", or "C")	Both	SL	4.19

1st Review A,B,C, Categories

1. Note if NO A,B, or C or "None"
2. Note if 1 (A,B or C)
3. Note if 2 (A,B, or C)
4. Note if has all 3 A,B,C categories

Next note if presence of a swallowing disorder or mech altered diet

None= no swallow disorder- no mech altered diet
 Either- Has swallow dis. OR mech altered diet
 Both- Both swallow and mech altered diet

Calculate- take case mix index X 29.18=Rate
 IMA- Case mix 2.98 x \$29.18=\$86.95/day

TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$70.72	\$64.95	\$29.18	\$103.34	\$77.96	\$98.64

HUGE REVENUE OPPORTUNITY

SLP Component: Case Mix Group _____ \$ _____/Day

"A"-Presence of Acute Neuro Condition (i.e., Cerebral Infarction, "B"- SLP (Speech) Related Comorbidity and/or "C" Cognitive Impairment B-Speech Comorbidities = (Aphasia, CVA, TIA, TBI, Trach, Hemiplegia/paresis, Vent, Laryngeal cancer, ALS, Oral cancers, Apraxia, Speech & Lang. Deficits, Dysphagia) &/OR C= Cognitive Impairment (BIMS Score 0-12)	Presence of Swallowing Disorder (K0100) or Mechanically Altered Diet (K0510C2)	SLP Case Mix	Wt.
None ("A", "B", or "C")	None	SA	.68
None ("A", "B", or "C")	Either	SB	1.82
None ("A", "B", or "C")	Both	SC	2.66
Any One Category ("A", "B", or "C")	None	SD	1.46
Any One Category ("A", "B", or "C")	Either	SE	2.33
Any One Category ("A", "B", or "C")	Both	SF	2.97
Any Two Categories ("A", "B", or "C")	None	SG	2.04
Any Two Categories ("A", "B", or "C")	Either	SH	2.85
Any Two Categories ("A", "B", or "C")	Both	SI	3.51
All Three Categories ("A", "B", "C")	None	SJ	2.98
All Three Categories ("A", "B", "C")	Either	SK	3.69
All Three Categories ("A", "B", or "C")	Both	SL	4.19

- Lowest Rate= SA=19.84
Add swallow or mech alt diet=(1.82)53.10/day (Are you crushing meds? (\$30/day increase)
- One (A,B,C)=\$42.60/day (i.e. has hemiplegia – not admitting dx)

CALCULATION OF NURSING RATES



NURSING REIMBURSEMENT: SPECIAL CARE HIGH “H”

- Greatest Opportunity for Reimbursement!



PDPM: NURSING REIMBURSEMENT (SEE PDPM TOOL)

- **All Categories Same as MN Case Mix RUGS IV**
- **Extensive Services “E”**
- **Special Care High “H”**
- **Special Care Low “L”**
- **Clinically Complex “C”**
- **Behavior/Cognition “B”**
- **Reduced Physical Function “P”**

NURSING REIMBURSEMENT: SPECIAL CARE HIGH “H”

- Greatest Opportunity for Reimbursement!



NURSING REIMBURSEMENT: SPECIAL CARE HIGH “H”

■ **Shortness of breath with head flat**

- Does not mean gasping for air with head of bed flat
- Consider- does the resident require pillows to elevate head for comfort with breathing
- Do they sleep in a recliner due to breathing comfort
- Do they use a CPAP or Oxygen at night for shortness of breath (Treatment allows them to not be short of breath)
- This can be an increase of \$70/day- very important that your nurses understand the importance of this!

NURSING REIMBURSEMENT: SPECIAL CARE HIGH

- Respiratory Therapy for 7 days week- 15 minutes a day

- ENTAILS:

- Performing an assessment prior to a nebulizer treatment, after a nebulizer treatment
- Counting the minutes to set-up the nebulizer treatment. Counting the minutes to assess before and after the neb
- The assessment includes: Lung sounds, O2 sats, Pulse, Respirations and Presence of cough/congestion
- IF this totals 15 minutes in 24 hours for 7 days during the assessment reference period- Respiratory Therapy can be captured
- This can increase reimbursement up to \$70/day

NON-THERAPY ANCILLARY- NTA



PDPM AUDIT TOOL: NTA

Non-Therapy Ancillary (NTA) Component (Circle all that apply)

(Note- MDS I8000 is where codes are entered and not a checkbox on MDS)

Condition/Extensive Services	Source (MDS unless Noted)	Points	Condition/Extensive Services	Source (MDS unless Noted)	Points
HIV/AIDS	SNF Claim	8	Morbid Obesity	I8000	1
Parenteral IV Feed Level High (K0710A2=3.51% or more while a resident)	MDS K0510A2 or K0710A2	7	Special Treatment/Program: Radiation Post Admit	O0100B2	1
IV Med Post Admit	O0100H2	5	Highest Stage of Unhealed Pressure Ulcer-Stg 4	M0300D1	1
Vent or Resp. Post Admit	O0100F2	4	Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Parenteral IV Feed Level Low (K0710A2=2.26-50% or more while a resident AND K0710B2=2.501/cc/day or more)	MDS K0510A2 or K0710A2, K0710B2	3	Chronic Pancreatitis	I8000	1
Lung Transplant Status	I8000	3	Proliferative DM Retinopathy Vitreous Hemorrhage	I8000	1
Transfusion Post Admit	O0100I2	2	Other Foot problems: Foot Infection, Other open lesion on foot, except Diabetic foot ulcer	M1040A, M1040C	1
Major Organ Transplant (Except Lung)	I8000	2	Complications of Specified Implanted Device or Graft	I8000	1
Multiple Sclerosis	I5200	2	Bowel and Bladder Appliance, Intermittent Cath	H0100D	1
Opportunistic Infections	I8000	2	Inflammatory Bowel Disease	I8000	1
Active Asthma, COPD, Chronic Lung Disease	I6200	2	Aseptic Necrosis of Bone	I8000	1
Bone/Joint/Necrosis- except aseptic necrosis of bone	I8000	2	Special Treatments/Programs: Suctioning Post Admit	O0100D2	1
Chronic Myeloid Leukemia	I8000	2	Cardio-Respiratory Failure Shock (Pulmonary edema)	I8000	1
Wound Infection Code	I2500	2	Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Active Diabetes Mellitus	I2900	2	Systemic Lupus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Endocarditis	I8000	1	Diabetic Retinopathy-Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Immune Disorders	I8000	1	Nutritional Approaches: Feeding Tube	K0510B2	1
End Stage Liver Disease	I8000	1	Severe Skin Burn or Condition	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer	I040B	1	Intractable Epilepsy (Seizures not Controlled)	I8000	1
Narcolepsy and Cataplexy	I8000	1	Malnutrition Code	I5600	1
Cystic Fibrosis	I8000	1	Disorders of Immunity Except RxCC97: Immune disorder	I8000	1
Special Treatments/Programs: Trach Care Post- admit Code	O0100M2	1	Cirrhosis of Liver	I8000	1
Multi- Drug Resistant Organism MDRO Code	I1700	1	Bladder and Bowel Appliances: Ostomy	H0100C	1
Special Treatments/Programs: Isolation Post- admit code	O0100M2	1	Respiratory Arrest	I8000	1
Specified Hereditary Metabolic Immune Disorders	I8000	1	Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

Add all the points. Total of points- Score: _____ (See NTA Case-Mix Group Scoring Below) NTA Case Mix Index _____
 \$_____/day (Times 3 first 3 days) \$_____(Days 1-3)

NON-THERAPY ANCILLARY CATEGORY

- Identify disease, or co-morbidity (Review highlights)
- Review if coded on MDS or if added on MDS in section 18000 on MDS. **If you do not check the box on MDS for a dx and only put in 1800 you will not get the NTA credit. (i.e. if you do not check 15600 “Malnutrition on MDS and only code with ICD-10 code in 1800- no credit)**
- Add up the points
- Number of points = case mix category=case mix weight

NON-THERAPY ANCILLARY (NTA) = COMORBIDITIES

- Refer to CMS ICD-10 crosswalk
- Opportunities
 - Morbid Obesity
 - Respiratory disease (COPD, Asthma, Emphysema, Interstitial lung disease, Pulmonary edema, Respiratory Failure)
 - Diabetes
 - Malnutrition
 - Wound Infection
 - Google CMS PDPM for dx list. EHRs are also good at now identifying.

NTA EXAMPLE

- **Resident Ms. Jones**
- Admit 8/30 x Fx shaft of humerus right arm encounter for routine healing (Non-ortho surgery)
- Other pertinent dx: Hemorrhage of cerebrum, Anemia, Idiopathic Pulmonary Hemosiderosis (IPH) (Chronic lung disease), **(Not coded in Section I of MDS)** Hemorrhage of the cerebrum (Acute Neuro)
- I would check dx of IPH as a chronic lung disorder I6200 which gives you 2 NTA points. You could also get another NTA point category Pulmonary Fibrosis and Other Chronic Lung NTA would be \$57.53 day. By adding **2 respiratory dx points=\$76.71 a day an increase of \$19.18 a day.**
- **NTA \$\$ before lung disease coded=\$57.53 (“0” NTA Points)**
- **NTA \$\$ after capturing chronic lung/IPH (J84.03) = \$107.08/day (3 NTA Points)**
- **Difference of \$49.84 a day (Or loss of \$149.54 for 1st 3 days or total of \$448.64) *Urban Rates***

CASE STUDIES- DIAGNOSIS AND MDS

- Under section I- coding for TIA and Cerebral Infarction was listed as a diagnosis on MDS I8000. Because TIA/CVA was not checked in box I4500 on MDS it was not captured as a Speech Comorbidity. (Maybe NP would not sign as an active dx)
- If you did check that box for TIA/CVA/Stroke the rate for Speech bucket of money would go from \$19.42/day to \$51.99/day. Difference of \$32.57/day.

THE PDPM IDT MEETING



- Review new resident first 3-5 days
- Review section GG
- Review daily for changes in condition to perform an IPA assessment (Case manage)
- Review primary diagnosis by nursing and therapy
- Communicate IV meds, new skin conditions, oxygen etc..

MEDICARE DOCUMENTATION AND THE IDT

- The medical record is expected to provide:

- **Communication**

- Among **ALL** members of the care team regarding the:

- Development of the plan of care
- Course of care and treatment
- Outcomes of the:
 - Skilled observations
 - Assessments and/or treatments
 - Training



DETECTING HIPPS CODES

<u>Use For Payment</u>	<u>State RUG</u>	<u>Alt State RUG</u>	<u>State CMI</u>	<u>Medicare RUG</u>	<u>Mdcr Non- Thrpy RUG</u>	<u>Medicare CMI</u>	<u>Insurance RUG</u>	<u>Locked Date</u>	<u>Completed Date</u>	<u>Accepted Date</u>
Y	ES2 <u>HIPPS</u> KDBB1	<u>OT</u> TK	2.23 <u>PT</u> TK	RHL <u>NTA</u> NB	ES2 <u>SLP</u> SD	57 <u>Nursing</u> ES2		1/10/2020	1/9/2020	
Y	RAC <u>HIPPS</u> KEXF1	<u>OT</u> TK	1.36 <u>PT</u> TK	RHB <u>NTA</u> NF	PC1 <u>SLP</u> SE	40 <u>Nursing</u> PBC1		2/7/2020	1/29/2020	

• Refer to Handout

- PDPM HIPPS Code**
- Character 1: PT/OT Payment Group- Last letter of therapy case mix
 - Character 2: SLP Payment Group- Last letter of SLP case mix
 - Character 3: Nursing Payment Group (See below)
 - Character 4: NTA Payment Group- Last letter of case mix
 - Character 5: Assessment Indicator- "0"= IPA "1"=5 day "6"=OBRA assessment

Nursing Payment Group to HIPPS Translation

Nursing	ES3	ES2	ES1	HDE2	HDE1	HBC2	HBC1	LDE2	LDE1
HIPPS Character	A	B	C	D	E	F	G	H	I

Nursing	LBC2	LBC1	CDE2	CDE1	CBC2	CA2	CBC1	CA1
HIPPS Character	J	K	L	M	N	O	P	Q

Nursing	BAB2	BAB1	PDE2	PDE1	PBC2	PA2	PBC1	PA1
HIPPS Character	R	S	T	U	V	W	X	Y

Coding Example

1. PT/OT Payment Group: TC
2. SLP Payment Group: SD
3. Nursing Payment Group: PBC1
4. NTA Payment Group: NE
5. Assessment Type: 5-day PPS Assessment

HIPPS Code: CDXE1

AUDIT FOR QUALITY

- Run Case Mix Reports, Diagnosis Reports (Asthma, COPD, Hemiplegia, etc..)
- Audit for quality of Medicare Documentation
- Review for capturing of diagnosis (Malnutrition, Morbid obesity, Respiratory)
- Audit for Respiratory Assessment and Respiratory Therapy
- Capture all NTA diagnosis
- MD/NP documentation of active diagnosis
- Audit/train staff on completion of GG documentation



TEAM WORK!!

- T- Together
- E-Everyone
- A-Achieves
- M-More



THANK YOU!!

- Questions??
- michelle.stober@srcareolutions.net

