

PDPM Implementation & 5 Star Changes

Presented by

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Maureen is the President of Celtic Consulting, LLC and the CEO and Founder of Care Transitions, LLP. She has been a registered nurse for 30 years with experience as an MDS Coordinator, Director of Nursing, Rehab Director and a Medicare biller.

McCarthy is a recognized leader and expert in clinical reimbursement in the skilled nursing facility environment. She is dually certified in both the resident assessment process and QAPI by nationally recognized organizations and holds Master Teacher status in both and is a board member of American Association of Post-Acute Nurses (AAPACN) and is an Expert Advisory Panel member for American Association of Nurse Assessment Coordination (AANAC).

Maureen and her associates at Celtic Consulting regularly provide the following services for SNFs, state affiliates and provider organizations:

- 5 Star Quality Improvement Program
- Quality Auditing
- Clinical Care Management
- PDPM/PPS/MDS/CMI Services
- Compliance Solutions
- Medicare Compliance Auditing
- Customized Education / In-Services



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Objectives

- Explain the concepts of PDPM
- Provide ideas for implementing PDPM
- Review financial implications of PDPM
- Explain the April 2019 changes to the 5-star Rating System
- Identify the overlaps between the programs and their differences and how PDPM will effect
- Reviewing your 'next steps' towards improvement



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FY 2020 Rate Methodology

- Base Rate + CMI + Adjustment factor
- CMI dependent on resident classification assigned
 - Nursing
 - PT
 - OT
 - SLP
 - NTA



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PT	PT Base Rate	X	PT CMI	X	VPD Adjustment Factor
+					
OT	OT Base Rate	X	OT CMI	X	VPD Adjustment Factor
+					
SLP	SLP Base Rate	X	SLP CMI		
+					
NTA	NTA Base Rate	X	NTA CMI	X	VPD Adjustment Factor
+					
Nursing	Nursing Base Rate	X	Nursing CMI	X	18% Nursing Adjustment Factor (Only for Patients with AIDS)
+					
Non-Case-Mix	Non-Case-Mix Base Rate				

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FY2020 PDPM Base Rates

FY 2020 Unadjusted Federal Rate Per Diem – Urban²

COMPONENT	NURSING	NTA	PT	OT	SLP	NON-CASE-MIX
PER DIEM AMOUNT	\$106.64	\$80.45	\$61.16	\$56.93	\$22.83	\$95.48

FY 2020 Unadjusted Federal Rate Per Diem – Rural⁴

COMPONENT	NURSING	NTA	PT	OT	SLP	NON-CASE-MIX
PER DIEM AMOUNT	\$101.88	\$76.86	\$69.72	\$64.03	\$28.76	\$97.25

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Physical & Occupational Therapy

PDPM Component



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Diagnosis & Conditions – Applicable to PDPM and SNF QRP

Section I

Active Diagnoses

10020. Indicate the resident's primary medical condition category

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Enter Code

- 01. Stroke
- 02. Non-Traumatic Brain Dysfunction
- 03. Traumatic Brain Dysfunction
- 04. Non-Traumatic Spinal Cord Dysfunction
- 05. Traumatic Spinal Cord Dysfunction
- 06. Progressive Neurological Conditions
- 07. Other Neurological Conditions
- 08. Amputation
- 09. Hip and Knee Replacement
- 10. Fractures and Other Multiple Trauma
- 11. Other Orthopedic Conditions
- 12. Debility, Cardiorespiratory Conditions
- 13. Medically Complex Conditions

10020B. ICD Code

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Effective Capture of ICD-10 Diagnosis Codes PT/OT/SLP/Nursing/NTA



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Determining the Primary reason for Coverage

- ICD-10 codes determine the clinical category from mapping
- Multiple comorbidities will be more difficult to determine primary reason than single condition admits
- Start practicing now!

I0020B. ICD Code

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DPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Description	Default Clinical Category	Resident Had a Major Procedure Stay that Impacts
Accidental puncture or laceration of dura during a procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during other procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following other procedure	Acute Neurologic	N/A
Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural hematoma of a nervous system organ or structure following other procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following other procedure	Medical Management	N/A
Other intraoperative complications of nervous system	Medical Management	N/A
Other postprocedural complications and disorders of nervous system	Medical Management	N/A
Neurogenic arthritis, not elsewhere classified	Non-Surgical Orthopedic/Musculoskeletal	N/A
Other disorders of nervous system	Acute Neurologic	N/A
Autonomic neuropathy in diseases classified elsewhere	Return to Provider	N/A
Myelopathy in diseases classified elsewhere	Return to Provider	N/A
Other specified disorders of nervous system in diseases classified elsewhere	Return to Provider	N/A
Hordeolum externum right upper eyelid	Return to Provider	N/A

[Clinical_Categories_by_Dx](#)
[Non_Ortho_Surgery](#)
[Orthopedic_Surgery](#)
[Sheet1](#)

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Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

<input type="checkbox"/>	Heart/Circulation
<input type="checkbox"/>	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
<input type="checkbox"/>	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
<input type="checkbox"/>	I0700. Hypertension
<input type="checkbox"/>	I0800. Orthostatic Hypotension
<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
<input type="checkbox"/>	Gastrointestinal
<input type="checkbox"/>	I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease
<input type="checkbox"/>	Genitourinary
<input type="checkbox"/>	I1550. Neurogenic Bladder
<input type="checkbox"/>	I1650. Obstructive Uropathy
<input type="checkbox"/>	Infections
<input type="checkbox"/>	I1700. Multidrug-Resistant Organism (MDRO)
<input type="checkbox"/>	I2000. Pneumonia
<input type="checkbox"/>	I2100. Septicemia
<input type="checkbox"/>	I2200. Tuberculosis
<input checked="" type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	I2500. Wound Infection (other than foot)
<input type="checkbox"/>	Metabolic
<input type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)

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Other	
18000. Additional active diagnoses	
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.	
A. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
G. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
J. _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Surgeries Applicable to PDPM

J2100. Recent Surgery Requiring Active SNF Care	
Enter Code <input type="text"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown



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Mapping: PDPM Clinical Categories to Orthopedic Surgery Procedure Codes for FY2019		
Overview		
ICD-10-PCS code	ICD-10-PCS Code Description	Clir
0PRQ3KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repl
0PRQ47Z	Replacement of Left Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repl
0PRQ4JZ	Replacement of Left Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repl
0PRQ4KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repl
0PS304Z	Reposition Cervical Vertebra with Internal Fixation Device, Open Approach	Major Joint Replacement or Spinal Surgery
0PS30ZZ	Reposition Cervical Vertebra, Open Approach	Major Joint Replacement or Spinal Surgery
0PS334Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Approach	Major Joint Replacement or Spinal Surgery
0PS344Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS34ZZ	Reposition Cervical Vertebra, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS404Z	Reposition Thoracic Vertebra with Internal Fixation Device, Open Approach	Major Joint Replacement or Spinal Surgery
0PS40ZZ	Reposition Thoracic Vertebra, Open Approach	Major Joint Replacement or Spinal Surgery
0PS434Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Approach	Major Joint Replacement or Spinal Surgery
0PS444Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS44ZZ	Reposition Thoracic Vertebra, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PSM04Z	Reposition Right Carpal with Internal Fixation Device, Open Approach	Orthopedic Surgery (Except Major Joint Repl
0PSM05Z	Reposition Right Carpal with External Fixation Device, Open Approach	Orthopedic Surgery (Except Major Joint Repl
0PSM0ZZ	Reposition Right Carpal, Open Approach	Orthopedic Surgery (Except Major Joint Repl
0PSM34Z	Reposition Right Carpal with Internal Fixation Device, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repl
0PSM35Z	Reposition Right Carpal with External Fixation Device, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repl

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Surgeries Applicable to PDPM

Surgical Procedures - Complete only if J2100 = 1

↓ Check all that apply

Major Joint Replacement

☐ J2300. Knee Replacement - partial or total

☐ J2310. Hip Replacement - partial or total

☐ J2320. Ankle Replacement - partial or total

☐ J2330. Shoulder Replacement - partial or total

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

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Surgeries Applicable to PDPM

Neurological Surgery	
<input type="checkbox"/>	J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
<input type="checkbox"/>	J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
<input type="checkbox"/>	J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
<input type="checkbox"/>	J2699. Other major neurological surgery
Cardiopulmonary Surgery	
<input type="checkbox"/>	J2700. Involving the heart or major blood vessels - open or percutaneous procedures
<input type="checkbox"/>	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
<input type="checkbox"/>	J2799. Other major cardiopulmonary surgery
Genitourinary Surgery	
<input type="checkbox"/>	J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
<input type="checkbox"/>	J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
<input type="checkbox"/>	J2899. Other major genitourinary surgery

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Surgeries Applicable to PDPM


Section J	Health Conditions
Surgical Procedures - Continued	
↓ Check all that apply	
Other Major Surgery	
<input type="checkbox"/>	J2900. Involving tendons, ligaments, or muscles
<input type="checkbox"/>	J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
<input type="checkbox"/>	J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open
<input type="checkbox"/>	J2930. Involving the breast
<input type="checkbox"/>	J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
<input type="checkbox"/>	J5000. Other major surgery not listed above

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PDPM Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	
Medical Management	Medical Management
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

PDPM
PT & OT
Components



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Functional Performance and Outcomes

Capturing Section GG



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Functional Score for PT & OT Case Mix Groups

Section GG Item	Score
Self-care: Eating	0-4
Self-care: Oral Hygiene	0-4
Self-care: Toileting Hygiene	0-4
Mobility: Sit to lying	0-4 (average of 2 items)
Mobility: Lying to sitting on side of bed	
Mobility: Sit to stand	0-4 (average of 3 items)
Mobility: Chair/bed-to-chair transfer	
Mobility: Toilet transfer	
Mobility: Walk 50 feet with 2 turns	0-4 (average of 2 items)
Mobility: Walk 150 feet	

Response		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, 88	Dependent, Refused, N/A, Not Attempted, Resident Cannot Walk*	0



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PDPM & SNFQRP

- Section GG also used to determine
- Improvement in function from admission to discharge
 - Self care
 - Mobility
- Meet or Exceed Discharge Score
 - Self care
 - Mobility



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Preparing for Section GG Outcome Measure

Recommended Planning

- Determine Section GG Assessment Team Leader
- Identify Team Members & all Part A residents requiring GG data
- Define roles, responsibilities, tools, & processes
- What is the process for documenting Section GG items & who is responsible?
- When & how will GG items be documented?
- How & when will the “usual” performance and discharge goals be determined?
- Who will care plan the goal once determined?
- How will the plan of care and functional goal be communicated to the direct care staff?



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Reminder!

- Section GG will need to be assessed for all FFS Medicare residents covered on Medicare Part A benefit on or after 10/1/2019
- Manage transition schedules now
- Consider collection tools and how you will manage the process



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Clinical Category	Functional Score	PT/OT Case-Mix Group	PT CMI	OT CMI
Major Joint Replacement Or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.69	1.63
	10-23	TC	1.88	1.68
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.59
	10-23	TG	1.67	1.64
	24	TH	1.16	1.15
Medical Management OT pays > PT	0-5	TI	1.13	1.17
	6-9	TJ	1.42	1.44
	10-23	TK	1.52	1.54
	24	TL	1.09	1.11
Non-Orthopedic Surgery & Acute Neurologic OT pays > PT	0-5	TM	1.27	1.30
	6-9	TN	1.48	1.49
	10-23	TO	1.55	1.55
	24	TP	1.08	1.09

PT & OT Groups

\$61.16/PT

\$56.93/OT

FY20 Urban

\$94.80

\$88.24

\$183.04



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Major Joint Replacement or Spinal Surgery

PT/OT Category TD –
Set Up/Independent in GG

\$59.33
x 1.92



PT/OT
rate
\$198.41

\$55.23
x 1.53

PT/OT Category TC –
Some Assist Needed in GG

\$59.33
x 1.88



PT/OT
rate
\$204.33

\$55.23
x 1.68

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PT & OT Adjustment Factor

Medicare Payment Days	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

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Group & Concurrent Therapy

Providing therapy with multiple residents

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Limitations

- There is a 25% limit on the amount of therapy that can be given by group or concurrent means.
 - No more than 25% of total minutes can be given by group or concurrent
- If using group and concurrent to reduce therapy costs, monitor the use of this type of provision
- Consider 1 day/week as a guide (monitor minutes for 25% limits)
 - 5x/wk is required to meet skilled care coverage requirements



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Preparing Your Team for Group/Concurrent

- Educate your team on the requirements and limitations of this type of therapy provision
- Look at current residents and begun to identify who would benefit from groups or concurrent therapy
- Consider the residents needs and what types of groups you may need to consider developing
- Consider adding to the baseline care plan to alert the IDT



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Speech Language Pathology

PDPM Component



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Other SLP-Related Scoring Components

SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Resident
O0100F2	Ventilator/Respirator While a Resident

SLP Clinical Category _____

Swallowing Disorder (K0100A-D)? Yes or No

Mechanically Altered Diet (K0510C)? Yes or No

CFS Score 2, 3, or 4? Yes or No

At least one SLP-related Comorbidity? Yes or No

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- ☐ A. Loss of liquids/solids from mouth when eating or drinking
- ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
- ☐ C. Coughing or choking during meals or when swallowing medications
- ☐ D. Complaints of difficulty or pain with swallowing
- ☐ Z. None of the above

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Mechanically Altered Diet

- **MECHANICALLY ALTERED DIET** A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, puréed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet.



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Cognitive Function Score Table

CFS Levels	BIMS Score	CPS Score	CFS Score
Cognitively Intact	13-15	-	1
Mildly Impaired	8-12	0-2	2
Moderately Impaired	0-7	3-4	3
Severely Impaired	-	5-6	4

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Determine SLP Case Mix Group using CFS, Clinical Category, Comorbidities, Diet, & Swallowing Disorder

Presence of: Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group	CMI
None	Neither	SA	0.68
	Either	SB	1.82
	Both	SC	2.66
Any One	Neither	SD	1.46
	Either	SE	2.33
	Both	SF	2.97
Any Two	Neither	SG	2.04
	Either	SH	2.85
	Both	SI	3.51
All Three	Neither	SJ	2.98
	Either	SK	3.69
	Both	SL	4.19

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SLP Component

- CMI 0.68-1.82 difference for missing Mechanically altered diet/or a swallowing disorder
- Even if NO OTHER items are present
- Can be the difference of \$50.77 vs. \$18.97
- \$31.80/day difference
- Who fills out Section K100?
 - Is there collaboration?



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Nursing

PDPM Component



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N U R S I N G	Comparing Groups					STRIVE Pop.	Follows Expect. Trend	Avg. WWST by ADL Score				
								0-1	2-5	6-10	11-14	15-16
-	HB2	HC2	HD2	HE2	Full	N	-	225	210	261	301	
					Part A	N	-	266	263	281	384	
-	HB1	HC1	HD1	HE1	Full	Y	-	175	208	227	242	
					Part A	N	-	187	230	253	249	
-	LB2	LC2	LD2	LE2	Full	Y	-	182	182	203	230	
					Part A	N	-	186	183	224	224	
-	LB1	LC1	LD1	LE1	Full	Y	-	156	168	187	213	
					Part A	Y	-	188	190	229	270	
CA2	CB2	CC2	CD2	CE2	Full	N	123	160	179	208	202	
					Part A	Y	122	185	232	240	256	
CA1	CB1	CC1	CD1	CE1	Full	Y	118	137	149	175	201	
					Part A	N	160	139	176	197	225	
BA2	BB2	-	-	-	Full	Y	89	110	-	-	-	
					Part A	Y	78	132	-	-	-	
BA1	BB1	-	-	-	Full	Y	76	115	-	-	-	
					Part A	Y	103	137	-	-	-	
PA2	PB2	PC2	PD2	PE2	Full	Y	63	112	127	160	180	
					Part A	N	62	149	134	203	270	
PA1	PB1	PC1	PD1	PE1	Full	Y	69	110	140	154	174	
					Part A	N	109	137	174	175	173	

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Nursing CMI

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	# of Restorative Nursing Services	GG-based Function Score	PDPM Nursing Case-Mix Group	Nursing Case-Mix Index
		conditions e.g. comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy					
HE1/HD1	-	comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No	-	0-5	HDE1	1.99
HC2/HB2	-	comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy	Yes	-	6-14	HBC2	2.23
HC1/HB1	-	comatose, septicemia, respiratory therapy Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No	-	6-14	HBC1	1.85
LE2/LD2	-	radiation therapy or dialysis Serious medical conditions e.g. radiation therapy or dialysis	Yes	-	0-5	LDE2	2.07
LE1/LD1	-	radiation therapy or dialysis Serious medical conditions e.g. radiation therapy or dialysis	No	-	0-5	LDE1	1.72
LC2/LB2	-	radiation therapy or dialysis Serious medical conditions e.g. radiation therapy or dialysis	Yes	-	6-14	LBC2	1.71
LC1/LB1	-	radiation therapy or dialysis Serious medical conditions e.g. radiation therapy or dialysis	No	-	6-14	LBC1	1.43
CE2/CD2	-	Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes	-	0-5	CDE2	1.86
CE1/CD1	-	Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No	-	0-5	CDE1	1.62
CC2/CB2	-	Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes	-	6-14	CBC2	1.54
CA2	-	Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes	-	15-16	CA2	1.08
CC1/CB1	-	Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No	-	6-14	CBC1	1.34
CA1	-	Conditions requiring complex medical care	No	-	15-16	CA1	0.94

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Nursing CMI

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	# of Restorative Nursing Services	GG-based Function Score	PDPM Nursing Case-Mix Group	Nursing Case-Mix Index
		e.g. pneumonia, surgical wounds, burns					
BB2/BA2	-	Behavioral or cognitive symptoms	-	2 or more	11-16	BAB2	1.04
BB1/BA1	-	Behavioral or cognitive symptoms	-	0-1	11-16	BAB1	0.99
PE2/PD2	-	Assistance with daily living and general supervision	-	2 or more	0-5	PDE2	1.57
PE1/PD1	-	Assistance with daily living and general supervision	-	0-1	0-5	PDE1	1.47
PC2/PB2	-	Assistance with daily living and general supervision	-	2 or more	6-14	PBC2	1.21
PA2	-	Assistance with daily living and general supervision	-	2 or more	15-16	PA2	0.70
PC1/PB1	-	Assistance with daily living and general supervision	-	0-1	6-14	PBC1	1.13
PA1	-	Assistance with daily living and general supervision	-	0-1	15-16	PA1	0.66

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Nursing Function Score

Section GG Item	Functional Score Range
GG0130A1 – Self-care: Eating	0 – 4
GG0130C1 – Self-care: Toileting Hygiene	0 – 4
GG0170B1 – Mobility: Sit to Lying	0 – 4 (average of 2 items)
GG0170C1 – Mobility: Lying to Sitting on side of bed	
GG0170D1 – Mobility: Sit to Stand	0 – 4 (average of 3 items)
GG0170E1 – Mobility: Chair/bed-to-chair transfer	
GG0170F1 – Mobility: Toilet Transfer	



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Case Mix Acuity Comparisons

ES3	4.04	LDE1	1.72	CA1	0.94
ES2	3.06	LBC2	1.71	BAB2	1.04
ES1	2.91	LBC1	1.43	BAB1	0.99
HDE2	2.39	CDE2	1.86	PDE2	1.57
HDE1	1.99	CDE1	1.62	PDE1	1.47
HBC2	2.23	CBC2	1.54	PBC2	1.21
HBC1	1.85	CBC1	1.34	PBC1	1.13
LDE2	2.07	CA2	1.08	PA2 PA1	0.7 0.66



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Nursing CMG Crosswalk (Default=ZZZZZ)

Nursing Payment Group	HIPPS Character	Nursing Payment Group	HIPPS Character
ES3	A	CBC2	N
ES2	B	CA2	O
ES1	C	CBC1	P
HDE2	D	CA1	Q
HDE1	E	BAB2	R
HBC2	F	BAB1	S
HBC1	G	PDE2	T
LDE2	H	PDE1	U
LDE1	I	PBC2	V
LBC2	J	PA2	W
LBC1	K	PBC1	X
CDE2	L	PA1	Y
CDE1	M		



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Case Mix Groupings

- HDE2- $\$106.64 \times 2.39 = \254.87
- HDE1- $\$106.64 \times 1.99 = \212.21
- Difference **-\$42.66**
- **Missing depression score of 10 or more**



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Non-Therapy Ancillaries

NTA PDPM Component



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NTA Classification

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

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Condition/Extensive Service	Source	Points
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300X1	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
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, 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

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NTA Score Range	NTA Case-Mix Group	NTA CMI
12+	NA	3.25
9-10	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	0.96
0	NF	0.72

Determine NTA
Case Mix Group
using Score Total
for all
Comorbidities
\$78.05 Urban



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Adjustment Factor-NTA

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0



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PDPM Rate Structure

Nursing: 106.64×2.39 (HDE2) **\$254.87**

+

NonTherapy Ancillary 80.45 (NTA) $\times 2.53 \times 3$ (adj) **\$610.62** (drops on day 4)

+

\$203.54

PT: 61.16 (PT) $\times 1.88$ (TC) $\times .98$ (Adjustment factor day 21) **\$114.98**

OT: 56.93 (OT) $\times 1.68$ (TC) $\times .98$ (Adjustment factor day 21) **\$95.64**

SLP: 22.83 (SLP) $\times 2.97$ (SF) **\$67.81**

+

Non-Case Mix: **\$95.48**

Total Rate= \$1,239.40



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PDPM MDS Assessment Schedule

What changes and what stays the same



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Assessment Schedule

- All OMRA MDS assessments are *eliminated*
- All PPS assessments **EXCEPT** the 5-day are *eliminated*
- All OBRA assessments remain the same, no changes to OBRA requirements



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MDS Schedule

Medicare MDS Assessment Type	Assessment Reference Date	Applicable Standard Medicare Payment Days
Five-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed)
Interim Payment Assessment (IPA)	Optional Assessment	ARD of the assessment through Part A discharge (unless another IPA assessment is completed)
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A



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Interrupted Stay Policy

- Discharge of < 3 days will not require a new MDS, same CMG level continues **(even if they are discharged home)**
- Payment will resume at prior PDPM rate (same SNF)
- IPA assessment will take precedence and allow changes to CMG level
- Discharge to new provider will restart with 5-day



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Interrupted Stay Policy

- Readmission to the same SNF after discharge 3 or more days, will require new 5-day MDS
- VPD is reset to initial adjustment factor (Day 1)



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Presumption of Coverage

The following PDPM classifiers are designated under the presumption:

- Those nursing groups encompassed by the Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories;
- PT & 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; and
- The NTA component's uppermost (12+) comorbidity group

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PDPM Transitioning for 10/1 Section GG

- Must set up system to capture GG items for PDPM transition
- Setting up interviews for cognition for the transition
- Set up system to identify which residents will remain beyond 9/30/19
- Add review of meds taken at home from DRR process to identify additional conditions or diagnoses



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Therapy provision collection items D/C MDS

MDS Item Number	Item Name
O0400A5	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy Start Date
O0400A6	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy End Date
O0400A7	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Individual Minutes
O0400A8	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Concurrent Minutes
O0400A9	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Group Minutes
O0400A10	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Days
O0400B5	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy Start Date
O0400B6	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy End Date
O0400B7	Special Treatments, Procedures and Programs: Occupational Therapy: Total Individual Minutes
O0400B8	Special Treatments, Procedures and Programs: Occupational Therapy: Total Concurrent Minutes
O0400B9	Special Treatments, Procedures and Programs: Occupational Therapy: Total Group Minutes
O0400B10	Special Treatments, Procedures and Programs: Occupational Therapy: Total Days
O0400C5	Special Treatments, Procedures and Programs: Physical Therapy: Therapy Start Date
O0400C6	Special Treatments, Procedures and Programs: Physical Therapy: Therapy End Date
O0400C7	Special Treatments, Procedures and Programs: Physical Therapy: Total Individual Minutes
O0400C8	Special Treatments, Procedures and Programs: Physical Therapy: Total Concurrent Minutes
O0400C9	Special Treatments, Procedures and Programs: Physical Therapy: Total Group Minutes
O0400C10	Special Treatments, Procedures and Programs: Physical Therapy: Total Days

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Additional Considerations

- OBRA MDS schedule for late September and 10/1/19
 - Move some up earlier
- Additional staffing needed?
- Per diem staff vs training staff nurses to do MDS for the transition
- Educating MDS on case management
- Skilled documentation training refresher
- Diagnosis coding refresher



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Example

- | | |
|-----------------------|-----------------|
| • PT component | \$90.52 |
| • OT component | \$84.02 |
| • SLP component | \$33.33 |
| • Nursing component | \$237.80 |
| • NTA component | \$148.83 |
| • Non-Case Mix | \$95.48 |
| • Total per diem rate | \$689.98 |



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5-Star Reporting Changes April 2019



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5-Star Reporting Changes

- QM data is from 1,2,3,4th quarters 2018
- Claims based data- Emergency Room Visits and Rehospitalizations 10/1/17-9/30/18
- Discharge to community 10/1/16-9/30/17
- Short stay pressure ulcers 7/1/17-6/30/18
- Staffing based on 4th quarter 2018



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5 Star Survey



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Survey Weights-REVISED

- 3 most recent annual inspections
 - Includes **substantiated** complaint surveys
- Each deficiency is weighted by scope & severity
- More recent surveys weigh more heavily
 - Most recent= $\frac{1}{2}$ of survey score total
 - 1st prior survey= $\frac{1}{3}$ of survey score
 - 2nd prior survey= $\frac{1}{6}$ of survey score



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Complaint Surveys

- Substantiated findings from last 36 months
- Within the last calendar year= ½ weight
- 13-24 months ago= 1/3 weight
- 25-36 months ago=1/6 weight



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Re-survey for Compliance

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspection and complaint inspections during a given survey cycle.



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Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices, 42 CFR 483.15 quality of life, 42 CFR 483.25 quality of care.

* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level' deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

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5 Star Staffing



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Where Does CMS Get Staffing Data Now?

- Staffing numbers used to come from the CMS-671 form completed during survey
 - Full time employees
 - Part time employees
 - Contracted staff
 - **Now uses facility PBJ data submitted quarterly**
- Census from the 672 (total residents)
 - Resident census & conditions report
 - **Was replaced by MDS census 2018**



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Expected Staffing Weights

- Staffing is a case-mix adjusted based on RUG-IV categories
 - RUGs for each resident are calculated for the previous quarter using the most recent assessment for each resident at the facility during the quarter
 - Facilities with higher acuity are expected to have higher staffing levels



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PBJ Job Codes that are Used in the RN, LPN, and Nurse Aide Hours Calculations

- RN hours: Includes RN director of nursing (job code 5), registered nurses with administrative duties (job code 6), and registered nurses (job code 7).
- LPN hours: Includes licensed practical/licensed vocational nurses with administrative duties (job code 8) and licensed practical/vocational nurses (job code 9)
- Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12)



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The Daily Resident Census, is derived from MDS census and is calculated as follows:

1. Identify the reporting period (quarter) for which the census will be calculated (e.g., CY 2018 Q2: April 1 – June 30, 2018).
2. Extract MDS assessment data for all residents of a facility beginning one year prior to the reporting period to identify all residents that may reside in the facility (i.e., any resident with an MDS assessment may still reside in the facility). For example, for the CY 2018 Q2 reporting period, extract MDS data from April 1, 2017 through June 30, 2018



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Identify Discharged Residents Using the Following Criteria:

- If a resident has an MDS Discharge assessment, use the discharge date on that assessment and assume that the resident no longer resides in the facility as of the date of discharge on the last assessment. If there is a subsequent admission assessment, then assume that the resident re-entered the nursing home on the entry date indicated on the entry assessment.
- For any resident with an interval of 150 days or more with no assessments, assume the resident no longer resides in the facility as of the 150th day from the last assessment. If no assessment is present, assume the resident was discharged, but the facility did not transmit a Discharge assessment.



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Staffing 'Data Not Available'

- Results reported for those facilities with improbable PBJ data
 - Total nurse staffing (job codes 5-12) <1.5 HRD
 - Total nurse staffing (job codes 5-12) >12 HRD
 - Nurse aide staffing (job codes 10-12) >5.25 HRD



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PBJ Reporting Deadlines

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
February 14, 2019	October 1, 2018 - December 31, 2018	April 2019 - June 2019
May 15, 2019	January 1, 2019 - March 31, 2019	July 2019 - September 2019
August 14, 2019	April 1, 2019 - June 30, 2019	October 2019 - December 2019
November 14, 2019	July 1, 2019 - September 30, 2019	January 2020 - March 2020



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Table 4

Staffing and Rating (updated April 2019)

RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		< 3.107	3.107 – 3.573	3.574 - 4.037	4.038 – 4.403	≥4.404
1	< 0.316	★	★	★★	★★	★★★
2	0.316 - 0.500	★★	★★	★★	★★★	★★★
3	0.501 – 0.723	★★	★★★	★★★	★★★	★★★★
4	0.724 – 1.041	★★★	★★★	★★★★	★★★★	★★★★
5	≥1.042	★★★	★★★★	★★★★	★★★★★	★★★★★

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

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Scoring Exceptions

- Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staffing and RN staffing for the quarter.
- Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) will receive a one-star rating for overall staffing and RN staffing for the quarter.



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Scoring Exceptions

- CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy.
- Facilities that fail to respond to these audits and those for which the audit identifies significant discrepancies between the hours reported and the hours verified will receive a one-star rating for overall staffing and RN staffing for three months from the time at which the deadline to respond to audit requests passes or discrepancies are identified.



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Staffing Calculations

	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Case-Mix HRD	Case-Mix Adjusted HRD
Total number of licensed nurse staff hours per resident per day	1 hour and 6 minutes			
RN hours per resident per day	46 minutes	0.762	0.290	0.984¹
LPN/LVN hours per resident per day	20 minutes	0.341	0.643	0.398
Nurse aide hours per resident per day	1 hour and 15 minutes	1.250	2.143	1.214
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	2 hours and 21 minutes	2.353	3.077	2.453¹
Physical therapist ² hours per resident per day	0 minutes			

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5 Star Quality Measures

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Measures for Long-Stay Residents

- Percent of residents whose need for help with ADLs has increased
- Percent of residents whose ability to move independently worsened
- Percent of high-risk residents with pressure ulcers
- Percent of residents who have/had a catheter
- Percent of residents with a urinary tract infection
- **Cut points have been recalculated- Deciles and Quintiles (15 or 20 point per level)**
- **Restraints removed**



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Measures for Long-Stay Residents

- Percent of residents experiencing one or more falls with major injury
- Percent of residents who self-report moderate to severe pain
- Percent of residents who received an antipsychotic medication
- *Number of hospitalizations per 1,000 long-stay resident days**
- *Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days**

*claims based measures



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Measures for Short-Stay Residents

- Percent of residents who made improvement in function
- Percent of SNF residents with pressure ulcers that are new or worsened
- Percent of residents who self-report moderate to severe pain
- Percent of residents who newly received an antipsychotic medication



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Measures for Short-Stay Residents-Claims

- Percent of short-stay residents who were re-hospitalized after a nursing home admission
- Percent of short-stay residents who have had an outpatient emergency department (ED) visit
- Rate of successful return to home and community from a SNF
- All of the claims-based measures are risk adjusted



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Long Stay Measures

	2018Q1	2018Q2	2018Q3	2018Q4	4Q avg	Rating Points	4Q avg	4Q avg
MDS Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	0.0%	0.0%	0.0%	0.0%	0.0%	100	3.4%	3.4%
Percentage of residents who self-report moderate to severe pain ¹	4.7%	5.8%	7.5%	1.9%	5.1%	60	5.5%	6.9%
Percentage of high-risk residents with pressure sores ¹	5.7%	6.6%	6.6%	3.4%	5.6%	80	5.8%	7.4%
Percentage of residents with a urinary tract infection	1.8%	0.0%	0.0%	0.0%	0.4%	100	2.7%	2.8%
Percentage of residents with a catheter inserted and left in their bladder ¹	3.6%	3.1%	3.6%	0.0%	2.6%	40	1.8%	2.1%
Percentage of residents whose need for help with daily activities has increased	6.3%	3.5%	3.8%	8.0%	5.3%	150	15.2%	14.8%
Percentage of residents who received an antipsychotic medication	3.6%	3.1%	4.5%	3.2%	3.6%	150	17.8%	14.7%
Percentage of residents whose ability to move independently worsened ¹	15.5%	8.5%	11.2%	7.5%	10.5%	135	18.0%	18.0%

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Long Term Claims Based Measures

	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Long-Stay Measures							
<i>Lower rates are better. The time period for data used in reporting is 10/1/2017 through 9/30/2018.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	0.18	1.52	0.21	150	1.51	1.796	1.73
Number of emergency department visits per 1,000 long-stay resident days ¹	0.35	2.10	0.24	150	0.77	1.461	1.02

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Short Stay Measures

	2018Q1	2018Q2	2018Q3	2018Q4	4Q avg	Rating Points	4Q avg	4Q avg
MDS Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ¹	97.3%	90.7%	83.0%	88.9%	91.0%	150	61.3%	66.7%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	15.9%	14.2%	11.6%	7.9%	12.5%	60	12.6%	14.7%
Percentage of residents who newly received an antipsychotic medication	0.0%	1.4%	6.0%	1.9%	2.0%	40	1.7%	1.8%
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2017 through 6/30/2018.</i>								
Percentage of SNF residents with pressure ulcers that are new or worsened ¹	NR	NR	NR	NR	4.0%	20	1.6%	1.7%

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Short Stay Claims Based Measures

	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Short-Stay Measures							
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2017.</i>							
Rate of successful return to home and community from a SNF ¹	63.3%	NR	63.9%	135	52.4%	48.6%	48.6%
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2017 through 9/30/2018.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	16.7%	20.9%	18.3%	120	24.7%	22.9%	22.5%
Percentage of residents who had an outpatient emergency department visit ¹	9.0%	9.2%	10.0%	90	10.3%	10.2%	10.7%

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Long Stay & Short Stay Ratings

Total Long-Stay Quality Measure Score	1115
Long-Stay Quality Measure Star Rating	★★★★★
Unadjusted Short-Stay Quality Measure Score	615
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1250/900) ¹	854
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score ²	1969
Overall Quality Measure Star Rating	★★★★★



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Cut Point Tables for QM Ratings

Table 6
Point Ranges for the QM Ratings (as of April 2019)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	175 – 524	167 – 541	342 – 1066
★★	525 – 619	542 – 638	1067 – 1258
★★★	620 – 704	639 – 714	1259 – 1419
★★★★	705 – 799	715 – 805	1420 – 1605
★★★★★	800 – 1250	806 – 1250	1606 – 2500

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1250/900 to the unadjusted scores)

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Questions??

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