POWER Through PDPM

WITH HTS your partner in therapy™

Light Up Your Admission Process:
Systems for Successful PDPM Transition

Objectives

- Key Considerations for SNF Success Under PDPM
- Systems & Processes to Obtain Critical Information for Success at Start of Skilled Stay
- What is Important for Admissions to Know
- Check Your Processes
- How Can We Work with Our Hospitals?

PDPM Overview

Patient Driven Payment Model

- Effective October 1, 2019
- Complete Replacement of RUGS IV

Focus is on Patient's Condition & Resulting Care Needs
Rather Than Amount of Care Provided to Determine Medicare Payment

- ICD-10 Diagnosis Codes & Other Patient Characteristics as Basis for Classification in Determining MCR Payment

Medicare 5-day & Medicare PPS Discharge MDS Only Required Assessments

- 5-day MDS Establishes PDPM Payment Category for Entire MCR Stay, Unless Interim Payment Assessment is Warranted
  - Interim Payment Assessment May Be Used to Capture Significant Changes

Re-allocation of Funds

- **Budget Neutral** – Not Intended to Reduce Medicare Spend
- Reallocates Funds from 2 "Buckets" into 5 "Buckets"

RUG-IV:

PDPM:

RUGs IV vs. PDPM

RUGs IV	PDPM
2 Case-mix Components (Therapy & Nursing)	5 Case-mix Components (PT,OT, SLP, Nursing, Non-Therapy Ancillary)
5 Scheduled PPS Assessments Plus: SOTs, EOTs, COTs	2 Assessments: 5 Day & DC; *Optional*: IPA
Constant RUG Rates by Assessment Across LOS	5 Day Sets Payment for Stay with Variable Rate
Therapy Minute Thresholds for RUG Levels & Incentive for Higher Volume Rehab	No Requirement for Number of Therapy Minutes Provided
Group and Concurrent Therapy Restrictions	Group and Concurrent Therapy Opportunities (75% is required to be 1:1)
Index Maximizing	Combination of Classification Components Set Payment

Determinants of Payment in PDPM

PT	OT	SLP	Nursing	NTA
Primary Reason for SNF Care Functional Status	**Primary Reason for SNF Care** Functional Status	**Primary Reason for SNF Care** • Acute Neurologic • Non-Acute Neurologic Cognitive Status Presence of Swallowing Disorder or Mechanically Altered Diet **Other SLP- Related Comorbidities**	Clinical Information from SNF Stay Functional Status Extensive Services Received Presence of Depression Restorative Nursing Services Received	**Comorbidities Present** Extensive Services Received

Key Issue: 5-Day Assessment

- Timely & Accurate Processes are Critical:
  The 5-Day Assessment determines the Case-Mix Classifications for the **entire stay**
- SNF Must Select the Primary Diagnosis as Main Reasons for Admission to the SNF
  (not necessarily the primary dx in the hospital)
- Diagnosis Selection Drives the Classification for PT, OT, ST, Nursing, NTA
- Section GG Functional Status Drives the Classification for PT, OT, Nursing

Note: "Grace Days" have been removed from terminology.
The 5-Day Assessment Reference Date window is day 1-8.

Interrupted Stay Policy

- If Patient is Out of the Facility for ≤ 3 Days
  - Considered Same Stay Regardless of DC Location
  - Per Diem Payments for PT, OT, and NTAs Do Not Return to Day One of Variable Per Diem
  - 5-Day Assessment not Required
- If Out > 3 days or Admitted to Different SNF, New Stay Initiated and 5-Day Assessment Required

Pre-Admission Screening

Considerations:

- **Who is included in making decisions regarding admissions?**
- **What type of residents/conditions are you comfortable admitting?**
- **Do you have a standard protocol for admissions?**

Pre-Admission Screening

- Part A Covered Stay Qualifiers
- Skilled Services Needed
- Estimated Reimbursement Rate
- Risk Factors *i*mpacting LOS & Utilization
- Medications
- NTA Needs

Skilled Level of Care Criteria

All Existing Criteria for Eligibility and Access Remain

- Must Require Daily Skilled Service
- Qualifying Hospital Stay Requirement
- Supportive Documentation

Skilled Nursing Services:

- Observation & Assessment
- Management & Evaluation of a Care Plan
- Teaching & Training
- Direct Skilled Nursing Care

What Are Skilled Services?

Skilled Nursing or Rehab Services are Prescribed by the Physician that…

- Must be provided for a condition for which the resident received **inpatient hospital care for 3 days.**
  - Or which arose while in a SNF under care for a prior inpatient condition.
- Can only practically be provided on an **inpatient basis** in the SNF setting (vs. home health, outpatient).
- Services must be **reasonable and necessary** for condition(s) being treated.
- **Required on a Daily Basis**
  - Nursing: 7 days a week
  - Therapy: At least 5 days a week with defined minutes and number of disciplines involved

What is Skilled Care?

- Nature of service requires the skills of a licensed person (e.g. **technical or professional personnel**)
- Skilled services are provided **directly by or under general supervision** of a licensed nurse or therapist to assure the safety of the patient and to achieve the medically desired result.
- **Diagnosis and prognosis do not determine what is skilled care** – it is the care of the patient that is the deciding factor.

Medicare Admission Basics

Certification:

- Skilled Need that Ties to 3-day Hospital Stay
- Estimated Duration
- Timely Signatures Cert/Recert
- Estimated Need for Home Health

Billing:

- Payment Status/Days Available Verified

Physician Supervision:

- Orders
- Timely H&P/Medical Eval
- Diagnosis Lists
- Protocols for Conditions Being Treated
- Progress Reports
- Rehab Potential
- Oversight Demonstrated
- Signature Requirements

Diagnosis Codes

Therapy plans, MDS and UB-04 must include relevant diagnosis codes to describe the medical condition(s) and symptoms that have prompted SNF services.

- SNF Stay = **Extension of Hospitalization**
- Physician Approved & System for Updating Master Diagnosis List
- Rehab Diagnosis Codes Included
- Sec I of MDS: Active Conditions

Skilled Nursing Services

- **Observation and Assessment**
- **Management and Evaluation of a Care Plan**
- **Teaching and Training**
- **Direct Skilled Nursing Care**

Observation & Assessments

Skilled services that are coverable when the likelihood of change in resident's condition requires skilled nursing or skilled rehab to identify and evaluate **patient's need for possible modification of treatment or initiation of additional medical procedures, until the patient's condition is essentially stabilized.**

Reasonable potential for **a future complication or acute episode** sufficient to justify the need for continued skilled observation and assessment.

Observation & Assessments

Skilled services to promote the stabilization of the patient's medical condition and safety.

- Need for Change in Treatment
- Factors that may Indicate Medical Instability
- Multiple Medical Problems that may Interact to Create Complications or Exacerbations.
- Interventions to Promote, Recover and Ensure Medical Safety
- Probability of Complications or Further Acute Episode

Observation & Assessment Example

- **Diagnosis of ASHD & CHF**
- **Observation by Skilled Nursing Personnel**
  - Signs of Decompensation
  - Signs of Abnormal Fluid Balance
  - Signs of Adverse Effects of Medications
  - Need for Medication Dosage Adjustments
  - Need for Therapeutic Measures

Observation & Assessment Example

- **Hospitalized for Pneumonia, which is Resolved, but Eating Poorly**
- **Skilled Observations**
  - Monitoring Fluid & Nutrition Intake
  - Assessing Need for Tube Feeding
  - Assessing Need for Assistance with Feeding

Management & Evaluation of Plan of Care

- Based on Physician's Order
- These services require the involvement of skilled nursing to meet the resident's:
  - Medical Needs
  - Promote Recovery
  - Ensure Medical Safety
- Must Document Overall Condition

Management & Evaluation of Plan of Care Example

81-year-old woman who is aphasic and confused, suffers from hemiplegia, congestive heart failure, and atrial fibrillation, has suffered a cerebrovascular accident, is incontinent, has a Stage 1 decubitus ulcer, and is unable to communicate and make her needs known.

Teaching & Training

Require Skill of Nursing/Rehab Personnel to Teach Resident How to Manage His/Her Treatment Regimen

Teaching & Training Activities

- Self-administration of injectable medications or a complex range of medications;
- Newly diagnosed diabetic teaching to administer insulin injections, to prepare and follow a diabetic diet, and to observe foot-care precautions;
- Self-administration of medical gases to a patient;
- Gait training and prosthetic care for a patient who has had a recent leg amputation;
- How to care for a recent colostomy or ileostomy;
- How to perform self-catheterization and self-administration of gastrostomy feedings;
- How to care for and maintain central venous lines, such as Hickman catheters;
- Use and care of braces, splints and orthotics, and any associated skin care;
- How to care for any specialized dressings or skin treatments

Direct Skilled Nursing Services

Inherent Complexity of Service Requires Specially Trained Skilled Professional

- IV Meds or Feedings
- Suctioning
- Feeding Tubes
- Treatment of Stage 3 or Greater Pressure Ulcers
- Surgical Wound or Open Lesion with Treatment
- Tracheostomy Care
- Ventilator Support
- Respiratory Therapy 7 Days/Week
- Unstable Clinically with Diabetes with Injections
- Transfusions
- Chemotherapy
- Early Post-Op Colostomy Care

30-Day Rule

- Skilled care is an extension of care for a condition for which the individual received inpatient hospital services.
- Post-hospital if initiated within 30 days after discharge from a hospital stay that included at least three consecutive days of medically necessary inpatient hospital services.
- In certain circumstances the 30-day period may be extended.

30-Day Exceptions

An elapsed period of more than 30 days is permitted for SNF admissions where the patient's condition makes it medically inappropriate to begin an active course of treatment in a SNF immediately after hospital discharge.

- Must be medically predictable at the time of hospital discharge that a covered level of SNF care will be required within a predictable period of time for the treatment of a condition for which hospital care was received and the patient must begin receiving such care within that time frame.

Presumptions of Coverage

Nursing Case-Mix Groups:

- Extensive Services
- Special Care High
- Special Care Low
- Clinically Complex

NTA Component

- 12+ Comorbidity Group

PT & OT Groups:

- TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, TO

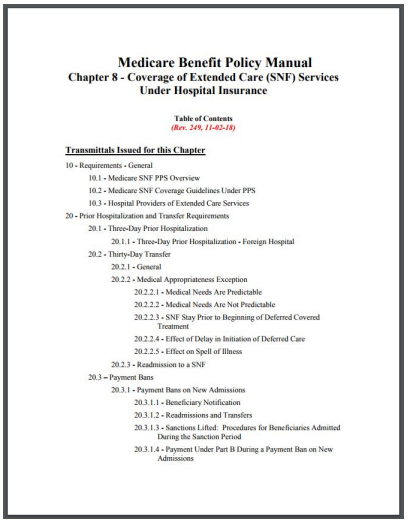
SLP Groups:

- SC, SE, SF, SH, SI, SJ, SK, SL

Skilled Coverage Guidelines

Chapter 8 of Medicare Benefit Policy Manual

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf



Medicare Benefit Policy Manual
Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

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(Rev. 249, 11-02-18)

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NTA Condition/Ext Service	Points	NTA Condition/Ext. Service	Points
HIV/Aids	8	Active Dx: Diabetes Mellitus (DM)	2
Parenteral IV Feeding: Level High	7	Chronic Myeloid Leukemia	2
Special Treatments/Programs: Intravenous Medication Post-Admit Code	5	Wound Infection Code	2
Special Treatments/programs: Vent or Respirator Post-admit Code	4	End-Stage Liver Disease	1
Parenteral IV Feeding: Level Low	3	Other Foot Skin Problems: Diabetic Foot Ulcer Code	1
Lung Transplant Status	3	Narcolepsy and Cataplexy	1
Special Treatments/Programs: Transfusion Post-admit Code	2	Cystic Fibrosis	1
Major Organ Transplant Status, Except Lung	2	Special Treatments/Programs: Tracheostomy Care Post-admit	1
Active Dx: Multiple Sclerosis Code	2	Active Dx: Multi-Drug Resistant Organism Code	1
Opportunistic Infections	2	Special Treatments/Programs: Isolation Post-Admit Code	1
Active Dx: Asthma COPD Chronic Lung Dis.	2	Specified Hereditary Metabolic/Immune Disorders	1
Bone/Joint/Muscle Infections/Necrosis—Except Aseptic Necrosis of Bone	2	Morbid Obesity	1

NTA Condition/Ext Service	Points	NTA Condition/Ext. Service	Points
Unhealed Pressure Ulcer Stage 4	1	Special Treatments/Programs: Radiation Post-admit Code	1
Endocarditis	1	Immune Disorders	1
Psoriatic Arthropathy & Systemic Sclerosis	1	Chronic Pancreatitis	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, & Inflammatory Spondylopathies	1	Other Foot/Skin Problems: Foot Infection Code, Other Open Lesion, Except Diabetic Foot Ulcer Code	1
Complications of Specified Implanted Device or Graft	1	Bladder & Bowel Appliances: Intermittent Catheterization	1
Inflammatory Bowel Disease	1	Aseptic Necrosis of Bone	1
Special Treatments/Programs: Suctioning Post-admit Code	1	Proliferative Diabetic Retinopathy & Vitreous Hemorrhage	1
Myelodysplastic Syndromes & Myelofibrosis	1	Cardio-Respiratory Failure & Shock	1
Diabetic Retinopathy-Except Proliferative Diabetic Retinopathy & Vitreous Hemorrhage	1	Nutritional Approaches While a Resident-Feeding Tube	1
Severe Skin Burn or Condition	1	Intractable Epilepsy	1
Active Dx: Malnutrition Code	1	Disorders of Immunity-Except RxCC97 Immune Disorders	1
Cirrhosis of Liver	1	Bladder & Bowel Appliance: Ostomy	1
Respiratory Arrest	1	Pulmonary Fibrosis & Other	1

Gathering Information at the Hospital

- History
- Physical
- Current Medication List
- Lab Work
- Last Few Therapy Progress Notes
- Chest X-ray
- Immunizations
- Transfer Documents

Additional Supportive Items:

- Post Operative Report
- ICD-10 Codes
- Therapy Discharge Summary
- Hospital Discharge Orders
- Consult

Acute Care Barriers

- Hospital Doesn't Provide Enough Specific Information
- Navigating Multiple Information Systems:
  i.e., Epic, CERNER, ECIN, Faxing, etc.
- Lacking ICD-10 Codes
- Operative Report not Available in a Timely Manner
- Comorbidity Items: Based on what you receive,
  how do you determine what is active?
- The history you receive from the hospital is only as good as what is they receive or what is inputted. May be time to dig into PCP and specialist to obtain more info.

Keep it Movin…

Operators need to have conversations on how to handle the admission process to maintain timeliness.

Single Point Person:

- Clinical Liaison
- On-site for Assessments
- Single Point of Contact for Referrals
- Able to collect all pertinent information and make decisions on admissions.
- Case Manager notified within 15 min to 1 hour.
- Questions go directly to DON & Admin
- Information is sent to admissions and billing for processing.

Admissions Team:

- Referral is Obtained
- Information is gathered by a point person in the building and sent to the team to review.
- Person goes onsite for any assessments that need more information "eyes on".
- The team reviews all components of information and responds back to hospital case manager.

Surgical Code Details: How far do we go?

Patient Surgical History

Items J2100 – J5000

Checkbox items used to report major surgical procedure(s) during the qualifying hospital stay

	Spinal Surgery
☐	**J2400. Involving the spinal cord or major spinal nerves**
☐	**J2410. Involving fusion of spinal bones**
☐	**J2420. Involving lamina, discs, or facets**
☐	**J2499. Other major spinal surgery**
	Other Orthopedic Surgery
☐	**J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	**J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	**J2520. Repair but not replace joints**
☐	**J2530. Repair other bones** (such as hand, foot, jaw)
☐	**J2599. Other major orthopedic surgery**

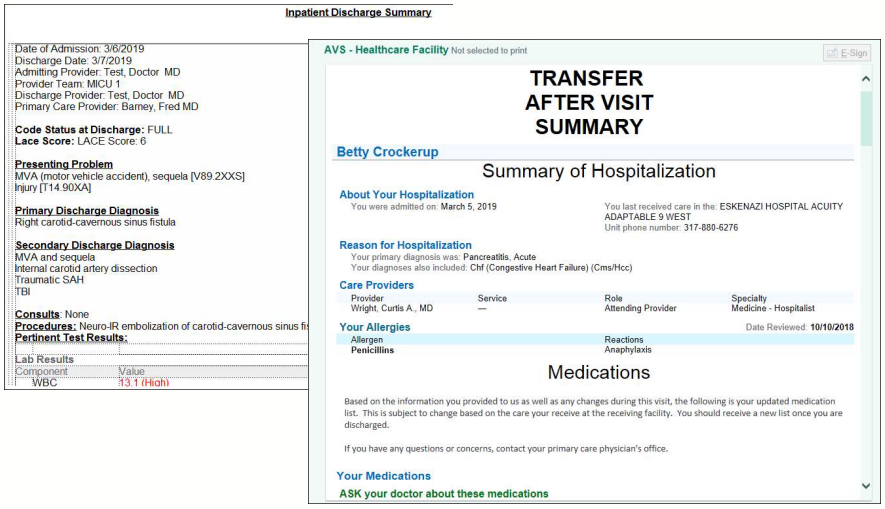
Best Practice for Admission Collaboration

Have Until Day 8 for Your Submission to be Perfection.

Admissions Process Could Include:

- Utilization of a more detailed pre-admission form.
- Timely collection of hospital information with built in time for additional “digging”.
- “Triple-check” type of meeting in the first few days to establish proper coding.
- Attending physician reviews admission documents within the first 24 hours to endorse the SNF principle diagnosis.

Hospital Collaboration



Inpatient Discharge Summary

Date of Admission: 3/6/2019
Discharge Date: 3/7/2019
Admitting Provider: Test, Doctor MD
Provider Team: MICU 1
Discharge Provider: Test, Doctor MD
Primary Care Provider: Barney, Fred MD

Code Status at Discharge: FULL
Lace Score: LACE Score: 6

Presenting Problem
MVA (motor vehicle accident), sequela [V89.2XXS]
Injury [T14.90XA]

Primary Discharge Diagnosis
Right carotid-cavernous sinus fistula

Secondary Discharge Diagnosis
MVA and sequela
Internal carotid artery dissection
Traumatic SAH
TBI

Consults: None
Procedures: Neuro-IR embolization of carotid-cavernous sinus fi
Pertinent Test Results:

Lab Results

Component	Value
WBC	13.1 (High)

AVS - Healthcare Facility Not selected to print

E-Sign

TRANSFER AFTER VISIT SUMMARY

Betty Crockerup

Summary of Hospitalization

About Your Hospitalization
You were admitted on: March 5, 2019
You last received care in the: ESKENAZI HOSPITAL ACUITY ADAPTABLE 9 WEST
Unit phone number: 317-880-6276

Reason for Hospitalization
Your primary diagnosis was: Pancreatitis, Acute
Your diagnoses also included: Chf (Congestive Heart Failure) (Cms/Hcc)

Care Providers

Provider	Service	Role	Specialty
Wright, Curtis A., MD	—	Attending Provider	Medicine - Hospitalist

Your Allergies
Date Reviewed: 10/10/2018

Allergen	Reactions
Penicillins	Anaphylaxis

Medications

Based on the information you provided to us as well as any changes during this visit, the following is your updated medication list. This is subject to change based on the care your receive at the receiving facility. You should receive a new list once you are discharged.

If you have any questions or concerns, contact your primary care physician's office.

Your Medications
ASK your doctor about these medications

Hospital Collaboration

"We are just now starting to build reports that give more information to post acute care. And as you can see, nothing we give currently lists the ICD-10 codes. However, every hospital has the ability to build reports and customize what information providers have access to. We also struggle to have a protocol for doctors to denote all diagnosis related with the inpatient stay. Talk to your hospitals and be clear about what you need. If you don't tell us, we won't know."

Christina Cook, BSN, RN
Clinical Informatics Specialist
Eskenazi Health

CMS Estimation on PDPM

PDPM Winners	PDPM Losers
Shorter Length of Stay	Longer Length of Stay
Smaller Facilities	Larger Facilities
Non-profits	For-profits
Rural Facilities	Urban Facilities
Higher Nursing Needs/Complexity (Extensive Services)	Low Nursing Needs
Conditions with high cost medications	Lower Cost Drugs
Moderate-Level to Lower-level Therapy Intensity Likely to Remain Steady or See Increase in Funding	Highest Therapy Intensity (>70% Ultra High Category) Likely to See Reduction in Funding

Market Positioning

Remind Partners of Your Clinical Scope

Be Transparent About Your Clinical Scope

Do you have goals to accept different types of guests?

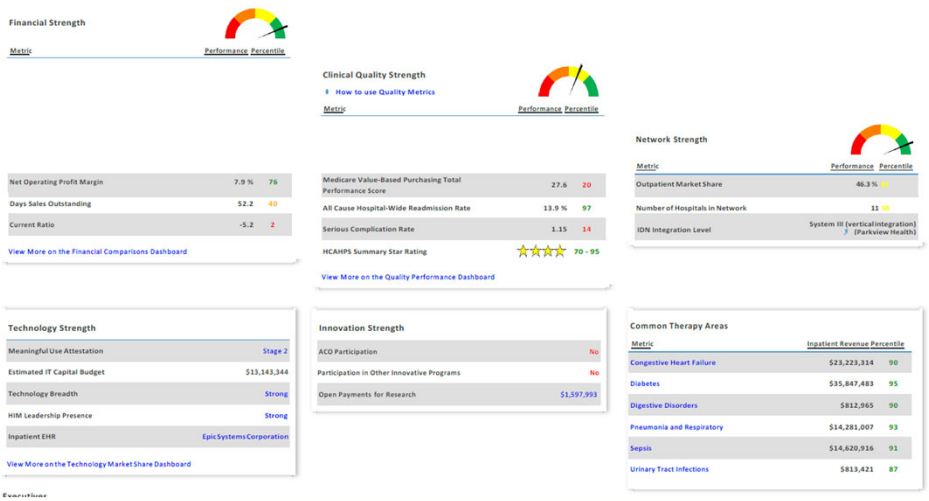
- HIV/Aids
- Vent
- Trach
- Transplant
- Cardiopulmonary

Assess Your Market Positioning with PDPM

- **Referral Patterns**
- **Know Your Numbers**
- **Check Your Processes**
- **Know Your Value**

  Brand and articulate what can bring to your acute care partners.
  - Bundles
  - Readmission
  - Specialized Clinical Programs

Hospital Market Data Deep Dive



CMS Program Participation

PROGRAM	PARTICIPATION STATUS
Accountable Care Organization	Not Participating
Bundled Payment for Care Initiative	Not Participating
Bundled Payments for Care Improvement Advanced ModelNew	Participating
Comprehensive Care for Joint Replacement (CJR)	Not Participating
Hospital Acquired Condition Reduction Program	Participating
Meaningful Use	Stage 2
Readmission Reduction Program	Participating
Value Based Purchasing	Participating

Bundled Payments for Care Improvement Program Advanced New

For more on the Bundled Payments for Care Initiative see here

Convener: Parkview Health

Inpatient Episodes

Your search returned 3 results.

Clinical Episode	DRG Codes
CARDIAC ARRHYTHMIA	308, 309, 310
CONGESTIVE HEART FAILURE	291, 292, 293
PERCUTANEOUS CORONARY INTERVENTION	246, 247, 248, 249, 250, 251, 273, 274

MEASURE	# OF ELIGIBLE DISCHARGES	HOSPITAL RATE: OCTOBER 2018	HOSPITAL RATE: OCTOBER 2017	CHANGE	TREND	NATIONAL RATE	PERCENTILE RANK (99 IS BEST)
Hospital return days for pneumonia patients	878	-7.2 %					34
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	711	18.7 %	18.1 %	0.6 %		19.6 %	83
Hospital return days for heart attack patients	529	-3.5 %	-6.0 %	2.5 %			34
Rate of readmission for heart attack patients	529	14.9 %	16.2 %	-1.3 %		16.0 %	87
Hospital return days for heart failure patients	840	-13.4 %	-3.3 %	-10.1 %			25
Rate of readmission for heart failure patients	840	19.0 %	19.4 %	-0.4 %		21.7 %	96
Rate of readmission for pneumonia patients	878	14.1 %	15.3 %	-1.2 %		16.7 %	99
Rate of readmission for stroke patients	582	10.2 %	9.8 %	0.4 %		11.9 %	98
Rate of readmission for coronary artery bypass graft (CABG) surgery patients	141	14.4 %	15.7 %	-1.3 %		13.2 %	19
Rate of readmission after hip/knee replacement	131	4.2 %	3.7 %	0.5 %		4.2 %	49
Rate of unplanned hospital visits after an outpatient colonoscopy		15.6 %				16.4 %	80
Rate of readmission after discharge from hospital (hospital-wide)	5,395	13.9 %	14.5 %	-0.6 %		15.3 %	97

BPCI

Top 10 Facilities Visited During Episode

Facility Name	Facility Type	Episodes	Cost per Episode	Visits	Unique Patient Visits	Readmission Rate to Anchor Hospital
Parkview Home Health & Hospice	Home Health Agency	77	$13,422	78	68	0.00%
Parkview Whitley Hospital	Short Term Acute Care Hospital	30	$12,767	63	24	33.30%
Parkview Noble Hospital	Short Term Acute Care Hospital	23	$13,776	41	19	24.40%
St Joseph Hospital	Short Term Acute Care Hospital	22	$12,334	33	19	33.30%
Parkview Huntington Hospital	Short Term Acute Care Hospital	20	$13,178	37	18	21.60%
DeKalb Memorial Hospital (AKA DeKalb Health)	Short Term Acute Care Hospital	20	$8,943	35	17	31.40%
Parkview Memorial Hospital Continuing Care Center	Skilled Nursing Facility	19	$17,373	19	18	5.30%
Ashton Creek Health and Rehabilitation Center	Skilled Nursing Facility	16	$19,100	20	13	5.00%
Parkview Wabash Hospital (AKA Wabash County Hospital)	Critical Access Hospital	15	$10,504	35	13	11.40%
Heartland Home Health Care Serving Northeast Indiana	Home Health Agency	15	$14,079	15	15	6.70%

Top 10 SNFs Visited During Episode

SNF Name	Episodes	Cost per Episode	Average Length of Stay	National Avg Length of Stay	Regional Avg Length of Stay	
Parkview Memorial Hospital Continuing Care Center	19	$17,373	14.9	19.8	19.8	
Ashton Creek Health and Rehabilitation Center	16	$19,100	17.3	19.8	19.8	
St Anne Home	Fewer than 11	$14,500	16.8	19.8	19.8	
Heritage Park	Fewer than 11	$19,809	26	19.8	19.8	
Grey Stone Health & Rehabilitation Center	Fewer than 11	$23,198	26	19.8	19.8	
Kingston Care Center Fort Wayne	Fewer than 11	$16,663	19.1	19.8	19.8	
Glenbrook Rehabilitation and Skilled Nursing Center	Fewer than 11	$13,568	8.8	19.8	19.8	
The Village at Anthony Boulevard Skilled Nursing	Fewer than 11	$17,356	24.8	19.8	19.8	
Golden Years Homestead	Fewer than 11	$18,212	39	19.8	19.8	
Woodview a Waters Community	Fewer than 11	$17,925	12.7	19.8	19.8	

Ortho

Top 10 Facilities Visited During Episode

Facility Name	Facility Type	Episodes	Cost per Episode	Visits	Unique Patient Visits
Parkview Home Health & Hospice	Home Health Agency	Fewer than 11	$24,511	Fewer than 11	Fewer than 11
Parkview Memorial Hospital Continuing Care Center	Skilled Nursing Facility	Fewer than 11	$24,992	Fewer than 11	Fewer than 11
Ashton Creek Health and Rehabilitation Center	Skilled Nursing Facility	Fewer than 11	$26,755	Fewer than 11	Fewer than 11
St Anne Home	Skilled Nursing Facility	Fewer than 11	$29,172	Fewer than 11	Fewer than 11
Parkview Huntington Hospital	Short Term Acute Care Hospital	Fewer than 11	$41,538	Fewer than 11	Fewer than 11
DeKalb Memorial Hospital (AKA DeKalb Health)	Short Term Acute Care Hospital	Fewer than 11	$43,372	11	Fewer than 11
The Towne House Health and Rehabilitation Center	Skilled Nursing Facility	Fewer than 11	$34,115	Fewer than 11	Fewer than 11
Golden Years Homestead	Skilled Nursing Facility	Fewer than 11	$31,348	Fewer than 11	Fewer than 11
Millers Merry Manor - Fort Wayne	Skilled Nursing Facility	Fewer than 11	$28,347	Fewer than 11	Fewer than 11
Kosciusko Community Hospital	Short Term Acute Care Hospital	Fewer than 11	$38,540	Fewer than 11	Fewer than 11

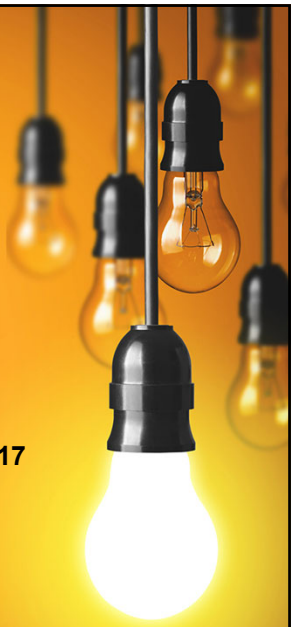
Top 10 SNFs Visited During Episode

SNF Name	Episodes	Cost per Episode	Average Length of Stay	National Avg Length of Stay	Regional Avg Length of Stay
Parkview Memorial Hospital Continuing Care Center	Fewer than 11	$24,992	21.4	25.3	25.1
Ashton Creek Health and Rehabilitation Center	Fewer than 11	$26,755	9.1	25.3	25.1
St Anne Home	Fewer than 11	$29,172	26.8	25.3	25.1
The Towne House Health and Rehabilitation Center	Fewer than 11	$34,115	21.9	25.3	25.1
Golden Years Homestead	Fewer than 11	$31,348	17.4	25.3	25.1
Kingston Care Center Fort Wayne	Fewer than 11	$35,128	40.5	25.3	25.1
Heritage Park	Fewer than 11	$25,910	44	25.3	25.1
The Cedars - Cedar Creek Retirement Community	Fewer than 11	$28,053	26	25.3	25.1
Millers Merry Manor - Garrett	Fewer than 11	$43,455	39	25.3	25.1
Millers Merry Manor - Fort Wayne	Fewer than 11	$28,347	19.5	25.3	25.1

Your "To Dos"

- ✓ Perfect Your Admission Process
- ✓ Utilize the Pre-admission Tool
- ✓ Promote Hospital Collaboration
- ✓ Brand Current Clinical Programs
- ✓ Research Current Hospital Positioning
- ✓ Implement Needed Clinical Programs
- ✓ Shout it Off of the Mountain Top

CMS Resources



Medicare Benefit Policy Manual Ch. 8
www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf

PDPM Technical Report
www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Technical_Report_508.pdf

PDPM Provider Impact Analysis Based on FY 2017 Actual Claims
www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html

ICD.10-CM Clinical Category Mapping:
cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html

Upcoming HTS Training

Generate Powerful Coding – ICD.10 Live Trainings

Tuesday, April 9 — Evansville

Wednesday, April 10 — Louisville

Wednesday, May 29 — Fort Wayne

Thursday, May 30 — Indianapolis

These sessions will review ICD-10-CM coding conventions and official guidelines for coding/reporting to gain knowledge on appropriately assigning ICD-10 codes. Participants will learn about common coding errors seen in skilled nursing facilities and review coding guidelines for these areas. In addition, the session will provide a review of the importance of coding specificity, sequencing for billing, and best practices for the assignment of diagnosis codes. Upcoming code changes impacting the nursing facility setting will be reviewed, with a focus on the diagnosis codes that impact reimbursement under the Patient Driven Payment Model (PDPM) taking effect October 1, 2019.

Questions?

Type your question into the toolbar at the right of your screen.

Upcoming HTS Sponsored MDS Training

Supercharge Your MDS: 6-Part Series

June 12 — Determining Clinical Category & Care Planning for the Complex Resident – (Section I, J) - RAI coding requirements, review of new MDS items in Sections I and J, ICD.10 and clinical category mapping, review of "Return to Provider" issues and the impact of coding decisions and prior surgery.

June 19 — PDPM SLP Comorbidities – (Section C, I, K, O) – RAI coding requirements; overview of PDPM calculations and impact of BIMS/CPS, Swallowing Disorder(s) and Mechanically Altered Diet.

June 26 — PDPM NTA Comorbidities – (Section H, I, K, M, O) – RAI coding requirements; overview of PDPM calculation and supporting documentation.

July 10 — PDPM Functional Scoring – Review Section GG items, definitions & calculations used in PDPM for PT, OT, & Nursing Case Mix Groups.

July 17 — Best Practices for 5-day & IPA Data Collection – Overview of the Interim Payment Assessment and interrupted stay policy with best practice tips; what to anticipate with other payers (e.g. Managed, Medicaid), the Optional State Assessment (OSA).

July 24 — Discharge Assessment & Therapy Provision – (Section O) – RAI coding requirements; billing accuracy – impact of variable rate adjustment, updating your triple check process and HIPPS codes, transitioning from RUGs to PDPM; and ongoing compliance/auditing and monitoring.

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