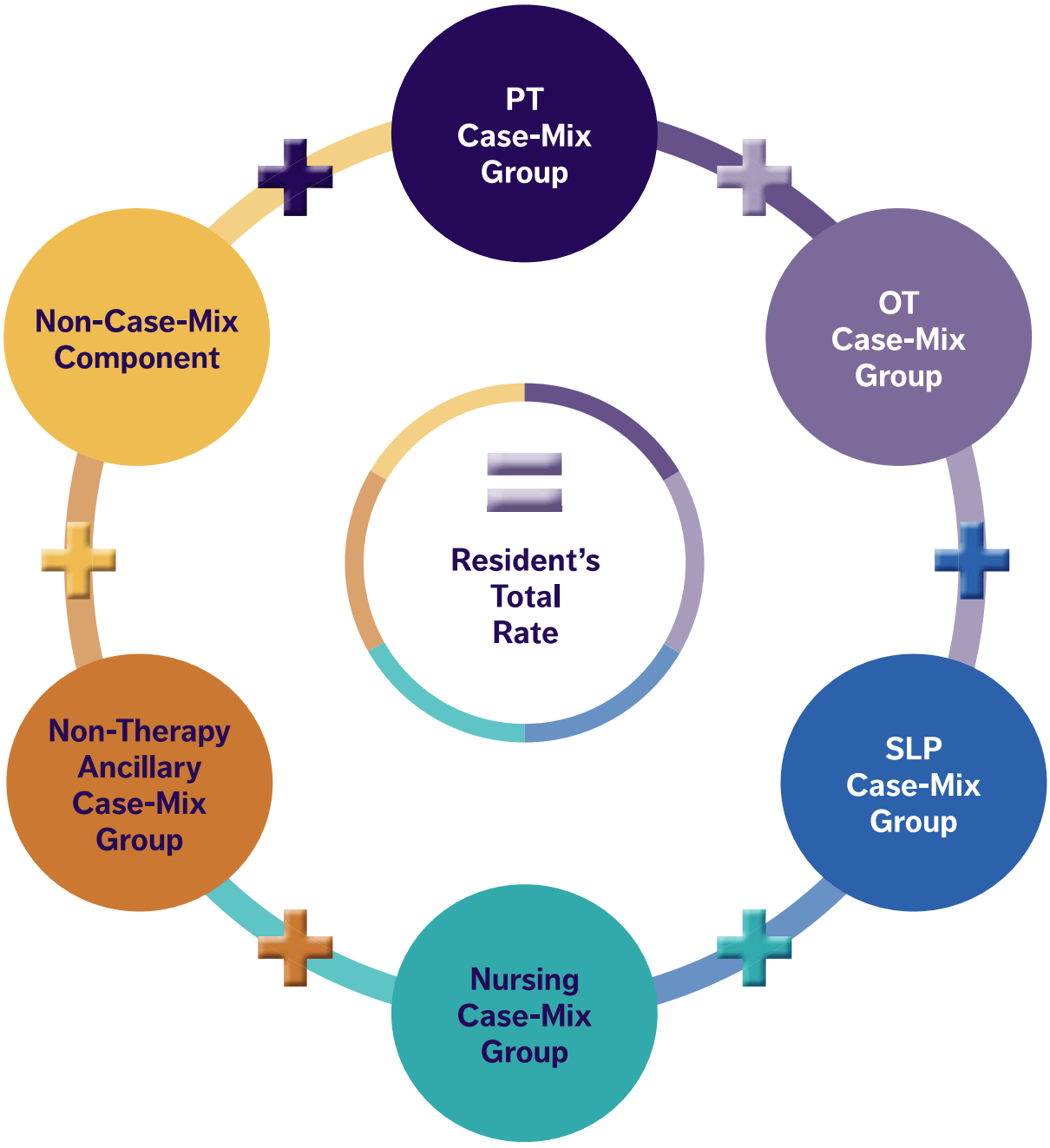
Patient-Driven Payment Model (PDPM): At-a-Glance

The PDPM establishes a rate on the 5-day MDS for the entire stay by combining five different case-mix components (PT, OT, SLP, Nursing, and Non-Therapy Ancillary) with the non-case-mix component. The rate may be changed during the Medicare Part A stay by completing the optional Interim Payment Assessment (IPA).

Use the following at-a-glance tools to identify the case-mix group for each component and improve your understanding of the Patient-Driven Payment Model.



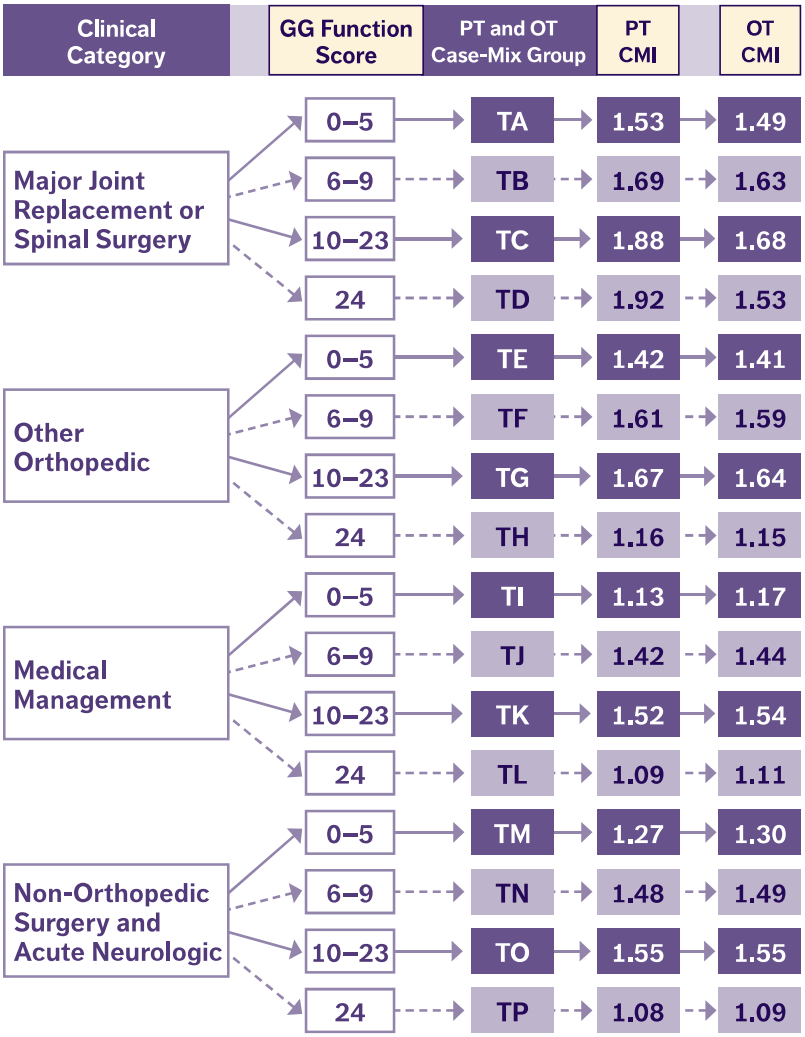
AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION

NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION

Patient-Driven Payment Model: At-a-Glance

PT Component and OT Component*



Scoring Response for Section GG Items		Score
05, 06	Set-up assistance, independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10, 88, [-]	Dependent, refused, not attempted, resident does not walk**	0

Section GG items		Score
GG0130A1	Self-care: Eating	0–4
GG0130B1	Self-care: Oral hygiene	0–4
GG0130C1	Self-care: Toileting hygiene	0–4
GG0170B1	Mobility: Sit to lying	0–4 (avg. of 2 bed mobility items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0–4 (avg. of 3 transfer items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0–4 (avg. of 2 walking items)
GG0170K1	Mobility: Walk 150 feet	

* **PT Component and OT Component:**
PT and OT components will always result in the same case-mix group; however, the PT and OT case-mix indices/payment levels differ.

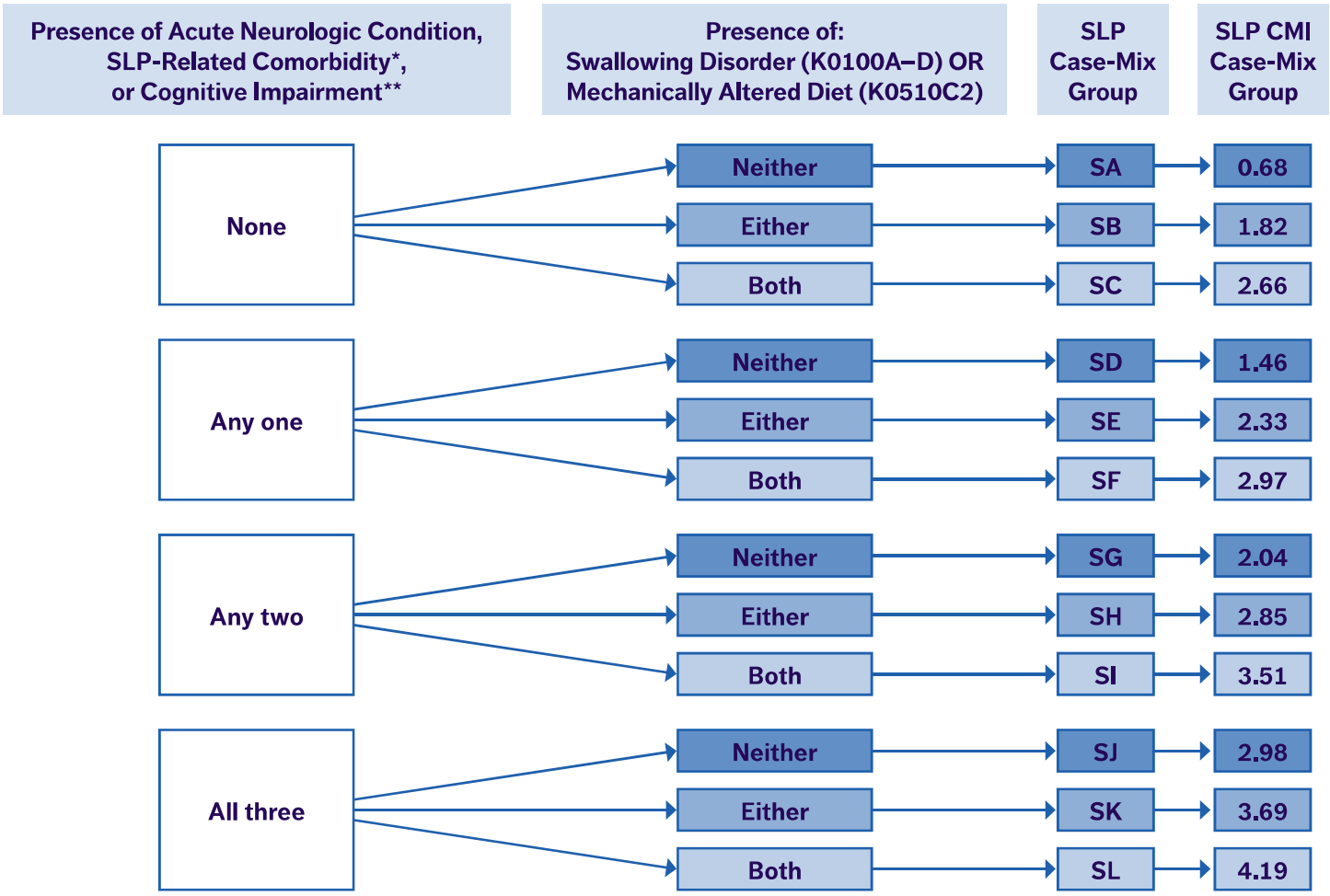
** If a resident is coded as not attempted (07, 09, 10, or 88) for **GG0170I1 (Walk 10 feet)**, then walking items for GG0170J1 (Walk 50 feet with 2 turns) and GG0170K1 (Walk 150 feet) will be scored as zero points.

NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION

Patient-Driven Payment Model: At-a-Glance

SLP Component



***SLP-Related Comorbidities:**
Aphasia (I4300); CVA, TIA, or Stroke (I4500); Hemiplegia or Hemiparesis (I4900); TBI (I5500); Tracheostomy (O0100E2); Ventilator (I0100F2); Laryngeal Cancer, Apraxia, Dysphagia, ALS, Oral Cancers, Speech and Language Deficits (I8000)

****Cognitive Impairment:**
The PDPM cognitive level is based on the Brief Interview for Mental Status (BIMS) or staff assessment. See the PDPM calculation worksheet provided by CMS for details.

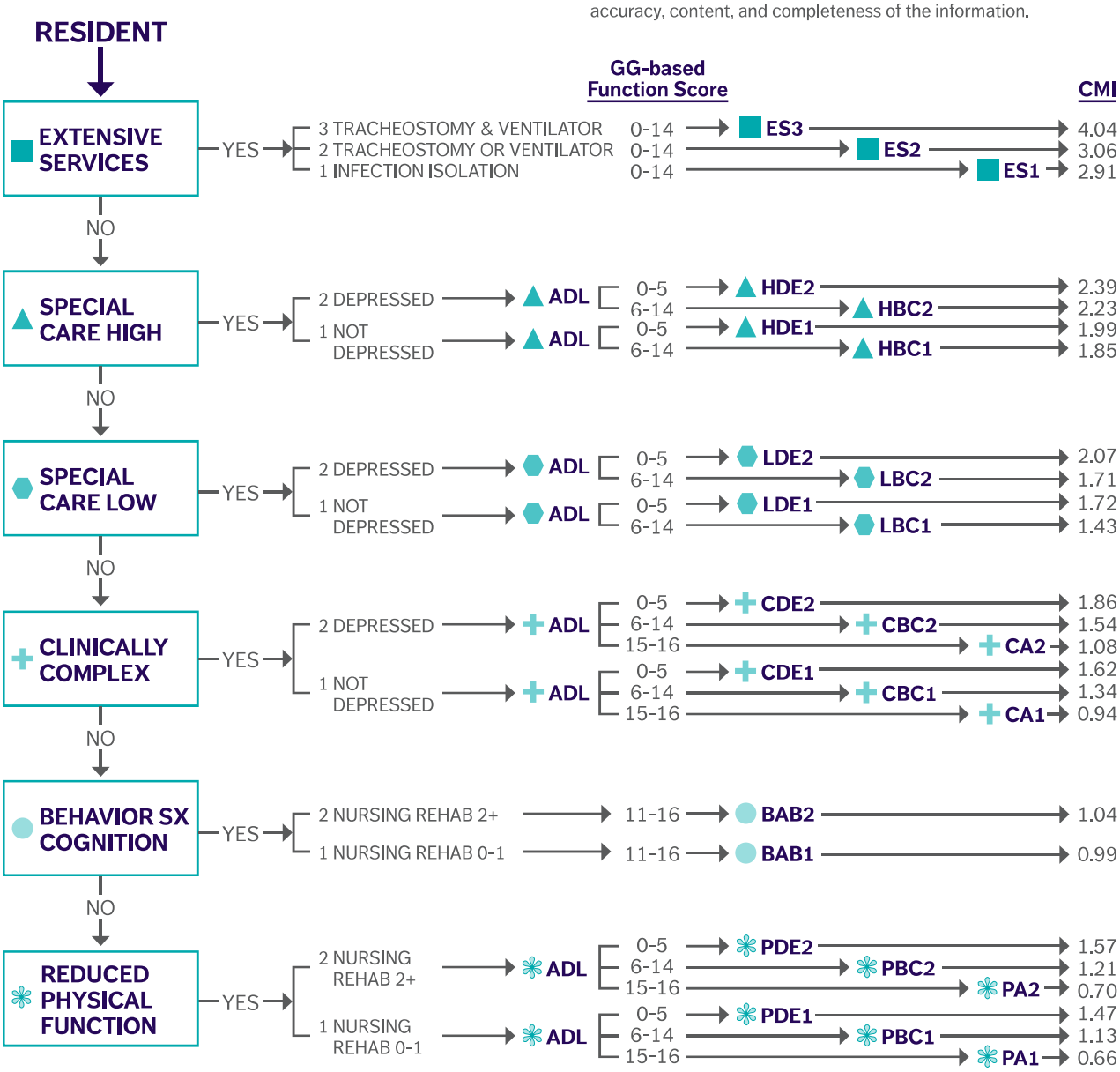
NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION

Patient-Driven Payment Model: At-a-Glance

Nursing Component*

NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.



Scoring Response for Section GG Items		Score
05, 06	Set-up assistance, independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 10, 88, [-]	Dependent, refused, not attempted	0

Section GG items		Score
GG0130A1	Self-care: Eating	0–4
GG0130C1	Self-care: Toileting hygiene	0–4
GG0170B1	Mobility: Sit to lying	0–4 (avg. of 2 bed mobility items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0–4 (avg. of 3 transfer items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

* **Nursing Component:**
See the CMS PDPM calculation worksheet for inclusion criteria for each nursing classification.

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION **Patient-Driven Payment Model:** At-a-Glance

Non-Therapy Ancillary (NTA) Component

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis—Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer—Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1

Continued

*__High level__: K0710A2 = 3. 51% or more (while a resident)
**__Low level__: K0710A2 = 2. 26–50% (while a resident) AND K0710B2 = 2. 501cc/day or more (while a resident)

NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION **Patient-Driven Payment Model:** At-a-Glance

Non-Therapy Ancillary (NTA) Component (*Continued*)

Condition/Extensive Service	Source	Points
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code (M1040B)	MDS Item M1040A, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I8000	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy—Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity—Except: RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

NTA Score Range	NTA Case-Mix Group	NTA CMI
12+	NA	3.25
9–11	NB	2.53
6–8	NC	1.85
3–5	ND	1.34
1–2	NE	0.96
0	NF	0.72

NOTE: This document is intended to aid members in their review of the Patient-Driven Payment Model. Resources: FY 2019 SNF PPS Final Rulemaking, CMS Fact sheet: PDPM Patient Classification, and CMS draft PDPM Calculation Worksheet for SNFs. AANAC has made every attempt to ensure the accuracy and reliability of the information provided. AANAC does not accept any responsibility or liability for the accuracy, content, and completeness of the information.

Resident Cognitive Level Determination

AANAC AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION | PDPM

STEP A – SEVERELY IMPAIRED

MDS Item	MDS Score	Yes	No
Option 1: Comatose (B0100) = 1 **and** all following Section GG items: **Self-Care Items** Eating (GG0130A1) Toileting hygiene (GG0130C1) **Mobility Items** Sit to lying (GG0170B1) Lying to sitting on side of bed (GG0170C1) Sit to stand (GG0170D1) Chair/bed-to-chairtransfer (GG0170E1) Toilet transfer (GG0170F1)	B0100 = (1) **and** Resident completely dependent or activity did not occur for **ALL** seven (7) Section GG items of the MDS ***MDS coding equals one of the following:*** (01) Dependent (09) Not Applicable (88) Not attempted due to medical condition or safety concerns (10) Not attempted due to environmental limitations	If "yes" to either option #1 or #2 stop here [Resident is considered severely cognitively impaired for PDPM]	If "no" to both option #1 and #2 proceed to **Step B**
Option 2: Cognitive skills for daily decision making	C1000 = (3)		

STEP B1 – BASIC IMPAIRMENT COUNT

MDS Item	MDS Score	Score
A. Cognitive Skills for Daily Decision Making (C1000)	Score 1 point if MDS response to C1000 = 1 or 2	
B. Makes Self Understood (B0700)	Score 1 point if MDS response to B0700 = 1, 2, or 3	
C. Short-term Memory OK (C0700)	Score 1 point if MDS response to C0700 = 1	
	B1: Basic Impairment Count (Sum of A, B, and C scores)	

STEP B2 – SEVERE IMPAIRMENT COUNT

MDS Item	MDS Score	Score
D. Cognitive Skills for Daily Decision Making (C1000)	Score 1 point if MDS response to C1000 = 2	
E. Makes Self Understood (B0700)	Score 1 point if MDS response to B0700 = 2 or 3	
	B2: Severe Impairement Count (sum of D and E scores)	

PDPM Cognitive Level

Severely Impaired	If yes is answered to step 1 or 2 in Step A
Moderately Impaired	If the Basic Impairment Count (B1) is 2 or 3 AND the Severe Impairment Count (B2) is 1 or 2.
Mildly Impaired	If the Basic Impairment Count (B1) is 1, 2, or 3 and the Severe Impairment Count (B2) is "0".
Cognitively Intact	If both the basic (B1) and severe (B2) impairment count are "0"

AANAC
AMERICAN ASSOCIATION OF NURSE ASSESSMENT COORDINATION

Medicare Part A: *Skilled or Not?*

AANAC.org | 800.768.1880 | 400 S. Colorado Blvd, Ste. 600, Denver, CO 80246

No. 1 Technical Requirements

- ☐ 3 consecutive calendar days **(midnights)** (count the day of admission, but not the day of discharge from acute in-patient hospital)
  - Days in observation, ER, or non-acute swing bed use, are not counted
  - If not admitted directly from acute in-patient hospital, may meet **Thirty-Day Transfer Rule**
- ☐ Resident has days remaining **OR** has achieved a 60-day wellness period

No. 2 Validation of Skilled Level of Care

***Must meet all 4 items below** (see also **Presumption of Coverage**)

- ☐ Resident requires skilled nursing services or skilled rehabilitation services that are:
  - Ordered by a physician
  - Performed by or under the supervision of professional or technical personnel
  - Rendered for a condition for which the resident received inpatient hospital services or a condition that arose while receiving care in a SNF for a condition for which the resident received inpatient hospital services
- ☐ Resident requires skilled services on a daily basis. Daily skilled is defined as:

  7 days per week for skilled nursing services

  AND/OR
  - 5 days per week for skilled therapy
- ☐ As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF
- ☐ Services delivered are reasonable and necessary for treatment of resident's illness or injury

Thirty-day Transfer Rule *(Meets Any 1 to Qualify)*

- ☐ Resident may utilize Medicare SNF benefits if admitted to the SNF within 30 days of a qualifying hospital stay (day of discharge from the hospital is NOT counted in the 30 days)
- ☐ Resident may utilize Medicare SNF benefits if readmits to a SNF within 30 days of the last covered skilled day (day of discharge is counted)
- ☐ Resident that ends skilled coverage without discharging from the SNF may utilize Medicare benefits if skilled care arose within 30 days of last covered skilled day

Note: Must validate skilled level of care

Presumption of Coverage May be Used Through the ARD of the 5-day MDS if:

- ☐ PDPM classification falls into any one of the following case-mix groups:
  Nursing Groups: Extensive Services, Special Care High, Special Care Low, and Clinically Complex
  PT and OT Groups: TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, and TO
  SLP Groups: SC, SE, SF, SH, SI, SJ, SK, and SL
  NTA Group: NA

  AND
- ☐ Resident is admitted/readmitted directly to the SNF after a qualifying hospital stay

  OR
- ☐ Resident was on Medicare in the SNF, was re-hospitalized, and

Presumption of Coverage Does Not Apply When:

- ☐ Resident is admitted/readmitted under the thirty-day transfer rule
- ☐ The ARD of the 5-day is set late (e.g., greater than day 8)
- ☐ PDPM Classification does not fall into one of the designated case-mix groups
  Individual determination of skilled level of care must be completed

PDPM

Effective Oct. 1, 2019

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

Determining Skilled Nursing Services (Direct or Indirect)

Key Highlights from the Medicare Benefit Policy Manual—Chapter 8

DIRECT SKILLED NURSING SERVICES

Some examples of direct skilled nursing services [include]:

- Intravenous or intramuscular injections and intravenous feeding;
- Enteral feeding that comprises at least 26 percent of daily calorie requirements and provides at least 501 milliliters of fluid per day;
- Naso-pharyngeal and tracheotomy aspiration;
- Insertion, sterile irrigation, and replacement of suprapubic catheters;
- Application of dressings involving prescription medications and aseptic techniques (see §30.5 for exception);
- Treatment of decubitus ulcers, of a severity rated at Stage 3 or worse, or a widespread skin disorder (see §30.5 for exception);
- Heat treatments which have been specifically ordered by a physician as part of active treatment and which require observation by skilled nursing personnel to evaluate the [resident's] progress adequately (see §30.5 for exception);
- Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment and require the presence of skilled nursing personnel; e.g., the institution and supervision of bowel and bladder training programs;
- Initial phases of a regimen involving administration of medical gases such as bronchodilator therapy; and
- Care of a colostomy during the early post-operative period in the presence of associated complications. The need for skilled nursing care during this period must be justified and documented in the [resident's] medical record. [§30.3]

INDIRECT SKILLED NURSING SERVICES

The documentation in the medical record as a whole is essential for determination of indirect skilled nursing services and must illustrate the complexity of the unskilled services that are a necessary part of the medical treatment and which require the involvement of skilled nursing personnel to promote the [resident's] recovery and medical safety in view of the [resident's] overall condition. [§30.2.3.1]

- **1. Management and Evaluation of a [Resident] Care Plan**—The development, management, and evaluation of a [resident] care plan, based on the physician's orders and supporting documentation, constitute skilled nursing services when, in terms of the [resident's] physical or mental condition, these services require the involvement of skilled nursing personnel to meet the [resident's] medical needs, promote recovery, and ensure medical safety.
- **2. Observation and Assessment of [Resident's] Condition—**Observation and assessment are skilled services when the likelihood of change in a [resident's] condition requires skilled nursing or skilled rehabilitation personnel to identify and evaluate the [resident's] need for possible modification of treatment or initiation of additional medical procedures, until the [resident's] condition is essentially stabilized.
- **3. Teaching and Training Activities—** Teaching and training activities, which require skilled nursing or skilled rehabilitation personnel to teach a [resident] how to manage their treatment regimen, would constitute skilled services.

For more information: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102C08.pdf

PDPM Case-Mix Group Conversion to HIPPS Characters

PT/OT Payment Group	SLP Payment Group	Nursing Payment Group	NTA Payment Group	HIPPS Character
TA	SA	ES3	NA	A
TB	SB	ES2	NB	B
TC	SC	ES1	NC	C
TD	SD	HDE2	ND	D
TE	SE	HDE1	NE	E
TF	SF	HBC2	NF	F
TG	SG	HBC1		G
TH	SH	LDE2		H
TI	SI	LDE1		I
TJ	SJ	LBC2		J
TK	SK	LBC1		K
TL	SL	CDE2		L
TM		CDE1		M
TN		CBC2		N
TO		CA2		O
TP		CBC1		P
		CA1		Q
		BAB2		R
		BAB1		S
		PDE2		T
		PDE1		U
		PBC2		V
		PA2		W
		PBC1		X
		PA1		Y

Assessment Type	HIPPS Character
IPA	0
PPS 5-day	1
OBRA assessment (not coded as a PPS assessment)	6

1st character	PT and OT payment group
2nd character	SLP payment group
3rd character	Nursing payment group
4th character	NTA payment group
5th character	Assessment Indicator