

January 28, 2020



PDPM Academy 2020 Offerings

- Six pre-recorded, one-hour educational webinars starting in March 2020 with continuing education (CE) credits and accompanied by AHCA-developed guidance toolkits and other resources covering these six topics:
 - Holistic person-centered care planning
 - Evidence-based approaches for improving mobility
 - Effective care transitions at admission and discharge
 - Trend Tracker and other sources to monitor the quality impact of PDPM
 - Managing residents with complex nursing and NTA needs
 - Restorative nursing and skilled maintenance nursing and therapy
- Six live PDPM Academy Open Discussion Forums
- Access to AHCA's complete library of 2019 and new 2020 PDPM Academy materials

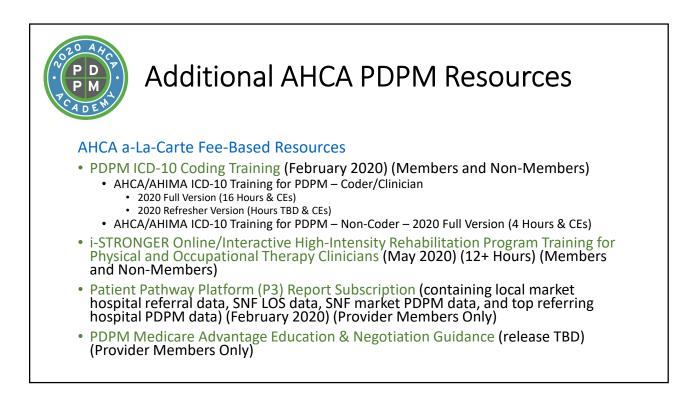


Additional AHCA PDPM Resources

- pdpm@ahca.org member PDPM helpdesk
 - PDPM Policy Questions
 - PDPM MDS-Related Items Questions
 - PDPM Claims-Related Questions
 - Location of AHCA, CMS, or other PDPM-Related Resources
 - Reporting PDPM-Related MDS or Claims Issues That Have Not Been Resolved by Provider State Agency or MAC Provider Support Representatives (no PHI)
 - Requesting Additional AHCA PDPM-Related Educational Resource Topics
- Initial Response From AHCA PDPM Navigator Within One Working Day
 - Detailed AHCA Subject-Matter Expert Response if Needed Depends on Complexity

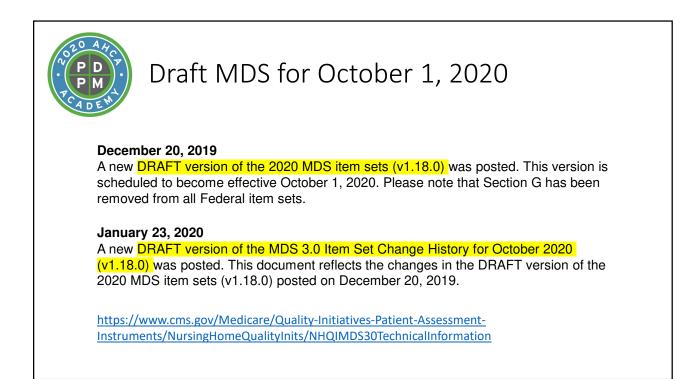


- AHCA PDPM Resources All-Member Web Page
 - Access to all-member resources 2019
 - Updated all-member PDPM resources
 - New all-member content developed in 2020
 - Links to important PDPM-related resources on CMS and other webpages





RECENT CMS UPDATES



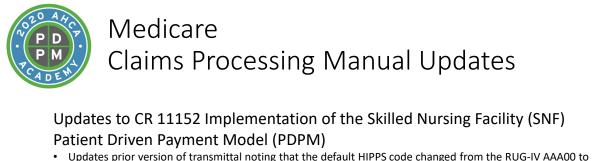


Draft MDS for October 1, 2020

- What CMS is proposing to do is eliminate section G from the PPS 5-day assessment and all OBRA comprehensive and quarterly assessments starting October 1, 2020, and replacing it with section GG items.
- Therefore, the PPS 5-Day and OBRA assessments would no longer be able to be used to generate RUG HIPPS classification codes if this proposal is finalized.
- Only OSA assessments could be used to generate RUG HIPPS codes after October 1, 2020.
- AHCA has initiated discussions with CMS to discuss these concerns and to contemplate alternative approaches to achieve CMS objectives while also accounting for State Medicaid agency and provider burden.

Medicare Claims Processing Manual Updates Updates to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) MLN Matters Article: <u>https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11513.pdf</u> CMS Transmittal: https://www.cms.gov/files/document/R4491cp.pdf

• Effective Date: April 1, 2020 Implementation Date: April 6, 2020

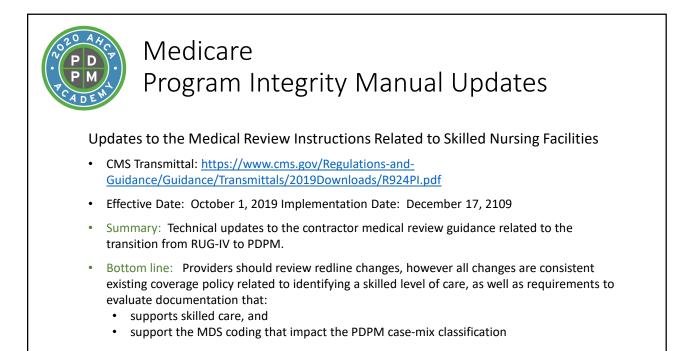


- Updates prior version of transmittal noting that the default HIPPS code changed from the RUG-IV AAA00 to ZZZZZ for PDPM effective October 1 that impacts SNFs that furnish services ordinarily covered by Medicare but are furnished to veterans eligible for both Veterans Administration (VA) and Medicare benefits and also having Medicare supplemental insurance.
- The reference to demonstration is an artifact of how the CMS claims data files are set up.
 - See November 11, 2019 LTC Leader blog about it here: <u>http://www.longtermcareleader.com/2019/11/cms-update-to-snf-billing-specific-to.html</u>
- The only thing new is that this transmittal: 1) ends a MAC contractor work-around to bypass system edits that could not be fixed until recently, and 2) to formally update the claims processing manual text.
- **Bottom line:** No new SNF provider action is needed. Any SNF provider that submits claims for persons with eligibility for both Medicare and VA benefits as well as Medicare supplemental insurance that have the PDPM ZZZZZ default code will be processed by MACs normally without the MAC needing to use the temporary work-around inserted in the fall.



PDPM Claims Processing Issues

- Currently there are no known national SNF PPS PDPM claims processing issues
- Some September and October claims from some MACs initially had incorrect payment amounts due to CMS or MAC systems errors (i.e. incorrect VBP tables)
 - MACs applying mass adjustments as issues are fixed
 - Provider AR staff should check adjustments for accuracy
- Providers recently report that coordination of benefits offices are beginning to notice that:
 - Adjustment claims are paying at a different reimbursement rate than the original claims, even when the PDPM level and coinsurance days are the same on both claims (e.g. the claim was adjusted to account for late hitting ancillaries which should have no impact on reimbursement).
 - The original payment appears to have been the correct rate, so the adjusted claims creates a new variance.





CMS PDPM Monitoring - Early

MDS Items Most Likely to be Monitored for Changes from RUG-IV Patterns

- Cognitive impairment items (C0500, B0100, B0700, C0700, C1000)
- Depression items (D0300, D0600)
- Function Items (GG0130A-C, GG0170B-F, J-K)
- Comorbid diagnoses impacting SLP and NTA components (Multiple Section I checklist and I8000A-J ICD-10 codes)
- Swallowing disorder (K0100A-D)
- Mechanically altered diet (K0510C2)
- PT, OT, and SLP utilization during PPS 5-Day assessment period (O400A-C)
- Percentage of concurrent and group therapy during the stay per the PPS discharge assessment (O425A-C)



MAC PDPM Monitoring - Early

Targeted Probe and Educate (TPE)

- AHCA is aware of at least one MAC that has already initiated TPE audits for PDPM-related claims
- CMS Updates to Medicare Program Integrity Manual, Chapter 6, Section 6.1.2: <u>https://www.cms.gov/Regulations-and-</u> <u>Guidance/Guidance/Transmittals/2019Downloads/R924PI.pdf</u>
- CMS Updates to Medicare Program Integrity Manual, Chapter 3, Section 3.2.5: <u>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03pdf.pdf</u>
- CMS TPE Home Page: <u>https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-</u> <u>Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE</u>



CMS PDPM Monitoring - Late

CMS Quality Measures Most Likely to be Monitored for Changes under PDPM

- SNF QRP Measure #4: Discharge to Community-PAC SNF QRP
- SNF QRP Measure #5: Potentially Preventable 30-Day Post-Discharge Readmission Measure SNF QRP
- SNF QRP Measure #7: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- SNF QRP Measure #8: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- SNF QRP Measure #9: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
- SNF QRP Measure #10: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
- SNF QRP Measure #11: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)
- Nursing Home Compare: Percent of short-stay residents who have had an outpatient emergency department (ED) visit
- AHCA's LTC Trend Tracker: https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx

