

# Maximizing SNF Medicare Reimbursement

4/24/2024

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# Agenda

- ▶ FY 2025 SNF Prospective Payment System Proposed Rule
- ▶ Most Common Provider Mistakes Under PDPM

# FY 2025 SNF Prospective Payment System Proposed Rule

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# Market Basket and Adjustments

- ▶ Unadjusted Market Basket Increase 2.8%
- ▶ Forecast Error Adjustment 1.7%
- ▶ Productivity Adjustment -0.4%
  
- ▶ Net Market Basket Index Proposed 4/1%
  
- ▶ Proposed market basket increase will increase Medicare SNF payments by approximately \$1.3 billion in FY 2025

# Administrative Updates

- ▶ CMS proposes updating the wage index using the Core-Based Statistical Areas (CBSAs) defined in OBM bulletin 23-01 to “improve the accuracy of wages and wage-related costs” for each facility’s location
- ▶ Several changes are proposed to PDPM ICD-10 clinical category mappings
- ▶ Includes a Request For Information (RGI) seeking comments on potential future updates to the Non-Therapy Ancillary (NTA) component of PDPM

# Nursing Home Enforcement

- ▶ Proposes expanding the penalties that can be enforced by allowing for more per-instance (PI) and per-day (PD) CMPs to be imposed, permitting both types of penalties to be imposed, not to exceed the daily statutory limits
- ▶ PI CMP could address noncompliance in the past or prior to the survey, and a PD CMP beginning at the start of the survey and continuing until the facility has corrected the noncompliance
- ▶ Also allows CMS to impose more than one PI CMP when multiple occurrences of a specific noncompliance are identified, regardless of whether they are cited at the same tag number
- ▶ There continues to be a statutory maximum on CMP for any given day

# SNF Quality Reporting Program (SNFQRP)

- ▶ Proposed four new social determinants of health (SDOH) questions, and modifying one existing question (see next slide for details)
- ▶ Proposes a process to validate MDS items submitted related to SNF QRP beginning in FY 2027 - a similar process was included in last year's PPS Update Rule related to SNF Value Based Purchasing (SNF VBP) reporting
- ▶ Seeks feedback on future measure concepts for SNF QRP through an RFI

# Proposed SNF QRP SDOH Items

- ▶ Living Situation: What is your living situation today?
  - ▶ Response options: (0) I have a steady place to live; (1) I have a place to live today, but I am worried about losing it in the future; (2) I do not have a steady place to live; (7) Resident declines to respond; (8) Resident unable to respond
- ▶ Food (2 questions): Within the past 12 months, you worried that your food would run out before you got money to buy more; within the past 12 months, the food you bought just didn't last and you didn't have money to get more
  - ▶ Response options; (0) Often true; (1) Sometimes true; (2) Never true; (7) Resident declines to respond; (8) Resident unable to respond
- ▶ Utilities: In the past 12 months has the electric, gas, oil or water company threatened to shut off services in your home?
  - ▶ Response options: (0) Yes; (1) No; (3) Already shut off; (7) Resident declines to respond; (8) Resident unable to respond



# Proposed SNF QRP SDOH Items

- ▶ The existing transportation question would be modified to make the lookback period consistent with the newly proposed items and would be simplified to ask a single question: In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
  - ▶ Response options: (0) Yes; (1); No; (7) Resident declines to respond; (8) Resident unable to respond

# Most Common Mistakes Providers Make Under PDPM

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# Top Provider Mistakes Under PDPM

- ▶ 1. They don't know where each component looks on the MDS for information
- ▶ 2. They don't select the best Assessment Reference Date (ARD)
- ▶ 3. They don't use all allowable information sources to code the MDS
- ▶ 4. They don't monitor for IPA opportunities
- ▶ 5. They don't audit the 5-day assessment before they submit

# Know Where Each Component Looks on the MDS for Information

# PDPM Components and Drivers - Understand Information Sources

- ▶ **PT** - I0020B, J2100 - J5000, GG0130 - GG0170
- ▶ **OT** - I0020B, J2100 - J5000, GG0130 - GG0170
- ▶ **SLP** - I0020B, MDS check box items and I8000, BIMS, K01000, K01510C
- ▶ **Nursing** - MDS check box items, GG0130 - GG0170, PHQ-9©,
- ▶ **Non-therapy Ancillaries (NTAs)** - MDS check box items, I8000
- ▶ Different components under PDPM look at different MDS items, you may need to code the same diagnosis or condition in more than one place to get credit in each component

# PDPM Components and Drivers - Example

- ▶ For an admission with Acute Respiratory Failure with Hypoxia
  - ▶ I0020B = J96.01 to get the correct PT and OT score
    - ▶ J96.01 maps to Medical Management
  - ▶ I6300 = checked to get the correct Nursing score
    - ▶ Respiratory Failure with oxygen while a resident = Special Care Low
  - ▶ I8000 = J96.01 to get the correct NTA score
    - ▶ Cardio-respiratory failure/shock = 1 NTA point

# Select the Best Assessment Reference Date

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# PDPM Assessment Schedule

- ▶ Required PDPM Assessments:
  - ▶ 5-day Scheduled Assessment
    - ▶ ARD between day 1-8, completed within 14 days of the ARD
    - ▶ Establishes the “base” rate for the entire stay unless an optional IPA is completed
    - ▶ Used in SNF QRP calculations
  - ▶ SNF Part A Discharge Assessment
    - ▶ Requires reporting of therapy days, minutes for surveillance activities
    - ▶ Used in SNF QRP
- ▶ Optional Interim Payment Assessment (IPA)
  - ▶ Each facility determines when completion is appropriate



# 5-Day Assessment Issues

- ▶ ARD selection
  - ▶ To capture diagnoses, you need an actual physician diagnosis on or before the ARD,
  - ▶ Some treatments must be coded for “7 days”
  - ▶ If you use an early enough ARD, you could capture a diagnosis that was active during the hospital stay, but not during the SNF stay, such as Septicemia
  - ▶ If you use an early enough ARD, you can capture IV fluids administered during the hospital stay
- ▶ ARD must be set on the MDS or in the facility software during the ARD window or default or provider liability is incurred

# Use All Allowable Information to Code the MDS

# What is an Accurate Assessment?

- ▶ The RAI process has multiple regulatory requirements.
- ▶ Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that
  - ▶ **(1) the assessment accurately reflects the resident's status**
  - ▶ **(2) a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals**
  - ▶ **(3) the assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts.**

# What is an Accurate Assessment?

- ▶ In addition, an accurate assessment **requires collecting information from multiple sources**
- ▶ Those sources must include the **resident and direct care staff on all shifts, and should also include the resident's medical record, physician, and family, guardian, or significant other as appropriate or acceptable.**
- ▶ It is important to note here **that information obtained should cover the same observation period as specified by the MDS items on the assessment, and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT completing the assessment.**

# What is an Accurate Assessment?

- ▶ Nursing homes are left to determine
  - ▶ (1) who should participate in the assessment process
  - ▶ (2) how the assessment process is completed
  - ▶ (3) how the assessment information is documented while remaining in compliance with the requirements of the Federal regulations and the instructions contained within this manual.

# MDS Accuracy

- ▶ MDS Accuracy is critical to:
  - ▶ Proper care planning
  - ▶ Proper payment
  - ▶ Accurate Quality Indicators and related survey implications
- ▶ Nurse executives and facility administration play a critical role in monitoring MDS accuracy, timeliness, and implementation of strong RAI process systems

# MDS Accuracy

- ▶ Updated MDS Manual
  - ▶ Most recent update: October 1, 2023
  - ▶ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- ▶ Errata Document

# Assessment Accuracy

- ▶ MDS accuracy: assessment must match the resident's status as of the assessment reference date
- ▶ Assessment reference date is the common date from which each participant in the assessment will count back the designated number of days for their section to establish the observation period
- ▶ MDS is a snapshot based on the ARD
- ▶ MDS manual contains definitions, instructions, clarifications and examples critical to accurate completion of the MDS
- ▶ MDS is a functional assessment



# Steps for Assessment

- ▶ Talk to the resident
  - ▶ Talk to the family/significant others
  - ▶ Talk to the staff
  - ▶ Review the record
  - ▶ Observe yourself
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- ▶ Pay attention to the specific look back period and item specific coding instructions

# Monitor for Interim Payment Assessment (IPA) Opportunities

# Interim Payment Assessment Considerations

- ▶ IPA changes the rate on the ARD
- ▶ IPA cannot be combined with any other type of assessment
- ▶ OBRA Significant Change in Status still required for a Part A resident if criteria are met
  - ▶ Resident is experiencing a “major” decline or improvement that affects two or more areas of care
  - ▶ Resident is not expected to return to their baseline within 14 days
  - ▶ Specific requirements related to hospice
- ▶ Things to consider related to IPA
  - ▶ Has there been a change in condition?
  - ▶ Has there been an interrupted stay?
  - ▶ Is there a new diagnosis or treatment that effects PDPM rates?

# Audit Medicare Assessments Before You Submit

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# Audit Each PDPM Component Before Submission

- ▶ PT/OT CMG:
  - ▶ Primary reason for the SNF stay:
    - ▶ Supported by care plan/documentation?
    - ▶ Is this the most appropriate diagnosis?
  - ▶ Major surgery requiring active SNF care:
    - ▶ If yes: type of surgery?
    - ▶ Is it related to the primary reason for the SNF stay?
    - ▶ Is there supporting documentation?
  - ▶ Therapy function score:
    - ▶ Is there supporting documentation?

# Audit Each PDPM Component Before Submission

- ▶ SLP CMG:
  - ▶ BIMS:
  - ▶ Acute Neuro? List:
  - ▶ SLP Comorbidities? List:
  - ▶ K0100 Swallowing symptoms? List:
  - ▶ Mechanically altered diet? Reason:
- ▶ Is there supporting documentation for any yes answers?
- ▶ Was everything coded that should have been?

# Audit Each PDPM Component Before Submission

- ▶ Nursing CMG:
  - ▶ What is the clinical qualifier(s) that generated to category assignment:
  - ▶ Function Score:
  - ▶ PHQ-9© Score:
- ▶ Is there supporting documentation?
- ▶ Is this the appropriate category?

# Audit Each PDPM Component Before Submission

- ▶ NTA CMG:
  - ▶ List the NTA diagnoses/conditions captured:
  - ▶ Resident height:      Weight:      BMI:
- ▶ Is there supporting documentation for everything captured?
- ▶ Should anything else have been captured?



# Additional Tips for Success

- ▶ Be sure your entire IDT is trained and competent in PDPM
- ▶ Evaluate the skills of your MDS team
- ▶ Review results of the 5 claim review and address any identified concerns
- ▶ Implement processes to support PDPM
  - ▶ Medicare Huddle
  - ▶ MDS audit before submission (don't wait until end of month triple check)
  - ▶ Involve MDS in the process to review referrals

# Questions?