

# **PDPM**

## **LEAVING NO STONE UNTURNED**

**CHR Consulting Services**

**Trinity Rehab Services**



# **DISCLAIMER**

The information presented is current as of today and is accurate as to the information available at this time.

# OBJECTIVES

- Overview of PDPM and maximization of reimbursement
- Identify how PDPM will impact admissions
- Understand the importance of accurate and timely diagnosis documentation in the medical record

# MEDICARE SKILLED REASON UNCHANGED

## CHAPTER 8 MEDICARE MANUAL

NO CHANGE IN MEDICARE PART A COVERAGE MEDICARE BENEFIT POLICY  
MANUAL CHAPTER 8 – COVERAGE OF EXTENDED CARE (SNF) SERVICES

- Patient requires skilled nursing services or skilled rehabilitation services
- The patient requires these skilled services on a daily basis
- The daily skilled services can be provided only on an inpatient basis in a SNF
- The services delivered are reasonable and necessary for the treatment of a patient's illness or injury

# WHAT IS NEEDED FROM THE DISCHARGING FACILITY

Referring Hospital: \_\_\_\_\_

Resident Name/Identifier: \_\_\_\_\_

Date of Hospital Admission: \_\_\_/\_\_\_/\_\_\_ Planned Hospital Discharge Date: \_\_\_/\_\_\_/\_\_\_

Date of Referral: \_\_\_/\_\_\_/\_\_\_ Time of Referral: \_\_\_\_\_

Plan:  Short-Term  Long-Term

Insurance:  Medicare Part A  HMO-A  Medicaid  Other

## Reports

- H & P - Emergency Room
- H & P - Hospital
- H & P - Discharge Summary

## Diagnosis List

## Medication Records

- Scheduled and PRN Administration Record
- Antibiotic Record
- Respiratory Record
- IV Medicine Record
- IV Feeding/Tube Feeding Record
- Transfusions

## Surgical Reports

- All surgical reports during hospital stay
- Surgical History

## Procedures During In-Patient Stay

All Laboratory Reports

- All Laboratory reports
- Radiology reports
- MRI/PET/CAT
- Nuclear/Pathological/Other

Progress Notes

- Physician Progress Notes
- Nursing Progress Notes

Physician, Specialist or Other Consultation Reports

- Infectious Disease report

Wound Notes/Reports

## Dialysis Notes/Reports

### Other Medical Record Documents

- Immunizations
- Social Service
- PT, OT and ST Evaluations and Progress Notes

### ○ Advance Directives

- POLST
- PASSR

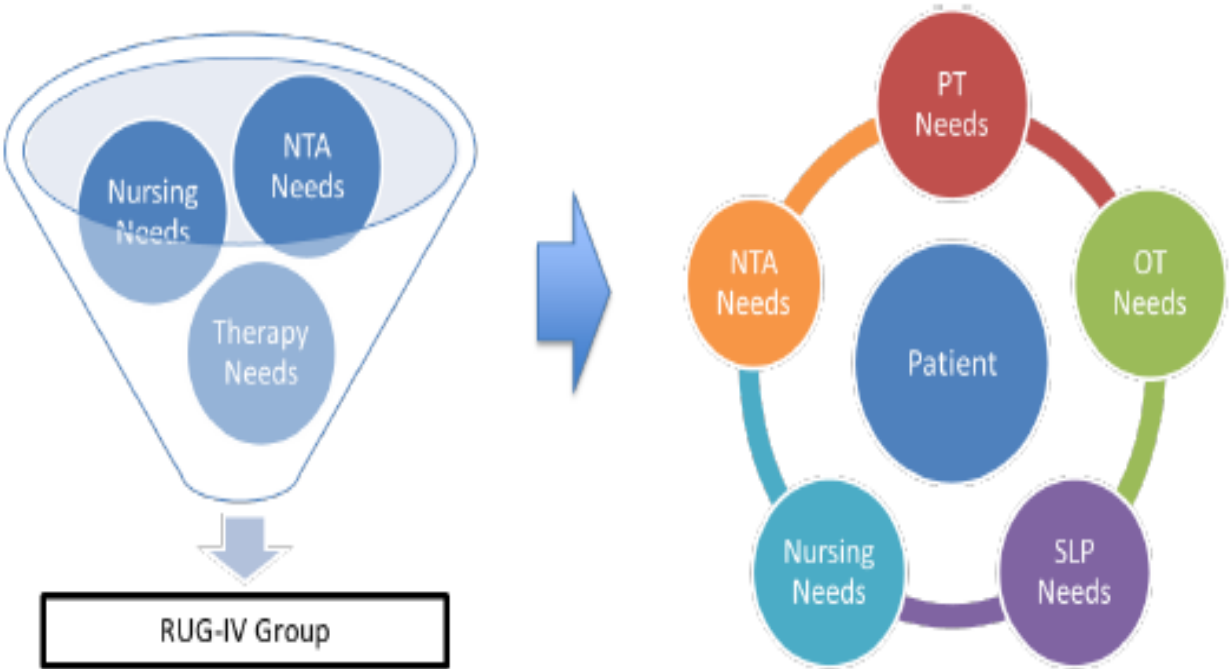
### Diet

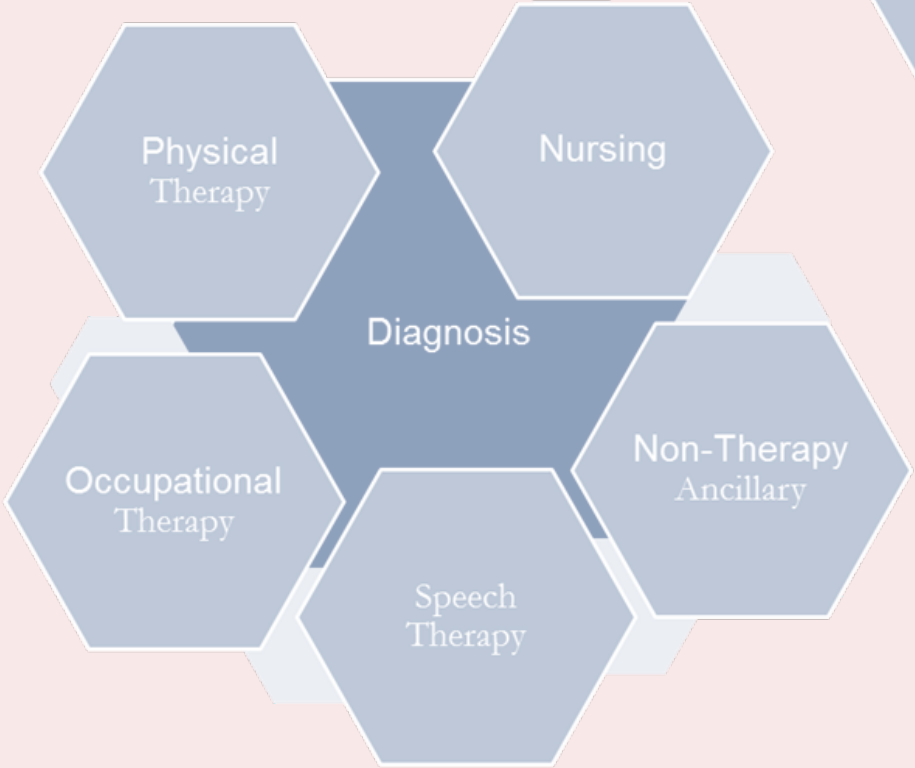




**WHERE DO YOU START  
IN PDPM?**

# RUG-IV vs. PDPM

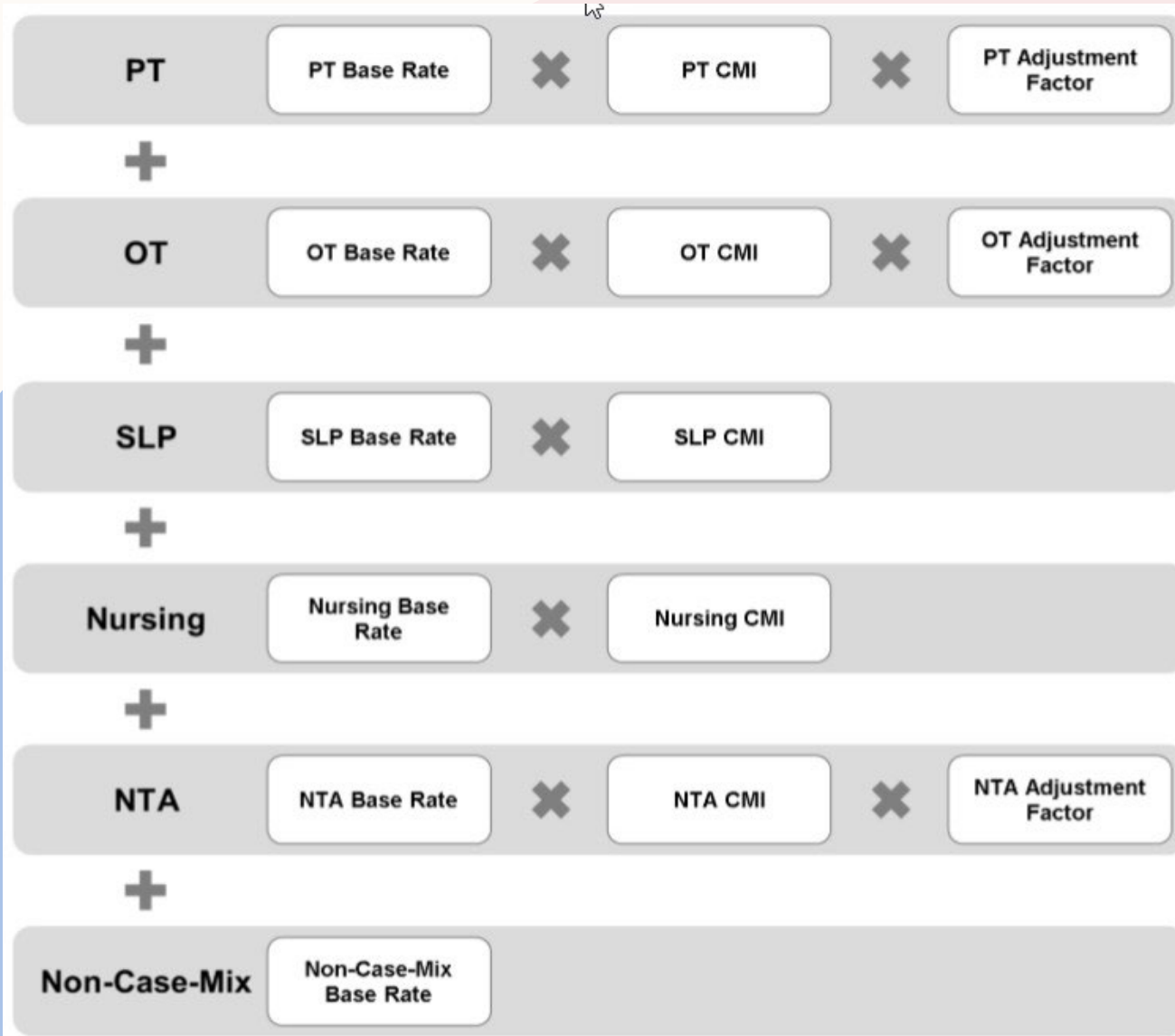




Non-Case Mix

A light blue hexagon with a white border, containing the text "Non-Case Mix". It is positioned to the right of the central diagram, overlapping the large blue and red circle.

# How Does That Math Work?



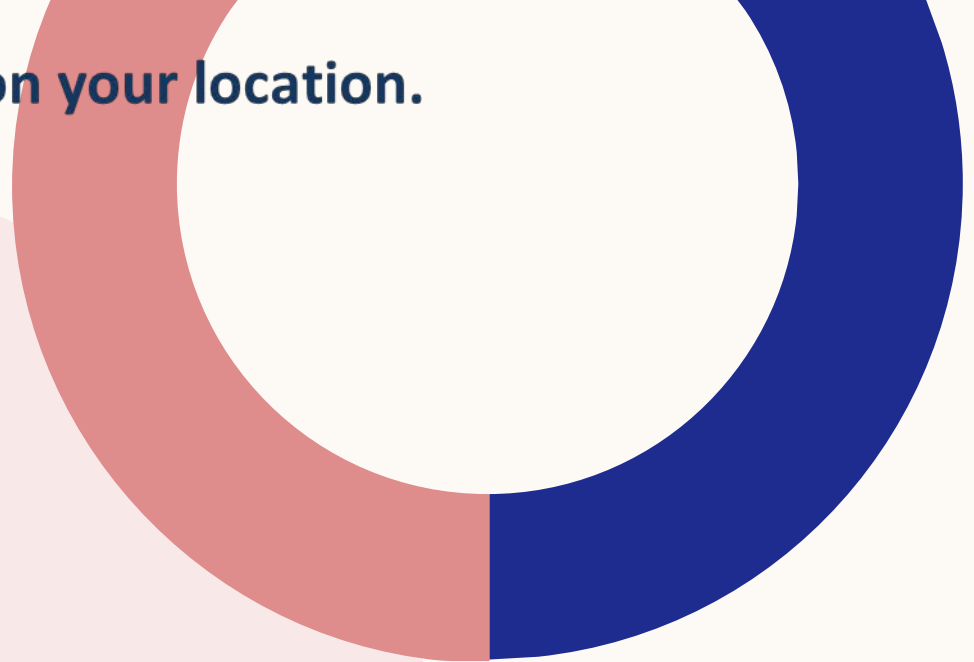
Basically, we multiply Step 1 x Step 2 x Step 3 and then add all 6 totals together to get your per diem payment for each Resident.

Let's break it into pieces.


# Your Base Rate (Step 1) comes from CMS, based on your location.

PT Base Rate
OT Base Rate
SLP Base Rate
Nursing Base Rate
NTA Base Rate
Non-Case-Mix Base Rate

Urban	Rural
\$62.82	\$71.61
\$58.48	\$65.77
\$23.45	\$29.55
\$109.51	\$104.63
\$82.62	\$78.93
\$98.07	\$99.88

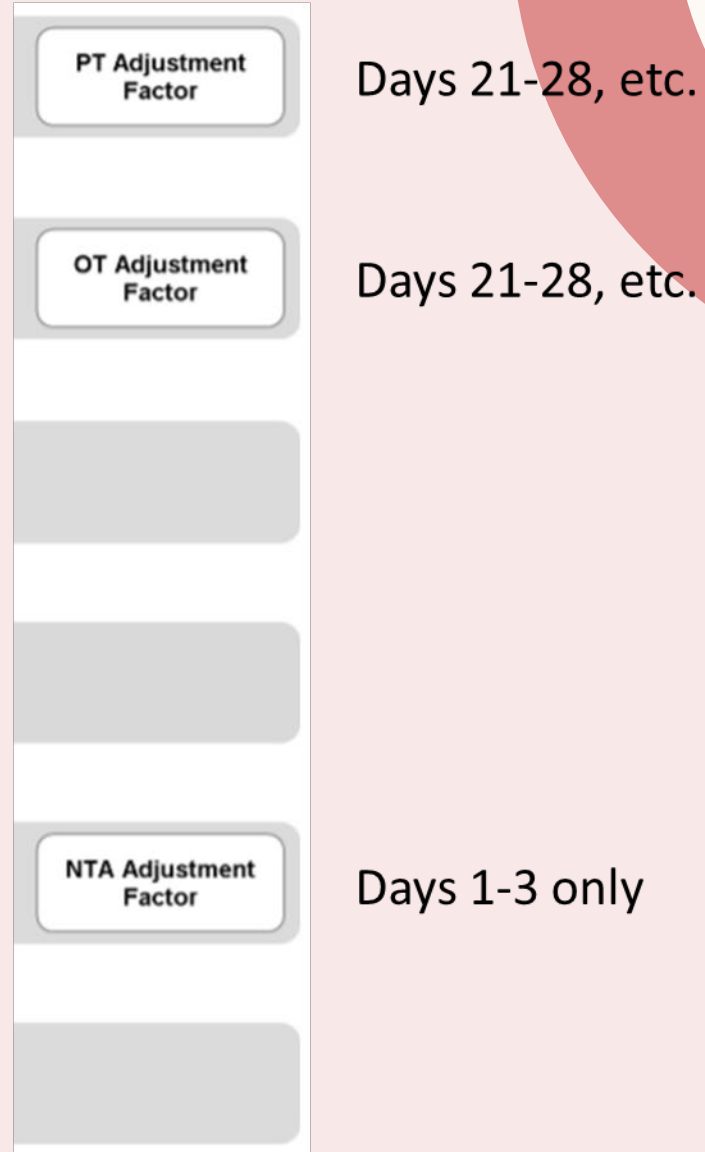


**The CMI (Step 2) is the “secret” of PDPM. It only applies to these 5 components. More on this in a minute.**



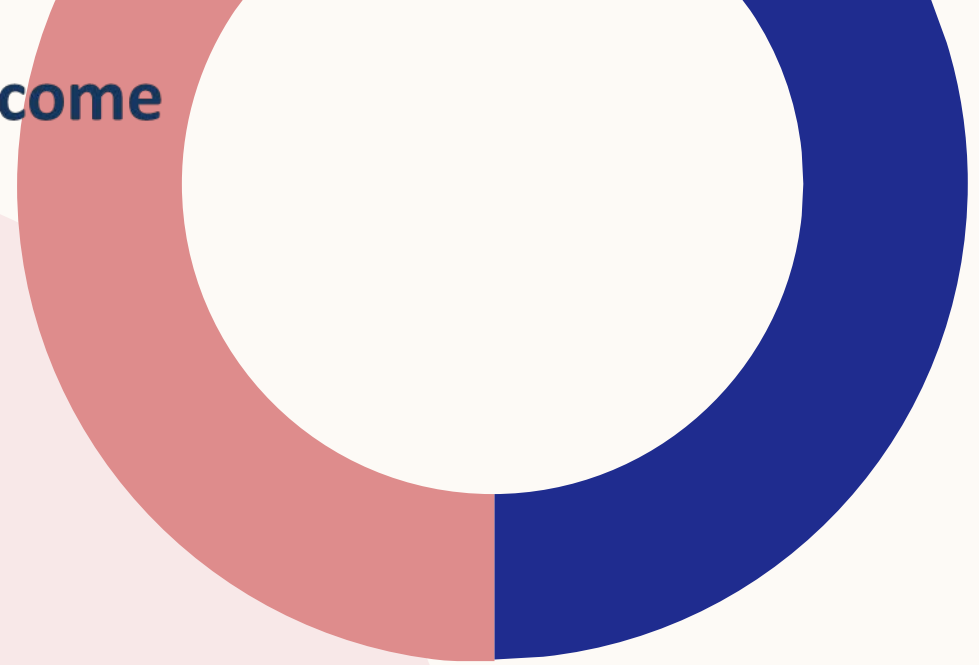
PT CMI
OT CMI
SLP CMI
Nursing CMI
NTA CMI

# The Adjustment Factor (Step 3) comes from the Day of the Stay and only applies to 3 components



**Now, back to the CMI (Step 2). Where do these come from and why are they so important?**

PT CMI
OT CMI
SLP CMI
Nursing CMI
NTA CMI





# PDPM Case-Mix Calculation Variables (MDS Sources)

- PT CMI
- OT CMI
- SLP CMI
- Nursing CMI
- NTA CMI

Component	Criteria
PT	Clinical Category (I0020B), Functional Score (GG)
OT	Clinical Category (I0020B), Functional Score (GG)
Speech	Presence of Acute Neurologic Condition (Section I), SLP-related Comorbidity (Section I) or Cognitive Impairment (Section C), Mechanically-altered Diet (Section K), Swallowing Disorder (Section K)
Nursing	Specific Conditions and Services (multiple sections)
NTA	Specific Conditions and Services (multiple sections)

Each of these items on the MDS indicate just how “complex” the Resident is with respect to PT, OT, Speech, Nursing and NTA.

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Each of these items on the MDS indicate just how “complex” the Resident is with respect to PT, OT, Speech, Nursing and NTA.

The more “complexity” that is found = higher Case-Mix Index (CMI).

# PDPM Case-Mix Calculation Variables (MDS Sources)

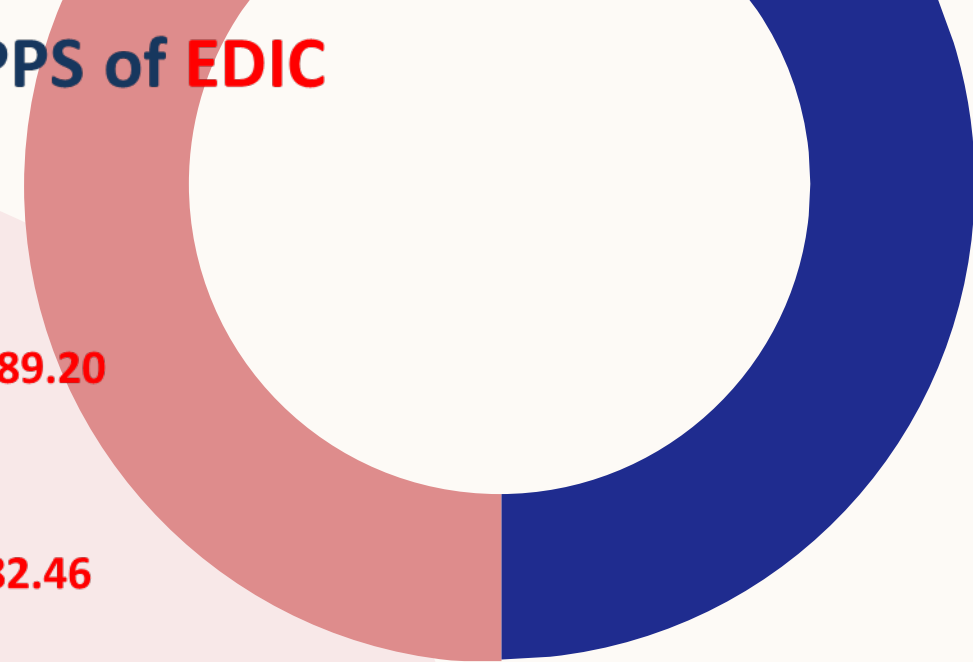
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The higher CMI represents a more complex resident who needs more care and for whom the facility needs higher reimbursement.

# Now let's do the math for a Resident with a HIPPS of **EDIC**

	Step 1		Step 2		Step 3	
PT	PT Base Rate	×	PT CMI	×	PT Adjustment Factor	
+			1.42 (E)	x	0 (until Day 21)	= \$89.20
OT	OT Base Rate	×	OT CMI	×	OT Adjustment Factor	
+			1.41 (E)	x	0 (until Day 21)	= \$82.46
SLP	SLP Base Rate	×	SLP CMI			
+			1.46 (D)			= \$34.24
Nursing	Nursing Base Rate	×	Nursing CMI			
+			1.73 (I)			= \$189.45
NTA	NTA Base Rate	×	NTA CMI	×	NTA Adjustment Factor	
+			1.33 (C)	x	3 (for Days 1-3)	= \$329.65
Non-Case-Mix	Non-Case-Mix Base Rate					
	\$98.07					= \$98.07
						<b>\$823.07 per diem</b>





**KEY THERAPY COMPONENTS IN  
PDPM**

**SECTION GG  
SECTION C  
SECTION D  
SECTION K  
NTA CONDITIONS  
I0020B DIAGNOSIS**

Section GG Items	Score
Self-care: Eating	0-4
Self-Care: <b>Oral Hygiene *</b>	0-4
Self-Care: Toilet Hygiene	0-4
Mobility: Sit to Lying Mobility: Lying to sitting on side of bed	0-4 (average of 2 <b>bed mobility</b> items)
Mobility: Sit to Stand Mobility: Chair/bed-to-bed transfer Mobility: Toilet Transfer	0-4 (average of 3 <b>transfer</b> items)
<b>Mobility: Walk 50 feet with 2 turns *</b> <b>Mobility: Walk 150 feet *</b>	0-4 (average of 2 <b>walking</b> items)
<ul style="list-style-type: none"> <li>Indicates not on the Nursing Component Functional Score (Use 7 components)</li> </ul> <p>Therapy uses all 10 listed above for Functional Score</p>	

Response		Score
05, 06	Set-up assistance, Independence	4
04	Supervision or Touching assistance	3
03	Partial/Moderate assistance	2
02	Substantial/Maximal assist	1
01, 07, 09,88	Dependent, Refused, Not Attempted code	0

## **SECTION C**

SECTION C: COGNITIVE PATTERNS INTENT: THE ITEMS IN THIS SECTION ARE INTENDED TO DETERMINE THE RESIDENT'S ATTENTION, ORIENTATION AND ABILITY TO REGISTER AND RECALL NEW INFORMATION. THESE ITEMS ARE CRUCIAL FACTORS IN MANY CARE PLANNING DECISIONS.

C0100: S

SHOULD BRIEF INTERVIEW FOR MENTAL STATUS BE CONDUCTED?

THE BIMS IS REQUIRED TO BE COMPLETED ONLY ONCE FOR AN ASSESSMENT PREFERABLY THE DAY BEFORE OR THE DAY OF THE ARD

**PARTNERSHIP WITH ST IS A KEY COMPONENT**



# **SECTION D**

## **RESIDENT MOOD INTERVIEW**

### **PHQ-9**

**Intent:** The items in this section address mood distress, a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable.

**Accurate assessment of Depression plays a role in the Nursing Clinical Category**

**Interdisciplinary Approach when identifying depression**

## SECTION K

The items in this MDS 3.0 Section K are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches.

### K0100: Swallowing Disorder

<b>K0100. Swallowing Disorder</b>	
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

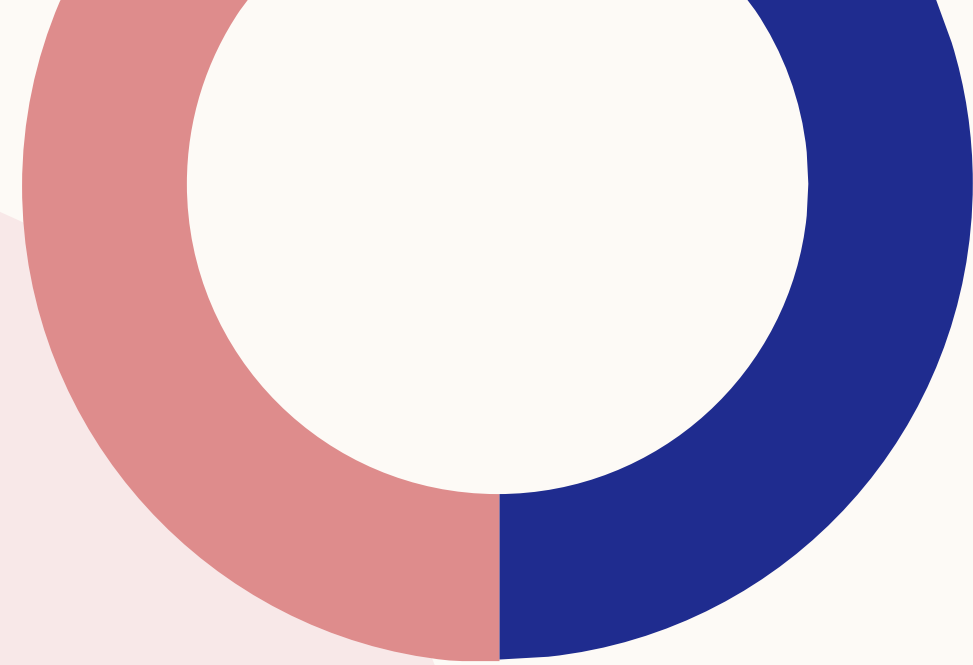
**ST and Dietary key partnership when coding K0100 section**

# NTA CONDITIONS

A RESIDENT'S NTA SCORE IS THE SUM OF THE POINTS ASSOCIATED WITH EACH COMORBIDITY THAT THEY HAVE. . THE NTA CASE-MIX GROUPS ARE BASED ON NTA SCORE RANGES: 0 (NF), 1 – 2 (NE), 3 – 5 (ND), 6 – 8 (NC), 9 – 11 (NB), OR 12+

FIFTY CONDITIONS AND EXTENSIVE SERVICES CAN CONTRIBUTE POINTS TO A RESIDENT'S CASE-MIX CLASSIFICATION IN THE NTA COMPONENT.

THE BOTTOM LINE IS THAT ACCURATE PAYMENT IN THE NTA COMPONENT DEPENDS ON CODING EACH AND EVERY NTA COMORBIDITY THE RESIDENT QUALIFIES FOR ACCORDING TO THE CODING INSTRUCTIONS IN THE *RAI USER'S MANUAL*.



# I0020B DIAGNOSIS

What is I0020B? This is a new ICD code item added to the MDS, which was created to capture a patient's primary reason for the SNF stay and is used to classify the patient into a single PDPM clinical category. This item asks what the main reason is for a patient being admitted to the skilled nursing facility.

The Primary diagnosis may differ from the diagnosis from the hospital



## **BEST PRACTICES FOR PDPM SUCCESS**

**COLLABORATION BETWEEN THE  
DISCIPLINES WITH THE MDS ASSESSMENT AND  
COMPLETION**

**SKILLED DOCUMENTATION TO SUPPORT THE  
ITEMS ON THE MDS**

**PDPM WEEKLY SKILLED NOTE**

**YOUR BEST PRACTICES**



# **QUESTIONS AND GROUP DISCUSSION**

**THANK YOU FOR YOUR PARTICIPATION**

**TrinityRehab**  
*≡ Moving Forward*



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**CHR**

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