McKnight's Business Solutions On

Sponsored by TridentCare℠

Beyond PDPM basics

Where communication and technology meet under new pay system

Much of the conversation about skilled nursing's shift to the Patient-Driven Payment Model has revolved around physical and occupational therapy. De-emphasis of these therapies will certainly drive significant change in how providers offer and manage care.

But the new reimbursement system also provides operators with a bevy of opportunities to get paid for the kind of non-therapy ancillary services they've always delivered. Smart operators will work with partners to attract and serve medically complex patients whose needs were often underfunded under the RUG system.

Knowing how to prioritize conditions, how to identify changes and how best to track them will help skilled nursing operators move beyond the basics as the Medicare SNF patient population grows older and sicker. The best providers will do so in a way that delivers high-quality outcomes and appropriate reimbursement.

"In this new model, the accuracy of documentation, the timeliness of the treatment and the analytics that can be derived will drive the care and the outcomes for patients," said Brian Tees, President, TridentCare West. "We sit at that intersection. We can help with documentation. We can provide timely diagnostics. And our information can be structured to change the course of clinical care."

Providers with top-notch documentation can thrive under PDPM.

Clinical service partners with deep expertise and sophisticated systems that allow for the comparison of millions of data points will be critical under PDPM.

Perfecting the method

Where once conditions such as asthma or diabetes were lumped into a RUG payment related to intensity of therapeutic services, PDPM links reimbursement to each patient's unique characteristics. Skilled nursing providers must be prepared to capture all of a resident's comorbidities at admission and any condition changes that happen during a stay.

This will be most critical in the calculation of the non-therapy ancillary services case mix.

Most clinicians and coders will recognize the drivers of physical, occupational and speech-language therapies. But knowing each of

McKnight's Business Solutions On

Sponsored by TridentCare℠

the illnesses that factor into the NTA group could present a major challenge. So, too, could lab or other test results that don't make their way to an MDS coordinator.

"When it comes to perfecting the right use of diagnostic tests to ferret those out and getting the results into the record, a method needs to be established," said Jeff Hooper, President, TridentCare East. "It's all about routinely reporting or flagging in the patient's record all lab results or diagnostic tests."

Trident provides lab work, imaging, ultrasounds and EKG diagnostics to skilled nursing facilities in 41 states. The company's clients depend on fast, accurate results. But TridentCare also is improving its ability to spot trends, alert providers to status changes or common follow-up care and scale up to emulate the kind of analytic success already commonplace in acute-care settings.

The company is building a partnership with Real Time Medical Systems, whose platform can capture live information from a patient's electronic medical record and prompt clinicians or coders to take action.

Trident testing combined with analytics offers providers a broader and deeper approach to completing an initial five-day assessment. Missing just one NTA diagnosis on admission could cost a facility $28.50 per resident day, with no chance to recover lost revenue.

"If you want a really thorough assessment, you need to scour the system," said Real Time founder Scott Rifkin, M.D.

"It's all about routinely reporting or flagging in the patient record."

— Jeff Hooper, TridentCare

Cracking the codes

Just as importantly, the right analytics will unearth changes that should precipitate an optional Interim Payment Assessment. Emails or dashboard notifications help the SNF spot a resident whose Stage IV wound, endocarditis or end-stage liver disease, for example, has been treated but not captured in the MDS.

"The Real Time system can pull things out that haven't been on our radar over the last 20 years," said Jim Shearon, the analytics firm's vice president of clinical solutions. "Our software assesses every Medicare Part A patient daily for changes in conditions or new test results. That can prompt a facility to complete an IPA. If there's no delay in submitting, there's no delay in reimbursement."

In its pre-launch projections, the Centers for Medicare & Medicaid Services estimated that skilled nursing providers would opt to file for adjusted payments based on changing care levels in connection with just 2% of residents.

But Shearon noted that was based on the average rate of "significant change" events over the last two decades. Under PDPM, even smaller condition changes could hike a resident's NTA score and overall case-mix adjustment.

For instance, he points to a hip replacement patient who comes in to recuperate. If that resident develops an infection such as MRSA that requires isolation, a SNF would be justified in billing more for care. But MDS coordinators may remain unaware of those changes without timely access to lab results.

That's where communication and technology must meet.

Customized analytics

TridentCare is rolling out new training modules and a revamped version of its analytics platform, allowing providers to customize tailored reporting elements.

For instance, if the facility typically prescribes antibiotics after receiving a certain chest X-ray result, the system could prompt staff to consider that type of follow-up care.

If a company wants to track its use of a certain lab test, it can measure its use rate against other providers by region or bed size.

"We see ourselves as a complement to what facilities can do already," Hooper said. "We want our customers to understand when and how to use all of the tools PDPM offers.

"The accuracy of our reports enhances that. They link to documentation, which links to coding. And PDPM is coding-critical." ■

To learn more, visit www.TridentCare.com