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CMS Updates PDPM Website

Key PDPM Updates Include:

Revisions to the PDPM Calculation Worksheet for SNFs:

- In the Payment Component PT and the Payment Component OT, step #3, CMS added a new paragraph explaining the calculation of the functional score for an Interim Payment Assessment (IPA):

  "It should be noted that, in the case of an IPA, the items used for calculation of the patient's PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-day to assess the patient's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the patient's Oral Hygiene Interim Performance." (pg.6)

- In steps #1, #1A, #1B, and #1C under the Payment Component PT, the Payment Component OT and the Payment Component SLP sections, the instructions direct providers to determine whether the patient had certain types of major surgery during the prior inpatient hospital stay. In the original version of the walkthrough, CMS told providers to find this information in MDS item J2000. The new version directs providers to J2100.

- In the Payment Component SLP section, step #3, CMS changed a reference to "comorbidities" recorded in I8000 to "conditions and services" recorded in I8000. CMS also deleted Table 10, Mapping of ICD-10-CM Codes to SLP-Related Comorbidities, instead advising providers to use the available I8000/ICD-10 code-mapping tool. (pg.16)

  "Determine whether the patient has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the patient has an SLP-related comorbidity. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in Section I8000 using the mapping available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html"

- In the Payment Component NTA section, step #1, the condition Inflammatory Bowel Disease previously was noted to derive from MDS item I1300 in the newly labeled Table 11, NTA Comorbidity Score Calculation. CMS has now changed the information source to item I8000.

- Under the Calculation of Total Case-Mix Adjusted PDPM Per-Diem Rate section, CMS revised the equation for calculating the total case-mix-adjusted per-diem rate to include the variable per-diem adjustments for the PT, OT, and NTA components.

"Total Case-Mix Adjusted Per Diem Payment = (PT Component Per Diem Rate * PT Variable Per Diem Adjustment Factor) + (OT Component Per Diem Rate * OT Variable Per Diem Adjustment Factor) + SLP Component Per Diem Rate + (NTA Component Per Diem Rate * NTA Variable Per Diem Adjustment Factor) + Nursing Component Per Diem Rate + Non-Case-Mix Component Per Diem Rate" (pg.38)

Revisions to the PDPM fact sheets:

Administrative Level of Care Presumption under the PDPM:

- Clarification in the Effect of Changeover from RUG-IV to PDPM.

  "As part of the changeover from RUG-IV to PDPM, all current SNF residents who were admitted prior to the PDPM effective date (October 1, 2019) are to receive a new Interim Payment Assessment (IPA) under the PDPM, even though they may have been assessed already under the previous RUG-IV model. However, this changeover IPA would not entitle such current residents to a new presumption of coverage under the PDPM, as the presumption has always been tied to the 5-day assessment that is performed at the outset of a resident's SNF stay."

  "Accordingly, as the changeover assessment under PDPM is an IPA and not a 5-day assessment, it cannot serve to trigger a new presumption of coverage. Moreover, consistent with our longstanding policy, for those admissions that occur on or after the PDPM effective date of October 1,

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2019, a 5-day assessment may trigger a presumption of coverage only when the SNF admission directly follows discharge from the prior hospital stay." (pg.2)

PDPM Functional and Cognitive Scoring:

- Under the Functional Score section CMS added, "A dash or any other non-recognized character will be considered a missing value." (pg. 3)
- In this same section, CMS added a new paragraph about when scores are rounded.

  "The scores in Section GG are rounded only at the end of the calculation. For example, if the transfer items have 1, 0, and 0 points, the unrounded average is 0.33. This would be added to the other scores, unrounded, and then the total score at the end of the sum calculation would be rounded to the nearest integer. This methodology is discussed in the PDPM Classification Walkthrough, available on the PDPM website." (pg. 4)

- Under the Cognitive Score section CMS added, "In order to receive a PDPM classification, all required items must be completed. Either a BIMS score or CPS score is necessary to classify the patient under the SLP component." (pg. 5)

Interrupted Stay:

- Under the Policy Details section, CMS clarifies the interrupted-stay policy.

  "CMS defines an "interrupted" SNF stay as one in which a patient is discharged from Part A covered SNF care and subsequently readmitted to Part A covered SNF care in the same SNF (not a different SNF) within 3 days or less after the discharge (the "interruption window"). Note that if a resident drops to a non-skilled level of care or otherwise leaves Part A SNF care, the patient is considered to have been discharged for the purposes of the interrupted stay policy, even if the patient remains in the facility." (pg. 1)

MDS Changes:

- Under the Streamlined Assessment Policy section CMS added a new paragraph about how late assessments will impact payment.

  "For late assessments under PDPM, similar to under RUG-IV, the provider will bill the default HIPPS code for the number of days out of compliance and then the 5-day assessment HIPPS code for the remainder of the stay, unless an IPA is completed. One caveat is that the default billing will be assessed prior to the 5-day assessment HIPPS code, in terms of counting days for the variable per diem. For example, if a 5-day assessment is two days late, then Days 1 and 2 of the stay, with regard to the variable per diem adjustment, will be calculated using the default HIPPS code and then the 5-day assessment HIPPS code will control payment beginning on Day 3 of the variable per diem schedule." (pg. 3)

While CMS labeled all of the fact sheets as "Last Revised, 2-14-19," the following fact sheets have no significant changes:

- PDPM Payments for SNF Patients with HIV/AIDS;
- NTA Comorbidity Score;
- Concurrent and Group Therapy Limit;
- PDPM Patient Classification; and
- Variable Per Diem Adjustment.

PDPM training presentation: The PDPM training presentation has been updated to correctly list what each character will represent in the HIPPS code under PDPM.

PDPM Frequently Asked Questions (FAQs): CMS clarified existing FAQs and added new FAQs to the following sections:

- Payment Overview and Billing
- Function Score
- Cognitive Score
- Variable Per Diem
- Assessment Schedule
- MDS Items and Policies
- Therapies Under PDPM (Concurrent and Group Therapy Limits)
- Interrupted Stay Policy
- Transition Policy and Medicaid Issues

For the complete CMS PDPM Updates (PDPM Calculation Worksheet, Fact Sheets, PDPM presentation and PDPM FAQ: http://polaris-group.com/news_releases.asp

Feb. OIG Updates

Nursing Facility Staffing: Reported Levels and CMS Oversight

Staffing levels in nursing facilities can impact residents' quality of care. Nursing facilities that receive Medicaid and Medicare payments must provide sufficient licensed nursing services 24 hours a day, including a registered nurse for at least 8 consecutive hours every day. CMS uses auditable daily staffing data, called the Payroll-Based Journal, to analyze staffing patterns and populate the

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staffing component of the Nursing Home Compare website, a site that enables the public to compare the results of health and safety inspections, the quality of care provided at nursing facilities, and staffing at nursing facilities. The first of two reports will be a data brief that describes nursing staffing levels reported by facilities to the Payroll-Based Journal. The second report will examine CMS's efforts to ensure data accuracy and improve resident quality of care. The OIG expects these reports to be available in 2020.

Polaris Group Solution Center Hotline Q&A "Where No Question Goes Unanswered!"

Question:
I have heard there are 6 components that make up the PDPM system. What are the components?

Answer:
The 6 components that make up the daily reimbursement rate for the PDPM system are Nursing, PT, OT, SLP, NTA and the non-case mix.

Question:
During the transition from the current RUG system to the PDPM system, is a 5 day required for all Medicare patients?

Answer:
No. CMS stated all Medicare Part A residents would have an Interim Payment Assessment (IPA) performed to determine payment for Oct. 1st onward. The ARD has to be no later than Oct. 7th, 2019 for all Part A residents.

Question:
On the NOMNC and SNFABN forms, is the identifying member/beneficiaries number required to be entered on the forms?

Answer:
According to the NOMNC instructions, the providers may fill in the identification number so it is not required. According to the SNFABN instructions, entering an identification number is optional, and the SNFABN is valid if this space is left blank.

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