Nexus MDS Coordinator Breakout: PDPM and COVID-19

May 21, 2021

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Use Analytics to Improve Post-Acute & Long-Term Care Performance

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Disclaimer

- The information contained in this presentation is a summary and intended for educational purposes only.
  - Interpretation of regulations and any guidance should be reviewed with your legal and compliance teams for applicability to your practice or organization.

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Today's Topics

- Overview of PDPM Case Mix Drivers for Nexus participating SNFs
  - Changes over time
  - April 2020-March 2021
- Review of potential PDPM compliance areas
  - MDS coding
    - COVID-19 related
    - Other PDPM drivers
  - Interdisciplinary documentation

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About the Data

- PDPM average per diem rates and components calculated from MDSs submitted to PointRight
  - Quarterly averages from Q2 CY2020 (April – June) through Q1 CY2021 (January – March)
  - Per diems are from days 4-20 (no variable per diem adjustment)
- Focus: PDPM payment drivers impacted by COVID-19

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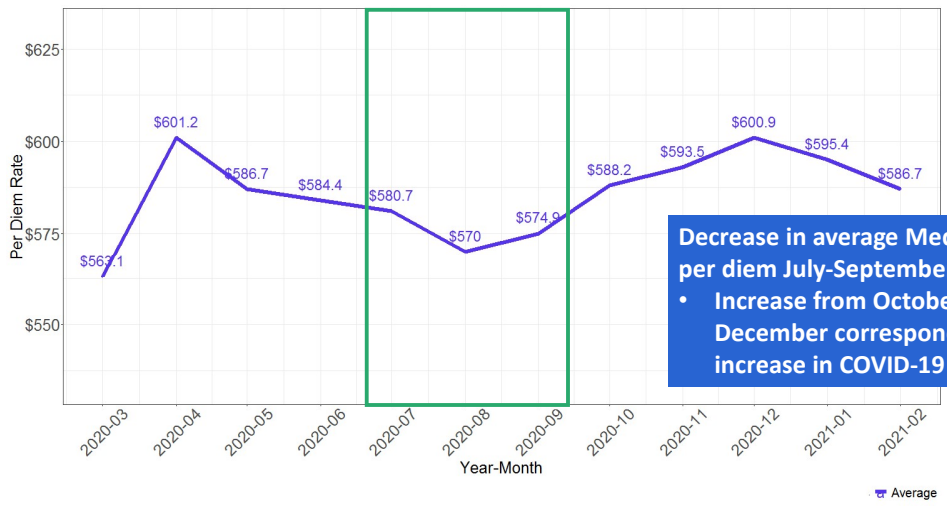
Medicare Part A Average Per Diem Trend



Decrease in average Medicare Part A per diem July-September 2020

- **Increase from October - December corresponds with increase in COVID-19 rate**

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PDPM Payment Drivers – Isolation & COVID-19

Percent of Assessments

Isolation

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	25.2%	4.7%	13.0%	9.7%
PointRight National Average	13.8%	9.7%	14.0%	11.6%

COVID-19 Primary Dx

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	23.4%	4.5%	13.5%	10.6%
PointRight National Average	16.0%	10.4%	19.9%	15.1%

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PDPM Payment Drivers – Swallowing D/O & Mech. Altered Diet

Percent of Assessments

Swallowing Disorder

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	13.0%	19.9%	17.0%	19.6%
PointRight National Average	17.3%	17.3%	16.3%	17.2%

Mechanically Altered Diet

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	32.4%	30.3%	29.6%	28.0%
PointRight National Average	32.0%	29.9%	30.7%	29.9%

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PDPM Payment Drivers – Depression & Cognitive Impairment

Percent of Assessments

Depression Qualifier

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	8.1%	12.2%	16.9%	19.6%
PointRight National Average	10.6%	11.3%	11.3%	12.1%

Cognitive Impairment Qualifier

	April-June 2020 (FY 2020 Q3)	July-Sep. 2020 (FY 2020 Q4)	Oct.-Dec. 2020 (FY 2021 Q1)	Jan.-Mar. 2021 (FY 2021 Q2)
Nexus	56.7%	52.2%	54.5%	50.2%
PointRight National Average	56.1%	50.8%	53.7%	52.5%

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Primary Diagnosis Coding

- Interdisciplinary process
  - Diagnosis is documented by physician/physician extender as present
  - Interdisciplinary team determines primary diagnosis
- A resident may have multiple medical conditions requiring SNF treatment
  - The question to ask: “What is the main reason for admission to SNF?”
- MDS coding requirements for all diagnoses:
  - Physician (or NP/PA/CNS) – documented diagnosis within last 60 days
  - “Active” within last 7 days – affecting current function, cognition, mood/behavior, medications/treatments, nursing monitoring, risk of death (RAI v.3.0 Manual, p. I-7)

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COVID-19 (U07.1)

- Code only confirmed cases documented by the provider
  - Positive test result or physician’s documentation of COVID-19
- Additional diagnoses (examples only):
  - Pneumonia/acute bronchitis/ARDS due to COVID-19 (Code based on organism, e.g. J12.82 Pneumonia due to coronavirus disease 2019)
  - Contact with and (suspected) xposure to COVID-19: Z20.822
- Full 2021 ICD-10 guidance:
  - https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf

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Proposed Changes to PDPM ICD-10 Mapping

- FY 2022 Proposed Rule
  - Changing several codes that are currently Return to Provider to map to a Clinical Category

ICD-10	Clinical Category FY 2021	Proposed Clinical Category FY 2022
D57.42 and D57.44	Medical Management	Return to Provider
K20.81, K20.91, K21.01	Return to Provider	Medical Management
M35.81	Non-Surgical Orthopedic/Musculoskeletal	Medical Management
P91.821, P91.822, P91.823	Return to Provider	Acute Neurologic
U07.0	Return to Provider	Pulmonary
G93.1	Return to Provider	Acute Neurologic

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Coding Isolation (O0100M2)

- Must meet all four criteria (RAI v. 3.0 Manual p. O-5)
- 14-day look-back period (not counting prior to admission)
  - Doesn't need to be the entire 14 days
- When a resident meets the criteria document:
  - Active diagnosis
  - Resident alone in room – treatments/therapy brought in
  - Transmission-based precautions
- Can transport out of facility to medically necessary services
  - Follow CDC guidelines for precautions during transport

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Cohorting vs. Isolation

- Cohorting: grouping residents with the same infection together to a confine area to prevent contact with non-infected residents
  - Transmission-based precautions in effect
  - Dedicated caregivers
  - Supplies that are not shared with the rest of the facility
- Recommended practice for controlling spread of infection when isolation rooms are not available
- Cannot be coded as isolation on the MDS

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Monoclonal Antibody Therapy

- CMS has not specified if this is captured on the MDS as an IV medication or as a transfusion.
  - Either qualifies for Clinically Complex
  - NTA points:
    - IV Medication – 5
    - Transfusion – 2
- Recommendation: Contact state RAI Coordinator and **document** and follow their guidance
  - Don't try to double dip! – Code only IV Med **or** Transfusion
  - Keep a list of MDSs that might need to be modified just in case

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Other Active Diagnoses

- Other diagnoses besides the primary (I0020B) are also important in PDPM
  - Section I8000
  - Section I diagnosis checklist is still
- Other diagnoses count for:
  - SLP Comorbidities
  - NTA Component items
  - Nursing Component
- Same active diagnosis criteria apply for coding in the checklist

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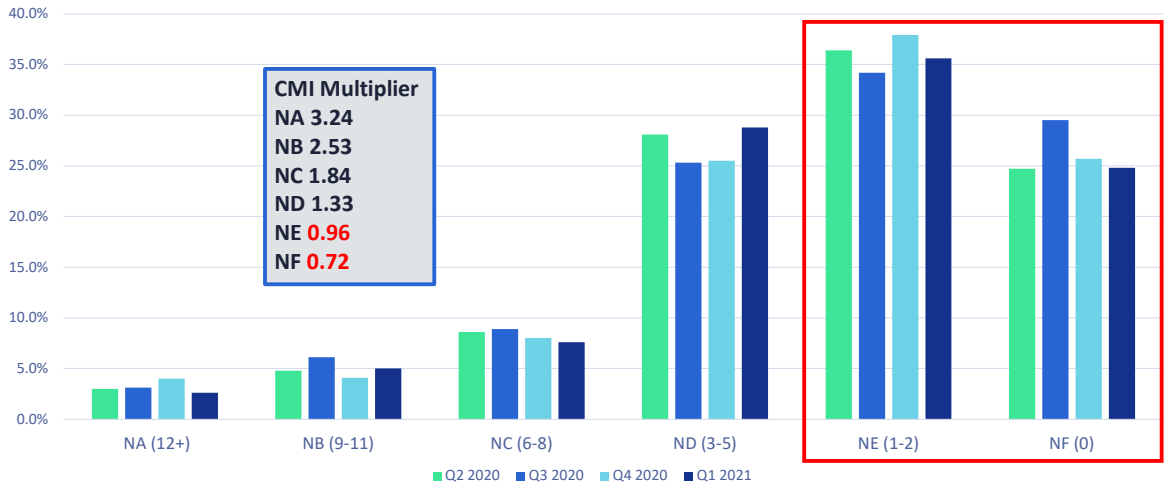
Non-Therapy Ancillary (NTA)



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Swallowing Disorder/Mechanically Altered Diet

- K0100: Signs of possible swallowing disorder during the 7-day look back
  - Does not require physician diagnosed disorder to code
- Document/communicate any potential issues observed during meals/snacks/medication pass
  - Includes CNAs, dietary, activities etc.
- Mechanically Altered Diet: Needs to have an order in the record
  - e.g. soft solids, ground meat, puree, thickened liquids
- TIP: Investigate any resident in the SA case mix group in the SLP component for documentation

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Depression/Cognitive Status

- Isolation or cohorting may hinder interviewing processes
- Interviews still must be attempted when the resident is at least sometimes understood
  - If an interpreter is needed but not available, answer “no” to the gateway question
- If the interview cannot be conducted but should have been (resident is able to make self understood and/or interpreter is available)
  - Code the gateway question “yes” and dash the interview items
  - Do not complete the staff assessment (per RAI Manual instructions)
- Be sure to note the reason no assessment was done in the record

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Section GG – ADL Function Scores

- Isolation/cohorting may restrict residents’ mobility
  - Base coding on resident’s actual performance during the 3-day look-back period (beginning at time of admission)
- All direct care staff should know how to assess the ADL activities
  - Document or communicate over all shifts to capture usual performance
- If activity didn’t occur, use the appropriate code (don’t dash)
  - e.g. Section GG codes 09 (not attempted due to current illness), 10 (not attempted due to environmental limitations) 88 (not attempted due to medical condition or safety concerns)

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Section GG – ADL Function Scores (cont.)

- Section GG also impacts the SNF QRP measures:
  - SNF Functional Outcome Measure: Discharge Self-Care Score for SNF residents
  - SNF Functional Outcome Measure: Discharge Mobility Score for SNF residents
  - SNF Functional Outcome Measure: Change in Self-Care Score for SNF residents
  - SNF Functional Outcome Measure: Change in Mobility Score for SNF residents
- Avoid dashes in these items (2% penalty for incomplete data)

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Therapy Delivery

- CMS is tracking changes in therapy delivery from pre-PDPM and during the pandemic
  - Changes in average therapy minutes per day
  - Shift away from ~100% individual therapy to concurrent and/or group
- While changes in therapy during the pandemic is justifiable, watch for potential compliance issues
  - Residents on isolation or with active COVID dx receiving group therapy
  - Inconsistencies between ADL coding and therapy documentation

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Compliance Considerations

- Ensure documentation to support daily skilled services
  - Diagnoses/treatments/therapy
  - Interdisciplinary input ensures that no skilled needs are missed
- Develop consensus on primary diagnosis/reason for SNF care
  - Ensure skilled services are reasonable and necessary (including length of stay)
- Don't overlook technical requirements
  - Qualifying hospital stay or skilling in place under the 3-day waiver
  - Physician certification/recertification

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