AHCA PDPM Grouper
Tool User Guide

September 2019

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Introduction & Overview

Welcome to the AHCA PDPM Grouper Tool User Guide! The AHCA Grouper Tool ("Tool") was developed to help AHCA members with PDPM implementation and to directionally understand the financial impact of PDPM. The user guide explains how to use the grouper tool, along with important model and data considerations.

The tool allows the user to input patient-level data and derive estimated PDPM payments for non-interrupted patient stays. The user will be able to use this tool to understand the difference between reimbursement under RUG-IV and PDPM at a patient and facility level. The Tool has 6 tabs which include instructions, as necessary.

If you have any questions, please contact PDPM@ahca.org. As a reminder, AHCA replies to inquiries on a biweekly basis.

Grouper Tool Tabs

1. **Introduction:** This tab provides a high-level overview of the model including a table of contents.

2. **Data Input:** All unique patient level data is input here. The data is a combination of non-medical patient and facility descriptive data as well as Minimum Data Set (MDS) resident assessment and care screening information.

3. **Payment Analysis:** The patient PDPM calculation is run through an embedded Macro in the Excel document and patient-level results are summarized on this tab. The "Patient Analysis" and "Facility Analysis" tabs both reference this tab for analysis.

4. **Patient Analysis:** This tab details an individual patient's PDPM case mix classification and the per diem reimbursement. This tab also compares reimbursement under RUG-IV and PDPM.

5. **Facility Analysis:** This tab details all patients for a single facility, comparing reimbursement under RUG-IV and PDPM.

6. **ICD-10 Code List:** This provides the user with an ICD-10 code reference list.

Note: The Tool's calculation of the nursing component is based on the RUG-IV calculation due to the similarities between RUG-IV and PDPM.

Data Input

The Data Input tab allows the user to input patient-level data for analysis and is set up to analyze the impact of multiple patients at once. The cells highlighted in yellow are for user input. The grey cells are automatically populated based on the input data and will be used throughout the Tool.

Note: The functionality of the model is dependent on its current structure. The user is encouraged to input data into the yellow highlighted cells only. Adding or deleting cells outside of the yellow highlighted areas could result in the model malfunctioning. For the user's benefit the ability to edit or delete non-yellow cells has been restricted.

Step 1: Prepare the data for entry by gathering the necessary data on individual patients. The Tool has the capacity to analyze multiple patients at once, so please work with your IT team on how to best capture the relevant information.

Note: Please reference the Appendix: Data Input Glossary for column descriptions and data input requirements such as the use of "6" versus "06" in certain fields.

Step 2: Input patient level data into the highlighted yellow cells. Users may copy/paste a spreadsheet with multiple patients.

Step 3: Complete a Primary Diagnosis Code check. Certain ICD-10 codes are insufficient to be considered a Primary Diagnosis. If an entered Primary Diagnosis Code (Column "CX") is insufficient, it will be flagged as "Return to Provider" and the user will be required to provide another primary diagnosis code. The user is encouraged to reference the *ICD-10 Code List* tab (Tab 6) to identify acceptable ICD-10 primary diagnosis codes.

Primary Diagnosis Category
Acute Infections
Return to Provider
Medical Management
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Return to Provider
Return to Provider
Medical Management
Medical Management

Note: If the I8000A (Primary Diagnosis Code) is blank, the patient will receive a $0 PDPM payment for the stay.

Running the Model

The PDPM payment is calculated through an Excel-based Macro. Running the model involves a Macro preparation step.

Step 1: Click the "Developer" tab at the top of the page and select Macros on the left. If you don't have the Developer tab, click on the File menu and then select Options. When Excel Options window appears, click on the Customize Ribbon option. Click Developer checkbox under the list of main tabs on the right. Then click the OK button.
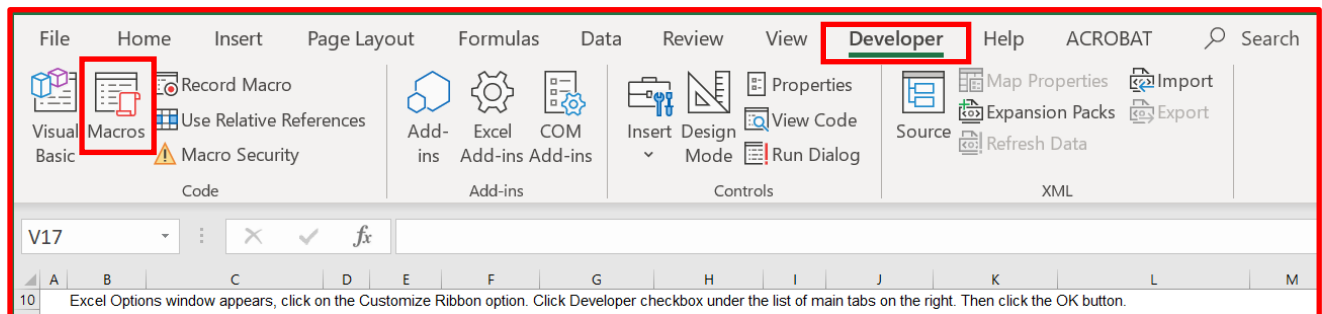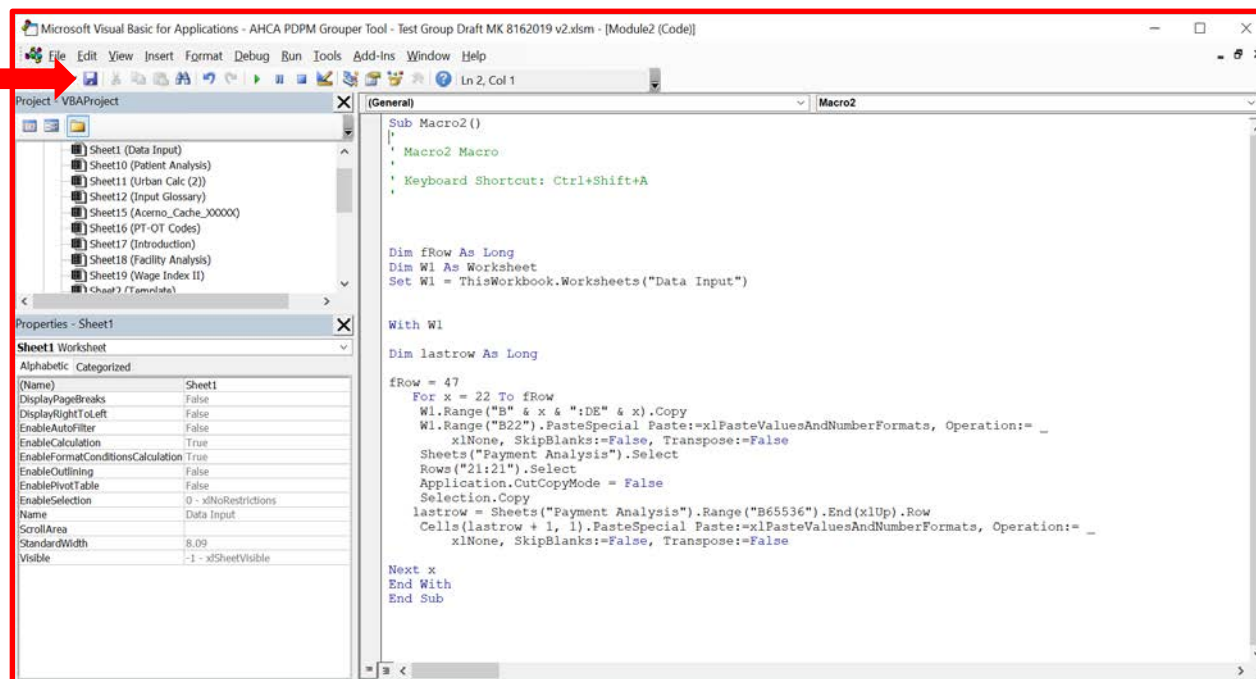

Step 2: Highlight the "Macro2" line from the options available and select "Edit". (See Right)
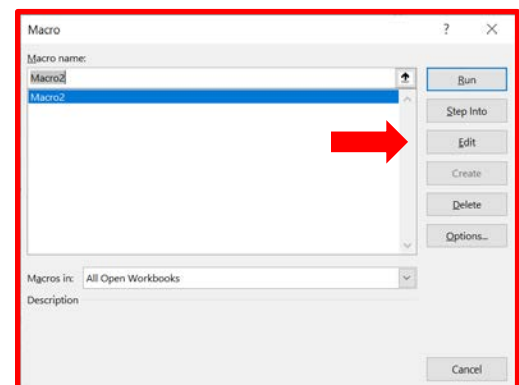
Step 3: Update the "fRow=47" to the number of lines in in the Data Input tab. 47 is only the default position and is intended to be updated. For example, if your input data populates through line 76 then you update it to "fRow=76". (See Below)
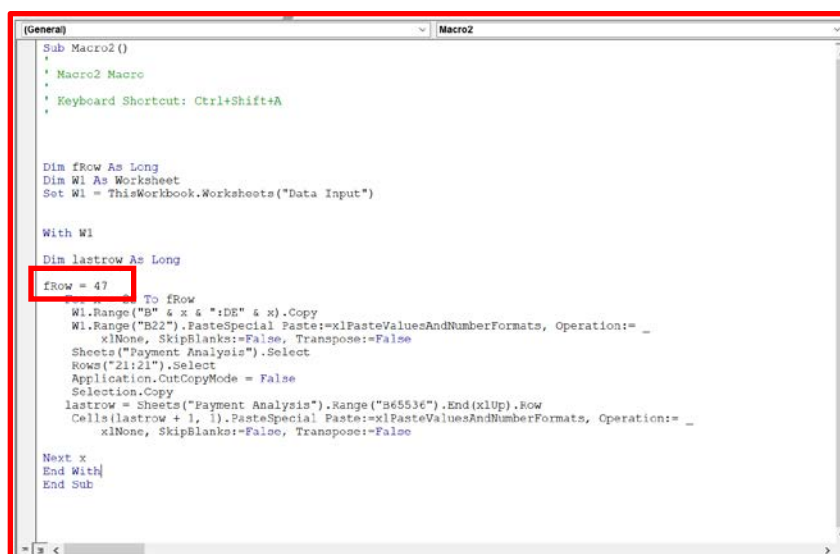
Step 4: Click the Save button in the Macro

Step 5: Now that the Macro is set to run, the user can move over to the Payment Analysis tab to run the Macro. Click on the "Run Macro" button at the top of the page to run the PDPM calculation

Note: The amount of data on the Data Input tab determines how long the Macro takes to run. It typically takes about 7-10 minutes for a data set of 150 patients (e.g. lines of data for 150 patients).

Note: Every time you wish to refresh a data set, the results of the calculation in the "Payment Analysis" tab need to be cleared by deleting Row 22 and below. For the benefit of the user, Rows 1-21 have been locked and can't be edited or deleted accidentally.

Patient Analysis

The Patient Analysis Tab provides a detailed look at reimbursement for an individual patient by component over the duration of an individual patient's stay.

This tab is driven off the Payment Analysis tab, so the user must have run the Macro in order to use this tab.

Step 1: Manually enter a patient ID into the highlighted cell (C15). A dropdown box will be available in cell C15 for the user to select from the patient ID's listed in the Data Input tab.

Note: There is no further manipulation required for the patient analysis tab. The user can view the overall comparison between PDPM and RUG-IV for this patient, as well as the PDPM reimbursement by components by day.

Note: The user is encouraged to use the CMS Grouper Tool to perform patient-level sensitivity analysis to understand the impact of changing individual MDS items on reimbursement. The CMS Grouper Tool is available at:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

Facility Analysis

The Facility Analysis tab allows the user to analyze the impact of PDPM at a facility-level. The user inputs the facility ID into one of the highlighted yellow cells in column B, and the remaining information automatically populates.

Like the Patient Analysis tab, this tab is driven off the Payment Analysis tab, so the user must have run the Macro in order to use this tab.

Step 1: Input Facility ID into the yellow highlighted section below.

Trick: In order to add in multiple facilities quickly, select all the Facility ID's in the Payment Analysis tab and paste them to the right of the table. Next hit "Alt + A + M", and then hit "OK", this will remove duplicates from your list. You can then copy/paste your list into the highlighted yellow fields in order to auto populate the table.

Note: There is no further manipulation required for the patient analysis tab. The user can view the overall comparison between PDPM and RUG-IV for each facility.

Appendix: Data Input Glossary

Metric	Description
FacilityID	The facility ID allows the user to understand the PDPM impact by facility.
Facility Description	The facility name allows the user to understand the PDPM impact by facility name
State	State name
Zip Code	The zip code where the facility is located. The zip code is used to identify the wage index used in the PDPM calculation
PatientMRN	Patient medical record number.
StayStartDate	Stay start date
StayEndDate	Stay end date
PtDays	The total duration of the patient stays in days
RoomChg	Room Charge
RoomContract	Room Contract
RoomChg&Contract	Total Room Charge + Room Contract
PPD	Room Charge + Room Contract / Patient Days
AssessmentID	Assessment ID
Z0100A	Medicare Part A: MDS Generated HIPPS Code for RUG IV
Z0150A	Medicare Part A Non-Therapy HIPPS Billing Code
B0100	Comatose: 0 No and 1 Yes. Documented comatose during the 7 day look back.
B0700	Makes Self Understood: 0 Understood, 1 usually understood, 2 sometime understood, 3 Rarely/never understood
C0500	Cognitive summary score 0-15, 99. A "-" input will be converted to "0" in the calculation
C0700	Short-term Memory OK. Score is either 0 or 1. A "-" will be converted to a "0" in the calculation
C1000	Cognitive Skills for Daily Decision Making. Score is 0, 1, 2, 3 or 4. A "-" will be converted to a "0" in the calculation
D0300	Total PHQ-9 Score - Interview Severity Score. Score 0-27, 99. A "-" input will be converted to "0" in the calculation
D0600	Total PHQ-9 Score - Staff Assessment Severity Score. Score 0-30, 99. A "-" input will be converted to "0" in the calculation
GG0130A1	Eating: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0130B1	Oral Hygiene: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0130C1	Toileting Hygiene: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170B1	Bed Mobility: Sit to Lying: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170C1	Bed Mobility - Lying to Sitting on Side of Bed: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170D1	Transfer - Sit to Stand: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170E1	Transfer - Chair/Bed-to-chair: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170F1	Transfer - Toilet Transfer: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170J1	Walking - Walk 50 Feet with Two Turns: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
GG0170K1	Walking - Walk 150 Feet: Score 01, 02, 03, 04, 05, 06, 07, 09, 10, 88
H0100C	Ostomy (Including Urostomy, Ileostomy, and Colostomy use any time in the last 7 days. Score 0 = No and 1= Yes
H0100D	Intermittent Catheterization use any time in the last 7 days. Score 0 = No and 1= Yes
H0200C	Urinary Toileting Program during the last 7 days. Score 0 = No and 1= Yes
H0500	Bowel Toileting Program during the last 7 days. Score 0 = No and 1= Yes

I1700	Use of Multidrug Organism in the last 7 days. Score 0 = No and 1= Yes
I2500	Wound Infection Treatment. Score 0 = No and 1= Yes
I2900	Diabetes Mellitus. Score 0 = No and 1= Yes
I4300	Aspasia. Score 0 = No and 1= Yes
I4500	CVA, TIA, or stroke. Score 0 = No and 1= Yes
I4900	Hemiplegia or Hemiparesis. Score 0 = No and 1= Yes
I5200	Multiple Sclerosis (MS). Score 0 = No and 1= Yes
I5500	Traumatic Brain Injury (TBI) Score 0 = No and 1= Yes
I5600	Malnutrition (protein or calorie) or at risk for malnutrition. Score 0 = No and 1= Yes
I6200	Asthma, COPD, or chronic lung disease. Score 0 = No and 1= Yes
I8000A	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000B	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000C	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000D	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000E	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000F	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000G	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000H	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000I	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
I8000J	Additional Active Diagnosis. Note do not include "." in the ICD10 code for this input
K0100A	Swallowing/Nutritional Status: Loss of liquids/solids from mouth. Score 0 = No and 1= Yes
K0100B	Swallowing/Nutritional Status: Holding food in mouth/cheeks. Score 0 = No and 1= Yes
K0100C	Swallowing/Nutritional Status: Coughing or choking when swallowing. Score 0 = No and 1= Yes
K0100D	Swallowing/Nutritional Status: Complaints of difficulty or pain. Score 0 = No and 1= Yes
K0100Z	Swallowing/Nutritional Status: None of the above. Score 0 = No and 1= Yes
K0510A2	Nutritional Approaches: Parenteral/IV feeding. Score 0 = No and 1= Yes
K0510B2	Nutritional Approaches: Feeding Tube. Score 0 = No and 1= Yes
K0510C2	Nutritional Approaches: Mechanically Altered Diet. Score 0 = No and 1= Yes
K0710A2	Percent Intake by Artificial Route. Proportion of Total Calories. Score 1. 25% or less, 2. 26%-50%, 3. 51% or more.
K0710B2	Percent Intake by Artificial Route. Proportion of Total Calories. Score 1. 500cc/day or less, 2. 501cc/day or more
M0300D2	Current Number of Stage 4 Pressure Ulcers
M1040A	Skin Condition Status: Other Ulcers, Wounds and Skin Problems. Infection of the Foot. Score 0 = No and 1= Yes
M1040B	Skin Condition Status: Other Ulcers, Wounds and Skin Problems. Diabetic Foot Ulcers. Score 0 = No and 1= Yes

M1040C	Skin Condition Status: Other Ulcers, Wounds and Skin Problems. Other Open Lesions on the Foot. Score 0 = No and 1= Yes
O0100B2	Special Treatments, Procedures and Programs. Radiation. Score 0 = No and 1= Yes
O0100D2	Special Treatments, Procedures and Programs. Suctioning. Score 0 = No and 1= Yes
O0100E2	Special Treatments, Procedures and Programs. Tracheostomy Care. Score 0 = No and 1= Yes
O0100F2	Special Treatments, Procedures and Programs. Ventilator or Respirator. Score 0 = No and 1= Yes
O0100H2	Special Treatments, Procedures and Programs. IV Medications. Score 0 = No and 1= Yes
O0100I2	Special Treatments, Procedures and Programs. Transfusions. Score 0 = No and 1= Yes
O0100M2	Special Treatments, Procedures and Programs. Active Disease Infection. Score 0 = No and 1= Yes
O0400A1	Speech-Language Pathology and Audiology Services. Individual minutes. Entered as minutes. 4-digit number.
O0400A2	Speech-Language Pathology and Audiology Services. Concurrent minutes. Entered as minutes. 4-digit number.
O0400A3	Speech-Language Pathology and Audiology Services. Group minutes. Entered as minutes. 4-digit number.
O0400B1	Occupational Therapy. Individual minutes. Entered as minutes. 4-digit number.
O0400B2	Occupational Therapy. Concurrent minutes. Entered as minutes. 4-digit number.
O0400B3	Occupational Therapy. Group minutes. Entered as minutes. 4-digit number.
O0400C1	Physical Therapy. Individual minutes. Entered as minutes. 4-digit number.
O0400C2	Physical Therapy. Concurrent minutes. Entered as minutes. 4-digit number.
O0400C3	Physical Therapy. Group minutes. Entered as minutes. 4-digit number.
O0500A	Restorative Nursing Programs. Range of Motion Passive. Entered as number of days. One day entered as "1".
O0500B	Restorative Nursing Programs. Range of Motion Active. Entered as number of days. One day entered as "1".
O0500C	Restorative Nursing Programs. Splint or Brace Assistance. Entered as number of days. One day entered as "1".
O0500D	Restorative Nursing Programs. Bed Mobility. Entered as number of days. One day entered as "1".
O0500E	Restorative Nursing Programs. Transfer. Entered as number of days. One day entered as "1".
O0500G	Restorative Nursing Programs. Dressing/Grooming. Entered as number of days. One day entered as "1".
O0500H	Restorative Nursing Programs. Eating / Swallowing. Entered as number of days. One day entered as "1".
O0500I	Restorative Nursing Programs. Amputation Care. Entered as number of days. One day entered as "1".
O0500J	Restorative Nursing Programs. Communication. Entered as number of days. One day entered as "1".