

2018  
PHCA

Annual Convention and Trade Show

# THE NEW MEDICARE PART A PAYMENT MODEL – PATIENT DRIVEN (PDPM)

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Senior Living Services Consulting Group

November 14, 2018



## » Disclaimer

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## › CMS Goals:

- CMS's FY 2019 Proposed Rule addresses changes to the current Medicare Part A Payment System from a RUG based system, driven by therapy utilization to a revised case – mix classification model call the Patient-Driven Payment Model (PDPM).
  - Goals of the revised model:
    - Eliminate financial incentives related to therapy provision
    - Better account for resident characteristics and care needs.
    - Reduction of systemic and administrative complexity
    - Better ensure that resident care decisions appropriately reflect each resident's actual care needs



## › Components of the PDPM

- Each resident would be classified into five components rather than one RUG or single payment for all services.
- The components:
  - Physical Therapy (PT);
  - Occupational Therapy (OT);
  - Speech Language Therapy (SLP);
  - Non-therapy ancillary (NTA); and
  - Nursing
- A sixth component would be a **non-case mix component** that is fixed based on your specific facility.
- Payment is calculated by multiplying the CMI for the resident's group, first by the federal base payment rate and then by the specific day in the variable per-diem adjustment schedule.



## FUNCTIONAL ABILITY



### › Functional Ability: Section GG

- CMS will utilize Section GG (Functional Abilities and Goals) to determine a resident's functional ability:
- Items included:
  - Self –care

**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.



## Functional ability: Section GG

- Mobility:

|  |
|--|
| <b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.  |
| <b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| <b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.   |
| <b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).   |
| <b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.  |



## Functional Ability

- Scoring for Self- Care and Mobility items and assigned values:

| Points Assigned to Section GG Responses (Except Walking) |                |
|--|----------------|
| Section GG Responses                                     | Function Score |
| Independent  | 4              |
| Set-up Assistance  | 4              |
| Supervision or touching assistance                       | 3              |
| Partial/moderate assistance                              | 2              |
| Substantial/maximal assistance                           | 1              |
| Dependent  | 0              |
| Refused  | 0              |
| N/A  | 0              |
| Not Attempted  | 0              |



› Functional Ability:

- Walking:

|  |
|--|
| <b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns. |
| <b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.  |



› Functional ability:

- Scoring for Walking and assigned values:

| Points Assigned to Section GG Responses ( Walking Items) |                |
|--|----------------|
| Section GG Responses                                     | Function Score |
| Independent  | 4              |
| Set-up Assistance  | 4              |
| Supervision or touching assistance                       | 3              |
| Partial/moderate assistance                              | 2              |
| Substantial/maximal assistance                           | 1              |
| Dependent  | 0              |
| Refused  | 0              |
| N/A  | 0              |
| Not Attempted, Resident Cannot Walk                      | 0              |



## Calculating the Function Score

| Section  | GG Item                                   | Score                    |
|----------|---|--------------------------|
| GG0130A1 | Self-care: Eating                         | 0-4                      |
| GG0130B1 | Self-care: Oral Hygiene                   | 0-4                      |
| GG0130C1 | Self-care: Toileting Hygiene              | 0-4                      |
| GG0170B1 | Mobility: Sit to lying                    | 0-4 (average of 2 items) |
| GG0170C1 | Mobility: Lying to sitting on side of bed |                          |
| GG0170D1 | Mobility: Sit to stand                    | 0-4 (average of 3 items) |
| GG0170E1 | Mobility: Chair/bed-to-chair transfer     |                          |
| GG0170F1 | Mobility: Toilet transfer                 |                          |
| GG0170J1 | Mobility: Walk 50 feet with 2 turns       | 0-4 (average of 2 items) |
| GG0170K1 | Mobility: Walk 150 feet                   |                          |



PT/OT COMPONENT



### Physical Therapy (PT) / Occupational Therapy (OT)

- The purpose is to classify the resident under these components utilizing the primary reason for Skilled Nursing Facility (SNF) care and functional ability.
- CMS will utilize the first line of MDS item I8000 (Additional active diagnosis), and if applicable, the second line of I8000 to categorize the resident into one of four clinical categories.
- CMS may also utilize a new MDS item: I0020 (resident's primary medical condition category).



### Clinical categories

- Rather than the 10 clinical categories proposed with the RCS-1 model, CMS has collapsed the clinical categories into four clinical categories.
- These four categories will be utilized to classify the resident into both the PT and OT case-mix components.
- Once placed into the appropriate clinical category based on primary reason for admission, the splits are determined by the functional ability.



## › Clinical categories

| Clinical Categories                         | PT and OT GG-based Function Score |
|---|-----------------------------------|
| Major Joint Replacement or Spinal Surgery   | 0-5                               |
| Major Joint Replacement or Spinal Surgery   | 6-9                               |
| Major Joint Replacement or Spinal Surgery   | 10-23                             |
| Major Joint Replacement or Spinal Surgery   | 24                                |
| Other Orthopedic                            | 0-5                               |
| Other Orthopedic                            | 6-9                               |
| Other Orthopedic                            | 10-23                             |
| Other Orthopedic                            | 24                                |
| Medical Management                          | 0-5                               |
| Medical Management                          | 6-9                               |
| Medical Management                          | 10-23                             |
| Medical Management                          | 24                                |
| Non-Orthopedic Surgery and Acute Neurologic | 0-5                               |
| Non-Orthopedic Surgery and Acute Neurologic | 6-9                               |
| Non-Orthopedic Surgery and Acute Neurologic | 10-23                             |
| Non-Orthopedic Surgery and Acute Neurologic | 24                                |



## › PT Case Mix Index

| PT Component                                |                |                   |      |
|---|----------------|-------------------|------|
| Clinical Category                           | Function Score | PT Case Mix Group | CMI  |
| Major Joint Replacement or Spinal Surgery   | 0-5            | TA                | 1.53 |
| Major Joint Replacement or Spinal Surgery   | 6-9            | TB                | 1.69 |
| Major Joint Replacement or Spinal Surgery   | 10-23          | TC                | 1.88 |
| Major Joint Replacement or Spinal Surgery   | 24             | TD                | 1.92 |
| Other Orthopedic                            | 0-5            | TE                | 1.42 |
| Other Orthopedic                            | 6-9            | TF                | 1.61 |
| Other Orthopedic                            | 10-23          | TG                | 1.67 |
| Other Orthopedic                            | 24             | TH                | 1.16 |
| Medical Management                          | 0-5            | TI                | 1.13 |
| Medical Management                          | 6-9            | TJ                | 1.42 |
| Medical Management                          | 10-23          | TK                | 1.52 |
| Medical Management                          | 24             | TL                | 1.09 |
| Non-Orthopedic Surgery and Acute Neurologic | 0-5            | TM                | 1.27 |
| Non-Orthopedic Surgery and Acute Neurologic | 6-9            | TN                | 1.48 |
| Non-Orthopedic Surgery and Acute Neurologic | 10-23          | TO                | 1.55 |
| Non-Orthopedic Surgery and Acute Neurologic | 24             | TP                | 1.08 |





## OT Case-Mix Index

| OT Component                                |                |                   |      |
|---|----------------|-------------------|------|
| Clinical Category                           | Function Score | OT Case Mix Group | CMI  |
| Major Joint Replacement or Spinal Surgery   | 0-5            | TA                | 1.49 |
| Major Joint Replacement or Spinal Surgery   | 6-9            | TB                | 1.63 |
| Major Joint Replacement or Spinal Surgery   | 10-23          | TC                | 1.68 |
| Major Joint Replacement or Spinal Surgery   | 24             | TD                | 1.53 |
| Other Orthopedic                            | 0-5            | TE                | 1.41 |
| Other Orthopedic                            | 6-9            | TF                | 1.59 |
| Other Orthopedic                            | 10-23          | TG                | 1.64 |
| Other Orthopedic                            | 24             | TH                | 1.15 |
| Medical Management                          | 0-5            | TI                | 1.17 |
| Medical Management                          | 6-9            | TJ                | 1.44 |
| Medical Management                          | 10-23          | TK                | 1.54 |
| Medical Management                          | 24             | TL                | 1.11 |
| Non-Orthopedic Surgery and Acute Neurologic | 0-5            | TM                | 1.30 |
| Non-Orthopedic Surgery and Acute Neurologic | 6-9            | TN                | 1.49 |
| Non-Orthopedic Surgery and Acute Neurologic | 10-23          | TO                | 1.55 |
| Non-Orthopedic Surgery and Acute Neurologic | 24             | TP                | 1.09 |



## COGNITIVE LEVEL FOR PDPM



## › Cognitive Performance

- Cognitive performance is utilized in the calculation of the SLP component.
- The Cognitive Function Scale (CFS) combines scores from the Brief Interview for Mental Status (BIMS) and the Cognitive Performance Scale (CPS) into one scale that can be utilized for all residents.

| Cognitive Level     | BIMS Score | CPS Score |
|---------------------|------------|-----------|
| Cognitively Intact  | 13-15      | 0         |
| Mildly Impaired     | 8-12       | 1-2       |
| Moderately Impaired | 0-7        | 3-4       |
| Severely Impaired   | -          | 5-6       |



## SPEECH LANGUAGE COMPONENT



## SLP - Resident Classification

- There are three variables used to classify residents.
  - Clinical reasons for the SNF stay
  - The presence of a swallowing disorder or mechanically altered diet
  - The presence of an SLP-related comorbidity or cognitive impairments.



## Variable 1 - Clinical Categories

- There are only two clinical categories used for classification in the SLP component:
  - Acute Neurologic
  - Non-Neurologic

| Primary Diagnosis Clinical Category                                   | SLP Clinical Category |
|---|-----------------------|
| Major Joint Replacement or Spinal Surgery                             | Non-Neurologic        |
| Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) | Non-Neurologic        |
| Non-Orthopedic Surgery  | Non-Neurologic        |
| Acute Infections  | Non-Neurologic        |
| Cardiovascular and Coagulations                                       | Non-Neurologic        |
| Pulmonary   | Non-Neurologic        |
| Non Surgical Orthopedic/Musculoskeletal                               | Non-Neurologic        |
| Acute Neurologic  | Acute Neurologic      |
| Cancer  | Non-Neurologic        |
| Medical Management  | Non-Neurologic        |



## Variable 2 – Swallowing Disorder

- Determine if there is a swallowing disorder present as coded on the MDS in section K0100A through K0100D (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                   |



## Variable 2 – Mechanically Altered Diet

- Determine if the resident is receiving a mechanically altered diet as coded on the MDS in Section K0510C2 (Nutritional Approaches – while a resident)

**C. Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)



### Variable 3 – SLP Co-morbidity

- Co-morbidities:

|  |                              |
|--|------------------------------|
| Aphasia                                      | Laryngeal Cancer             |
| CVA, TIA, or Stroke                          | Apraxia                      |
| Hemiplegia or Hemiparesis                    | Dysphagia                    |
| Traumatic Brain Injury                       | ALS                          |
| Tracheostomy Care (While a Resident)         | Oral Cancers                 |
| Ventilator or Respiratory (While a Resident) | Speech and Language Deficits |



### SLP Case-Mix Groups

| Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment | Mechanically Altered Diet or Swallow Disorder | SLP Case-Mix Group |
|--|---|--------------------|
| None   | Neither                                       | SA                 |
| None   | Either  | SB                 |
| None   | Both  | SC                 |
| Any One  | Neither                                       | SD                 |
| Any One  | Either  | SE                 |
| Any One  | Both  | SF                 |
| Any Two  | Neither                                       | SG                 |
| Any Two  | Either  | SH                 |
| Any Two  | Both  | SI                 |



## SLP Case-Mix Index

| SLP Component  |  |                    |      |
|--|--|--------------------|------|
| Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment | Mechanically Altered Diet or Swallowing Disorder | SLP Case Mix Group | CMI  |
| None   | Neither  | SA                 | 0.68 |
| None   | Either   | SB                 | 1.82 |
| None   | Both   | SC                 | 2.66 |
| Any one  | Neither  | SD                 | 1.46 |
| Any one  | Either   | SE                 | 2.33 |
| Any one  | Both   | SF                 | 2.97 |
| Any two  | Neither  | SG                 | 2.04 |
| Any two  | Either   | SH                 | 2.85 |
| Any two  | Both   | SI                 | 3.51 |
| All three  | Neither  | SJ                 | 2.98 |
| All three  | Either   | SK                 | 3.69 |
| All three  | Both   | SL                 | 4.19 |



## NON-THERAPY ANCILLARIES (NTA)



## NTA Scoring

- The purpose of the NTA scoring is to capture certain comorbidity conditions and extensive services that are associated with increased cost.
- A resident's total comorbidity score is the sum of the points associated with the resident's comorbidities and services.
- There are 6 NTA case mix groups.



## NTA Conditions/Services and assigned points

| Conditions/Extensive Service   | MDS Item(s)               | Points |
|--|---------------------------|--------|
| HIV/AIDS   | N/A (SNF claim)           | 8      |
| Parenteral IV Feeding: Level High                                      | K0510A2, K0710A2          | 7      |
| Special Treatments/Programs: Intravenous Medication Post-admit Code    | O0100H2                   | 5      |
| Special Treatments/Programs: Ventilator and Respirator Post-admit Code | O0100F2                   | 4      |
| Parenteral IV Feeding: Level Low                                       | K0510A2, K0710A2, K0710B2 | 3      |
| Lung Transplant Status   | I8000                     | 3      |



## NTA Conditions/Services and assigned points

| Conditions/Extensive Service   | MDS Item(s) | Points |
|--|-------------|--------|
| Special Treatments/Programs: Transfusion Post-admit Code                 | O0100I2     | 2      |
| Major Organ Transplant Status, Except Lung                               | I8000       | 2      |
| Active Diagnoses: Multiple Sclerosis Code                                | I5200       | 2      |
| Opportunistic Infections   | I8000       | 2      |
| Active Diagnoses: 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 Diagnoses: Diabetes Mellitus (DM) Code                            | I2900       | 2      |



## NTA Conditions/Services and assigned points

| Conditions/Extensive Service                                   | MDS Item(s) | Points |
|--|-------------|--------|
| Endocarditis   | I8000       | 1      |
| Immune Disorders   | I8000       | 1      |
| End-State Liver Disease  | I8000       | 1      |
| Other Foot Skin Problems: Diabetic Foot Ulcer Code             | M1040B      | 1      |
| Narcolepsy and Cataplexy                                       | I8000       | 1      |
| Cystic Fibrosis  | I8000       | 1      |
| Special Treatments/Programs: Tracheostomy Care Post-admit Code | O0100E2     | 1      |
| Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code    | I1700       | 1      |
| Special Treatments/Programs: Isolation Post-admit Code         | O0100M2     | 1      |
| Specified Hereditary Metabolic/Immune Disorder                 | I8000       | 1      |
| Morbid Obesity   | I8000       | 1      |
| Special Treatments/Programs: Radiation Post-admit Code         | O0100B2     | 1      |





## NTA Conditions/Services and assigned points

| Conditions/Extensive Service   | MDS Item(s)                  | Points |
|--|------------------------------|--------|
| Highest Stage of Unhealed Pressure Ulcer – Stage 4   | M0300X1                      | 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 on Foot Code, Except Diabetic Foot Ulcer Code | M1040A;<br>M1040B;<br>M1040C | 1      |
| Complications of Specified Implanted Device or Graft   | I8000                        | 1      |
| Bladder and Bowel Appliances: Intermittent catheterization   | H0100D                       | 1      |
| Inflammatory Bowel Disease   | I8000                        | 1      |
| Aseptic Necrosis of Bone   | I8000                        | 1      |
| Special Treatments/Programs: Suctioning Post-admit Code  | O0100D2                      | 1      |
| Cardio-Respiratory Failure and Shock   | I8000                        | 1      |



## NTA Conditions/Services and assigned points

| Conditions/Extensive Service  | MDS Item(s) | Points |
|---|-------------|--------|
| 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 While a Resident: Feeding Tube   | K0510B2     | 1      |
| Severe Skin Burn or Condition   | I8000       | 1      |
| Intractable Epilepsy  | I8000       | 1      |
| Active Diagnoses: 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      |



## NTA Case-Mix Group and Index

| NTA Score Range | NTA Case-Mix Group | NTA Case-Mix Index |
|-----------------|--------------------|--------------------|
| 12+             | NA                 | 3.25               |
| 9-11            | NB                 | 2.53               |
| 6-8             | NC                 | 1.85               |
| 3-5             | ND                 | 1.34               |
| 1-2             | NE                 | 0.96               |
| 0               | NF                 | 0.72               |



## NURSING CASE-MIX



## › Nursing Case Mix

- With RCS-1, CMS proposed to utilize the current nursing RUG categories within the RUG-IV PPS model.
- With implementation of the PDPM, CMS has reduced the number of nursing case mix groups from 43 to 25 by decreasing end splits based on the functional score.



## › Nursing Case – Mix Groups

- Extensive Services: WHILE A RESIDENT

| Nursing Category   | Conditions/Services                         | Conditions Services Present | Section GG Based Function Score | PDPM RUG |
|--------------------|---|-----------------------------|---------------------------------|----------|
| Extensive Services | Tracheostomy Care and Ventilator/Respirator | Yes                         | 0-14                            | ES3      |
| Extensive Services | Tracheostomy Care or Ventilator/Respirator  | Yes                         | 0-14                            | ES2      |
| Extensive Services | Infection Isolation                         | Yes                         | 0-14                            | ES1      |



## Nursing Case – Mix Groups

- Special Care High

Determine whether the resident is coded for **one** of the following conditions or services:

| MDS Item(s)                   | Description  |
|-------------------------------|--|
| B0100, Section GG items       | Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88) |
| I2100                         | Septicemia   |
| I2900, N0350A, B              | Diabetes with both of the following:<br>Insulin injections (N0350A) for all 7 days<br>Insulin order changes on 2 or more days (N0350B)                                       |
| I5100, Nursing Function Score | Quadriplegia with Nursing Function Score <=11  |
| I6200, J1100C                 | Chronic obstructive pulmonary disease and shortness of breath when lying flat  |
| J1550A, others                | Fever and one of the following:<br>I2000 Pneumonia<br>J1550B Vomiting<br>K0300 Weight loss (1 or 2)<br>K0510B1 or K0510B2 Feeding tube*                                      |
| K0510A1 or K0510A2            | Parenteral/IV feedings   |
| O0400D2                       | Respiratory therapy for all 7 days   |

\*Tube feeding classification requirements:

(1) K0710A3 is 51% or more of total calories OR

(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501cc or more per day fluid enteral intake in the last 7 days.



## Nursing Case – Mix Groups

- Special Care High - Functional Score:
  - The total Nursing Function Score must be 14 or less to classify into the Special Care category.
  - If the score is 15 or 16, the resident would classify into the Clinically Complex Group.



## Nursing Case – Mix Groups

- Special Care High – Depression Split:

| Resident | Staff  | Description  |
|----------|--------|--|
| D0200A   | D0500A | Little interest or pleasure doing things   |
| D0200B   | D0500B | Feeling down, depressed, or hopeless   |
| D0200C   | D0500C | Trouble falling or staying asleep, sleeping too much   |
| D0200D   | D0500D | Feeling tired or having little energy  |
| D0200E   | D0500E | Poor appetite or overeating  |
| D0200F   | D0500F | Feeling bad about yourself – or that you are a failure or have let yourself down or your family down   |
| D0200G   | D0500G | Trouble concentrating on things, such as reading the newspaper or watching television  |
| D0200H   | D0500H | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual |
| D0200I   | D0500I | Thoughts that you would be better off dead, or of hurting yourself in some way   |
| -        | D0500J | Being short-tempered, easily annoyed   |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is **greater than or equal to 10** but not 99, or

The D0600 Total Severity Score is **greater than or equal to 10**.



## Nursing Case – Mix Groups

- Special Care High:

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|------------------------|------------|-----------------------------|
| 0-5                    | Yes        | HDE2                        |
| 0-5                    | No         | HDE1                        |
| 6-14                   | Yes        | HBC2                        |
| 6-14                   | No         | HBC1                        |



## › Nursing Case – Mix Group

- Special Care Low:

Determine whether the resident is coded for one of the following conditions or services:

| MDS Item(s)                   | Descriptions   |
|-------------------------------|--|
| I440, Nursing Function Score  | Cerebral palsy, with Nursing Function Score <= 11  |
| I5200, Nursing Function Score | Multiple sclerosis, with Nursing Function Score <= 11  |
| I5300, Nursing Function Score | Parkinson's disease, with Nursing Function Score <= 11   |
| I6300, O0100C2                | Respiratory failure and oxygen therapy while a resident  |
| K0510B1 or K0510B2            | Feeding tube*  |
| M0300B1                       | Two or more stage 2 pressure ulcers with two or more selected skin treatments **                           |
| M0300C1, D1, F1               | Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**                                |
| M0130                         | Two or more venous/arterial ulcers with two or more selected skin treatments**                             |
| M0300B1, M1030                | 1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**             |
| M1040A, B, C; M1200I          | Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet |
| O0100B2                       | Radiation treatment while a resident   |
| O0100J2                       | Dialysis treatment while a resident  |



## › Nursing Case – Mix Groups

- Special Care Low – Reminders:

\*Tube feeding classification requirements:

- (1) K0710A3 is 51% or more of total calories or
- (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501cc or more per day fluid enteral intake in the last 7 days.

\*\*Selected skin treatments:

- M1200A, B# Pressure relieving chair and/or bed
- M1200C Turning/repositioning
- M1200D Nutrition or hydration intervention
- M1200E Pressure ulcer care
- M1200G Application of dressing (not to feet)
- M1200H Application of ointment (not to feet)

#Count as one treatment even if both provided



## Nursing Case – Mix Groups

- Special Care Low – Depression Split:

| Resident | Staff  | Description  |
|----------|--------|--|
| D0200A   | D0500A | Little interest or pleasure doing things   |
| D0200B   | D0500B | Feeling down, depressed, or hopeless   |
| D0200C   | D0500C | Trouble falling or staying asleep, sleeping too much   |
| D0200D   | D0500D | Feeling tired or having little energy  |
| D0200E   | D0500E | Poor appetite or overeating  |
| D0200F   | D0500F | Feeling bad about yourself – or that you are a failure or have let yourself down or your family down   |
| D0200G   | D0500G | Trouble concentrating on things, such as reading the newspaper or watching television  |
| D0200H   | D0500H | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual |
| D0200I   | D0500I | Thoughts that you would be better off dead, or of hurting yourself in some way   |
| -        | D0500J | Being short-tempered, easily annoyed   |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is **greater than or equal to 10** but not 99, or

The D0600 Total Severity Score is **greater than or equal to 10**.



## Nursing Case – Mix Groups

- Special Care Low

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|------------------------|------------|-----------------------------|
| 0-5                    | Yes        | LDE2                        |
| 0-5                    | No         | LDE1                        |
| 6-14                   | Yes        | LBC2                        |
| 6-14                   | No         | LBC1                        |



## › Nursing Case – Mix Groups

- Clinically Complex:

| MDS Item(s)                   | Condition of Service  |
|-------------------------------|---|
| I2000                         | Pneumonia   |
| I4900, Nursing Function Score | Hemiplegia/hemiparesis with Nursing Function Score <=11   |
| M1040D, E                     | Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds |
| M1040F                        | Burns   |
| O0100A2                       | Chemotherapy while a resident   |
| O0100C2                       | Oxygen therapy while a resident   |
| O0100H2                       | IV Medications while a resident   |
| O0100I2                       | Transfusions while a resident   |

\*Selected Skin Treatments: M1200F Surgical wound care, N1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than feet)



## › Nursing Case – Mix Groups

- Clinically Complex – Depression Split:

| Resident | Staff  | Description  |
|----------|--------|--|
| D0200A   | D0500A | Little interest or pleasure doing things   |
| D0200B   | D0500B | Feeling down, depressed, or hopeless   |
| D0200C   | D0500C | Trouble falling or staying asleep, sleeping too much   |
| D0200D   | D0500D | Feeling tired or having little energy  |
| D0200E   | D0500E | Poor appetite or overeating  |
| D0200F   | D0500F | Feeling bad about yourself – or that you are a failure or have let yourself down or your family down   |
| D0200G   | D0500G | Trouble concentrating on things, such as reading the newspaper or watching television  |
| D0200H   | D0500H | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual |
| D0200I   | D0500I | Thoughts that you would be better off dead, or of hurting yourself in some way   |
| -        | D0500J | Being short-tempered, easily annoyed   |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is **greater than or equal** to 10 but not 99, or

The D0600 Total Severity Score is **greater than or equal** to 10.





## > Nursing Case – Mix Groups

- Clinically Complex

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|------------------------|------------|-----------------------------|
| 0-5                    | Yes        | CDE2                        |
| 0-5                    | No         | CDE1                        |
| 6-14                   | Yes        | CBC2                        |
| 6-14                   | No         | CBC1                        |
| 15-16                  | Yes        | CA2                         |
| 15-16                  | No         | CA1                         |



## > Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance:
  - The total Nursing Function Score must be 11 or greater to classify into the Behavioral Symptoms and Cognitive Performance.
  - If the score is less than 11, the resident would classify into the Reduced Physical Function Category.



## Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance - Step 2:

**If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.**

Determine the resident's cognitive status based on resident interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

C0200 Repetition of three words

C0300 Temporal orientation

C0400 Recall

Item C0500 provides a BIMS Summary Score for these items and indicates the resident's cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

**If the resident's Summary Score is less than or equal to 9, he or she classifies in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5.**

**If the resident's summary score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.**

**If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to Step #3 to check staff assessment for cognitive impairment.**



## Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance-Step 3:

Determine the resident's cognitive status based on the staff assessment rather than on resident interview.

Check if **one** of the three following conditions exists:

- B0100** Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG010C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
- C1000** Severely impaired cognitive skills for daily decision making (C1000 = 3)
- B0700, C0700, C1000** Two or more of the following impairment indicators are present:  
B0700 > 0 Usually, sometimes, or rarely/never understood  
C0700 = 1 Short-term memory problem  
C1000 > 0 Impaired cognitive skills for daily decision making  
**and**  
One or more of the following severe impairment indicators are present:  
B0700 >= 2 Sometimes or rarely/never makes self understood  
C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

**If the resident meets one of the three above conditions, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not meet any of the three conditions, proceed to Step #4.**



## > Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance - Step 4:

Determine whether the resident presents with **one** of the following behavioral symptoms:

|        |   |
|--------|---|
| E0100A | Hallucinations  |
| E0100B | Delusions   |
| E0200A | Physical behavioral symptoms directed toward others (2 or 3)  |
| E0200B | Verbal behavioral symptoms directed toward others (2 or 3)    |
| E0200C | Other behavioral symptoms not directed toward others (2 or 3) |
| E0800  | Rejection of care (2 or 3)                                    |
| E0900  | Wandering (2 or 3)  |

**If the resident presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If he or she does not present with behavioral symptoms, skip to the Reduced Physical Function Category.**



## > Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance - Step 5:

- **Determine Restorative Nursing Count**

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

|                 |  |
|-----------------|--|
| H0200C, H0500** | Urinary toileting program and/or bowel toileting program |
| O0500A,B**      | Passive and/or active range of motion                    |
| O0500C          | Splint or brace assistance                               |
| O0500D,F**      | Bed mobility and/or walking training                     |
| O0500E          | Transfer training  |
| O0500G          | Dressing and/or grooming training                        |
| O0500H          | Eating and/or swallowing training                        |
| O0500I          | Amputation/prostheses care                               |
| O0500J          | Communication training                                   |

\*\*Count as one service even if both provided

**Restorative Nursing Count** \_\_\_\_\_



## › Nursing Case – Mix Group

- Behavioral Symptoms and Cognitive Performance

| Nursing Function Score | Restorative Nursing | PDPM Nursing Classification |
|------------------------|---------------------|-----------------------------|
| 11-16                  | 2 or more           | BAB2                        |
| 11-16                  | 0 or 1              | BAB1                        |



## › Nursing Case – Mix Group

- Reduced Physical Function
  - **Determine Restorative Nursing Count**

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

|                 |  |
|-----------------|--|
| H0200C, H0500** | Urinary toileting program and/or bowel toileting program |
| O0500A,B**      | Passive and/or active range of motion                    |
| O0500C          | Splint or brace assistance                               |
| O0500D,F**      | Bed mobility and/or walking training                     |
| O0500E          | Transfer training  |
| O0500G          | Dressing and/or grooming training                        |
| O0500H          | Eating and/or swallowing training                        |
| O0500I          | Amputation/prostheses care                               |
| O0500J          | Communication training                                   |

\*\*Count as one service even if both provided

**Restorative Nursing Count** \_\_\_\_\_



## › Nursing Case – Mix Group

- Reduced Physical Function

| Nursing Function Score | Restorative Nursing | PDPM Nursing Classification |
|------------------------|---------------------|-----------------------------|
| 0-5                    | 2 or more           | PDE2                        |
| 0-5                    | 0 or 1              | PDE1                        |
| 6-14                   | 2 or more           | PBE2                        |
| 6-14                   | 0 or 1              | PBE1                        |
| 15-16                  | 2 or more           | PA2                         |
| 15-16                  | 0 or 1              | PA1                         |



## › Nursing Case – Mix Index

| Nursing Component |                |      |
|-------------------|----------------|------|
| PDPM Nursing RUG  | Function Score | CMI  |
| ES3               | 0-14           | 4.04 |
| ES2               | 0-14           | 3.06 |
| ES1               | 0-14           | 2.91 |
| HDE2              | 0-5            | 2.39 |
| HDE1              | 0-5            | 1.99 |
| HBC2              | 6-14           | 2.23 |
| HBC1              | 6-14           | 1.85 |
| LDE2              | 0-5            | 2.07 |
| LDE1              | 0-5            | 1.72 |
| LBC2              | 6-14           | 1.71 |
| LBC1              | 6-14           | 1.43 |
| CDE2              | 0-5            | 1.86 |
| CDE1              | 0-5            | 1.62 |
| CBC2              | 6-14           | 1.54 |
| CA2               | 15-16          | 1.08 |
| CBC1              | 6-14           | 1.34 |
| CA1               | 15-16          | 0.94 |
| BAB2              | 11-16          | 1.04 |
| BAB1              | 11-16          | 0.99 |
| PDE2              | 0-5            | 1.57 |
| PDE1              | 0-5            | 1.47 |
| PBC2              | 6-14           | 1.21 |
| PA2               | 15-16          | 0.70 |
| PBC1              | 6-14           | 1.13 |
| PA1               | 15-16          | 0.66 |



## VARIABLE PER DIEM PAYMENT ADJUSTMENT



### Variable Per-Diem Payment Adjustment

- CMS will make adjustments to the PT, OT and NTA components over a stay to capture changes in resource utilization.
- CMS research shows that these three components account for changes to the rates over time and during the stay.



PT/OT variable per diem adjustment schedule

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



NTA variable per diem adjustment schedule

| Days in Stay | NTA Adjustment Factor |
|--------------|-----------------------|
| 1-3          | 3.00                  |
| 4-100        | 1.00                  |



## PUTTING IT TOGETHER



### » Determining your Medicare rate

1. PT Component Per diem rate +
2. OT Component Per diem rate +
3. SLP Component Per diem rate +
4. NTA Component Per diem rate +
5. Nursing Component Per diem rate +
6. Non-Case-Mix Per diem rate =

***Total Case – Mix Adjusted Per Diem Payment***





## PPS Assessment Schedule

- CMS will now require only two scheduled assessments for PPS payment:
  - No change in OBRA
  - 5-day PPS assessment
  - PPS Discharge assessment – for all Part A residents: those that remain in the facility and those that discharge.



## PPS Assessment Schedule under PDPM

| Medicare MDS assessment schedule type | Assessment reference date  | Applicable standard Medicare payment days  |
|---------------------------------------|--|--|
| 5-day Scheduled PPS Assessment        | Days 1-8   | All covered Part A days until Part A discharge (unless an IPA is completed).                 |
| Interim Payment Assessment (IPA)      | Facility decision  | ARD of the assessment through Part A discharge (unless another IPA assessment is completed). |
| PPS Discharge Assessment              | PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date | N/A  |



## CMS POLICY CHANGES



### › Interim Payment Assessment

- A new assessment utilized to reclassify a resident.
- The IPA does not re-set the variable per-diem adjustment schedule.



## INTERRUPTED STAY POLICY



### › Interrupted Stay Policy

- A interruption window is defined as the 3-day period starting with the calendar day of discharge and additionally including the two immediately following calendar days.
- The length of the interrupted stay will determine the impact on the resident classification and the variable per diem adjustment schedule.



## Interrupted Stay Policy

- Continuation of the prior stay:
  - When a resident is discharged from the SNF and returns to the same SNF by 12:00am at the end of the third day of the interruption window, this is considered a continuation of the previous stay for purposes of the resident classification and variable per diem adjustment schedule.
  - No new MDS Assessment would be required.
  - There would be no change in the variable per diem adjustment schedule.
  - For example – if a resident discharges to the hospital on day 3 of the stay and is re-admitted to the same SNF within the 3-day interruption window, the resident would not require a new MDS assessment and the payment schedule would continue where it left off, in this case, on day 4.



## Interrupted Stay Policy

- Readmission as a new stay
  - In cases where the resident is discharged and does not return within the 3-day interruption window, a new stay occurs which would require a new 5-day MDS Assessment and the variable per diem adjustment schedule would restart on day 1.
  - The same applies if a resident is discharged from one SNF and admitted to another SNF.
  - For example – a resident is discharged on day 7 of the stay and is readmitted to the same SNF on day 11 of the stay. A new 5-day MDS assessment is required and the variable per diem adjustment schedule begins on day 1.
  - Another example is if a resident is discharged from ABC Nursing Home and admits to Happy Acres Nursing Home. A new 5- day MDS assessment is required and the variable per diem adjustment schedule begins on day 1.



## Administrative Presumption

- For purposes of maintaining the Administrative Presumption of Coverage utilizing PDP, the following will be used to determine coverage:
  - Placement into the following Nursing groups:
    - Extensive Services;
    - Special Care High;
    - Special Care Low; and
    - Clinically Complex
  - Additionally, placement into one of the highest PT or OT groups (TB, TC, TD, TF and TG).
  - Also an NTA score of 11 or greater.



## THANK YOU!

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