

2020 Partnerships: Success Summary				Clinical Reimbursement Consulting	
<div> <div>HealthPRO Heritage's</div> <div>PROACTIVE CHART AUDITS</div> <div>Easily Assures Return on Investment</div> </div>				<div> <div>HealthPRO Heritage's</div> <div>PDPM Consulting + Education + Workflow Development</div> <div>Assures Meaningful Financial Impact</div> </div>	
Partnerships in 2020 <small>(Sample of 5 Varied Partners)</small>	# Chart Audits	\$ Opportunity Identified	\$ Recovered Prior to Transmission	Additional PDPM Revenue Captured Over 6 Months <small>(Average Q4 2019 rates compared with current rates after HPH consulting services)</small>	
1 Facility <small>(Therapy + Consulting Services)</small>	20	\$5,218	\$2,974	↑ \$96 K	
Chain of 8 Facilities <small>(Bundled Services "Beyond Rehab" Contract)</small>	167	\$91,259	\$33,121	↑ \$182 K	
1 Facility <small>(Consulting Services only)</small>	11	\$6,881	\$98	↑ \$455 K	
1 Facility <small>(Consulting Services only)</small>	28	\$3,793	\$2,111	↑ \$297 K	
Chain of 5 Facilities <small>(Therapy + Consulting Services only)</small>	24	\$13,137	\$7,322	↑ \$438 K	

Case Study: 'ROI Report Summary' for a 5-SNF Chain

When Consulting Services are Leveraged to Support IDT + Therapy

+\$188 K

In CMI
optimized
reimbursement
in just 3 months

+\$423 K

PPD increase
for PDPM in 6
months using
our partner
exclusive tools
+ workflows

+\$7.3 K

In recovered
revenue with
only 24
proactive chart
audits

Strategic Workplan Inclusive of:

Education + competencies for IDT

Process/Workflow development + implementation

CMI + PDPM success drivers assure optimal results

Clinical Grand Rounds implementation + oversight

Assure optimal reimbursement capture:

- PDPM Profiler
- Preadmission Analysis
- Pretransmission Review Process
- Triple Check Process

Proactive auditing for CMI and PDPM

Interim role/responsibilities to fill gap

- 3 months of VP of Clinical Reimbursement
- 6 months oversight of MDS Department
- Hire + train new VP of Clinical Reimbursement

TeleMDS

Clinical Reimbursement
Support at your
Fingertips



SWIFT ACCESS

RNs & RAC-CT clinical experts promptly triage your toughest reimbursement questions via your preferred communication:
Phone • Email • Video chat



ANALYTIC STRATEGY

Annual virtual Case Mix Index or Quality Measure audit sample; assistance with strategy and work plan development for your community



ALL-INCLUSIVE EDUCATION

Training and strategy for QMs, CMI, QRP, and more; accessible to all employees via PDPM University & Strategy Academy Beyond PDPM University

EMAIL US: info@healthpro-heritage.com

FOR THE LATEST IN HEALTH CARE & PAYMENT REFORM: healthpro-heritage.com/blog

Name:	Room#	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Admit Date:	Hosp. Dates:								
Disc	✓ Data								
PT, OT, SLP	Primary reason Dx (I)								
	Co-morbidities (I)								
	Section GG Items (GG)								
	Skin / Treatments (M)								
	BIMs/Cognition (C)								
	SOB Lying Flat (J)								
	Diet consistency (K)								
	Swallow Disorder (K)								
	Days / Minutes (O)								
	Isolation (O)								
	Suctioning (O)								
MDS	Hospital H & P								
	Hospital DC Summary								
	Primary Clinical Dx (I)								
	Supporting Dx (I)								
	Active Medication (N)								
	DRR (N)								
	Surgical DX (J)								
	Section G / GG								
	Active Treatments (M)								
	Special Treatments (O)								

Facility: _____

Month: _____

Resident Name / Medical Record Number	
*Outline discrepancies that must be reconciled prior to billing submission	
Nursing	
MD Certification / recertification form completed in detail, verify timeframes	
Pretransmission Review of MDS completed	
All required MDS are transmitted/accepted	
MDS ARD(s) matches UB	
MDS HIPPS corresponds with UB	
IPA HIPPS/days correct, if applicable	
Interrupted stay days/LOA coded appropriately, if applicable	
Principal diagnosis matches MDS to UB	

ARD Date: Day 1 2 3 4 5 6 7 8

PDPM Patient Profile			
Name	Physician	Referral Source	Admission Date
Hospitalization Date		# of Med A Days at Admit	
Prior Living Arrangements:	Home	AL	IL SNF CCRC Other (Specify)
Hospital Diagnoses:			
List any surgeries completed during this most recent hospitalization:			
Did patient receive IV hydration/nutrition in hospital? Yes No			
Last date received (refer to hospital MAR): Does this impact ARD selection? Yes No			

Projected Clinical Category – Principal ICD-10 Code (100208): _____

☐ Medical Management ☐ Other Orthopedic ☐ Non-Ortho Surgery/Acute Neuro ☐ Major Joint Replacement/Spinal Surgery

Nursing – Which skilled nursing care services are indicated? Check all that apply (refer to PDPM RUG-IV Worksheet for details)

Extensive Services	Special Care High	Special Care Low	Clinically Complex
<input type="checkbox"/> Trach Care	<input type="checkbox"/> Comatose	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Ventilator or respirator	<input type="checkbox"/> Septicemia	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Hemiplegia/hemiparesis
<input type="checkbox"/> Isolation	<input type="checkbox"/> Diabetes with both of the following:	<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Burns
	• Insulin injections	<input type="checkbox"/> Respiratory failure/oxygen therapy	<input type="checkbox"/> Chemotherapy
	• Insulin order changes on 2+ days	<input type="checkbox"/> Feeding tube	<input type="checkbox"/> Oxygen Therapy
	<input type="checkbox"/> Quadriplegia	<input type="checkbox"/> Foot infection, diabetic foot ulcer or other open foot lesion with dressings to feet	<input type="checkbox"/> IV Medications
	<input type="checkbox"/> COPD with SOB lying flat	<input type="checkbox"/> Radiation treatment	<input type="checkbox"/> Transfusions
	<input type="checkbox"/> Fever + one of the following:	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Open lesions (other than ulcers, rashes, and cuts) or surgical wounds
	• 2.4° above baseline or 100.4°F and above	<input type="checkbox"/> Two+ stage 2 pressure ulcers	
	• Pneumonia	<input type="checkbox"/> Any stage 3 or 4 pressure ulcer	
	• Vomiting	<input type="checkbox"/> 1 stage 2 pressure ulcer & 1 venous/arterial ulcer	
	• Weight Loss		
	• Feeding Tube		
	<input type="checkbox"/> Parenteral/IV feedings & fluids per RAI		
	<input type="checkbox"/> Respiratory therapy for all 7 days		

NOTE: Are there order changes that warrant further review for MDS capture or IPA? Yes No

Extensive Services	Monday	Tuesday	Wednesday	Thursday	Friday
Highlight Condition or Service					
Tracheostomy care					
Daily skilled observation for:					
Trach size and type, trach care, type of suctioning, vital signs, capillary refill, pulse Oximetry, any respiratory distress, dyspnea, anxiety, lethargy, disorientation, congestion, coughing, choking. Report character and color of secretions including, excessive and/or thick secretions, yellow, green, brown, or red sputum. Oxygen therapy and nebulizer treatments.					
Ventilator or Respirator					
Same as tracheostomy but also include vent settings and equipment change.					
Isolation or quarantine for active infectious disease					
Type, diagnosis and location of active diagnosis, Antibiotic order (type, route and frequency), private room with bathroom, type of isolation (Airborne, contact, droplet), private room with services provided such as meals, therapy, activities and ADLs.					
Special Care High					
Comatose and completely dependent or activity did not occur					
Skilled nursing assessment and treatment consisted of:					
Activities of daily living, mental and cognitive status, diagnosis associated with it, vegetative state.					
Septicemia					
Infection type and treatment, Antibiotic order and duration. Any side effects or allergic reactions. Vital signs specifically fever, hypotension, tachycardia. Significant lab & laboratory findings.					
Diabetes with both of the following:					
• Insulin injections (N0350A) for all 7 days					
• Insulin order changes on 2 or more days (N0350B)					
Diabetic injections, blood sugar levels prior and post injections, excessive thirst, polyuria, MD order adjustments					
Quadriplegia					
Diagnosis, ADL functional assessment, assess for contractures, pressure ulcers, incontinence, restorative or therapy.					
Chronic obstructive pulmonary disease and shortness of breath/difficulty breathing when lying flat					
Vital signs, capillary refill, lung sounds, any signs of dyspnea including while lying flat. Note abdominal breathing or nasal flaring.					
• Any signs of wheezing and/or coughing. Changes in mental status. Interventions, oxygen and any medications to treat the condition.					
Fever and one of the following:					
I2000 Pneumonia, J1550B Vomiting, K0300 Weight loss (1 or 2), K0510B1, Document the baseline temperature. Note on-going temperature readings. No 100.4. Any condition in conjunction with the fever.					

Rapid Billing Cycle Calendar to support cash flow

Name:	Room#	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Admit Date:	Hosp. Dates:								
Disc	✓ Data								
PT, OT, SLP	Primary reason Dx (I)								
	Co-morbidities (I)								
	Section GG Items (GG)								
	Skin / Treatments (M)								
	BIMs/Cognition (C)								
	SOB Lying Flat (J)								
	Diet consistency (K)								
	Swallow Disorder (K)								
	Days / Minutes (O)								
	Isolation (O)								
	Suctioning (O)								
MDS	Hospital H & P								
	Hospital DC Summary								
	Primary Clinical Dx (I)								
	Supporting Dx (I)								
	Active Medication (N)								
	DRR (N)								
	Surgical DX (J)								
	Section G / GG								
	Active Treatments (M)								
	Special Treatments (O)								

Facility: _____

Month: _____

*Outline discrepancies that must be reconciled prior to billing submission

Resident Name / Medical Record Number

Nursing

MD Certification / recertification form completed in detail, verify timeframes
Pretransmission Review of MDS completed
All required MDS are transmitted/accepted

MDS ARD(s) matches UB

MDS HIPPS corresponds with UB

IPA HIPPS/days correct, if applicable
Interrupted stay days/LOA coded appropriately, if applicable

Principal diagnosis matches MDS to UB

Extensive Services

Highlight Condition or Service

Tracheostomy care

Daily skilled observation for:

Trach size and type, trach care, type of suctioning, vital signs, capillary refill, pulse oximetry, any respiratory distress, dyspnea, anxiety, lethargy, disorientation, congestion, coughing, choking, Report character and color of secretions including, excessive and/or thick secretions, yellow, green, brown, or red sputum. Oxygen therapy and nebulizer treatments.

Ventilator or Respirator

Same as tracheostomy but also include vent settings and equipment change.

Isolation or quarantine for active infectious disease

Type, diagnosis and location of active diagnosis, Antibiotic order (type, route and duration), significant laboratory findings, type of isolation (Airborne, contact, droplet), private room with no co-horting, in-room services provided such as meals, therapy, activities and ADLs.

Special Care High

Comatose and completely dependent or activity did not occur at admission
Skilled nursing assessment and treatment consisted of:

Activities of daily living, mental and cognitive status, diagnosis associated with either comatose or persistent vegetative state.

Sepsis/septicemia

Infection type and treatment. Antibiotic order and duration. Any side effects or adverse reactions to antibiotic therapy. Vital signs specifically fever, hypotension, tachycardia. Significant labs such as WBC and follow up laboratory findings.

Diabetes with both of the following:

- Insulin injections (N0350A) for all 7 days
 - Insulin order changes on 2 or more days (N0350B)
- Diabetic injections, blood sugar levels prior and post injections, excessive thirst, concentrated urine, frequent urination, MD order adjustments

Quadriplegia

Diagnosis, ADL functional assessment, assess for contractures, pressure ulcers/injuries. Interventions such as restorative or therapy.

Chronic obstructive pulmonary disease and shortness of breath/difficulty breathing when lying flat

Vital signs, capillary refill, lung sounds, any signs of dyspnea including while lying flat, with activity, while at rest. Note abdominal breathing or nasal flaring.
• Any signs of wheezing and/or coughing. Changes in mental status. Interventions such as respiratory treatments, oxygen and any medications to treat the condition.

Fever and one of the following:

I2000 Pneumonia, J1550B Vomiting, K0300 Weight loss (1 or 2), K0510B1, or K0510B2 Feeding tube* Document the baseline temperature. Note on-going temperature readings. Note if temperature reaches 100.4. Any condition in conjunction with the fever.

ARD Date: _____ Day 1 2 3 4 5 6 7 8

PDPM Patient Profile

Name	Physician	Referral Source	Admission Date
Hospitalization Date		# of Med A Days at Admit	
Prior Living Arrangements: Home AL IL SNF CCRC Other (Specify)			
Hospital Diagnoses:			
List any surgeries completed during this most recent hospitalization:			
Did patient receive IV hydration/nutrition in hospital? Yes No			
Last date received (refer to hospital MAR): Does this impact ARD selection? Yes No			

Projected Clinical Category - Principal ICD-10 Code (I00208):

- ☐ Medical Management ☐ Other Orthopedic ☐ Non-Ortho Surgery/Acute Neuro ☐ Major Joint Replacement/Spinal Surgery

Nursing - Which skilled nursing care services are indicated? Check all that apply (refer to PDPM RUG-IV Worksheet for details)

Extensive Services

- ☐ Trach Care
☐ Ventilator or respirator
☐ Isolation

Special Care High

- ☐ Comatose
☐ Sepsis/septicemia
☐ Diabetes with both of the following:
• Insulin injections
• Insulin order changes on 2+ days
☐ Quadriplegia
☐ COPD with SOB lying flat
☐ Fever + one of the following:
• 2.4° above baseline or 100.4°F and above
• Pneumonia
• Vomiting
• Weight Loss
• Feeding Tube
☐ Parenteral/IV feedings & fluids per RAI
☐ Respiratory therapy for all 7 days

Special Care Low

- ☐ Cerebral Palsy
☐ Multiple sclerosis
☐ Parkinson's disease
☐ Respiratory failure/oxygen therapy
☐ Feeding tube
☐ Foot infection, diabetic foot ulcer or other open foot lesion with dressings to feet
☐ Radiation treatment
☐ Dialysis
☐ Two+ stage 2 pressure ulcers
☐ Any stage 3 or 4 pressure ulcer
☐ 1 stage 2 pressure ulcer & 1 venous/arterial ulcer

Clinically Complex

- ☐ Pneumonia
☐ Hemiplegia/hemiparesis
☐ Burns
☐ Chemotherapy
☐ Oxygen Therapy
☐ IV Medications
☐ Transfusions
☐ Open lesions (other than ulcers, rashes, and cuts) or surgical wounds

NOTE: Are there order changes that warrant further review for MDS capture or IPA? Yes No



24/7 Hotline
PDPM + Healthcare Reform +
Strategy + COVID-19

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30

Rapid Billing Cycle Calendar
to support cash flow

Case Study: ROI Report Summary

For a 5-site SNF organization, HealthPRO® Heritage's partnership support translated to:

- \$7K+ in reclaimed revenue with just 24 chart reviews
- \$423K in PPD increase over 6 months
- \$188K in CMI enhancement over 3 months

PDPM Audit Summary Q1 2020

	# Charts Audited	\$ Identified Opportunity	\$ Recovered
Community #1	5	\$1,571.68	\$918.04
Community #2	5	\$2,767.28	\$2,343.08
Community #3	3	\$1,837.70	\$279.60
Community #4	6	\$2,171.32	\$1,324.06
Community #5	5	\$4,789.90	\$2,458.10
TOTAL	24	\$13,137.88	\$7,322.88

PDPM Financial Analysis Q4 2019 and Q1 2020

	RUG Per Diem (April – Sept.)	Q4 2019 – Q1 2020 PDPM Per diem	Per Diem Change (\$)	6 Months change impact (\$)
Community #1	503.53	\$547.75	\$44.22	\$125,805.59
Community #2	\$502.36	\$563.50	\$61.14	\$113,109.00
Community #3	\$500.68	\$565.99	\$65.31	\$36,377.67
Community #4	\$460.14	\$519.99	\$59.85	\$66,852.45
Community #5	\$565.05	\$610.09	\$45.04	\$96,565.76
TOTAL				\$438,710.47

CMI Detailed Data Review & Trending

Community #1 CMI increased from July 31, 2019 to January 30, 2020 by .068 improving the overall per diem to an estimated \$200.24 multiplied by 85 Medicaid estimated residents for \$52,020/quarter and then increased again by .013 from January to the May 19, 2020 census date. This improvement increased the overall per diem rate to an estimated \$201.54.

Community #2 CMI decreased from July 31, 2019 to January 30, 2020 by .019, projecting a decrease in overall per diem to an estimated \$191.28 multiplied by 93 Medicaid estimated residents for a **\$7,951.50** decrease for the quarter. The CMI increased by .004 from January to May 19, 2020 census date. This improvement increased the estimated per diem rate to \$191.48.

Community #3 CMI increased from July 31, 2019 to January 30, 2020 by .054, improving the overall per diem to an estimated \$207.25 multiplied by 71 Medicaid estimated residents for \$11,588.40. The CMI increased by .004 from January to May 19, 2020 census date. This improvement increased the estimated per diem rate to \$207.37.

Community #4 CMI increased from November 1, 2019 to May 1, 2020 by .09 improving the overall per diem by an estimated \$155.39 multiplied by 112 Medicaid residents in the February picture date and then increased again by .03 from February to the May 1, 2020 picture date. This improvement increased the overall per diem rate by an estimated 158.39.

CMI ROI Q4 2019 – Q2 2020

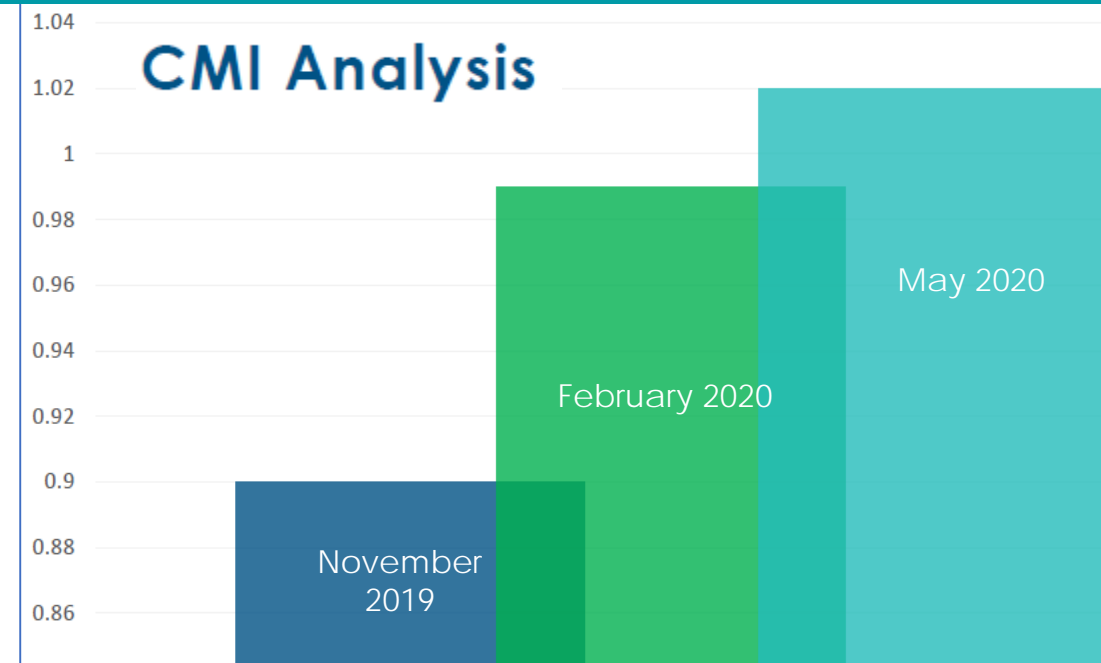
	Change in CMI or per diem from previous PIT date	Estimated \$ improvement
Community #1	July 2019 to May 2020 1.0421 – 1.056	\$193.44/day to approximately \$200.24 in May 2020 \$52,020/quarter (85 census)
Community #2	July 2019 to May 2020 1.0704 – 1.0513	\$192.23/day to approximately \$191.28 in May 2020 -\$7,951.50/quarter (93 census)
Community #3	July 2019 to May 2020 .9556 – 1.0135	\$205.51/day to approximately \$207.25 in May 2020 \$11,588.40/quarter (71 census)
Community #4	November 2019 to May 2020 .90 to 1.02	\$146.39/day to approximately \$158.39 in May 2020 \$120,960/quarter (112 census)
Community #5	July 2019 to January 2020 \$8.60 PPD	\$11,610/quarter (15 census)
TOTAL		Estimated CMI ROI \$188,226.90/quarter

CMI Success Strategies: Case Study



RUG III vs RUG IV: Same strategies to support alternate criteria leads to the same amazing outcomes!
Proven results: QM Enhancement + Overall Star Rating + Effective I-SNP Management

- ✓ Trend + Track QM/CMI data
- ✓ Full implementation of Clinical Grand Rounds
- ✓ Functional treatments by Rehab + continued carryover with Nursing
- ✓ Enhanced Clinical Programming
- ✓ IDT collaboration + supportive documentation



Improved CMI from .90 to 1.02!

Average census of 112 with daily rate improving from \$146.39/day to \$158.39/day

\$120,960/quarter in increased revenue

Community #5 Medicaid Rate

