Optimizing PDPM Processes & Procedures from A to Z

Descriptions and Objectives

#1- Untangle Your MDS 3.0 Data Process

Changing regulatory and payment integrity focus by federal agencies requires that operational and clinical managers monitor the facility data base to identify risk areas that could precipitate increased audit and survey activity. The primary source of data in the facility database is created by the MDS 3.0 assessments. This session, the first in a series, will identify specific data collection and transmission issues that are being used by CMS to evaluate facility specific Data Base accuracy (payment) and data patterns that precipitate increased regulatory activity. This session will identify components of the facility data base that must be monitored internally to reduce reporting errors. Case examples of staff training and competency programs will be discussed as well as documentation formats to diminish errors or data omissions.

Learning Objectives:

- Identify the regulatory requirements for data base accuracy and transmission time-lines.
- Review simple approaches and managers can use to establish a regular evaluation of key items on the assessment.
- Review competency documents of the key personnel managing data base development and transmission related to the PDPM transition October 2019.
- Establish staff competency and policy documents to reinforce accurate, consistent data collection, reporting and facility data base content.

#2 - Building a Team Approach to Data Formulation

CMS has developed many tools that managers can utilize to evaluate their assessment process, activity and data accuracy. This session will identify the process that managers can use to evaluate the competency and training of the staff to reduce payment loss and regulatory focus during survey. Specific interventions will be discussed for staff onboarding and training when the MDS coding process or definitions change as well as practical documentation formats. Strategies will be presented for management reviews of various CASPER reports that track - MDS activity, timelines, and Quality Measures. Senior leadership, departmental support, and honest performance reviews are essential to maintain complete and accurate data into the facility data base. Specific approaches and case examples will be reviewed.

Learning Objectives:

- Identify analytics and data evaluation processes CMS is utilizing to test accuracy of the facility MDS data base.
- Review competency evaluation tools to provide the IDT and MDS Managers with specific training and resources to create an accurate data base.
- Discuss essential training content related to the assessment process for staff orientation programs.
- Describe CASPER reports and importance of management tracking MDS activity.

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#3 It's Complicated: Part A Medicare Utilization Review

October 1, 2019, began a new Part A payment process which requires the skilled facilities to use new criteria and data to establish Medicare skilled benefit at the time of Admission. The reliance of the facility on therapy delivery and outcome data along with AOL scores is no longer a factor. Medicare payment is now influenced by a very diverse elder specific calculation from a large data base on the Admission or IPA Assessment. #1Facilities are required to review Part A Medicare cases during the stay to establish the continued need for skilled nursing or skilled rehabilitation. This session will review the five areas of data that create payment levels and the skilled definition in the Medicare Benefit Policy Manual. Review of these items from the MDS data base makes the utilization process more complex and very interdisciplinary. Case examples and meeting formats will be discussed as well as newly revised eligibility and skilled criteria definitions. Records of UR meetings are very important, and a review of formats will be part of the program.

Learning Objectives:

- Review the changes in the U.R. process precipitated by the implementation of the PDPM payment system.
- Discuss compliance audit and issues related to U.R. activity and regulatory standards.
- Describe the structure of the interdisciplinary U.R. process vs. the therapy UR process.
- Review the record keeping requirements for the Utilization Review process.
- Discuss the use of utilization data for outcome documentation.

#4 - Self- Audit Your PDPM Payment Process

Using internal data audits on active Part A Medicare cases is an excellent way Senior Managers and department heads can monitor MDS 3.0 data flow into the PDPM payment process. This session will describe a simple but effective process to audit data flow producing payment using HIPPS codes. All Medicare Part A stay assessments create a HIPPS code prior to transmission of the MDS. Simple steps to identify the HIPPS code and align the codes into the payment categories can identify payment and Data accuracy risks. This audit can be used to identify issues or confirm accuracy and compliance. Case studies and audit formats will be presented with specific discussion.

Learning Objectives:

- Review the importance of conducting real time data accuracy and compliance audits.
- Identify the definition and purpose of HIPPS code calculation in the MDS soft-ware program.
- Identify the location and purpose of the HIPPS code in the Part A Medicare Assessment and billing process.
- Describe the data summary and documentation process to organize the HIPPS code indicators into payment process groupings.
- Discuss the HIPPS data summary and the use of data to identify documentation issues or confirm data accuracy.