



Completion | Training | Compliance

Master the Playing Components of PDPM and Win the Game of Medicare Reimbursement

Presented By
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1



DISCLAIMER

This presentation was developed as an educational offering and reference for long-term care professionals. To the best of our knowledge, it reflects current federal regulations and practices. However, it cannot be considered absolute and universal. The information contained in this presentation must be considered in light of the individual organization and state regulations. This content is intended to provide practical knowledge concerning the subject matter covered and is provided with the understanding that MDS Consultants, LLC is not rendering legal advice or other professional services.

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2

Objectives

- Review the PDPM components
- Identify supporting documentation for each PDPM component
- Delve into strategies for achieving accurate PDPM scores in your facility through QAA/QAPI process

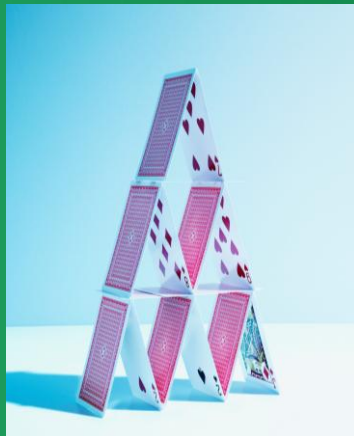
3

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3

Playing Components



4

Banker and House Rules

5th Fiscal year of Patient Driven Payment Model

CMS set out with the following **goals**:

- Individualized clinical approach that focused on the resident's unique conditions and services
- Focus was to take on a *quality* of care over *quantity* of care approach
- CMS also put in place new assessment - known as section GG in the Minimum Data Set (MDS) - to measure the resident's functional abilities

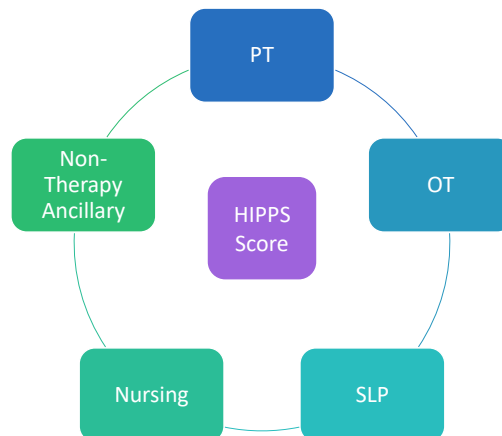
5

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5

PDPM Playing Components



6

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6

Primary Diagnosis

Definition of Primary Diagnosis according to CMS:

"The Primary Diagnosis in a skilled nursing facility (SNF) is the condition that is chiefly responsible for the resident's admission to the facility. It is also used to represent the reason for the resident's continued stay in the facility."

*Two or More conditions may be used for primary

When two or more diagnoses equally meet the criteria for **principal diagnosis** as determined by the circumstances of admission, diagnostic workup and/or therapy provided, the official coding guidelines allow coders to report either diagnosis as principal, provided the Alphabetic Index, Tabular List, or another coding guideline do not provide sequencing direction.

7

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7

PDPM Mapping Tool-Primary Diagnosis

- [FY 2025 PDPM ICD-10 Mapping \(ZIP\)](#) (effective 10-01-2024)


Purpose		ICD-10-CM codes related mappings for the purposes of resident classification under the Patient-Driven Payment Model (PDPM) for Medicare Part A SNF stays.	
Table of Contents			
ICD-10-CM to Clinical Category Mapping		Clinical Category	Mapping of the ICD-10-CM Codes Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories
SLP Comorbidity to ICD-10-CM Mapping		SLP Comorbidity	Mapping of Comorbidities Included in the PDPM SLP Component to ICD-10-CM Codes
NTA Comorbidity to ICD-10-CM Mapping		NTA Comorbidity	Mapping of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes
Updates			
July 29, 2024			
<div>1. Updated all three mappings to include ICD-10-CM codes effective October 1, 2024.</div> <div>2. Reflected all changes finalized in the FY2025 SNF PPS Final Rule.</div> <div>3. Removed duplicate rows in the <i>SLP-Comorbidity</i> tab for codes C02.8, C03.9, C10.8 and C14.8.</div>			

8

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8

Skilled Nursing Medicare Part A FY 2025 SNF PPS PDPM RATES																																																																																																																																																																							
Selected County: Livingston, NY CBSA Code: 40380 CBSA Designation: Rochester, NY Urban/Rural Status: Urban		Select your state and county below: <div> State: <div> NC ND NE NH NJ NM NV NY OH </div> </div> <div> County: <div> Livingston Madison Monroe </div> </div>		Rates are effective for services beginning 10/1/2024																																																																																																																																																																			
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Source: CMS-1802-F, Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting and Value-Based Purchasing Program for Federal Fiscal Year 2025 CLA's rate listing and calculator are based on the final rule published August 8, 2024. CLA will monitor and update rates as necessary in the event of any technical corrections that result in rate changes. This calculator is intended to be informational in nature. You should consult with a professional advisor familiar with your particular factual situation for advice or service concerning any specific matters or to address your organization's specific reimbursement rate needs. See also the "Disclaimer" and "Limitation of Liability" provisions at www.CLAconnect.com/disclaimers © 2024 CliftonLarsonAllen LLP All Rights Reserved																																																																																																																																																																							

9

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9

PT and OT Component

Clinical Category	Therapy Function Score	PT or OT Case-Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.45	1.41
	6-9	TB	1.61	1.54
	10-23	TC	1.78	1.60
	24	TD	1.81	1.45
Other Orthopedic	0-5	TE	1.34	1.33
	6-9	TF	1.52	1.51
	10-23	TG	1.58	1.55
	24	TH	1.10	1.09
Medical Management	0-5	TI	1.07	1.12
	6-9	TJ	1.34	1.37
	10-23	TK	1.44	1.46
	24	TL	1.03	1.05
Non-orthopedic Surgery and Acute Neurologic	0-5	TM	1.20	1.23
	6-9	TN	1.40	1.42
	10-23	TO	1.47	1.47
	24	TP	1.02	1.03

- Primary Diagnosis
- Primary Clinical Category
- PT/OT Functional Score
- Major Surgery (if applicable)

10

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10

GG: Functional Scores

- ✓ Develop policy on collection
- ✓ Admission/3 day look back before ARD
- ✓ Healthy habits
- ✓ Part of EMR
- ✓ 10 questions that make up the score
- ✓ "What's the norm?"
- ✓ IDT collaboration

11

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11

Scoring Response for Section GG		Score
05, 06	Set-up assistance or independence	4
4	Supervision or touching assistance	3
3	Partial or moderate assistance	2
2	substantial or maximal assistance	1
01,07	Dependent or refused	0
09,10,88	Not applicable or not attempted	0
Scoring Responses to Section GG that are missing, result in a "0" score		
Section GG Items		Score
GG0130A1	Self care: Eating	0-4
GG0130B1	Self care: Oral Hygiene	0-4
GG0130C1	Self-care: Toileting hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4
GG0170C1	Mobility: Lying to sitting on side of bed	average of 2 mobility items
GG0170D1	Mobility: Sit to Stand	0-4
GG0170E1	Mobility: Chair/bed-to-chair transfer	average of 3 transfer items
GG0170F1	Mobility: Toilet transfer	0-4
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4
GG0170K1	Mobility: Walk 150 feet	average of 2 walking items

PT/OT
Functional
Score

12

Completion | Training | Compliance



12

SLP Component

Presence of Acute Neurologic Condition, SLP Related Comorbidity or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP Case Mix Index
NONE	Neither	SA	0.64
	Either	SB	1.72
	Both	SC	2.52
Any One	Neither	SD	1.38
	Either	SE	2.21
	Both	SF	2.82
Any Two	Neither	SG	1.93
	Either	SH	2.70
	Both	SI	3.34
All Three	Neither	SJ	2.83
	Either	SK	3.50
	Both	SL	3.98

- Acute Neurological Condition
- SLP Comorbidities
- Cognitive Impairment
- Mechanically Altered Diet
- Swallowing Disorder

13

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13

SLP Component

Acute Neurological Condition MDS I0200

I0200. Indicate the resident's primary medical condition category
Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

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

I0020B. ICD Code

SLP Related Comorbidities		
Comorbidity	MDS Question	
Aphasia	I4300	
CVA, TIA or Stroke	I4500	
Hemiplegia or Hemiparesis	I4900	
Traumatic Brain Injury	I5500	
Tracheostomy (while Resident)	O0110E1b	
Ventilator (while Resident)	O0110F1b	
Laryngeal Cancer	I8000	
Apraxia	I8000	
CVA with Dysphagia	I8000	
ALS	I8000	
Oral Cancers	I8000	
Speech & Language Deficits	I8000	
PDPM Cognitive Level	BIMS Score	CPS Score
1 - Cognitively Intact	13-15	0
2 - Mildly Impaired	8-12	1-2
3 - Moderately Impaired	0-7	3-4
4 - Severely Impaired	-	5-6

14

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14

Resident Interviews

- BIMs (Brief Interview for Mental Status)
- PHQ 2-9© (Resident Mood Interview)



15

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15

Nursing Component

Nursing Category	Inclusion Criteria	Conditions/Services	Conditions/Services Present	Nursing Function Score	Nursing Case Mix Group	Nursing CMI FY2023
Extensive Services	**While a Resident: Tracheostomy Care, Ventilator Care and/or Infection Isolation	Tracheostomy AND Ventilator	YES	0-14	ES3	3.84
		Tracheostomy OR Ventilator	YES	0-14	ES2	2.90
		Isolation for an active infection (without trach care or ventilator)	YES	0-14	ES1	2.77
		If Nursing Function Score is 15-16 the resident meeting this criteria will drop to Clinically Complex.				
Special Care High	**Comatose and dependent, Septicemia, Quadriplegia, COPD and SOB lying flat, Parenteral/IV Feedings, Respiratory Therapy all 7 days, DM with BOTH insulin OD AND insulin order changes on 2+ days, Fever AND Pneumonia, or vomiting, or weight loss, or feeding tube,	Depressed (PHQ 2-9 > 10)	YES	0-5	HDE2	2.27
		Depressed	NO	0-5	HDE1	1.88
		Depressed (PHQ 2-9 > 10)	YES	6-14	HBC2	2.12
		Depressed	NO	6-14	HBC1	1.76
Special Care Low	**CP, MS, Parkinsons, Resp. Failure AND Oxygen, Feeding Tube, Radiation, Dialysis, With 2+ Skin Tx the following wounds: 2+ Stage II, Stage III-IV or unstageable, 2+ venous/arterial ulcers, 1 Stage II and 1 venous/arterial ulcer, foot infection, open lesion to the foot, Diabetic foot Ulcer,	Depressed (PHQ 2-9 > 10)	YES	0-5	LDE2	1.97
		Depressed	NO	0-5	LDE1	1.64
		Depressed (PHQ 2-9 > 10)	YES	6-14	LBC2	1.63
		Depressed	NO	6-14	LBC1	1.35
Clinically Complex	**While a Resident: Chemo, Oxygen, IV Medications, Transfusions Hemiparesis, Hemiparesis, Open lesion with selected treatment, surgical wound, burns, pneumonia	Depressed (PHQ 2-9 > 10)	YES	0-5	CDE2	1.77
		Depressed	NO	0-5	CDE1	1.53
		Depressed (PHQ 2-9 > 10)	YES	6-14	CBC2	1.47
		Depressed (PHQ 2-9 > 10)	YES	15-16	CA2	1.03
Behavior Symptoms Cognition	Resident meets criteria for Extensive Services, Special Care High or Special Care Low with a Function Score of 15-16 + Clinically Complex	Depressed	NO	6-14	CBC1	1.27
		Depressed	NO	15-16	CA1	0.89
		Restorative Nursing	2 or More	11-16	BAB2	0.98
		Restorative Nursing	0-1	11-16	BAB1	0.94
Reduced Physical Function	All other residents who do not fulfill the requirements for other categories are placed into this category as residents who require assistance with some ADL's.	Restorative Nursing	2 or More	0-5	PDE2	1.48
		Restorative Nursing	0-1	0-5	PDE1	1.39
		Restorative Nursing	2 or More	6-14	PBC2	1.15
		Restorative Nursing	2 or More	15-16	PA2	0.67

- Nursing Category
- Nursing Functional Score
- PHQ 2-9 (Mood Interview)
- Restorative Nursing

16

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16

Nursing Component

Nursing Category	Inclusion Criteria	Conditions/Services	Conditions/Services Present	Nursing Function Score	Nursing Case Mix Group	Nursing CMI FY2023
Extensive Services	**While a Resident: Tracheostomy Care, Ventilator Care and/or Infection Isolation.	Tracheostomy AND Ventilator	YES	0-14	ES3	3.84
		Tracheostomy OR Ventilator	YES	0-14	ES2	2.90
		Isolation for an active infection (without trach care or ventilator)	YES	0-14	ES1	2.77

- Start at the top of the Hierarchical classification
- The assigned classification is the first group for which the resident qualifies

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

Depressed (PHQ 2-9 ≥ 10)

Depressed

Restorative Nursing

2 or More

Restorative Nursing

0-1

17

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17

Nursing Clinical Criteria/Documentation Needs

- Extensive Services - Trach, Vent, Isolation
- IV Fluids
- Respiratory Therapy
- COPD with SOB while lying flat
- DM with insulin injections/orders 2 days
- Dialysis
- Tube Feed
- Oxygen
- Pressure ulcers
- DM Foot Ulcer
- IV Medications
- Chemotherapy/Radiation
- Transfusions
- Cognition
- Behaviors
- Restorative Nursing
- Diagnoses (Pneumonia, CP, MS, Parkinson's, Respiratory Failure, Hemiplegia/Hemiparesis,)

18

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18

Non-Therapy Ancillary (NTA) Component

NTA Comorbidity Score	NTA Case Mix Group	CMI	NTA Comorbidity Score	NTA Case Mix Group	CMI
12+	NA	3.06	3-5	ND	1.26
9-11	NB	2.39	1-2	NE	0.91
6-8	NC	1.74	0	NF	0.68

- Determine if the resident has any NTA related comorbidities

19

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19

Non-Therapy Ancillary (NTA) Component

HIV/AIDS	SNF Claim	8	Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Parenteral IV Feeding: Level High -51% ormore	MDS Item K0520A3, K0710A2	7	Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0110H1b	5	Inflammatory Bowel Disease	I1300	1
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0110F1b	4	Aseptic Necrosis of Bone	MDS Item I8000	1
Parenteral IV Feeding: Level Low-26-50S AND AT LEAST 50Lcc	MDS Item K0520A3, K0710A2, K0710B2	3	Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0110D1b	1
Lung Transplant Status	MDS Item I8000	3	Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0110I1b	2	Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Major Organ Transplant Status, Except Lung	MDS Item I8000	2	System Lupus Erythematosus, Other Connective Tissue Disorders and		
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2	Inflammatory Spondylopathies	MDS Item I8000	1
Opportunistic Infections	MDS Item I8000	2	Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and		
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2	Vitreous Hemorrhage	MDS Item I8000	1
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2	Nutritional approaches While a Resident: Feeding Tube	MDS Item K0520B3	1
Chronic Myeloid Leukemia	MDS Item I8000	2	Severe Skin Burn or Condition	MDS Item I8000	1
Wound Infection Code	MDS Item I2500	2	Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2	Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Endocarditis	MDS Item I8000	1	Disorders of Immunity - Except RxC97: Immune Disorders	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1	Cirrhosis of Liver	MDS Item I8000	1
End Stage Liver Disease	MDS Item I8000	1	Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1	Respiratory Arrest	MDS Item I8000	1
Narcolepsy and Cataplexy	MDS Item I8000	1	Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000 and I6200 Both coded =3	1
Cystic Fibrosis	MDS Item I8000	1			
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0110E1b	1			
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1			
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0110M1b	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 O0110B1b	1			
Highest Stage of Unhealed Pressure Ulcer - Stage IV	MDS Item M0300D1	1			
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1			
Chronic Pancreatitis	MDS Item I8000	1			
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1			
Other Foot Skin Problems: Foot Infection Code, Other Open Lesions on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040C	1			

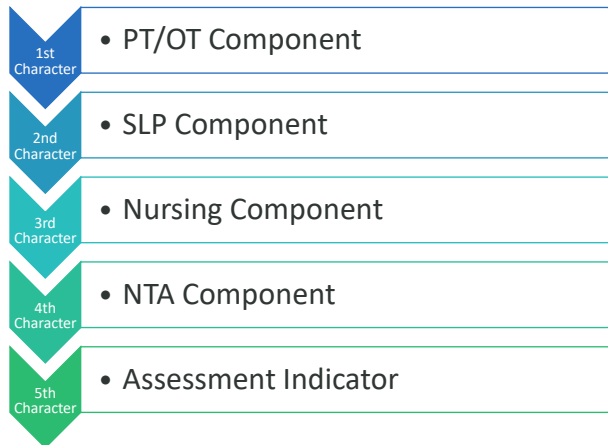
20

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20

PDPM HIPPS Code



Z0100. Medicare Part A Billing

A. Medicare Part A HIPPS code:

B. Version code:

- MDS PPS Assessment
- Medicare Claim

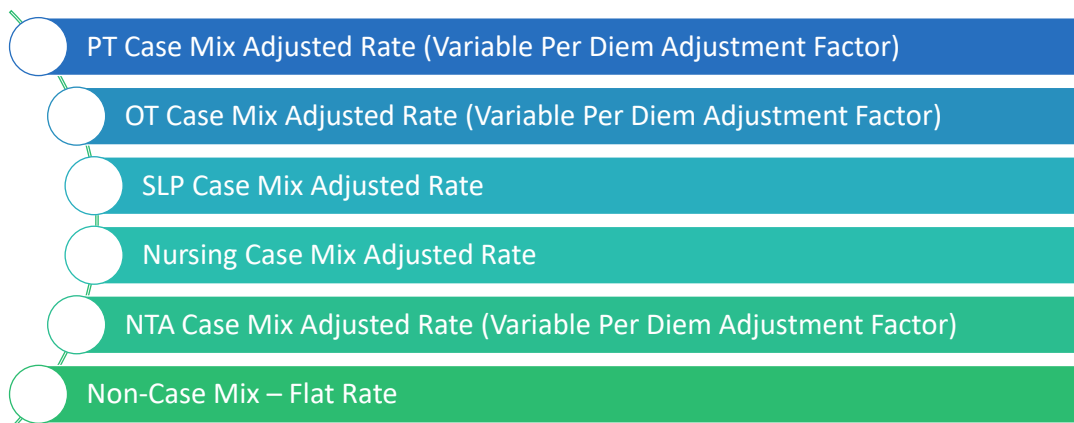
21

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21

Calculation of Total Case-Mix Adjusted PDPM Per Diem Rate



22

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22

PDPM ASSESSMENTS

MDS ASSESSMENTS

- 5-Day Assessment
- Interim Payment Assessment (IPA)
- PPS Discharge

23

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23

Interim Payment Assessment

An Interim Payment Assessment (IPA) is an optional assessment that providers may complete to capture changes in the Resident's status and condition. It serves to report a change in a patient's Patient-Driven Payment Model (PDPM) classification without necessitating the discharge of the patient from Part A.

24

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24

What Effect Does the IPA Have on the Per Diem Payment Role?

- ❖ It DOES NOT affect the variable per diem.
- ❖ When IPA is completed and payment changes on ARD, the variable per diem schedule that was established by the 5-day continues on.

The IPA does not reset the VPD days.

25

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25

Variable Per Diem Payment

- ❖ The Skilled Nursing Facility is paid on a “per diem” basis. This means there is a payment rate associated with each day of the resident’s SNF stay.
- ❖ Under the old billing system of PPS, the payment rate for each day was the same as long as the resident was in the same payment group.
- ❖ Under PDPM, the payment rate has an ADJUSTMENT on day 20 and then every 7 days thereafter. THIS ADJUSTMENT IS CALLED THE VARIABLE PER DIEM (VPD).

26

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26



Variable Per Diem Tables

- ❖ There are two rate tables that are used in determining the VPD in PDPM:
 - First VPD table is based off the components of PT/OT
 - Second VBD table uses the Non-Therapy Ancillary (NTA) component for rates

27

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27

Variable Per-diem Adjustment Factors and Schedule – PT and OT Components

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

28

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28

Variable Per-diem Adjustment Factors and Schedule – NTA Component

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

29

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29

Strategies and Best Practices



30



Where to Start?

- Audits - internal and external
- Admission process
- Primary diagnosis
- PPS MDS assessment schedule
- Administrative presumption
- HIPPS codes
- GG documentation
- Interrupted Stays
- Medicare/PDPM meetings
- Documentation
- Triple Check Process

31

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31



Common Issues with PDPM

- GG documentation or lack of
- Resident interviews
- Diagnoses
- NTA's
- IV fluids
- Isolation Criteria
- Malnutrition/Morbid Obesity
- Missed IPA opportunities
- Not holding Medicare or Triple Check meetings

32

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32

Prioritization Worksheet for Performance Improvement Projects



Directions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high
--------------	---------	------------	----------	---------------

Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENT Consider areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY

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33

Example

POTENTIAL AREAS FOR IMPROVEMENT Consider areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY
NTA coding	2	3	3	3	3	3	3	20
GG doc	4	4	3	4	3	3	3	24
Triple Check Process	3	2	3	2	2	3	3	18

34

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34

QAPI Tool – Example

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QAPI QAA Log															
QAPI Topic	Section	Review/Audit Completed			Action Plan Completed			PIP Completed			Monitoring Set Up			Responsible Party	Completion Date
		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A		
To tally QAPI QAA compliance: [# of items marked "yes" ÷ total number of possible items (not including items marked N/A)] x 100 = % compliant															

35

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35

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MDS Consultants

Call us to help you: (954) 637-3235

QAPI QAA Log															
QAPI Topic	Section	Review/Audit Completed			Action Plan Completed			PIP Completed			Monitoring Set Up			Responsible Party	Completion Date
		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A		
NTA Coding		X				X			X		X			ADIM, DNS, MDS	6/1/2025
GG Documentation		X			X			X			X				6/1/2025
Triple Check Process		X			X				X		X				6/1/2025

36

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36

Action Plan – Example

Topic: Triple Check Process

Goal: Accurate PDPM scores

What Actions Do We Need to Take?	Who is Responsible?	Date to be Completed	Date Action Completed
Internal audit of Triple Check process	NAC/DNS/ADM	6/1/2025	7/1/2025

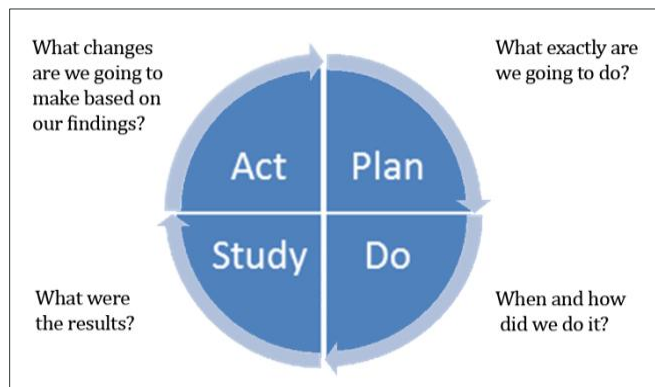
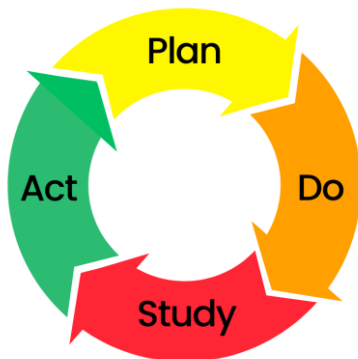
37

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37

PDSA Cycle Template



38

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38

Example – Functional Abilities Documentation

Plan	Do	Study	Act
The facility will develop a process for functional abilities documentation. The IDT (DON, NAC, and clinical managers) will incorporate documentation of functional abilities daily.	Daily documentation schedules will be monitored by the DON, NAC, and clinical managers for completion.	Analysis of the documentation of functional abilities determined that it was completed 75% of the time. Staff education will be ongoing for successful completion of documentation.	Facility policy will be created for daily documentation of a resident's functional abilities. IDT collaboration documentation will be implemented as well for determination of the resident usual performance.

39

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39

Worksheet to Create a Performance Improvement Project Charter

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

Use this worksheet to define key charter components.

PROJECT OVERVIEW

Name of project:
Example: Reduction in use of position change alarms

Problem to be solved:
Example: Alarms going off frequently detract from a homelike environment and may give staff a false sense of security.

Background leading up to the need for this project:
Example: Residents and families have complained about the sound of alarms going off frequently. Staff feel pressure to do "something" when a resident falls.
[Tip: Reference specific background documents, as needed.]

The goal(s) for this project:
Example: Decrease the percentage of residents with position change alarms used on XX unit by 25% by XX/XX/XX.
[Tip: See Goal Setting Worksheet]

Scope—the boundary that tells where the project begins and ends.
The project scope includes:
Example: Use of position change alarms on XX unit.

PROJECT APPROACH

Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities:

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project.	
Project Director	Coordinate, organize and direct all activities of the project team	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Team members*		

*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.

Barriers

What could get in the way of success?	What could you do about this?
Example: A resident could fall and staff could automatically blame the lack of an alarm.	Example: Educate staff on the lack of relationship between alarms and falls; collect data on removal of one alarm at a time.
Example: Staff complaints of need for additional staff to watch everyone if alarms are removed.	Example: Focus on anticipation of resident needs, and assess if additional hands-on-deck are needed during busy times on unit.

PROJECT APPROVAL

The signatures of the people below relay an understanding and approval of the purpose and approach to this project. By signing this document you agree to establish this document as the formal Project Charter and sanction work to begin on the project as described within.

TITLE	NAME	SIGNATURE	DATE
Administrator			
Project Sponsor			
Project Director*			
Project Manager*			

*May not always have both roles.

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40

Performance Improvement Project (PIP) Inventory



Directions: Use this template for high level tracking of all PIPs occurring within your organization. This document may be particularly useful for leadership, surveyors, or others responsible for overall monitoring of the program. Consider updating the status column on a regular basis; e.g., quarterly. This may be helpful to bring to the QAPI team meetings, to review all PIPs that the organization has currently underway, to identify if the PIPs are moving along, if any have stalled, etc.

Date(s) of Review:

Project Name	Start Date	Current Phase Initiation, Planning, Implementation, Monitoring, Closing	Purpose What is the reason for conducting this project?	Change(s) Initiated What actions have been put into place?	Indicators/Measures Which data are being tracked to show improvement?	Status What are the indicator/measure results as compared to goals or thresholds? Have any unintended consequences or barriers been identified? How are they being addressed?
Documentation of GG	6-1-25	Auditing of GG Documentation	Process for GG Documentation	CNA doc, software updates for G to GG, IDT assessment	CNA doc IDT doc	Missing doc, no IDT assessment done

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41

Triple Check

Internal Auditing Process

"Ensures billing accuracy and regulatory requirements prior to submission of Medicare claims."



42

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42



Triple Check

- Administrator
- MDS Coordinator/NAC
- DNS
- Business Office Manager/Billing
- Social Services
- Therapy



43

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43



Triple Check

- | | |
|--|--|
| <ul style="list-style-type: none"> • Resident information (MBI/Insurance cards) • Physician certification/recertifications • Physician orders signed and dated • Primary diagnosis | <ul style="list-style-type: none"> • Clinical documentation (GG, resident interviews, focused assessments) • Therapy orders, evaluations, and plan of care signed/date • HIPPS code • Claim dates of service • Occurrence codes • Ancillary services |
|--|--|

44

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44

Triple Check Form – Example

PDPM Triple Check Checklist	
Resident Name:	Month and Year:
Patient Information <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary name verified (FL 8a) <input type="checkbox"/> MCR beneficiary (MB) and insurance cards on file and verified <input type="checkbox"/> Beneficiary information matches Medicare Card <input type="checkbox"/> Birth date verified (FL 10) <input type="checkbox"/> Sex of beneficiary verified (FL 11) 	Billing Information <ul style="list-style-type: none"> <input type="checkbox"/> Statement From/Through Dates on claim are correct (FL 5-6) and match Medical Record <input type="checkbox"/> Type of Bill (FL 4) appropriate for admission date (FL 12) <input type="checkbox"/> Admission date (FL 12) within 30 days of QHS <input type="checkbox"/> Status Code (FL 17) appropriate for Bill Type <input type="checkbox"/> Condition Codes present (FL 18-28) and appropriate for circumstances <input type="checkbox"/> SNF Readmission Code 57 present, if applicable <input type="checkbox"/> Prior span on claim with OC 78 (FL 35-36) present <input type="checkbox"/> Verily Occurrence Codes reported (FL 31-34) <input type="checkbox"/> Part A reflects ARD(s) for services – Code 50 <input type="checkbox"/> Benefit exhaust date, if applicable – Code A3 <input type="checkbox"/> Last covered day reported, if applicable – Code 22 <input type="checkbox"/> Occurrence Span codes present (FL 35-36), if applicable <input type="checkbox"/> QHS of 3 consecutive days – Code 70 <input type="checkbox"/> Hospital stay indicated – Code 71 <input type="checkbox"/> Hospital stay indicated – Code 78
Documentation Requirements <ul style="list-style-type: none"> <input type="checkbox"/> Hospital Transfer form present in file <input type="checkbox"/> Medicare Secondary Payer (MSP) questionnaire on file & signed <input type="checkbox"/> Advanced Beneficiary Notice (ABN) on file <input type="checkbox"/> Nursing documentation completed at least one time per 24 hours <input type="checkbox"/> Plan for care <input type="checkbox"/> 1st Recertification signed by physician <input type="checkbox"/> Subsequent Recertifications signed within 30 days of previous signature <input type="checkbox"/> Delayed Certification completed, if applicable 	Nursing and Therapy <ul style="list-style-type: none"> <input type="checkbox"/> Physician orders signed & dated and valid for dates of service <input type="checkbox"/> Admitting diagnosis confirmed (FL 69) <input type="checkbox"/> Primary/Principal diagnosis confirmed (FL 67) <input type="checkbox"/> Diagnosis for skilled services and supportive documentation confirmed (including therapy treatment codes) <input type="checkbox"/> Therapy documentation includes: signed and dated physician orders, therapy evaluations, re-evaluations, plan of care, orders <input type="checkbox"/> MDS Acceptance/Validation Report verified <input type="checkbox"/> BIMS and PHQ2-9 completed in appropriate time period <input type="checkbox"/> GG documentation present and reviewed <input type="checkbox"/> ARD (Occurrence Code 50) set within assessment schedule window <input type="checkbox"/> Appropriate reason for assessment – verified to Modifier on UB Claim form (FL 44) <input type="checkbox"/> Correct HIPPS Code on claim <input type="checkbox"/> IPA assessment(s) present in MDS with correct ARD(s) and HIPPS Code <input type="checkbox"/> Interrupted stay(s) and effective dates – Code 74
Other <ul style="list-style-type: none"> <input type="checkbox"/> Contingency <input type="checkbox"/> Revenue Code 022 (FL 43) present <input type="checkbox"/> Room & Board rate correct (FL 44) <input type="checkbox"/> Days reported in service line within statement dates (FL 45) <input type="checkbox"/> Therapy Services reported as days, not units (FL 46) <input type="checkbox"/> Ancillary Services <input type="checkbox"/> Pharmacy <input type="checkbox"/> Therapy <input type="checkbox"/> X-Ray <input type="checkbox"/> Lab <input type="checkbox"/> Medical Supplies <input type="checkbox"/> Other 	
Sign and Date Administrator: _____ Director or Nursing: _____ MDS Coordinator: _____ Therapy: _____ Business Office: _____ Medical Records: _____	

Sample

45

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45

Top Medicare Audit Missing Domains

- Missing or incomplete physician certifications
- Skilled documentation does not meet skilled requirements/criteria
- Insufficient clinical documentation (GG, NTAs, diagnoses)
- Qualifying hospital stay omitted on claim
- NOMNOC not issued or not issued on time

46

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46

PDPM Audit Tool – Example

PDPM Audit																													
The purpose of this auditing tool is to verify the accuracy of a calculated MDS PDPM Score.																													
Resident Name:				Lookback Dates:			ARD:																						
Auditor:				Audit Date:			Your Calculated MDS PDPM Score:																						
PDPM ITEM	All Documentation Verified			MDS ITEM	Coded Correctly on MDS			NOTES																					
	Yes	No	N/A		Yes	No	N/A																						
Primary Diagnosis																													
<table border="1"> <tr> <td colspan="4">Com</td> <td colspan="2">NTA?</td> <td colspan="2">Nursing Component Diagnosis?</td> <td colspan="2"></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> <td>Yes</td> <td>No</td> <td>N/A</td> <td>Yes</td> <td>No</td> <td>N/A</td> <td></td> </tr> </table>										Com				NTA?		Nursing Component Diagnosis?				Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Com				NTA?		Nursing Component Diagnosis?																							
Yes	No	N/A	Yes	No	N/A	Yes	No	N/A																					
Medicare Certification																													
Initial next to each time frame (number of days)				14:	30:	60:	90:																						
Section GG																													

47

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47

Best Practices Pre-Admission to Discharge

- Review resident documentation upon admission
- Ongoing staff training on the process
- Submissions and process completed on time
- Individual departments to monitor documentation
- Monthly meeting - on or around 8th of the Month
- Software/vendor updates
- Internal/external audits
- Errors identified and corrected
- Tasks completed on time

48

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48

Summary



- Knowledge of PDPM components and Documentation
- Identify improvement needed in your facilities PDPM processes
- Explore strategies and develop processes for PDPM accuracy and compliance

49

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49

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<https://blog.richterhc.com/why-do-i-need-a-triple-check-process>

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50

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50

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<https://www.cms.gov/files/document/finalmds-30-rai-manual-v1191october2024.pdf>

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<https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>

Medicare Benefit Policy

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>

51

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51

Thank You
and have a wonderful day!

Call us today for MDS Completion Services or MDS Staffing

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52