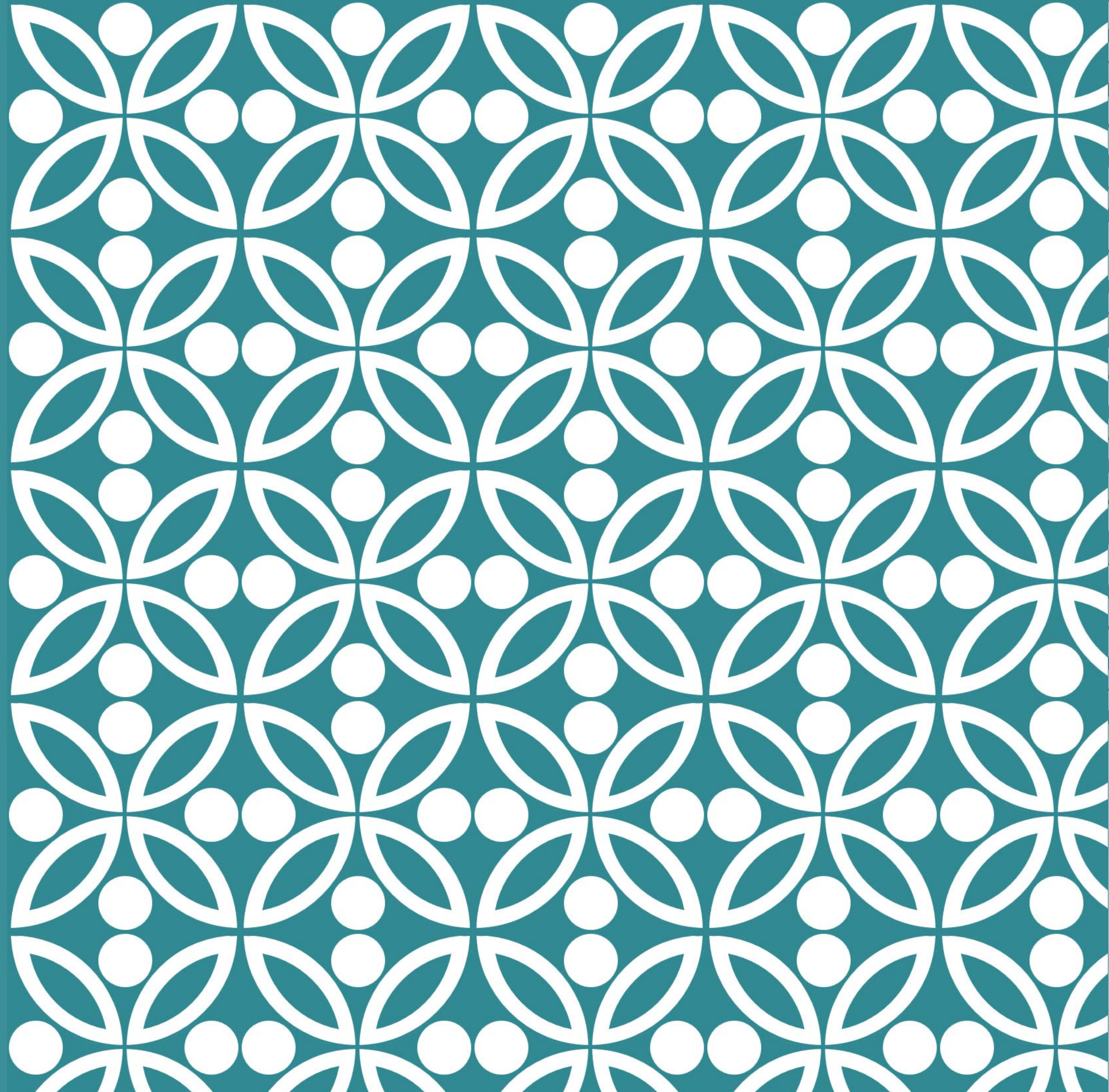


HOW TO
PROVE RDN
VALUE IN POST-
ACUTE AND
LONG-TERM
CARE

Maryland DHCC

October 17, 2023



PRESENTERS



Sue Linja RDN, LD

Registered Dietitian,
Past Owner S & S Nutrition
Network Inc.



Ellen Turk RDN, LD

Regional Registered Dietitian
S & S Nutrition Network Inc.

DISCLOSURES

Sue Linja

- Idaho State Board of Medicine Dietetic Licensure Board
- Hormel Health Labs Advisory Board
- University of Idaho Dietetics Advisory Board
- Dietitians in Health Care Communities DPG, Chair
- Contractor/Consultant: S & S Nutrition Network Inc.

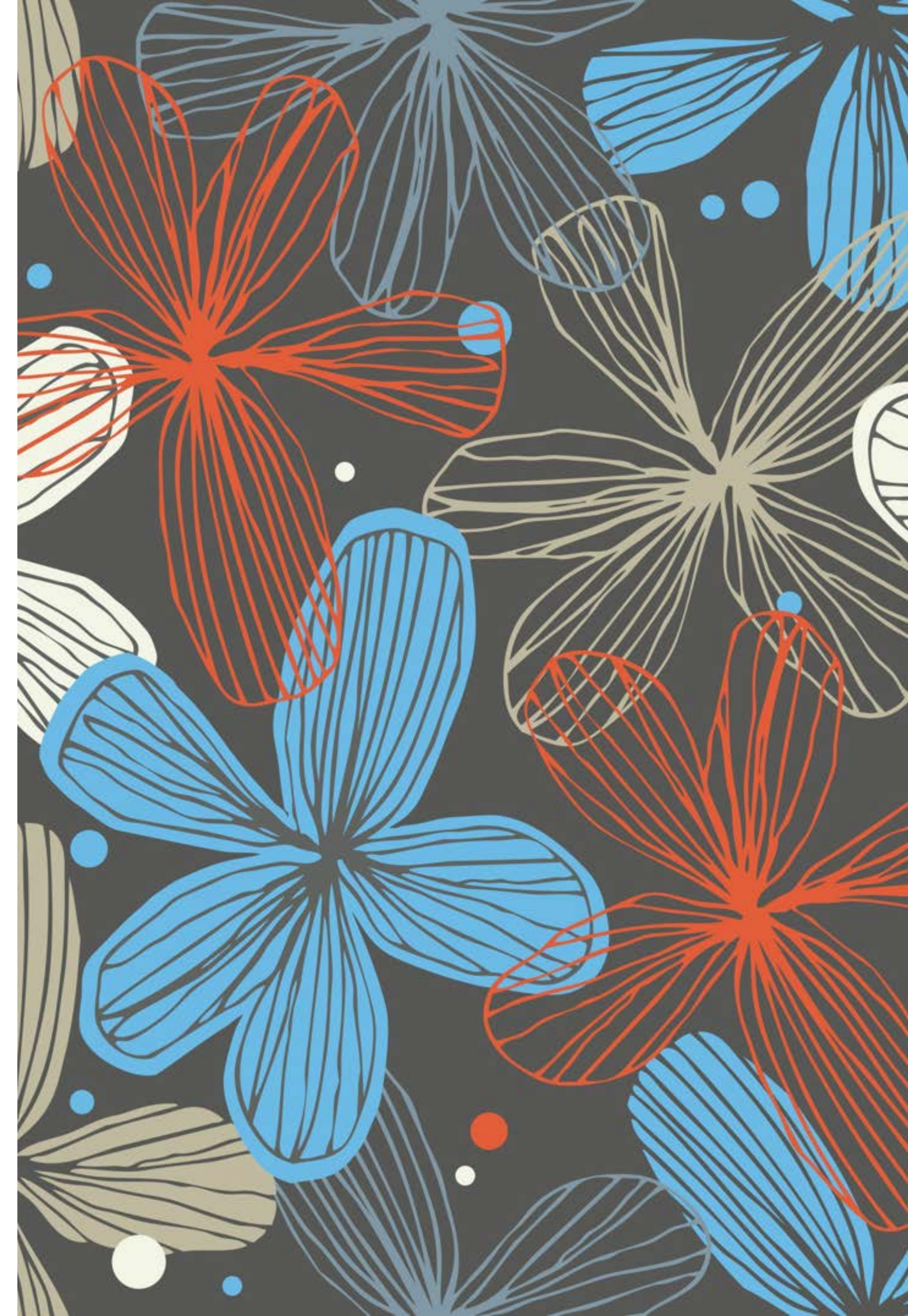
Ellen Turk

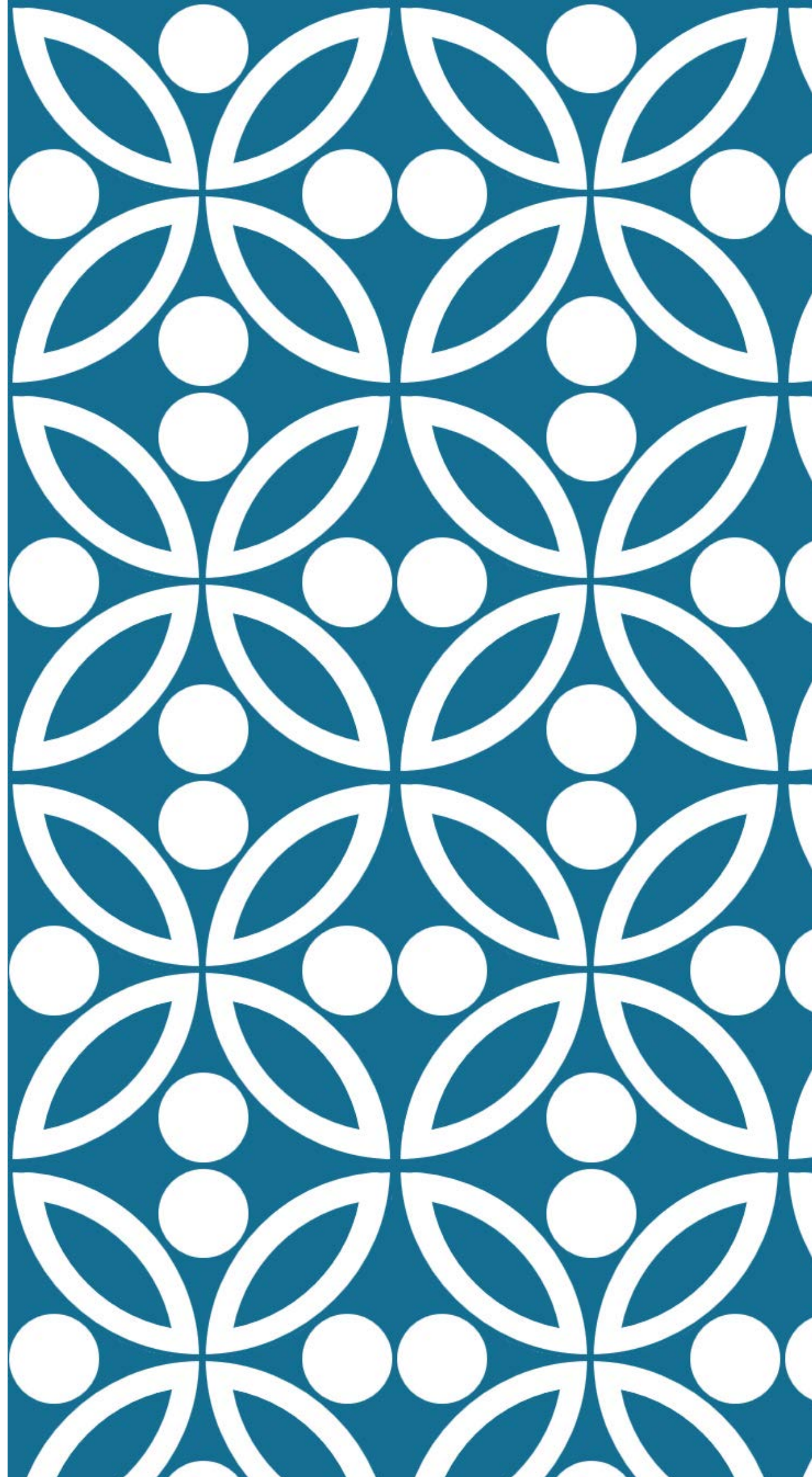
- Employee: S & S Nutrition Network Inc.
- Dietitians in Health Care Communities DPG, Newsletter Editor

LEARNING OBJECTIVES

Upon completion of this presentation, the learner will be able to:

1. Identify nutrition factors influencing patient outcomes and facility revenue under the patient-driven payment model, including malnutrition, obesity, dysphagia, enteral/parenteral feedings and more, in the post-acute and long-term care setting
2. Demonstrate how the RDN can work with the healthcare team to effectively integrate PDPM factors into the nutrition assessment, care plan and overall patient-centered care
3. Describe how to increase the value of dietitian services through revenue enhancement in the PALTC and effectively communicate this impact to facility/corporate leadership





- A. Incorporate PDPM nutrition related factors into the nutrition assessment and care plan
- B. Increase PDPM revenue through timely and accurate nutrition assessments
- C. Communicate information pertaining to increased RDN value to administration

PRACTICE APPLICATIONS

Show of Hands



**WHO CURRENTLY WORKS IN
THE POST-ACUTE AND LONG-
TERM CARE SETTING?**

MRS. JONES



- Impaired Cognition (BIMS - 10)
- No Acute Neurologic Condition
- Swallowing Disorder
- IDDSI - Level 7 Easy to Chew (Chopped Meats)
- Diabetic Foot Ulcer
- Nursing Function Score 14
- No Depression
- IV Medications
- Osteomyelitis
- Diabetic Foot Ulcer
- Diabetes

PDPM Overview

Patient Driven Payment Model

RDN's Role to
Increase Value

Raise Your Hand If You...

1. Assist with malnutrition or “at risk for malnutrition” identification and morbid obesity identification and coding
2. Work with the Speech Language Pathologist to code for swallowing issues or texture

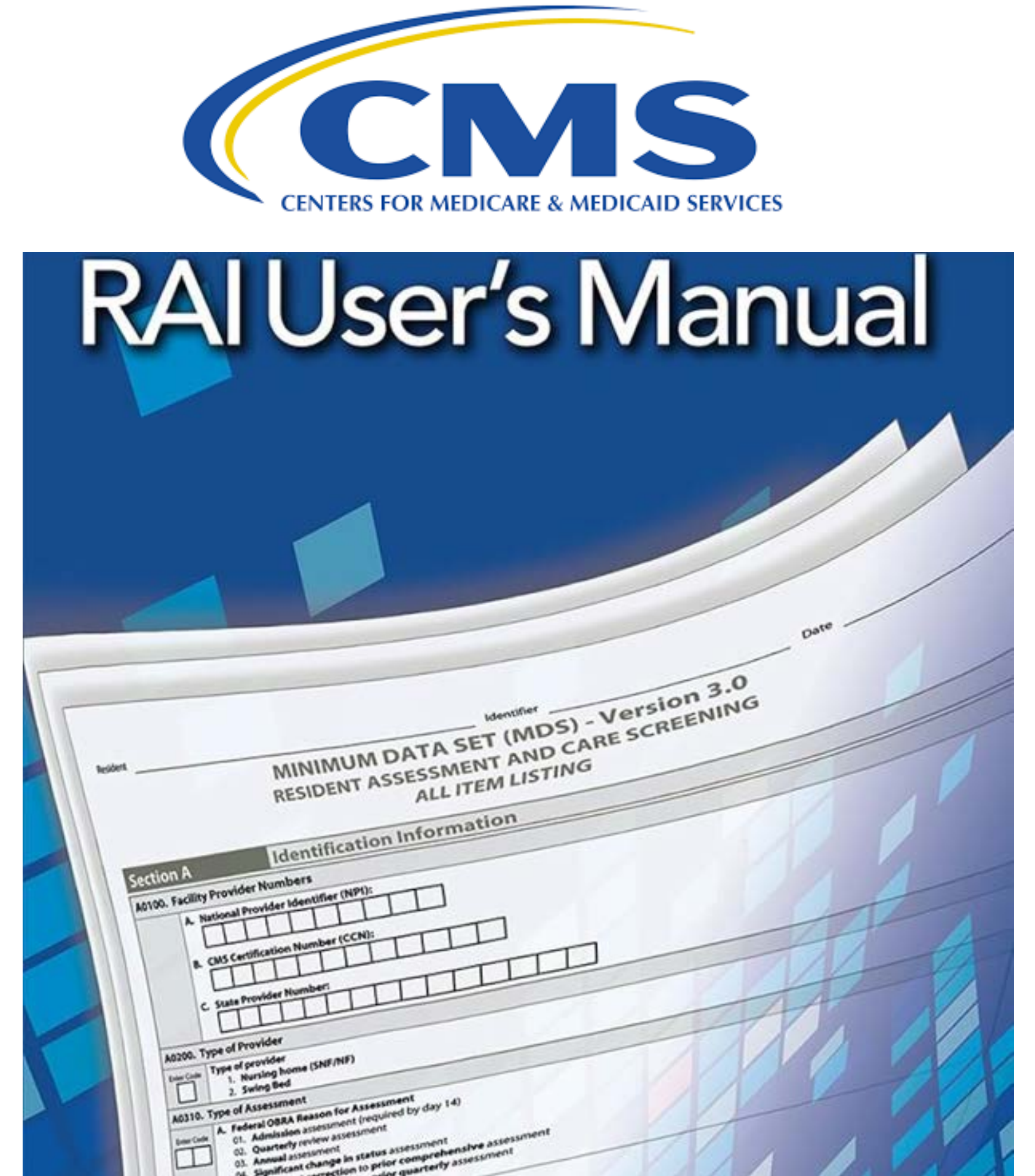


Image Credit: CMS.gov/MDS RAI Manual

ACRONYMS/DEFINITIONS



PDPM - Patient Driven Payment Model - is a case-mix classification system for skilled nursing facility (SNF). During a Medicare Part A stay, residents are classified into payment groups under the SNF Prospective Payment System



MDS - Minimum Data Set - Assessment tool by which a SNF is reimbursed by the government - Medicare and Medicaid. Most of the Managed Care companies also base their reimbursement off the MDS

ACRONYMS/DEFINITIONS



ARD - Assessment Reference Date - End date of the observation period (7 day look back period) for the Minimum Data Set



NTA - Non-Therapy Ancillaries - Points assigned to resident conditions or extensive services that add to the total daily payment rate



Case Mix Components - 5 categories of care including PT, OT, SLP, Nursing and NTA to make up a residents “Care Costs”

ACRONYMS/DEFINITIONS



Base Rate - Non-case mix component of the payment for residents stay. Think “Hotel Costs” (room, utilities, food)



Daily (Total) Rate - The rate of payment during a residents stay - based on the answers on the 5-day MDS. Calculated by adding Base Rate plus Case Mix Components

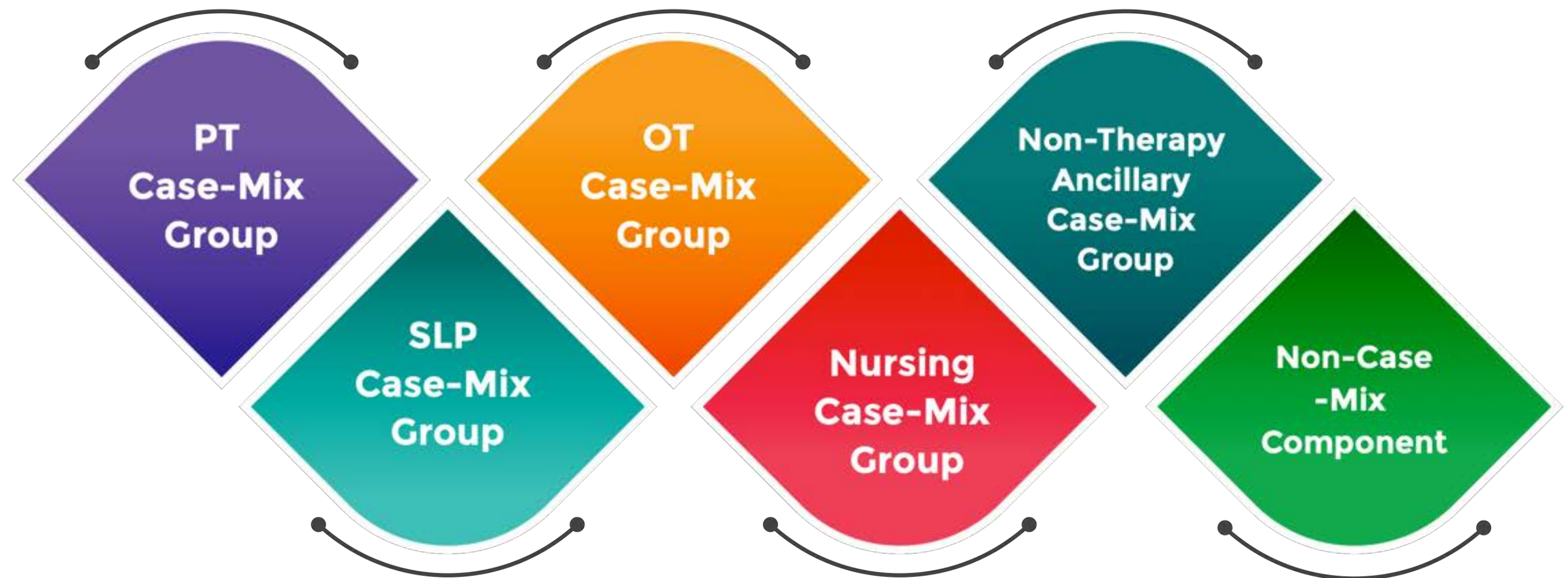


HIPPS-Health Insurance Prospective Payment System - A 5-position billing code comprised of the PDPM Case Mix codes which are calculated from MDS Data.

Overview of PDPM - It's Complicated

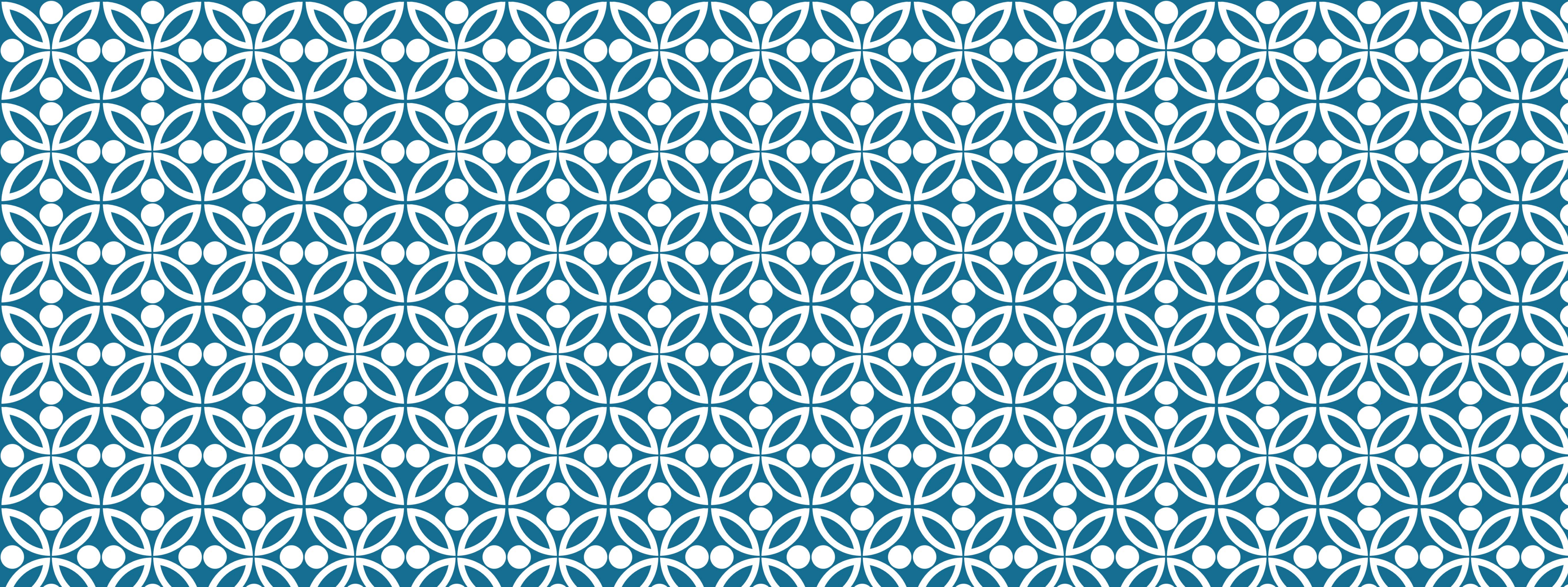
Resident's Total Rate

- Each resident is classified in a “group” within the case components
- Each of these groups and combination of groups have their own associated case-mix indexes and per diem rates
- Each state and region (urban and rural) have varying rates and multipliers



DAILY RATE (PRESET BASED ON MRS JONE W/ EXAMPLE BASE RATES, PT & OT RATES)

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	F	89.22	89.22	87.43
OT	F	82.54	82.54	80.89
SLP	-	-	-	-
Nursing	-	-	-	-
NTA	-	-	-	-
Base Rate	NA	92.85	92.85	92.85
Total		264.61	264.61	261.17



MARYLAND SPECIFICS

If you are interested....

Step 1 - Request Calculator

<https://www.bing.com/ck/a?!&&p=b44b0a90f7c98694JmltdHM9MTY5NDM5MDQwMCZpZ3VpZD0wYmY5MDNINC1iYjQ0LTY1NzItMTZIYS0xMWZiYmE4MzY0OTQmaW5zaWQ9NTQ4NQ&ptn=3&hsh=3&fclid=0bf903e4-bb44-6572-16ea-11feba836494&psq=maryland+pdpm+reimbursement+rates&u=a1aHR0cHM6Ly93d3cuYmx1ZWFuZGNvLmNvbS9meS0yMDIzLXBkcG0tc25mLXBwcy1jYWxjdWxhdG9yLWlzlW5vdy1hdmFpbGFibGUv&ntb=1>

Step 2 - Download Calculator

FY 2023 PDPM SNF PPS Calculator

Thank you for downloading Blue & Co.'s FY 2023 PDPM SNF PPS Calculator.
Please use the button below to access the calculator.

Download the Calculator

Contact Us

Blue also has a team of experts who can assist you with reimbursement analysis, MDS reviews, PDPM training and much more. Contact a member of our Post-Acute Care team, and we can assist you with understanding the new CMS changes, projections, and help your facility identify areas of missed opportunities.

Landon Hackett, CPA, MSA, *Director*
317-713-7929 | hackett@blueandco.com

Stephanie Fitzgerald RN, RAC-CTA, CPC, *Manager*
502-992-2582 | sfitzgerald@blueandco.com

Kayla May, CPA, *Manager*
317-275-7414 | kshelton@blueandco.com

Step 3 - Enter State and County Info and Review Your Region Rates & Data

State	KY
County	Jefferson
CBSA Code	31140
Urban/Rural:	Urban
Wage Index	0.86
I/P Part A Medicare Stay Paid Days	1

Enter HIPPS Code:	bbbb						
State	MD						
County	Montgomery						
CBSA Code	23224						
Urban/Rural:	Urban						
Wage Index	0.9577						
I/P Part A Medicare Stay Paid Days	1						
	bUrban	bUrban	bUrban	bUrban	bUrban		
	PT	OT	SLP	Nursing	NTA	Non-CMI	Sum
Base Rate	\$ 66.06	\$ 61.49	\$ 24.66	\$ 115.15	\$ 86.88	\$ 103.12	
CMI	1.65	1.59	1.77	2.99	2.46		
Daily Rate	\$ 109.00	\$ 97.77	\$ 43.65	\$ 344.30	\$ 213.72	\$ 103.12	\$ 911.56
Daily Rate (WIF)	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 884.26
Cumulative Total	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 621.97	\$ 100.03	\$ 1,298.91

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Multiply by Sequestration

Multiply by QRP adjustment

Multiply by Incentive Payment Multiplier (IPM) VBP adjustment

1		1
1		1

Adjusted payment total

\$ 1,298.91

Note: Input Yellow coded cells

MARYLAND PDPM RATE EXAMPLES

MARYLAND PDPM RATE EXAMPLES

Daily Rate - Summary Totals							
Days	PT	OT	SLP	Nursing	NTA	Non-CMI	Sum
1 - 3	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 621.97	\$ 100.03	\$ 1,298.91
4 - 20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21 - 27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28 - 34	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35 - 41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42 - 48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49 - 55	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
56 - 62	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
63 - 69	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
70 - 76	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
77 - 83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
84 - 90	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
91 - 97	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
98 - 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 621.97	\$ 100.03	\$ 1,298.91

Daily Rates, Days 1 - 3							
	PT	OT	SLP	Nursing	NTA	Non-CMI	Sum
Base Rate	\$ 66.06	\$ 61.49	\$ 24.66	\$ 115.15	\$ 86.88	\$ 103.12	
CMI	1.65	1.59	1.77	2.99	2.46		
Daily Rate	\$ 109.00	\$ 97.77	\$ 43.65	\$ 344.30	\$ 213.72	\$ 103.12	\$ 911.56
Daily Rate (WIF)	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 884.26
Adjustment Factor	1	1	1	1	3		
Cumulative Total	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 621.97	\$ 100.03	\$ 1,298.91

Daily Rates, Days 4 - 20							
	PT	OT	SLP	Nursing	NTA	Non-CMI	Sum
Base Rate	\$ 66.06	\$ 61.49	\$ 24.66	\$ 115.15	\$ 86.88	\$ 103.12	
CMI	1.65	1.59	1.77	2.99	2.46		
Daily Rate	\$ 109.00	\$ 97.77	\$ 43.65	\$ 344.30	\$ 213.72	\$ 103.12	\$ 911.56
Daily Rate (WIF)	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 884.26
Adjustment Factor	1	1	1	1	1		
Cumulative Total	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 884.26

Daily Rates, Days 21 - 27							
	PT	OT	SLP	Nursing	NTA	Non-CMI	Sum
Base Rate	\$ 66.06	\$ 61.49	\$ 24.66	\$ 115.15	\$ 86.88	\$ 103.12	
CMI	1.65	1.59	1.77	2.99	2.46		
Daily Rate	\$ 109.00	\$ 97.77	\$ 43.65	\$ 344.30	\$ 213.72	\$ 103.12	\$ 911.56
Daily Rate (WIF)	\$ 105.73	\$ 94.84	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 884.26
Adjustment Factor	0.98	0.98	1	1	1		
Cumulative Total	\$ 103.62	\$ 92.94	\$ 42.34	\$ 333.99	\$ 207.32	\$ 100.03	\$ 880.25

IDIOSYNCRASIES OF PDPM



- Variable Per Diem adjustment over the course of the stay
- PT/OT reduce by 2% every 7 days beginning on Day 21
- The NTA category is 3x its rate for the first 3 days
- Generally, 1 MDS establishes the PDPM payment for up to 100 day stay

FOCUS FOR RDN CONTRIBUTION



K0520: Nutritional Approaches

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

1. On Admission

Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B

2. While Not a Resident

Performed **while NOT a resident** of this facility and within the **last 7 days**

Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.

3. While a Resident

Performed **while a resident** of this facility and within the **last 7 days**

4. At Discharge

Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapeutic Diet

A therapeutic diet is a diet intervention *prescribed* by a *physician or other authorized nonphysician practitioner that provides food or nutrients via oral, enteral, and parenteral routes* as part of treatment of disease or clinical condition, to *modify*, eliminate, decrease, or increase *identified micro- and macro-nutrients* in the diet (*Academy of Nutrition and Dietetics, 2020*).

Coding Tip for K0520B

- Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.

Coding Tips for K0520C

- Assessors should not capture a trial of a mechanically altered diet (e.g., pureed food, thickened liquids) during the observation period in K0520C, mechanically altered diet.

CHANGES TO SECTION K

+ A few good examples

SLP COMPONENT

Case Mix Based on
5 Factors



SLP CASE MIX - STEP 1

Acute Neurologic Diagnosis

- Review “Primary Diagnosis” to determine if neurologic diagnosis exists



SLP CASE MIX – STEP 2

Determined by BIMS
interview done in the MDS
Section C

Additional guidelines in RAI Manual when
BIMS is not conducted or not able to be
conducted

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13-15
Mildly Impaired	8-12
Moderately Impaired	0-7
Severely Impaired	-

BIMS (Brief Interview for Mental Status) is a mandatory tool used to screen and identify the cognitive condition of residents upon admission into a long term care facility.

SLP Case Mix – Step 3

Determine Presence of SLP Comorbidities

Active in the 7 day look back

Assigned by a practitioner within 60 days of the ARD

Active diagnosis

Direct relationship to the resident's current functional, cognitive, mood/behavior, medical treatment, nurse monitoring or risk of death during the 7 day look back period

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

SLP CASE MIX – STEP 4

Determine if
Swallowing Disorder is
Present

Swallowing Disorder – Coded K0100 on MDS

- Loss of Liquids/solids from mouth when eating or drinking
- Holding food in mouth/cheeks or residual food in mouth after meals
- Coughing or choking during meals or when swallowing medications
- Complaints of difficulty or pain when swallowing

SLP CASE MIX – STEP 5

Determine if Diet is
Mechanically Altered

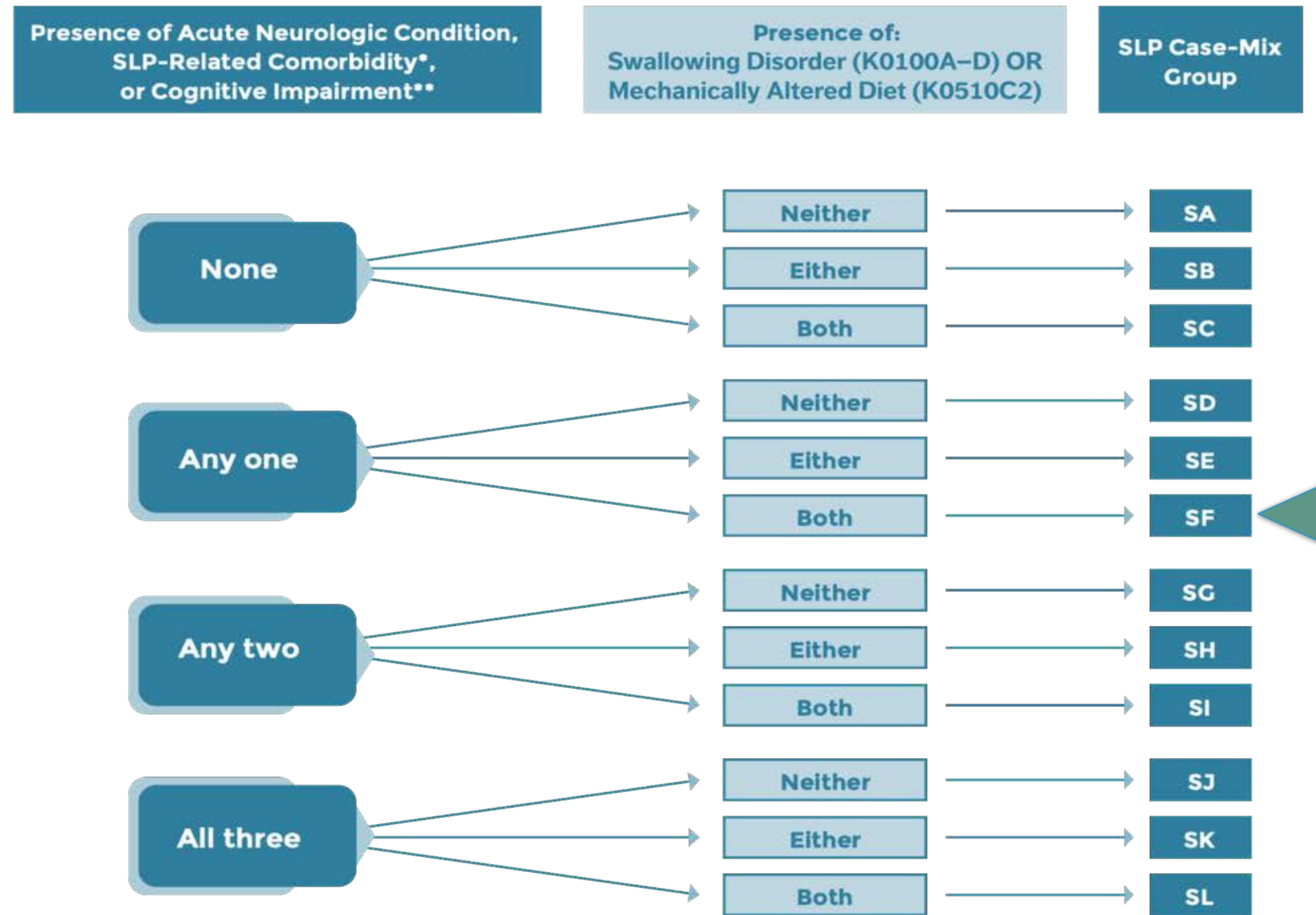
Mechanically Altered Diet

- Coded K0510C2 on the MDS
- October 2023 Section K MDS Changes



SLP Case Mix – Step 5

Neither
Either
Both



SLP-Related Comorbidities:
 Aphasia (I4300); CVA, TIA, or Stroke (I4500); Hemiplegia or Hemiparesis (I4900); TBI (I5500); Tracheostomy (O0100E2); Ventilator (I0100F2); Laryngeal Cancer, Apraxia, Dysphagia, ALS, Oral Cancers, Speech and Language Deficits (I8000)

Cognitive Impairment:
 The PDPM cognitive level is based on the Brief Interview for Mental Status (BIMS) or staff assessment. See the PDPM calculation worksheet provided by CMS for details.

Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	XXX	XXX	XXX	XXX
Nursing	XXX	XXX	XXX	XXX
NTA	XXX	XXX	XXX	XXX
Base Rate	NA	96.85	96.85	96.85
Total	NA	295.17	295.17	291.21

Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	XXX	XXX	XXX	XXX
NTA	XXX	XXX	XXX	XXX
Base Rate	NA	96.85	96.85	96.85
Total	NA	364.19	364.19	360.23

NURSING COMPONENT



**Nursing
Case-Mix
Group**

NURSING HIERARCHY OF PAYMENT

Extensive Services

Special Care High

Special Care Low

Clinically Complex

Behaviors/Cognitive

Reduced Physical Function

NURSING CASE MIX

FACTORS IMPACTING NURSING COMPONENT



NURSING SPECIAL CARE HIGH

- Septicemia
 - Respiratory therapy for 7 days
 - Comatose and completely dependent
 - COPD with shortness of breath lying flat
-
- Parenteral/IV Feedings
 - Diabetes with both insulin injections for all 7 days & insulin order changes on 2 or more days
 - Fever with one of the following: Pneumonia, Vomiting, Weight Loss, or Feeding Tube



Image Credit: Abby Anaday, Unsplash

NURSING SPECIAL CARE LOW

- Cerebral Palsy, Multiple Sclerosis and or Parkinson's with GG Nursing Function score of ≤ 11
- Respiratory Failure with oxygen use
- Radiation
- Tube Feeding receiving greater than 25% of caloric intake or 501cc or more/24 hours
- 2 or more stage 2 pressure ulcers with 2 or more skin treatments
- 1 or more stage 3, stage 4 or unstageable related to slough/eschar with 2 or more skin treatments
- Infection of foot, DM foot ulcer, or other open lesion on foot and application of dressing to feet
- 2 or more venous/arterial ulcers with 2 or more skin treatments
- 1 stage 2 and 1 venous/arterial ulcer with 2 or more skin treatments
- Dialysis

Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	XXX	XXX	XXX	XXX
NTA	XXX	XXX	XXX	XXX
Base Rate	NA	96.85	96.85	96.85
Total	NA	364.19	364.19	360.23

Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	XXX	XXX	XXX	XXX
Base Rate	NA	96.85	96.85	96.85
Total	NA	518.86	518.86	514.90

NON-THERAPY
ANCILLARY
COMPONENT (NTA)



Non-Therapy Ancillary (NTA)

Condition/Extensive Service	Source	Points
HIV/Aids	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status: Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis – Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnosis: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1

Non- Therapy Ancillary (NTA)

Condition/Extensive Service	Source	Points
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnosis: Multi Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer – Stage 4	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 Lesion on Foot Code, Except Diabetic Foot Ulcer Code (M 1040B)	MDS Items M1040A, M1040A, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances : Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I8000	1

Non-Therapy Ancillary (NTA)

Condition/Extensive Service	Source	Points
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy- Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnosis: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity – Except RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

NTA - Step 1

Review the NTA list along with the MDS related sections and points assigned to each item



Image Credit: Kelly Sikkema, Unsplash

NTA - Step 2

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF



Calculate the NTA score based on resident specific conditions and diagnosis

Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	XXX	XXX	XXX	XXX
Base Rate	NA	96.85	96.85	96.85
Total	NA	518.86	518.86	514.90


Daily Rate

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	B	619.35	206.45	206.45
Base Rate	NA	96.85	96.85	96.85
Total	NA	1138.21	725.31	721.35

**Remember for
NTA:**

**3x the \$\$ for the
first 3 days**

NTA	B	619.35	206.45	206.45
-----	---	--------	--------	--------



Nutritional NTA Components

RDN's Role to Increase Value

Ellen Turk RDN, LD

NUTRITION NTA COMPONENTS & POINTS

Parenteral/IV Feeding, High Intensity

MDS Section K

7 Points

Parenteral/IV Feeding, Low Intensity

MDS Section K

3 Points

Feeding Tube

MDS Section K

1 Point

Morbid Obesity (based on ICD10 Code)

MDS Section I

1 Point

Malnutrition or At Risk for Malnutrition

MDS Section I

1 Point

Parenteral IV Feeding/Feeding Tube

IV Feeding Classified as High or Low Intensity

- High Intensity = 7 NTA Points
 - Must have >51% or more of total calories by artificial route
- Low Intensity = 3 NTA Points
 - <26-50% of total calories by artificial route

Best Practice: Facilities may change ARD dates to capture fluids or enteral feeding given in acute hospital as long as there is good documentation to support need for nutrition or hydration

CMS provides specific guidance for when you can/can't code IVF

DAILY RATE

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	B	619.35	206.45	206.45
Base Rate	NA	96.85	96.85	96.85
Total	NA	1138.21	725.31	721.35

DAILY RATE

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	G	201.18	201.18	201.18
NTA	B	619.35	206.45	206.45
Base Rate	NA	96.85	96.85	96.85
Total	NA	1184.72	771.82	767.86

Graphic Credit: Presenter Creation, Adapted from: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF_PDPM_Classification_Walkthrough_v2.pdf

What Difference Can the RDN Make?

Identification of tube feeding would increase revenue:

~\$47 per day

~\$1,410 for 30 days
(\$16,920 annualized)



Image credit: Micheile Henderson, Unsplash

MORBID OBESITY: BMI >40



- 1 NTA Point
- Physician documented condition in the last 60 days



Image Credit: Kenny Elason, Unsplash

Morbid Obesity: BMI \geq 35-39 w/Co-morbidities

The National Institutes of Health (NIH) and North American Association for the Study of Obesity define “clinically severe obesity” also known as “morbid obesity” as:

BMI of \geq 40

or

BMI of \geq 35 with serious comorbidities

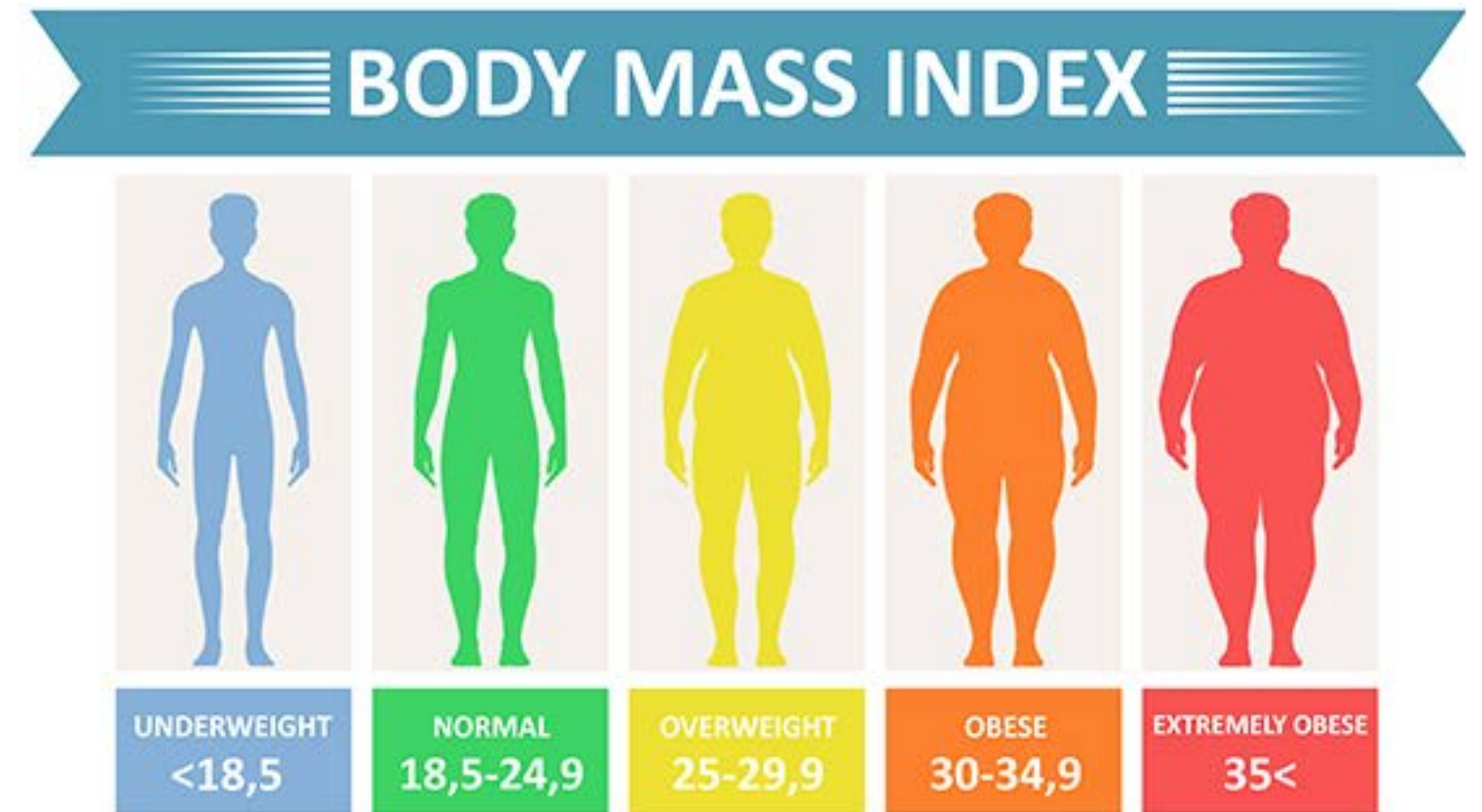


Image Credit: CDC.gov

Morbid Obesity: BMI \geq 35-39 w/Co-morbidities

Serious Comorbidities are Defined by NIH as:

- Established coronary heart disease including Hx of myocardial infarction, angina pectoris, coronary artery surgery or coronary artery procedures (e.g. angioplasty)
- Other atherosclerotic diseases including peripheral arterial disease, abdominal aortic aneurysm, or symptomatic carotid artery disease
- Type 2 Diabetes Mellitus
- Sleep Apnea

Residents with BMI of 35-39 and 1 serious comorbidity could be referred to MD/Practitioner for diagnosis of Morbid Obesity

Sample Morbid Obesity Communication to Physician/ Provider

MORBID OBESITY GUIDELINES FOR LONG TERM CARE/PDPM

Intent: For each Comprehensive/Full Nutrition Assessment, the Registered Dietitian will evaluate for morbid obesity. The National Institutes of Health and North American Association for the Study of Obesity define “clinically severe obesity” also known as “morbid obesity” as: BMI of ≥ 40 or BMI of ≥ 35 with serious comorbidities, as listed below.

Guidelines:

1. The Registered Dietitian will assess residents for morbid obesity as part of the admit nutrition assessment, which is shared with the licensed independent practitioner for consideration, documentation, and inclusion in the patient problem list.
2. The Registered Dietitian may alert the Licensed Independent Practitioner responsible for a resident’s care when the patient meets the facility approved criteria for morbid obesity and may help facilitate proper documentation, care planning and interventions.

Procedure: Registered Dietitian will use BMI, (using actual measured admission weight and height vs stated) and medical history to evaluate each patient for morbid obesity and provide documentation in the nutrition assessment.

Based on a comprehensive nutrition assessment, the patient has a nutrition diagnosis of Morbid Obesity based on the following criteria identified by the Registered Dietitian:

- 1. ICD 10 – E66.01 Morbid Obesity BMI ≥ 40
- 2. ICD 10 – E66.01 Morbid Obesity BMI of 35-40 with comorbidities
 - Must have a diagnosis of one of the following (Check all that apply):
 - Established coronary heart disease including Hx of myocardial infarction, angina pectoris, coronary artery surgery or coronary artery procedures (e.g. angioplasty)
 - Other atherosclerotic diseases including peripheral arterial disease, abdominal aortic aneurysm, or symptomatic carotid artery disease
 - Type 2 Diabetes Mellitus
 - Sleep Apnea

Based on a comprehensive nutrition assessment, the patient has a nutrition diagnosis of Morbid Obesity:

Registered Dietitian: _____ Date: _____

I have reviewed & concur with the Registered Dietitian’s assessment:

Licensed Independent Provider: _____ Date: _____

Patient Name: _____ **Room #:** _____

Daily Rate – NTA Score

Previous Score = 10

Morbid Obesity = +1

Total Score = 11 or NB (B)

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF

DAILY RATE NTA 1 1 (OBESITY)

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	G	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	B	619.35	206.45	206.45
Base Rate	NA	96.85	96.85	96.85
Total	NA	1138.21	725.31	721.35

No Change in NTA

MALNUTRITION AND THE MDS

- American Geriatric Society estimates that up to 70% of rehab patients are at risk for malnutrition or have a malnutrition diagnosis
- Data suggests ~60% of PDPM patients nationwide have an MDS coding for at risk for/malnutrition



MALNUTRITION AND THE MDS



Coded under I5600, Malnutrition (protein or calorie) or at risk for malnutrition

- Marking malnutrition on the MDS = 1 NTA Point
 - Malnutrition and "At Risk" for malnutrition are coded under the same NTA point on the MDS
 - Must be identified/diagnosed by ARD Date to be captured on the MDS for reimbursement
- PDPM does not specify how to define or diagnose malnutrition
 - Up to facility providers to determine criteria using evidence-based practice

“AT RISK” FOR MALNUTRITION



At risk for malnutrition can also be coded on the MDS



There is no clinical definition for at risk for malnutrition

Need a policy that delegates who is “at risk”



Use a validated screening tool per the Academy of Nutrition and Dietetics

MNA
MST
SGA

MALNUTRITION SCREENING



- Completed by trained staff member within 24-48 hours of admission
- Incorporate directly into admission assessment or nutrition assessment
- Often done by nursing personnel with admission data gathering
 - Consider ease of use when selecting
- Patients identified as at risk for malnutrition will be referred to the RD

MALNUTRITION DIAGNOSIS

- Malnutrition can only be diagnosed by MD/Practitioner with supporting documentation including a nutrition diagnosis provided by the RD
- Choose evidence-based framework for diagnosis

ASPEN/Academy of Nutrition and Dietetics

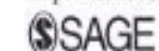
Consensus Statement

Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)

Jane V. White, PhD, RD, FADA¹; Peggi Guenter, PhD, RN²;
Gordon Jensen, MD, PhD, FASPEN³; Ainsley Malone, MS, RD, CNSC⁴;
Marsha Schofield, MS, RD⁵; the Academy Malnutrition Work Group;
the A.S.P.E.N. Malnutrition Task Force; and the A.S.P.E.N. Board of Directors



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Special Report

GLIM Criteria for the Diagnosis of Malnutrition: A Consensus Report From the Global Clinical Nutrition Community

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Global Leadership Initiative on Malnutrition (GLIM)

WHAT TO DO AFTER IDENTIFICATION/DIAGNOSIS



Image Credit: Kraken Images, Unsplash

- RD to provide appropriate documentation including identifying criteria for malnutrition diagnosis
- Use Malnutrition as a Nutrition Diagnosis (PES Statement)
- Start appropriate patient centered interventions
- Frequent monitoring including review with IDT team
- Provide a copy of nutrition diagnosis to MD and MDS coordinator

Malnutrition (ASPEN/AND) Sample Policy

PROTEIN-CALORIE MALNUTRITION GUIDELINES FOR LONG TERM CARE/PDPM

Intent: For each Comprehensive/Full Nutrition Assessment, The Registered Dietitian will evaluate for protein calorie malnutrition using the Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition diagnostic criteria including performing a Nutrition Focused Physical Exam (NFPE).

Guidelines:

1. Registered Dietitians will assess residents for protein calorie malnutrition including the type & severity and document a nutrition diagnosis as part of the admit nutrition assessment, which is shared with the licensed independent practitioner for consideration, documentation, and inclusion on the patient problem list.
2. The Registered Dietitian may alert the Licensed Independent Practitioner responsible for a resident's care when the patient meets the facility approved criteria for Malnutrition and may help facilitate proper documentation, care planning and interventions.

Procedure:

1. Per the ASPEN/AND consensus statement criteria: A minimum of two characteristics is required for diagnosis of either moderate or severe protein calorie malnutrition:

Clinical Characteristics	Malnutrition in context of Acute Illness or Injury		Malnutrition in the context of Chronic Illness		Malnutrition in the context of Social or Environmental Circumstances																																																									
	Moderate	Severe	Moderate	Severe	Moderate	Severe																																																								
Energy Intake: Obtain diet history, calculate energy & protein needs	< 75% of estimated energy requirement > 7 days	≤ 50% of estimated energy requirements for ≥ 5 days	< 75% of estimated energy requirement ≥ 1 month	≤ 75% of estimated energy requirements for ≥ 1 month	< 75% of estimated energy requirement ≥ 3 months	≤ 50% of estimated energy requirements for ≥ 1 month																																																								
Weight Loss: Evaluate weight loss considering other clinical findings, including hydration status. Weight change over time is reported as a percentage of weight lost (or weight change) from baseline.	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>1-2</td><td>1 week</td></tr> <tr><td>5</td><td>1 month</td></tr> <tr><td>7.5</td><td>3 months</td></tr> </table>	%	Time	1-2	1 week	5	1 month	7.5	3 months	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>> 2</td><td>1 week</td></tr> <tr><td>> 5</td><td>1 month</td></tr> <tr><td>> 7.5</td><td>3 months</td></tr> </table>	%	Time	> 2	1 week	> 5	1 month	> 7.5	3 months	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>5</td><td>1 month</td></tr> <tr><td>7.5</td><td>3 months</td></tr> <tr><td>10</td><td>6 months</td></tr> <tr><td>20</td><td>1 year</td></tr> </table>	%	Time	5	1 month	7.5	3 months	10	6 months	20	1 year	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>> 5</td><td>1 month</td></tr> <tr><td>> 7.5</td><td>3 months</td></tr> <tr><td>> 10</td><td>6 months</td></tr> <tr><td>> 20</td><td>1 year</td></tr> </table>	%	Time	> 5	1 month	> 7.5	3 months	> 10	6 months	> 20	1 year	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>5</td><td>1 month</td></tr> <tr><td>7.5</td><td>3 months</td></tr> <tr><td>10</td><td>6 months</td></tr> <tr><td>20</td><td>1 year</td></tr> </table>	%	Time	5	1 month	7.5	3 months	10	6 months	20	1 year	<table border="1"> <tr><th>%</th><th>Time</th></tr> <tr><td>> 5</td><td>1 month</td></tr> <tr><td>> 7.5</td><td>3 months</td></tr> <tr><td>> 10</td><td>6 months</td></tr> <tr><td>> 20</td><td>1 year</td></tr> </table>	%	Time	> 5	1 month	> 7.5	3 months	> 10	6 months	> 20	1 year
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NFPE: Body Fat Loss of subcutaneous fat at orbital, buccal, triceps, ribs *Need 2 areas of loss*	Mild	Moderate	Mild	Severe	Mild	Severe																																																								
NFPE: Muscle Loss Loss of muscle mass at temples, clavicle, shoulder, interosseous muscles, scapula, thigh, calf *Need 2 areas of loss*	Mild	Moderate	Mild	Severe	Mild	Severe																																																								
NFPE: Fluid Accumulation Generalized or localized fluid accumulation evident on exam (e.g., extremities including not limited to feet/ankles, ascites, etc.)	Mild	Moderate to Severe	Mild	Severe	Mild	Severe																																																								
NFPE: Reduced Grip Strength Consult normative standards supplied by the manufacturer of the device	N/A	Measurably reduced	N/A	Measurably reduced	N/A	Measurably reduced																																																								

Based on a comprehensive nutrition assessment, the patient has a nutrition diagnosis of:

- ICD 10 E44.0 Moderate Malnutrition ICD 10 E43 Severe Malnutrition

Registered Dietitian: _____ Date: _____

I have reviewed & concur with the Registered Dietitian's assessment:

Licensed Independent Provider: _____ Date: _____

Patient Name: _____ Room #: _____

Malnutrition Coding

Missed Opportunities



Image Credit: Dylan Mcleod, Unsplash

Daily Rate Scenario

NTA SCORE

Previous Score = 11

Malnutrition = +1

Total Score = 12 or NA (A)

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF

DAILY RATE NTA 11

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	B	619.35	206.45	206.45
Base Rate	NA	96.85	96.85	96.85
Total	NA	1138.21	725.31	721.35

DAILY RATE NTA 1 2 (MALNUTRITION)

6 Rate Components	Case Mix Component	Days 1-3	Days 4-20	Days 21-27
PT	G	103.61	103.61	101.54
OT	G	94.71	94.71	92.82
SLP	F	69.02	69.02	69.02
Nursing	K	154.67	154.67	154.67
NTA	A	793.14	264.38	264.38
Base Rate	NA	96.85	96.85	96.85
Total	NA	1312.00	783.24	779.28

Graphic Credit: Presenter Creation, Adapted from: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF_PDPM_Classification_Walkthrough_v2.pdf

Case Study Scenario

Prior to RDN Discovery of Malnutrition

~\$1138 (first 3 days)
~\$725 (subsequent days)

After RDN Discovery of Malnutrition

~\$1312 (first 3 days)
~\$783 (subsequent days)



Photo Credit Unsplash Mathieu Stern

How Does This Equate?



Photo Credit Unsplash Mathieu Stern

By Identifying Malnutrition it will increase revenue:

~ \$522 for first 3 days

~ \$1,566 for next 27 days

Total ~\$2088 for the month

How Does This Equate?

Increased NTA with Obesity and Malnutrition

~ \$2088 for the month
(~\$25,056 annualized)

Discovery of TF in hospital

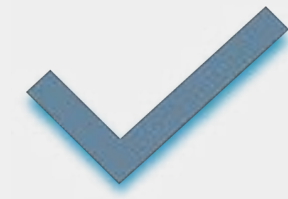
~ \$1,410 for the month
(~\$16,920 annualized)

Annualized Total: **Nearly \$42,000**



Image credit: Giorgio Trovato, Unsplash

RDN and PDPM Benefits for Facilities



Increased RDN recognition and value



Improved patient care



Increased RD utilization and hours



Increased communication with IDT team

The Numbers and How to Access Them?

- Identify who is managing the PDPM case mix and revenues in your facility
 - Is it the MDS nurse/coordinator?
 - DNS or Administrator?
 - Regional or corporate personnel?
- Form a relationship with that contact and let them know what you need (NTA Case Mix Index and corresponding \$\$; resident list with current case mix components, etc.), why you need it and the frequency you want the info
- Track your assessments and how the results could effect the case mix components and the bottom line

Don't Forget: Discuss this information in your end of the month report (written) and verbally with the administrator each month

Communication with Leadership



End of the month written & verbal exit



Monitoring resident outcomes



Monitoring RDN utilization, hours & revenue



Increased communication with IDT team

Communication with Leadership

Consulting Dietitian's Report
Exit with/provide copies to Administrator, Dietary Manager, Director of Nursing

Facility Name: _____

Month of Visit: _____

Consultant: _____

Consultant: _____

Progress Made Since Last Month/Report:	
Date of Last State/Federal Survey:	
List Dietary Survey Citations if Any and if the Survey Issues have resolved:	

Areas Covered During Visit	Date of Visit (Indicate "R" for Remote Visit)												
Date													
Hours Billed													
Completion of New, Annual, of Condition Assessment/Care													
Review of NSD/CDM Assessment													
Care Plan Updates													
Monthly/High Risk													
Consults/Calorie Counts													
Audit Score:													
Audit Score:													
Meetings Attended													
Inservice Provided/Attended (if yes, list topic), Quarterly Audit, Tray card Audit													

PDPM

- Number of residents identified as "at risk" for malnutrition: _____
- Number of residents diagnosed with malnutrition: _____
- Number of residents identified with morbid obesity: _____
- Number of residents with enteral/parenteral feeding: _____
- Monthly estimated NTA point increase: _____
- Were PDPM numbers communicated with administration? Yes No. If no, why? _____

Issues/Concerns: Identify if repeat issue	RDN Recommendation/Plan:

E X A M P L E

- Are RD hours within contract hours? Yes No. If no, why? _____
- Is Kitchen fully staffed? Yes No
- Are ACCURATE weights being obtained weekly? Yes No
- Weight loss % (identify if calculated from Quality Indicator or RDN calculations?) _____
- Pressure injury %: _____
- Is a skin report available and reviewed each week? Yes No

Exit With: _____ Date/Time: _____

Consultant's Signature: _____

Consultant's Signature: _____

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OUR STORY: S & S NUTRITION NETWORK INC.



Image Credit: Personal property of presenters

S&S Nutrition Stories - Malnutrition Coding

From July 2021-September 2021 the RDNs averaged 6 malnutrition codings per month

Assuming coding for malnutrition lead to a change in NTA points from 0 to 1-2 or from 9-11 to +12 it had the potential to increase revenue for the facility up to \$117-348 per week and \$42,000-126,000 per year

This facility is part of a larger corporation with 17 facilities

S & S RDNs increased malnutrition coding over 3 month period by additional 220 malnutrition codings (data compared 2019 to 2021)

265% Change

Lead to potential increased reimbursement for the corporation of ~\$1.4-4.2 million dollars per year

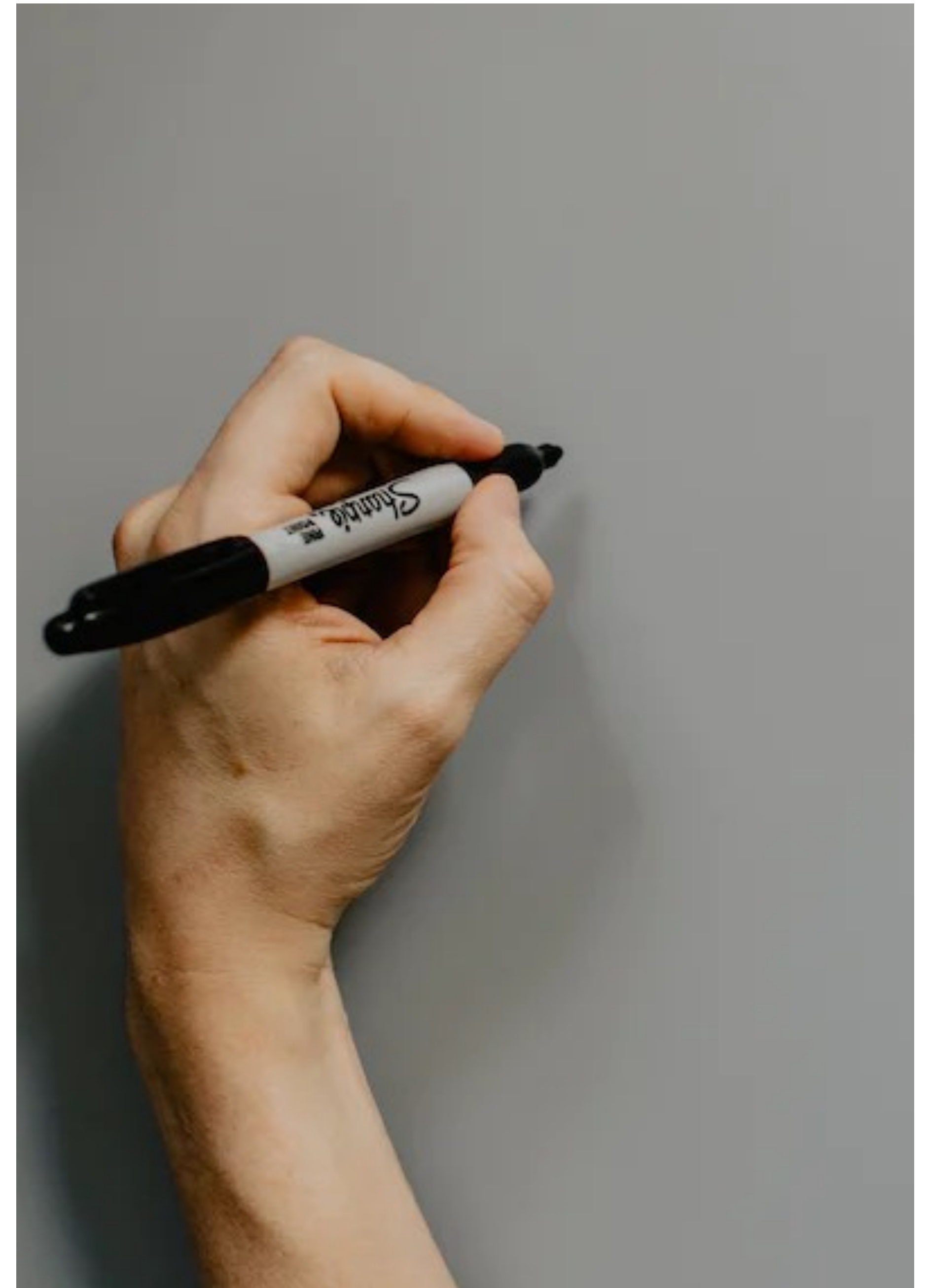
Let's Pretend: Exponentials

- 10 Residents are admitted each month in your facility
- You identify similar near “missed opportunities” on half of them (5)
- Financial difference for each admission is \$4493 (\$1410 Nursing; + \$2088 NTA; + \$995 SLP) for their average 30 day Medicare stay
- You helped increase revenue $\$4493 \times 5 \times 12 =$

\$269,580 Annually

WHAT COULD NEARLY \$270,000 IN ANNUAL REVENUE MEAN TO THE RESIDENTS IN YOUR FACILITY?

TO YOU?



QUESTIONS?



Image Credit: Jon Tyson, Unsplash

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