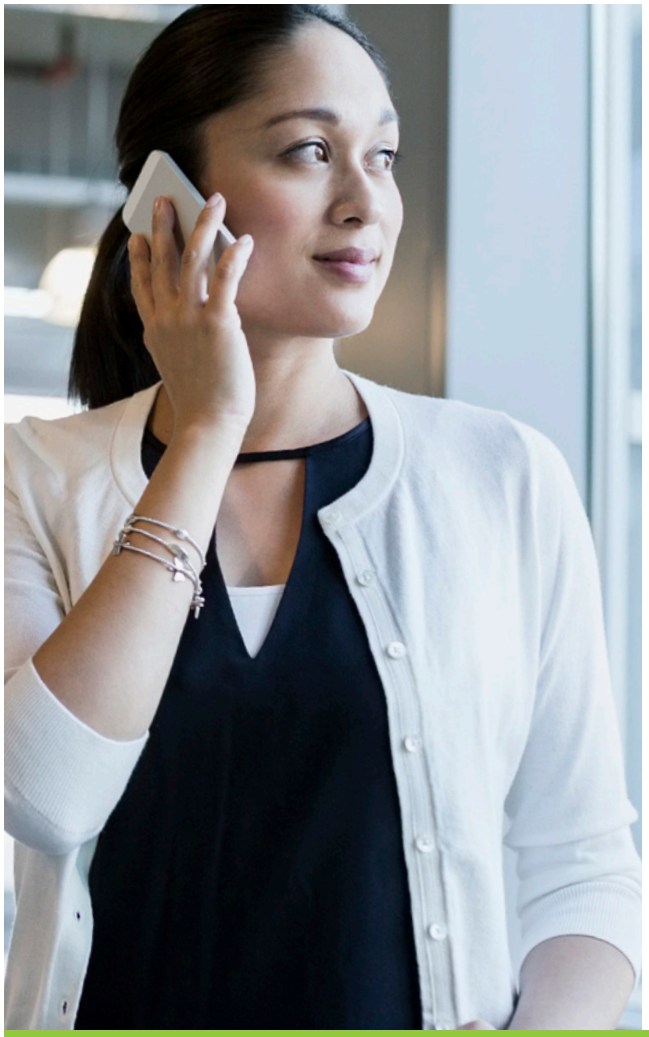




Patient-Driven Payment Model (PDPM)

Ultimate Survival Guide

You've heard all about it. You know it will impact your organization. But, do you have the right tools to ensure the care you deliver leads to positive, measurable outcomes for your residents?

This guide has everything you need to survive in the new PDPM world.

PointClickCare®

Table of Contents

PDPM Playbook

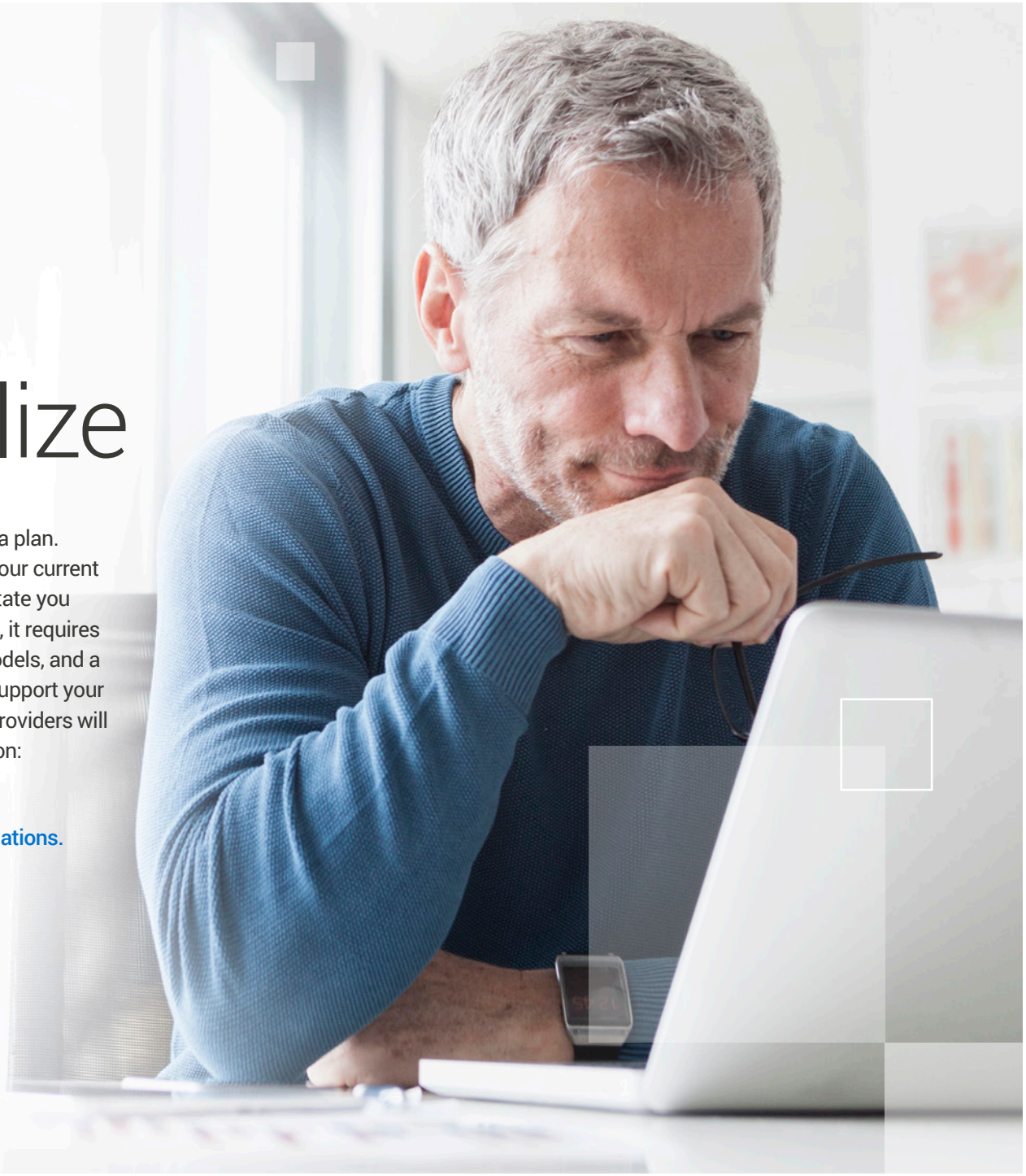
Stage 1: Conceptualize

The first step in your PDPM journey is developing a plan. You can't make changes unless you understand your current state and have a clear understanding of the end state you want to achieve. PDPM is not just a payment shift, it requires a cultural change in care delivery, care delivery models, and a clear understanding of how your technology will support your PDPM journey. To be successful through PDPM, providers will require a change management plan that focuses on:

Optimizing reimbursement.

Addressing their facility's changing resident populations.

Preparing for the impact of the change.



PointClickCare®

In the Conceptualize stage of your journey, you should be reviewing the potential impact of PDPM, determine and examine workflows and know what needs to change, understand what education and upskilling staff may need to get you to your end state and understand how referral partners will support you in this transition. You should also initiate any Quality Assurance and Performance Improvement (QAPI) plans to track progress for Requirements of Participation (RoP).

Understand PDPM's Business Impact

The current RUGS payment model incentivizes the volume of therapy minutes provided. PDPM is intended to appropriately reimburse providers for treating the patient specific needs holistically. Understanding the impact of this change on care and billing processes is the key to a successful journey through PDPM.

Review the CMS SNF PDPM Provider Specific Impact Analysis.

- The impact file estimates PDPM's financial impact on your facility.
- Are you in the red or black?
- How does the rescoring affect nursing case mix and therapies?
- What would you need to change to achieve your revenue goals in the coming years?

Review your Facility Assessment to determine the resources you require

- Will current resident mix support revenue targets?
- What needs to immediately change to reduce risk in the future?
- Does your quality mix include medically complex residents?

  Under RUGS payment model, these residents may have been challenging to take and ensure you could cover all your costs. Under PDPM, the reimbursement for the care of clinically complex residents is much more attractive.
- Do you need to connect with referral partners to educate them on what referrals are important to you and whether they can help you achieve case mix goals?

Document and review all processes related to MDS management and reimbursement

- Payer identification. PDPM only affects Medicare A, all other payers continue with their dictated practices. Payer source drives the MDS assessment schedule, item set and the completion dates. Getting the payer right is even more important with PDPM. Missed assessments or timing can be costly.
- Problem/Diagnosis list and ranking
- Pre-admission and Admission data collection
- Ongoing assessment, monitoring and observation. What tools are needed to ensure a best practice cadence of assessments to meet skilled nursing standards?
- MDS Coding practices – with focus on section GG
- Skilled documentation across disciplines.
- Triple checks.

Understand the impact of therapy on case mix and revenue.

- CMS has stated that homes that dramatically reduce the use of therapies after implementation will be at greater risk for audits. Do you need to reduce therapy provision to avoid future audits? Dramatic drops in therapy provision for similar characteristics pre and post PDPM are predicted to increase litigation risk as well.
- What is the impact on therapy contracts?
- What are the clinical needs of the rehab clients your serve?

Audit ICD-10 codes for accurate and comprehensive diagnosis coding to ensure adequate resourcing

In PDPM, the ICD-10 code selected will drive reimbursement in OT/PT/NTA and SLP Case Mix Groups. Comprehensive diagnosis coding and ensuring those codes are on the MDS is something that facilities can change now. There must be a clear understanding of how the codes map to clinical categories for payment, and how the decision on which code will support the resources needed to care for the conditions and clinical characteristics of the resident.

Audit ICD-10 codes

- Does the primary diagnosis selected map to a clinical category under PDPM?
- How do current coding practices need to change with PDPM given the Primary Dx effect on Therapies? Is a change in process needed? Is there clear understanding of "Why the resident is here?" What are the true clinical needs of the resident and how is that captured in the record?
- Review the chart – were co-morbidities missed? Focus on the NTA and SLP co-morbidities that drive reimbursement.
- How is the doctor involved in the process? What information does he need to code under PDPM?
- How can technology help expedite communication and improve coding accuracy?
- Is there adequate supportive documentation for the primary and all other diagnosis in the record?

    How are these reflected in the record and where is the documentation routinely found? Does the care plan reflect the clinical needs of the resident as reflected in their diagnosis lists?

Audit Records and Referrals

There is only one chance to get this right – the five-day payment assessment. You don't want to have to be redoing assessments and creating modifications. This means that homes will need to understand what information is needed on admission to comprehensively code that 5-day assessment and what can be collected before admission to expedite the process on admission. You should not only be looking at the tools used to collect the information but also sources – patients and their families are excellent sources of information. You should also examine coding practices between the 5 and 14 day, determine upcoding on the 14 day and how to get the required information in a timelier manner. Oftentimes, detailed surgery information is not available until discharge summaries are completed by the hospital, which could be a week of more after discharge.

Review 5-day MDS for PDPM data gaps

- What information is currently available on admission to code the 5-day? What is missing? How can you get it sooner?
- Do you get the right information soon enough to get into the record to code the 5-day MDS?
- Do you get the right surgical information to code the section J questions affecting the calculation?

Compare 5-day to 14-day PPS assessments and look for information added to the 14-day which was not captured on the 5-day.

- Should it have been captured on the 5-day; if so, why wasn't it?
- Was information missed, not available, or not applicable to the 5-day?
- How often are 5-day MDS modified for missing or incorrect information? Is there a way to improve this number?
- Are there trends which can be addressed to improve modification rates?

You should also examine coding practices between the 5 and 14 day, determine upcoding on the 14 day andhow to get the required information in a timelier manner.

Determine staff learning needs to be PDPM competent

Staff will need to understand what is changing and why, so they understand why processes are changing in the home. Your staff need to be competent to care for more potentially medically complex residents, need to understand new presumption of care rules and what changes in documentation are required to support the transition to PDPM. You will need a clear training plan for the upcoming transition.

Identify staff competencies (ROP) needed to care for a changing population (also required for the Facility Assessment).

- What education do your staff need to help the facility be successful with PDPM?

Do you have the right care assessments and content to clearly identify need and the supportive approaches?

- What technology changes do you need to implement to assist with addressing more medically complex residents?

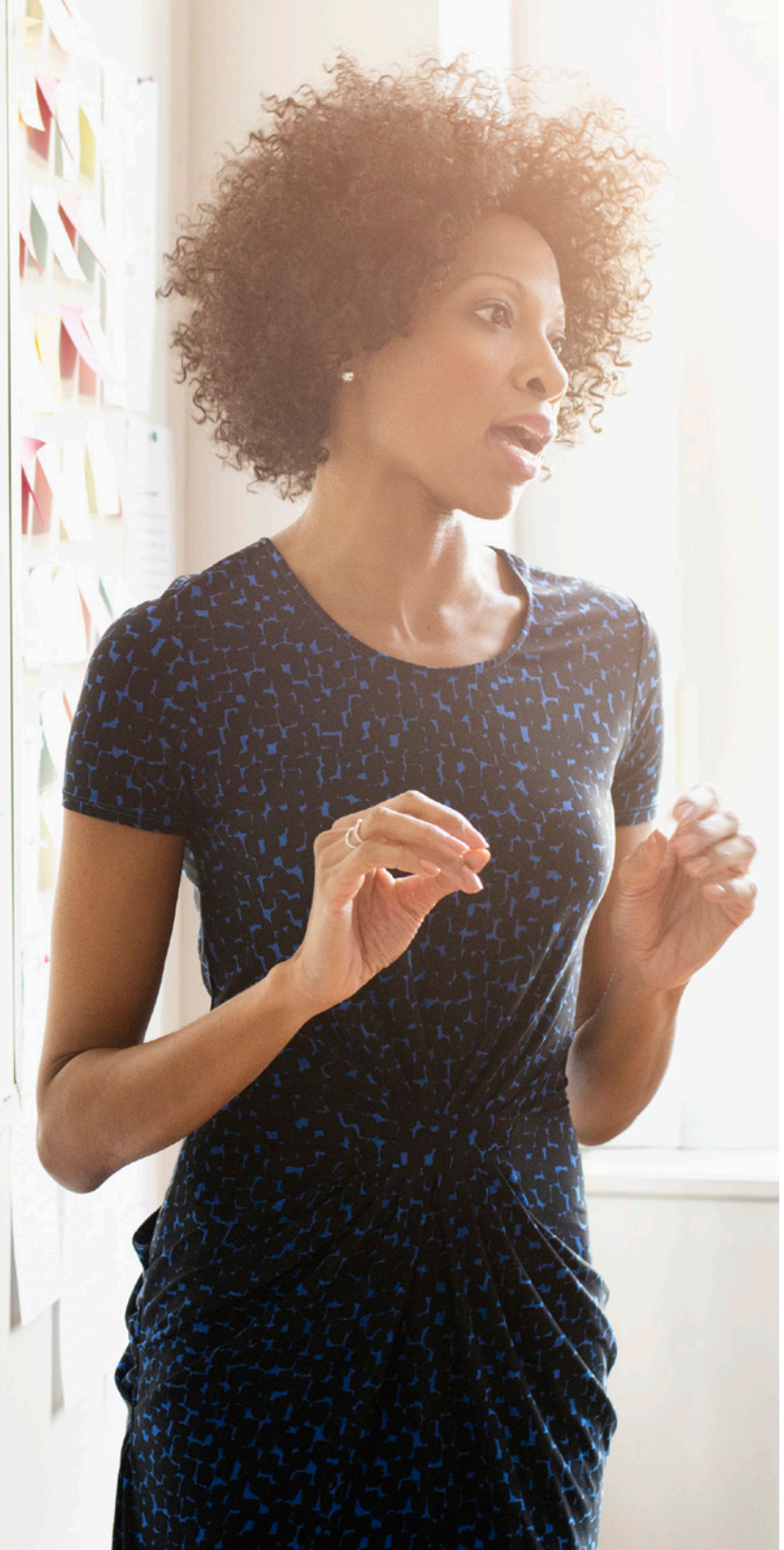
Staff will need to understand what is changing and why. You will need a clear training plan for the upcoming transition.

PDPM Playbook

Stage 2: Standardize

Now that you have developed a plan and understand what needs to be done, the next steps focus on standardizing processes and tools so your people can focus on providing better care and support to your residents. When you standardize administrative and operational workflows, content, and care approaches, you are ensuring a consistent level of care and predictable outcomes in this new reimbursement and value-based care world.

PointClickCare®



Standardizing processes is integral to the success of the Patient Driven Payment Model (PDPM) in several ways:

Standards-based content ensures that staff are assessing and treating residents consistently, making predictive outcomes possible. It also ensures comprehensive data capture, treatment of symptoms, and identification and management of conditions, while making capturing the complete diagnosis list achievable.

Standardization makes gap identification and management much easier.
If everyone is doing the same thing the same way then problems with process, tools, and people become visible.

Standardization makes identifying and tracking metrics with reliability and validity possible — good measurement requires a consistent process to evaluate, so you are consistently measuring the same thing.

Standardization means that shifts in process are easier to accomplish. If something isn't working it is easier to adjust a process consistently across the organization. If everyone is doing something different, shifting a process becomes impossible and outcomes cannot be compared across the organization.

Standardization levels the playing field for staff, they all provide and drive care the same way, which means understanding competencies and ensuring that the knowledge of what care needs to be provided is built into the system for staff to use. When processes and tools are standardized, people problems can be identified, and training is provided in a timely manner.

Standardization will create better information and better insights to drive the best care possible for each resident in your care, not just those immediately affected by PDPM.

Standardization requires examining technology resources to ensure they are aligned with the shifts required to get through PDPM. To be successful, your technology needs to be more than just a system of record. Being able to capture care alone will not be enough. You need to adopt networks of intelligence including, systems which take data from all sources and turns them into actionable insights. Transformative care relies on standardized data capture of care provided becoming insights that enable your caregivers to provide better care and achieve better outcomes. Standardization is the framework that supports the network of intelligence.

In this stage, you may choose to pilot new workflows and processes on a smaller controlled population of clients before rolling out to the entire facility or across multiple facilities. This is an important consideration in implementation and training of standardized processes. Using a controlled approach allows you to establish any improvements that can be made before operationalizing the updates.

Standardize Data Collection Processes

Assessements down to one payment.

You will need to be more thoughtful about evaluating potential admissions, ensuring that wholistic needs are reviewed.

With the reduction of assessments down to one payment assessment, there is a more pressing need to ensure the complete and comprehensive picture of the residents is obtained before the end of the window on Day 8. You will need to be more thoughtful about evaluating potential admissions, ensuring that wholistic needs are reviewed to understand the impact this admission will have on case mix; when we focused on rehab as a primary driver for SNF admission, it was an easier decision to make. In the PDPM world, the clinical characteristics of the resident may drive different admission decisions than before.

Revise your pre-admission screening to document as much information as possible within the resident record.

- Look at content. Does it collect enough PDPM data points to make an appropriate admission decision? Do you have the right tools to get the data?
- Is there technology to support this workflow so data can be easily collected and analyzed?

Implement interview tools to gain better insights from families and care givers.

- The record may not be enough to get the whole Non-Therapy Ancillary (NTA) picture, — can you connect with other sources of information?
- Electronic, telephone, and in-person interviews should all feed the same process and information.

Ensure that processes for selecting the most appropriate primary diagnosis are in place and that the interdisciplinary team (PT/OT/SLP/Nursing and Medicine) understand the process, to ensure alignment with required resources.

- Does your physician know what changes?
- Who will decide the primary diagnosis and how?
- Does this decision optimize reimbursement across the disciplines so that revenue targets are achievable?
- How will communication need to change to ensure interdisciplinary alignment?
- How will you ensure everyone involved has all the information required to make the best possible decisions for the business?

Establish criteria to measure success.

- What are you trying to measure?
- For how long?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

The better the data that is entered, the more useful the insights will be.

Standardize evidence-based protocols and best practice workflows to support care delivery

There have been significant gains in the understanding of how evidence-based and standards-based assessment, intervention, and documentation improve the resident experience, outcomes, and satisfaction. Research and best practices in care delivery and patient safety are constantly changing and keeping up with those changes can be daunting. Technology should be able to support you here. The right system will take care of standards and evidence-based tools and content. Adopting standard-based content and care processes not only makes outcomes predictable, it also becomes easier to measure how staff are delivering against the standards. If staff are all caring for residents with consistent approaches, it is easier to identify competencies, performance issues, and skill gaps. Standardized processes provide the reliability and validity of the data being collected for analysis and improvements.

Implement evidence-based tools to capture the right information and address changing population needs.

- Care content should be standards-based.
- Assessments should drive further investigation/diagnosis capture.
- Promote staff competency through standards-based care content.
- Technology should support you with this requirement.

Strengthen care planning and supportive documentation capture to emphasize good clinical practice and reduce survey and audit risks.

- Understand changes with presumption of care.
- Ensure content reflects clinical needs approaches.

Ensure that staff have the right information, at the right time, to provide care to a more clinically complex resident.

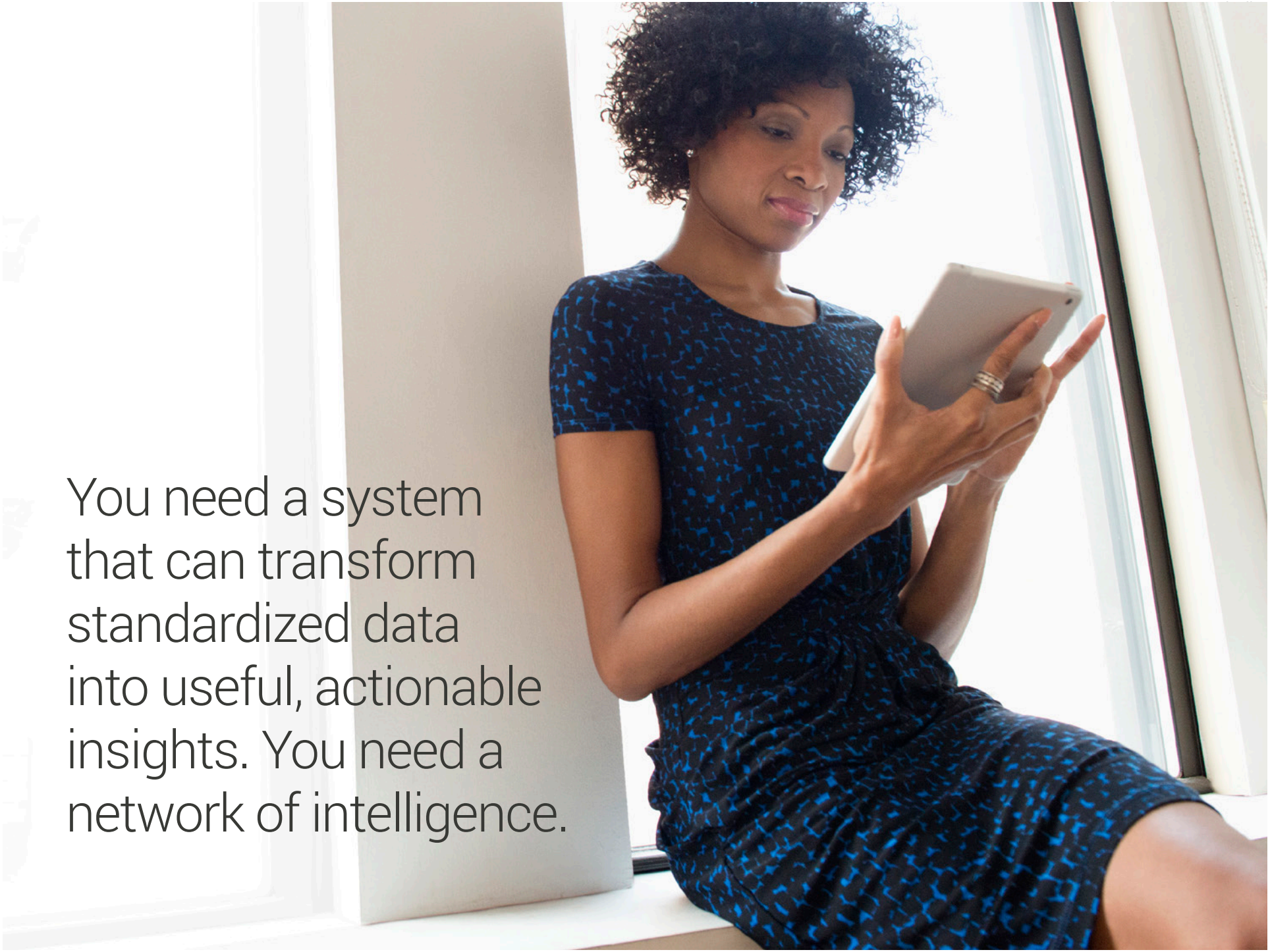
- Do you need a technology change to make information more accessible?

Establish criteria to measure success.

- What are you trying to measure?
- For how long will you be measuring for results and changes?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?


You need a system
that can transform
standardized data
into useful, actionable
insights. You need a
network of intelligence.

Review Your Technical Capabilities

Your technology needs to support not only a smooth transition to PDPM — with all the right MDS bells and whistles — it should also provide you with all the other tools you need to be successful through PDPM for all operational and administrative efforts. PDPM starts on October 1, 2019 but it doesn't end there. You will need to continually evaluate the impact of PDPM and improve processes to make the eventual retirement of RUGs III and IV another milestone that is easily achieved. Your technology needs improved care content, the ability to scale changes across the facility or organization, and to support your data intelligence needs. This means that your technology needs to be more than just a system of record. You must be able to analyze your data to provide better insights that drive continuous process improvement efforts across your organization, in order to deliver better outcomes with reduced administrative overhead. You need a system that can transform standardized data into useful, actionable insights. Your technology needs to be a network of intelligence.

Evaluate your technology for analytical capabilities.

- Understand what data can be analyzed and from what sources.
- Understand the outputs for reports — consider formats, pdfs vs. spreadsheet data.
- Are there additional products or services that will provide what you need?
- What analysis is provided – is it static or dynamic? How can report parameters be leveraged so that the data is consistently compiled for specific purposes and review?

Identify the sources of actionable insights (information, alerts and notifications, raw data) your technology provides, to whom and when.

- Are there standard reports that give you useful insights? Where are they and who can access them?
- Ensure the right people can see the right modules reports and notifications/dashboards – standardize access by position or function.

For new technologies – understand what the implementation timelines are in order to be up and running for October 1.

- Understand workback schedules.
- Consider discovery, configuration, and training.

Establish criteria to measure successful implementation of technology.

- What are you trying to measure?
- Is the technology improving results or affecting processes?
- What is the adoption to mastery timeline look like? How will that affect measures? There is always a learning curve from adoption to full integration of new tech into workflows.
- For how long will you be measuring for results and changes?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

Train Staff on New Processes

You may not be changing processes across the home just yet, you might be testing them on a pilot area or group — make sure you understand what will be changed now and later and who needs what training and when to achieve your milestones. Staff must understand PDPM and why processes are changing — they will also require training for these new and changed processes. Educate staff to the value this change will bring as well as the changes themselves. Staff should understand the what and the why of PDPM.

Implement standardized workflows and care content for pilot.

- Consistency makes scale possible.
- Standardization makes assessment of competencies possible.

Train staff affected by immediate process changes on PDPM and those new processes (pilot group).

- Engage managers and team leads in the process to gain their buy-in and engender support for change.
- Educate staff to the value this change will bring as well as the changes themselves. Staff should understand that what and the why of PDPM.
- Set up a training schedule. Understand what can be done in advance (new tools) and what needs to be just in time (MDS Changes), building in competency reviews and demonstrations where necessary.

Provide education for upskilling for anyone who may need it (this can be done for all, not just pilot groups).

- May need to seek outside bodies for skill-specific training (i.e. IV, central lines, dialysis)

Establish criteria to measure success.

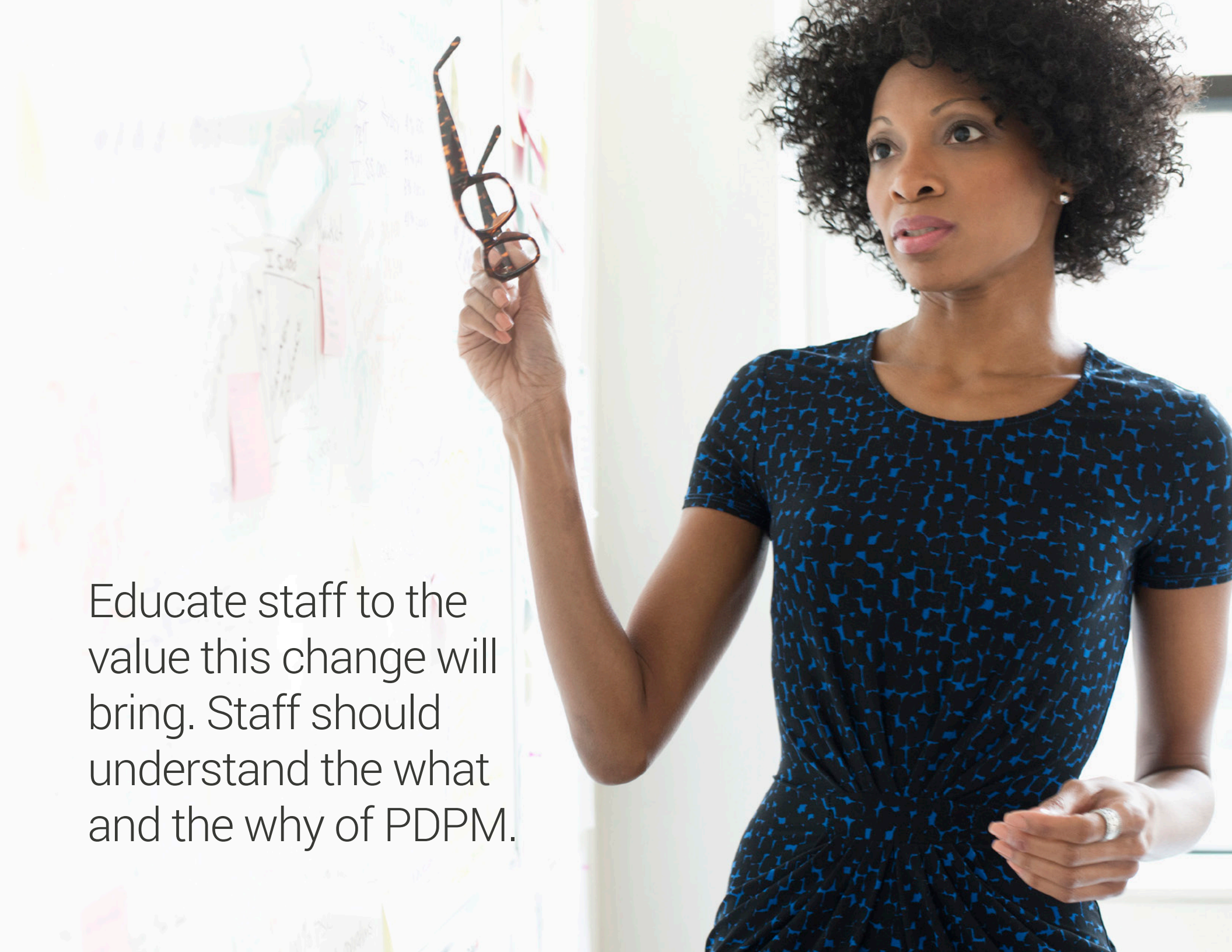
- What are you trying to measure?
- For how long will you be measuring for results and changes?
- What will you do with the results?

Establish data collection points required to measure success.

- Where are the data points you need?
- How will you collect them?
- Who will need the data?

Staff must understand PDPM and why processes are changing – they will also require training for these new and changed processes.

This program should include training on skills, documentation requirements, presumption of care changes, new technology or content, and any other items identified in your plan.



Educate staff to the value this change will bring. Staff should understand the what and the why of PDPM.

PDPM Playbook

Stage 3: Analyze

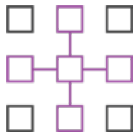
Data analysis is the process of turning raw data into useful information. Providing answers to the questions behind the data collection. Are we admitting enough clinically complex residents? Does our case mix support revenue and profit targets? Basically – are you achieving the objectives you set out to measure? If your data shows that your objectives are met then the next question is how do you replicate those results so they are consistent?

Data that isn't properly analyzed can lead to increased risk and missed opportunities for improvement.

PointClickCare®

In the Analyze stage of your journey, it's time to examine the changes you've started making to see what's working and what needs more attention. Now that your processes and care content have been standardized and staff have had time to adjust to the new tools and workflows, content and approaches – look for further gaps, understand the impact standardization has on outcomes and review how these changes have impacted potential revenue from PDPM. If shifts have been designed to optimize revenue under PDPM, how has this impacted targets and outcomes?

Review Your New Protocols and Workflows



Compare data that you collected from the Standardize phase to expected outcomes.

Refine any metrics as necessary as you lean insights from your data.

Using the metrics established in the Standardize phase, compare the data collected to expected outcomes. Look for areas of improvement, outcomes that did not change or indications that problems continue to exist. This is also the time to review processes with staff and get their feedback. Staff buy-in affects adoption, so be sure to measure satisfaction with the changes, including support needed and provided. Refine any metrics as necessary as you learn insights from your data.

Review data collected.

- Is the data complete?
- Are there gaps in the data?
- Does it measure what was expected?

Compare data to expected outcomes.

- What does the data tell you?
- What has improved, what hasn't?

Identify further areas for improvement.

- When things haven't improved, why?
- Process, tools or people?
- What events may have impacted results? (outbreaks, absence)
- Is data measuring what was expected?
    - If not, what needs to be adjusted?

Update QAPI plans and progress.

- Each process change should have a QAPI plan attached. (ROP)
- Any area identified for further improvement is an opportunity for another QAPI plan.
- Focus on improvements for PDPM with QAPI approach in 2019/2020 – don't make extra work.

Assess staff acceptance and satisfaction and seek feedback.

- People make or break changes – evaluate their feedback and engagement to gain buy in.

Review and adjust metrics as necessary.

- Make sure you are measuring what you think you are.
- Validate that you are using the right data.
- Validate that you are measuring everything you need to be measuring.

Re-examine Your MDS Accuracy

MDS accuracy – getting the comprehensive picture of the residents on that single payment five-day assessment is the only way to optimize reimbursement and capture the clinical characteristics of the resident needed to create the best care plan for the resident. Ensure gaps have been closed between the five-day and 14-day RUGs assessments. Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place. Continue to develop and implement processes to gather the needed information as soon as possible.

Compare to baseline data from Conceptualize stage.

- Were the gaps in documentation closed?

Audit five-day MDS again to ensure process changes have improved MDS accuracy and completeness.

- Compare to chart.
- Look for missed diagnoses and payment items not captured in the assessment.

Re-audit 14-day MDS looking for continued gaps.

- Look for information not captured on the 5-day added to 14-day – can that gap be closed?
- Why wasn't the data collected earlier?

Continue to refine processes to close gaps.

- Get feedback from MDS coordinators.

Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place.

Evaluate Your Revenue and Quality Mix

The changes you are making need to be moving you in the right direction which means that you need to look at the present and the future at the same time. There is a lot to consider when trying to project success in the coming years – do we have the right quality mix to generate revenue that will support the level of resources needed to meet resident needs? Your quality mix is constantly changing and PDPM only affects a portion of your revenue this year. You will need a clear understanding of how this change impacts the bigger picture so that the best decisions can be made to achieve financial success now and in coming years as other payers move from fee for services to value based purchasing models.

Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place.

Complete RUGS to PDPM comparison.

- Does case mix meet presumption of care criteria?
- Are resources aligned with projections and case mix results?
- What is the impact on facility case mix?
- Do you have a clear understanding of what your optimal case mix looks like in PDPM?

Review the baseline data collected in Stage One – Conceptualize – and compare to metrics collected and generated in Stage Two – Standardize.

- Is the new process supporting revenue targets?
- Has it impacted revenue and targets with other payors incidentally?

Determine if process change has impacted your quality mix and potential revenue mix.

- Is the redefined process moving PDPM case mix in the right direction?
- How does this affect the broader facility population revenue targets?
- What should staffing look like with PDPM case mix?
- How will labor costs be affected?

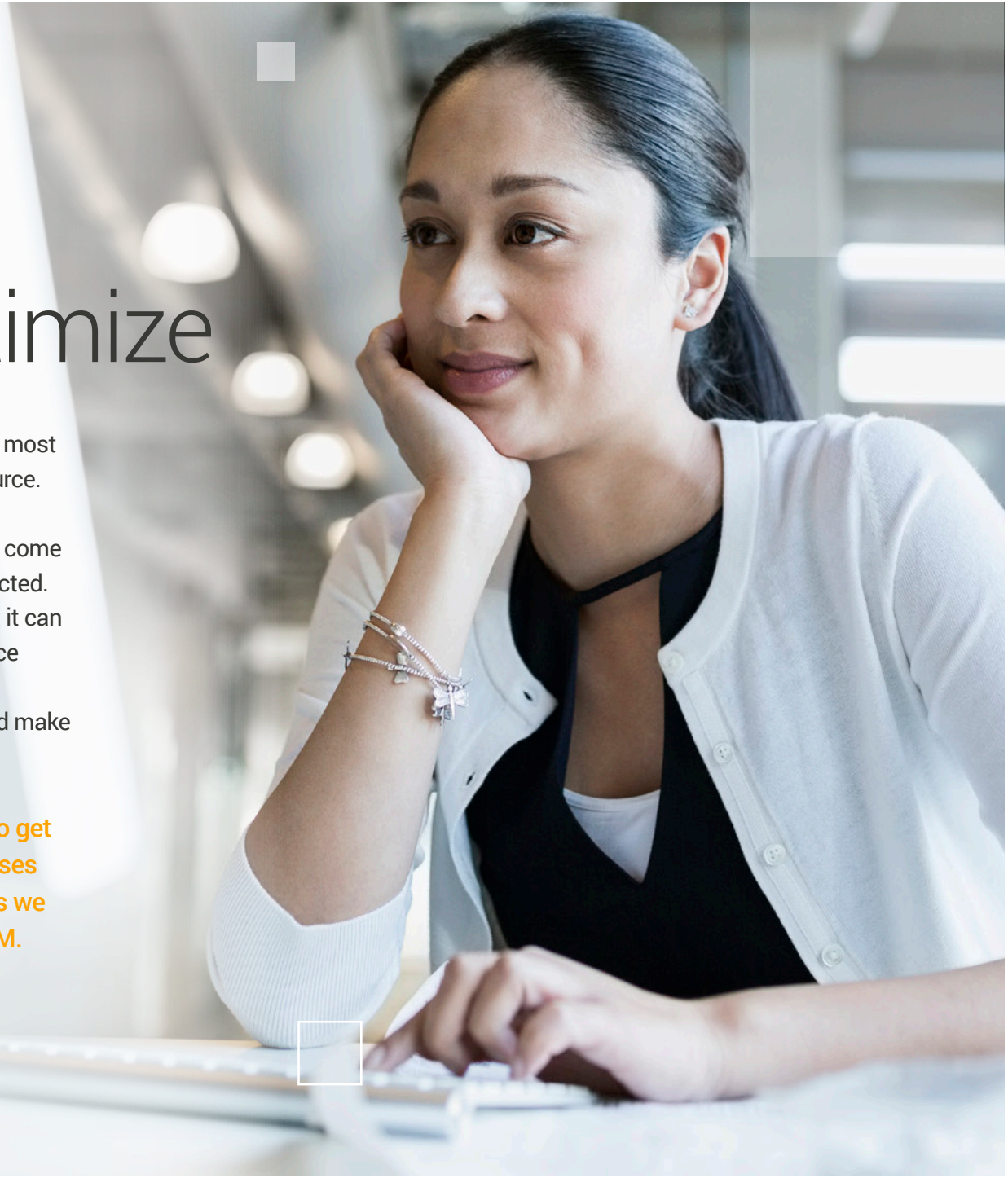
Validate Your Revenue Projections

PDPM training wheels are on this year because they are retiring RUG III and IV next year and that may have a larger impact on your overall profitability. Understanding the impact this will have in 2020 will help you be successful in fiscal 2021 and beyond. This picture needs to be looked at holistically – taking into account all payers and shifts in the industry towards advantage plans. Even though there is still some uncertainty on the actual impact that PDPM will have, determining what the future may look like and having a plan to remain financially healthy in the years to come is crucial.

- Review shifts in process designed to optimize revenue under PDPM.
- How have they impacted targets and outcomes?
- What needs to be done to improve financial health moving forward?
- When will these processes be reviewed again for future changes?
- Does the data support financial health in 2020 and beyond?
- What does the quality mix look like beyond fiscal 2020?
- What does overall profitability look like?
- How will patient populations change over the next few years?
- How will the payer mix change and what will the affect be on revenue?

PDPM Playbook

Stage 4: Optimize



Optimizing is the process of making the best or most effective use of a situation, opportunity or resource. Not all gaps may be closed within your newly standardized processes and these gaps should come to the surface when you analyze that data collected. Optimizing is about making something the best it can be based on what you have learned from practice and data collection so far.
This is the stage that allows you to manage, and make better, what you have set up to be measured.

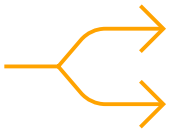
Optimization should bring teams together to get the wrinkles out of the standardized processes and ensure all your ducks are beak-to-tail as we approach the implementation date for PDPM.

PointClickCare®

The optimization stage is all about taking what you have learned from your standardize stage and the data analysis. Optimizing means closing any additional gaps and making any improvements that can be made before you roll this out everywhere. Now that you have completed your analysis on how standardization has impacted your facility processes, you can update policies and procedures and get your roll-out plan detailed. If you piloted changes in a smaller, more controlled unit of the home, then everyone needs to be engaged in the process and be brought up to speed. This is a very important part of the overall plan – it is the final alignment between all disciplines and services provided in the home. It is also when you need to ensure that all your PDPM-dependent transition activities - including assessment and workflow changes - are confirmed and ready to use after October 1st. This is the final preparation stage before operationalizing all of your PDPM-related changes across the organization.

Review your Change Management Plan

You developed a plan in Stage One. You standardized processes in Stage Two. You analyzed data in Stage Three. **Now, let's refine that plan with insights gained from that data.**



Re-examine and reinforce the plan you developed in Stage One using the data and insights collected in Stage Three.

Re-examine and reinforce the plan you developed in Stage One using the data and insights collected in Stage Three.

- Will the plan be as effective as you previously thought?
- What needs to change?
- Are you on track to achieve milestones?

Review identified gaps to figure out how to close them.

- What is the gap?
- What caused the gap (root cause analysis)?
- What are the implications of the gap (risks)?

Review all payors to make sure that disruption hasn't occurred with those processes

Keep an eye out for payors making changes in concert with PDPM – some payors may adopt this model, some may change to other models such as levels of care.

- Don't lose sight of the forest for the trees.
- Report any changes to vendors to make sure you will be able to submit claims to all payors.

Implement Quality Assurance (QA) and Performance Improvement (PI) Programs to close identified gaps

QAPI is mentioned 212 times in the final rule for the Requirements of Participation. Anytime you update any process or redefine a work-flow — use a QAPI framework and you can solve two problems at once — making sure you have active QAPI programs for survey and you build efficiencies while improving processes. QAPI should be the foundation for any changes to any process within your home – especially around regulatory change.

Close the gap

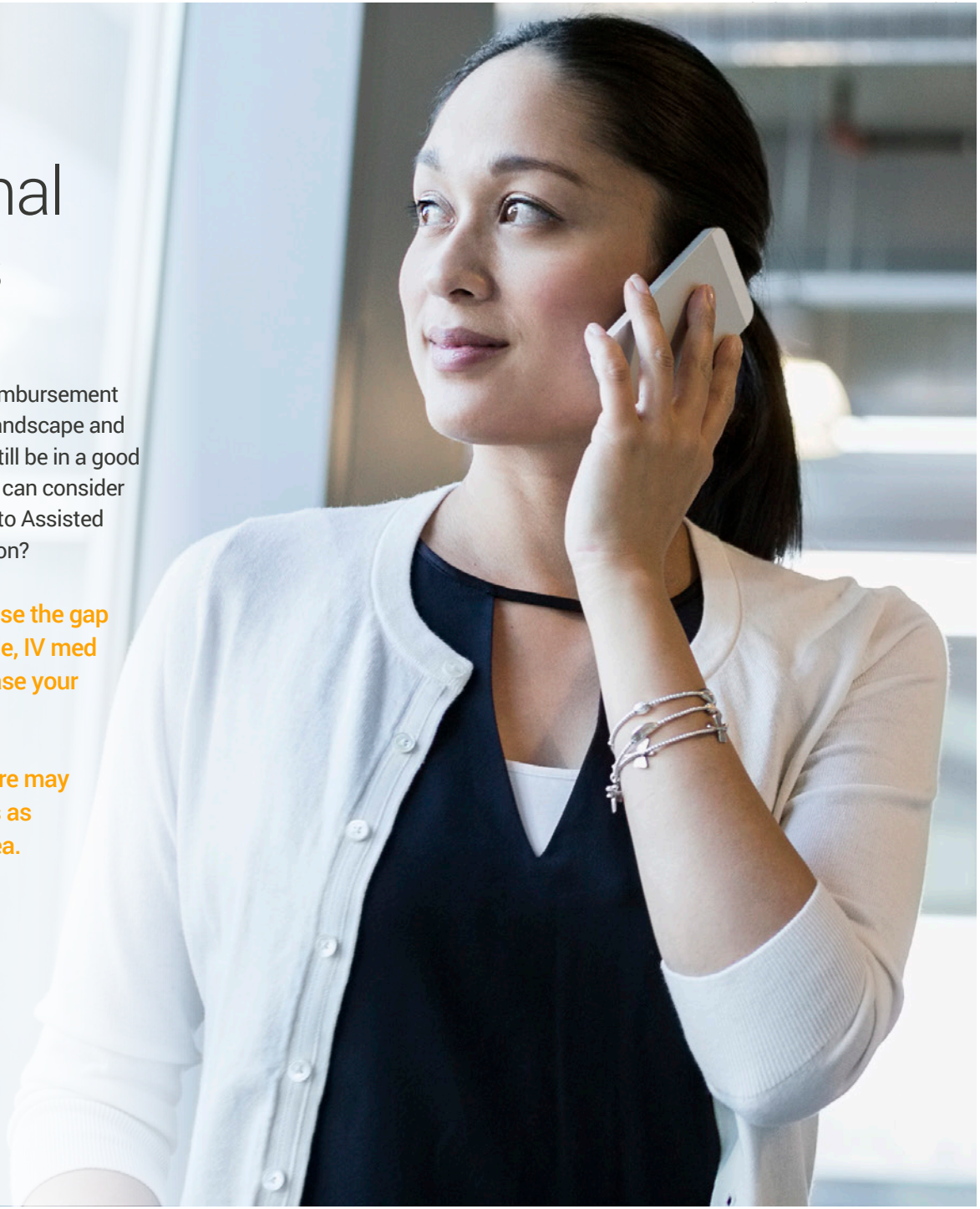
- More training?
- Process changes?
- Different tools?
- Different technology?

Examine Additional Revenue Options

Consider shifting business models to enhance reimbursement options. Moving forward, as PDPM changes the landscape and reimbursement rate adjustments occur, will you still be in a good place? Are there alternate sources of revenue you can consider such as Geriatric clinics, Skilled service provision to Assisted Livings in the area, Medicare services specialization?

Look to specialized services provisions to close the gap between occupancy and revenue. For example, IV med unit, dialysis, and behavioral units may increase your facility's revenue.

Know your network and your neighbors – there may be opportunities to improve Medicare census as consolidations and closures occur in your area.



Determine Your Resource Needs

Examine your staff and facility's resource needs.

- Does your existing staff need to be trained or retrained?
- Does your facility have proper staff to support any new services you may be offering?
- Update your facility assessment with what you have learned and how that will change your population and resource needs moving forward. The facility assessment tool is required on survey entry and should be updated at least annually, and any time changes occur in your resident population or staff and physical resources.
- What do you need to operationalize these changes across your facility or organization?

PDPM Playbook

Stage 5: Operationalize

Stage 5 is about maintaining the benefits made with the changes implemented throughout this journey. The focus is to remain compliant with PDPM in 2019 and to master these new processes in preparation for the eventual retirement of RUGS III and IV. In the future, more payors will be affected by this process and you need to be prepared. Now is the time to right-size these changes and scale them across your organization to get the right fit and outcomes for you.

This means that your journey doesn't end October 1, 2019. However, it also means that the path will become easier to navigate once you have the right tools and technology in place to support your people. Standardization of processes and practices builds in consistency, predictable outcomes, better insights, and promotes better care from staff. The focus now needs to be on monitoring progress and actioning insights, to make sure your hard work pays off moving forward.

PointClickCare®

The most important part of this journey will be a successful transition of payment assessments from RUGs to PDPM in order for you to continue to be reimbursed for care and services. Remember that presumption of care carries over form RUGs to PDPM, and that the variable adjustments for PT/OT and NTA will start countdowns on the stipulated ARD of the assessment. Since the NTAs will pay out at the 300% rate for those first 3 days, make sure that a thorough review of conditions and diseases has been carried out in order to maximize the reimbursement during the transition period.

Transition Successfully to PDPM

Now that PDPM is in full effect, make sure that codinprocesses and tools are supporting PDPM

Ensure all residents have a comprehensive diagnosis list review in the context of PDPM

- Does the primary diagnosis map to a clinical category under PDPM?
- Are all NTA co-morbidities and conditions captured in the record for documentation on that initial IPA?
- Has the updated list been reviewed by the physician?

Has a transition plan for the completion of all Interim Payment Assessments been reviewed? The ARD needs to be completed between October 1 and October 7 but the completion time-frames follow the regular MDS process (ARD to completion date = 14 days, Completion Date to Submission = 14 days.)

- The plan should spread the work out so that it can be completed in a timely manner.
- Have a process for tracking ARD to completion (leverage technology for the transition scheduling)

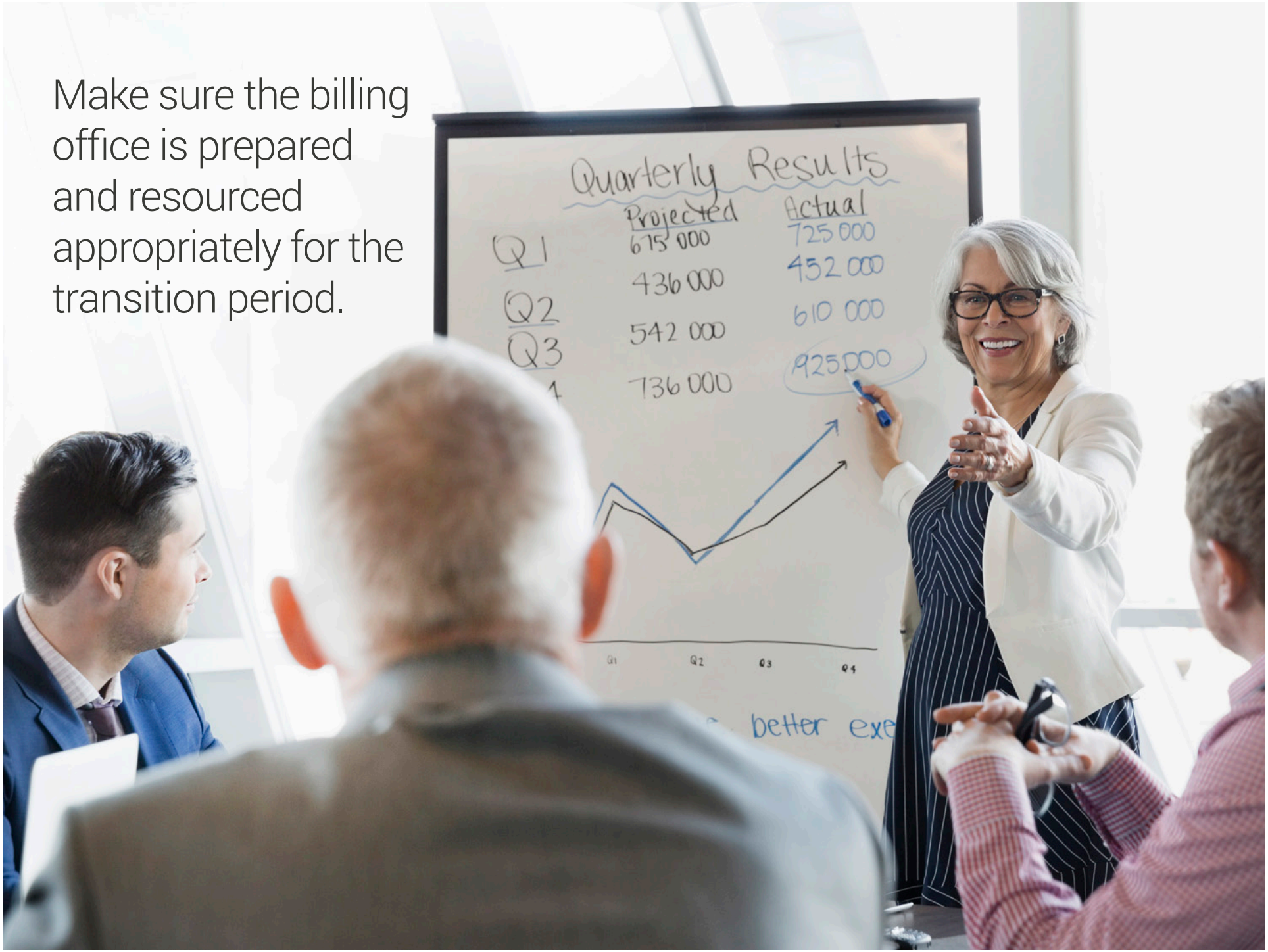
Make sure office is prepared and resourced appropriately for the transition period.

- Payers must be updated with the correct rate templates.
- Effective dates must be correctly set for the transition.

Educate families and residents to the change in process.

- The cadence of assessments and type will change as well as the types of questions you may ask under PDPM — families and residents should understand why the changes are occurring.

Make sure the billing office is prepared and resourced appropriately for the transition period.



Now that PDPM is in full effect, make sure that coding processes and tools are supporting PDPM as intended and that MDS coordinators are comfortable with the processes and any new tools and functionality that takes effect as of October 1, 2019.

Monitor and Audit MDS With the New PDPM Rules.

Triple check your triple checks to ensure items are not missed.

Is it complete, accurate, and reflective of client needs?

- All of the updated MDS fields are in place, however we need to confirm that the processes still work with the actual tool.
- Do some chart reviews, transition volume is a great opportunity to get some additional data through audits and ensure the right data is getting captured at the right time.
- Does the care plan meet clients need and co-morbidities? Care Planning tags were up after the implementation of the ROP changes in 2016, and there will be additional scrutiny with surveys after the transition to PDPM.
- Make sure that other processes have not been disrupted — Medicaid and other payors that are not on PDPM still need to have their assessment schedules maintained during the focus on the transition.

Ability to bill for PDPM score and submit a clean claim

- During transition, ensure resources are present for any additional workload required.
- Report problems to vendors immediately
- Triple check your triple checks to ensure items are not missed.
- Ensure there isn't any disruption in the claims processed for on-PDPM payors.

Your success is dependent on the whole team following the standardized processes consistently and using the tools appropriately. Reviewing tools and processes to ensure outcomes are being achieved is not a one-time event. Oversight on care management needs to be a part of the business of care. Improving quality of care improves the quality of life of your residents, thus, you must ensure that gains made are maintained and become a part of the care process.

Monitor Care Delivery

Are staff following the standardized protocols?

- Are the tools used working?
- Is care content meeting the needs of clients and enabling compliance with regulations for survey?
- A new technologies are enabling teams to help the organization achieve goals?
- New technologies are improving care processes and helping staff to complete their tasks, not hindering processes?

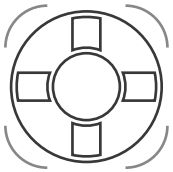
Are resident outcomes predictable and being achieved?

- Is the care content, systems, and processes leading to better insights for better care planning?
- Are the outcomes being achieved?
- Personalization of client preferences, strengths, and needs is easily accomplished in the standardized care plan and approaches to care.

CMS has stated that it will be looking to audit where there are extreme changes in the utilization of therapy minutes, where there has been a significant change to the overall reimbursement to the facility, or where a home has significantly exceeded national averages for reimbursement (outliers).

Ensure You Can Survive an Audit Without Claw Backs

Getting through PDPM doesn't end on October 1st — the process of getting assessments completed, claims submitted, and appropriate reimbursement received will continue past that date. Also, you must remember that shortly after the implementation, the reimbursement audits will start. CMS has stated that it will be looking to audit where there are extreme changes in the utilization of therapy minutes, where there has been a significant change to the overall reimbursement to the facility, or where a home has significantly exceeded national averages for reimbursement (outliers). The key to not losing money is in your concise and easy to find supportive documentation in the resident's records and clearly documented changes to resident population (Facility Assessment and QAPI programs will support these audits).



The key to not losing money is in your concise and easy to find supportive documentation in the resident's records and clearly documented changes to resident population.

- Audit to confirm that the correct information is received in a timely manner from the hospital to complete the MDS with the most accurate and comprehensive information.
- Audit to confirm that the correct supportive documentation has been recorded in a timely manner.


You must remember that
shortly after the implementation,
the reimbursement
audits will start.

October 1, 2019 sets a target for Medicare A reimbursement, but CMS will eventually retire RUGS III and IV payment models, which means that all payors will soon be making a change to reimbursement methodology. Don’t forget to ensure staff are aware when additional changes will be made to the different state and insurance payment models as technology setup changes may need to be made. Keep in mind, other process changes may need to be made and disruptions in reimbursement must be avoided.

The PDPM Solution Guide

With PDPM, the change is not simply a payment methodology switch. It is a foundational shift to support a much larger objective: value-based, person-centric care. Changing how senior care providers get paid is critical to ensuring coordinated, quality care, becomes a reality.In this guide, you'll learn about the tools you need to master the quality transformation of PDPM.

The Patient Driven Payment Model (PDPM)
"...will move Medicare towards a more value-based, unified post-acute care payment system that puts the unique care needs of the patient first while also reducing significantly the administrative burden associated with the SNF PPS."
~ CMS

PointClickCare®

PointClickCare Performance Insights

Quality as the new currency means that continuous improvement is an operational mainstay. It is not enough to attain high performance once – it must be repeatable and with the expectation that the bar will be continually raised.

PointClickCare Performance Insights provides the real-time visibility into how your organization is performing, from Clinical KPIs to readmission rates. Don't wait for lagging CMS ratings or spend hours compiling metrics to see how you are doing. Performance information is available at multiple levels, including organizational, facility and resident levels.

PointClickCare Performance Insights also provides the means to support continuous improvement via its Performance Improvement Project (PIP) module. With the PIP module, you'll have the framework to manage change and ensure quality outcomes are consistently delivered.

Enable real-time visibility into your performance metrics to support your transition through quality process improvement efforts.

REQUEST DEMO

How Nursing Advantage Can Help With PDPM

Attaining the high performance and quality outcomes required for PDPM success means reducing variability and embracing standardization in your organizational processes.

By putting in place the processes, tools, and people you can deliver a consistent, standardized care experience for all residents.

Nursing Advantage provides evidence-based, standardized nursing protocols to leverage in your care delivery no matter the diagnosis, eliminating variability and producing more consistent, higher quality outcomes for all residents. Available Care Pathways also consider the entirety of the resident's conditions, enabling your care team to address the resident as person and not simply as a collection of disparate diagnoses. True person-driven care is the result.

Leverage extensive best practice knowledge and standardized data to bring consistency to your care delivery.

REQUEST DEMO

How CRM Can Help With PDPM

Succeeding in the PDPM world first starts with making sure you are taking on the right residents for your organization. If you take on residents with needs that exceed your care level capabilities, then negative quality and financial outcomes are the more likely results.

CRM ensures your organization has the most up-to-date information on the pool of potential residents right from within the application. This real-time access eliminates any delays related to sourcing pipeline information, increasing your velocity to engage potential residents.

Selecting the right residents is needed to protect your organization's viability. With CRM, pre-admission screening tools are included to make sure that both clinical and financial aspects to the admission decision are considered.

Perform pre-admission assessments to ensure resident-mix is right for your organization, both clinically and financially.

REQUEST DEMO

How Eligibility Verification Can Help With PDPM

Getting reimbursement right under PDPM begins with having your payer foundation set up properly.

Eligibility Verification provides instant access to resident payer information directly from within the PointClickCare platform. With this information, you'll then know which payer item set to use for the applicable assessments and the associated timing, minimizing any risk to your revenue flow that stems from managing multiple payers.

Eligibility Verification also has real-time verification checks available throughout the resident's stay as well as automated verification of all residents' coverages on a weekly basis. This ensures your organization is never caught off guard by any uncommunicated changes in coverages that could potentially delay your reimbursement.

Protect your bottom line by verifying insurance coverage before residents arrive, and continue to keep tabs on coverage during their care stay.

REQUEST DEMO

How Practitioner Engagement Can Help With PDPM

Care coordination is taken to the next level with PDPM. With reliance on up-to-date diagnosis information and complete documentation, every effort must be made to ensure care team collaboration occurs quickly.

Practitioner Engagement features secure, HIPAA compliant text messaging through its Secure Conversations feature set, enabling care givers and physicians to be in constant contact concerning residents' conditions. Diagnoses can be quickly determined via collaborative care team interaction on observed signs and symptoms. The appropriate coding can then be entered into the system, ensuring all diagnoses are captured and documented promptly for full reimbursement.

Ready access to patient charts via Practitioner Engagement ensures physicians have all the information they need to make the right diagnoses determinations.. With the capability for physicians to enter their notes into the patient chart while on the go, Practitioner Engagement also bolsters the available documentation to justify reimbursement claims.

Empower care-team coordination by connecting physicians to resident records in real-time.

REQUEST DEMO

Conclusion

Providers that will make the transition to true quality-driven care understand that intelligent technology is their best option. PointClickCare has the tools you need to succeed in the new value-based payment world.

LET'S CONNECT
ON PDPM SOLUTIONS