



« Accurately documenting diagnoses in a patient's record is more important than ever under PDPM.

sure facilities get paid what they earn under PDPM.”

Providers who commit to regular self-examination will quickly come to spot patterns and implement the kinds of practices that lift operators from merely succeeding to thriving.

SavaSeniorCare has worked with Briggs' SimpleLTC to develop training, build coding fail-safes, and create software rules that identified weaknesses in particular buildings.

“They really helped us get a clearer picture of where our rates would be, to understand our reporting tools and run comparison reports that helped us see what new case-mix groups would look like,” said Amy Phipps, Sava's Senior Vice President of Care Management.

Clinical baseline

Briggs Clinical Consultant Mary Madison, RN-RACCT, CDP, has seen payment reform come and go before. No matter how payment is being calculated, however, she likes to remind clients that the only thing that's really changing is the payment calculation itself.

“Our medical records

PDPM after the storm

High-quality care, careful planning will help weather PDPM's first year

For months leading up to the Oct. 1 implementation of the Patient Driven Payment Model, providers studied regulations, delivered new employee training and built models to project how they would fare.

The skilled nursing industry's first major payment reform in 20 years has been nothing short of an atmospheric shift. But even if it now feels like the rain clouds are parting, this is no time to stop watching the sky, experts caution.

For providers who understand the intricacies of PDPM, the transition period may prove a time to shine — and the Briggs Healthcare family of companies, including SimpleLTC, ezPBJ and Selman-Holman, believes it is uniquely positioned to let the light in. Building on nearly 75 years of post-acute experience, Briggs has developed a compre-

hensive suite of compliance solutions that combines powerful data analytics and workflow automation with clinical expertise and insightful training.

“PDPM requires providers to balance on a tightrope between clinical quality and financial success,” said Chief Technology Officer Jason Jones. “Briggs can pull everything together in one big package to make

need to reflect the care and service we're giving the resident and the assessment by nursing, therapy or dietary," Madison said. "Anybody looking at the medical record should be able to see what the resident's needs are."

Many of the strategic decisions a facility makes in the coming months will depend on detailed EHR notes and robust MDS completion. Madison recommends routinely self-auditing random charts of those associated with a problematic diagnosis to be sure clinical observations match coding.

Another potential resource: Nursing Home Compare and CASPER reports that call out issues, such as severe pain, that could be mitigated by clinical interventions.

Coding at the core

There are thousands of possible ICD-10 codes for initial diagnosis, a list of 50 non-therapy ancillary diagnoses that can increase payment, and new or additional MDS items (including surgical history and swallowing disorders) that must be captured for billing purposes. They result in more than 28,800 scoring combinations.

Clinical observations captured on the five-day assessment are now the sole driver

of payment for the majority of Medicare admits. Ensuring accuracy and thoroughness — and understanding the care a resident's conditions require — is critical.

"Capturing these deliverables has made everyone feel a little bit better," Phipps said. "But it's really become a true interdisciplinary effort. The challenge

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— Jason Jones, Briggs Healthcare

has opened people's eyes to how good their coding is and whether their clinical reasoning is where it should be."

Sava spent months culling its data, looking for patterns that could inform clinicians' decision-making as they waded into PDPM. Phipps said the company created a Top 20 list of non-therapy ancillary conditions common across all 184 buildings. Posting those helps MDS staff remember to include previously unreimbursed diagnoses such as diabetes, skin issues, morbid obesity and depression prior to submission.

Briggs' 2018 acquisition of Selman-Holman gives customers additional training opportunities or the ability to outsource ICD-10 coding.

"All of a sudden, the payment is based on diagnosis and people don't know diagnosis," said Lisa Selman-Holman, JD, RN, HCS-D, the company's founder. "It's a lot tougher and more clinical

than they realized."

MDS coordinators and DONs in smaller facilities may already find themselves wearing too many hats and unable to keep up with new coding burdens.

Facilities that don't acknowledge the great effort required may find themselves in trouble — sooner, with reimbursement, and later, with medical review.

Selman-Holman offers a 20-hour training course and will provide short-term coding services while a building's staff develops needed skills. CoDR-Coding Done Right also acts as a quality review partner.

Data for today and tomorrow

Another part of the solution is software with predictive revenue modeling, especially with the expected uncertainty in PDPM's first year.

"Having a computer do 80 or 90 percent of that analysis frees up humans to make the critical judgment calls for these medically complex patients," Jones said.

Clinicians at Briggs and Selman-Holman have shaped the latest updates to SimpleLTC products, which are now in 4,000 facilities.

SimpleLTC can grab scrubbed data as it is sent to CMS, allowing the company to accurately predict future QM ratings or PBJ data as far as six months out. Facilities can act quickly on improvements and share projections with partners.

"Customers are using that data to go to hospitals, to ACOs and say, 'We're not only improving, we're improving on specific, high-need diagnoses like COPD or dementia.'"

Through data insights, workflow automation and clinical accuracy, Briggs Healthcare aims to help providers succeed under PDPM and to weather the storms of future regulatory change. ■

To learn more, visit
www.briggshealthcare.com/pdpm