

ARTICLE 2

Preparing for the Patient Driven Payment Model

In Five Steps



Leah Klusch, RN, BSN, FACHCA,
*Founder and Director of
The Alliance Training Center*

Get ready for the October implementation date of the Patient Driven Payment Model (PDPM) with our informative series of articles authored by Leah Klusch, RN, BSN, FACHCA, founder and director of The Alliance Training Center. We'll prepare you for the new reimbursement model

with detailed insights in a step-by-step guide to PDPM success. You'll learn about everything from building staff competencies and improving your coding practices to the value of partners and how to enhance efficiencies. The series will conclude with a checklist to help you gauge your readiness.

Getting Ready for PDPM Success | by **PharMerica**

ARTICLE 2

Preparing for the PDPM **IN FIVE STEPS**

With the October 1 implementation date just months away, long-term care organizations need to act quickly to be ready for the Patient Driven Payment Model (PDPM) roll out. As you can imagine with a brand new reimbursement model, much is required in a very short time. Here are the five steps organizations should be doing now to prepare.



1 LEVERAGE STAFF: Some organizations are hiring clinical help to ease the transition, but don't overlook administrative employees who can play a particularly crucial role in the weeks immediately surrounding the shift to PDPM. Make sure you're maximizing all available resources in the organization, including consultant pharmacists who can help inform on medication use, standards of treatment, or diagnostic coding that will have an impact on payment.



2 DESIGN COMMUNICATION PROTOCOLS: Due to the enormity of the implications for organizations, there is now an express requirement for true interdisciplinary communication. Therapy alone will no longer drive payment. All departments are on an equal plane so facilities need to establish a structure that solicits everyone's input to get the right information – sometimes that may mean consulting electronically. And don't forget that in complicated cases, pharmacists should be part of the dialogue.



3 DEVELOP YOUR KNOWLEDGE BASE: The specificity of clinical information that should be documented to support coding under the new payment system means organizations need to make sure employees understand the instructions for coding accuracy. Train staff thoroughly on how diagnoses and conditions are collected and documented since the admission assessment is everything and can drive payment for a resident's entire stay. If diagnoses and conditions are not right, a facility may not get paid.



4 GET COMPLIANT: When it comes to education, each facility should have a mandatory compliance-focused process to establish that it provided the right information to those in the organization who need it. After you train employees on MDS coding and validation, make sure you document that training in their employment file. That way, you'll have a record showing they were given proper direction that you can share with surveyors, if needed.

5 CREATE AN ADMISSION CHECKLIST: There are 128,800 data combinations in the PDPM that can be used to create a payment rate. And there are certain items CMS has identified as moderate to high-cost that are new. Medically complex residents, particularly certain conditions, require that facilities get acceptable diagnoses into the MDS to have an impact on payment. One way to achieve that is to have a checklist at admission for all categories – PT, OT, speech and language, nursing, non-therapy ancillary services – to capture complete patient information that can impact reimbursements.

Success under the PDPM starts with preparation, and it needs to begin now to position your organization to take advantage of the significant reimbursement opportunities this new approach holds.

As with any major change, this new reimbursement model will require an all-hands-on-deck response to make it succeed. What's more, the stakes are high and the rules are complex. Rely on the experts at PharMerica to help you along your PDPM journey.

ENCLOSED CHARTS:

- 3** *NTA Assessment Checklist*
- 5** *Nursing Classification*
- 6** *Physical Therapy Case-Mix Indices*
- 7** *Occupational Therapy Case-Mix Indices*
- 8** *Speech-Language Pathology Case-Mix Indices*

Comorbidities Included in NTA Comorbidity Score and Assigned Points

CONDITION/EXTENSIVE SERVICE	MDS ITEM	POINTS
HIV/AIDS	SNF Claim ICD-10 B20	8
Parenteral IV Feeding: Level High	K0510A2 K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator Post-admit Code	O0100F2	4
Parenteral IV feeding: Level Low	K0510A2 K0710A2 K0710B2	3
Lung Transplant Status	I8000	3
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
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy 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 Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
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

CONDITION/EXTENSIVE SERVICE	MDS ITEM	POINTS
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code	M1040A M1040B 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
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	I65600	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

Nursing Classification

NURSING CATEGORY	CONDITIONS/SERVICES	CONDITIONS/SERVICE
Extensive Services	Tracheostomy Care and Ventilator/Respirator	yes
Extensive Services	Tracheostomy Care and Ventilator/Respirator	yes
Extensive Services	Infection Isolation	yes
Special Care High	Depressed	yes
Special Care High	Depressed	no
Special Care High	Depressed	yes
Special Care High	Depressed	no
Special Care Low	Depressed	yes
Special Care Low	Depressed	no
Special Care Low	Depressed	yes
Special Care Low	Depressed	no
Clinically Complex	Depressed	yes
Clinically Complex	Depressed	no
Clinically Complex	Depressed	yes
Clinically Complex	Depressed	yes
Clinically Complex	Depressed	no
Clinically Complex	Depressed	no
Behavioral Cognitive Symptoms	Restorative Nursing Services	2 or more
Behavioral Cognitive Symptoms	Restorative Nursing Services	0-1
Reduced Physical Function	Restorative Nursing Services	2 or more
Reduced Physical Function	Restorative Nursing Services	0-1
Reduced Physical Function	Restorative Nursing Services	2 or more
Reduced Physical Function	Restorative Nursing Services	2 or more
Reduced Physical Function	Restorative Nursing Services	0-1
Reduced Physical Function	Restorative Nursing Services	0-1

PDDM PT CMI: Physical Therapy Case-Mix Indices

PT COMPONENT

CLINICAL CATEGORY	FUNCTION SCORE	CASE-MIX	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

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

PDPM OT CMI: Occupational Therapy Case-Mix Indices

OT COMPONENT

CLINICAL CATEGORY	FUNCTION SCORE	CASE-MIX	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

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

PDPM SLP CMI: Speech-Language Pathology Case-Mix Indices

SLP COMPONENT

PRESENCE OF ACUTE NEUROLOGIC CONDITION, SLP-RELATED COMORBIDITY, OR COGNITIVE IMPAIRMENT	MEDICALLY ALTERED DIET OR SWALLOWING DISORDER	CASE-MIX	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

COMORBIDITIES INCLUDED IN SLP COMPONENT

CONDITION	IDC-10-CM CODE
ALS	G12.21
Apraxia	169.990
Dysphagia	169.990
Laryngeal Cancer	C32.0
Laryngeal Cancer	C32.1
Laryngeal Cancer	C32.2
Laryngeal Cancer	C32.3
Laryngeal Cancer	C32.8
Laryngeal Cancer	C32.9
Oral Cancers	C00.0
Oral Cancers	C00.1
Oral Cancers	C00.3
Oral Cancers	C00.4
Oral Cancers	C00.5
Oral Cancers	C00.6
Oral Cancers	C00.8

COGNITIVE IMPAIRMENT*

PDPM COGNITIVE LEVEL	BIMS SCORE
1 - COGNITIVELY INTACT	13-15
2 - MILDLY IMPAIRED	8-12
3 - MODERATELY IMPAIRED	0-7
4 - SEVERELY IMPAIRED	-

**NOTE: Residents are classified as cognitively impaired when they are assessed to be mildly, moderately, or severely impaired*

Points Assigned to Section GG Responses (ALL ITEMS EXCEPT WALKING AND ORAL HYGIENE 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	0

COMING NEXT:

*Building Staff Competencies:
Training Tips for your Team*

*Audit your Coding Practices
for Improved Accuracy*

PharMerica[®] 

855-637-1755 | pharmerica.com