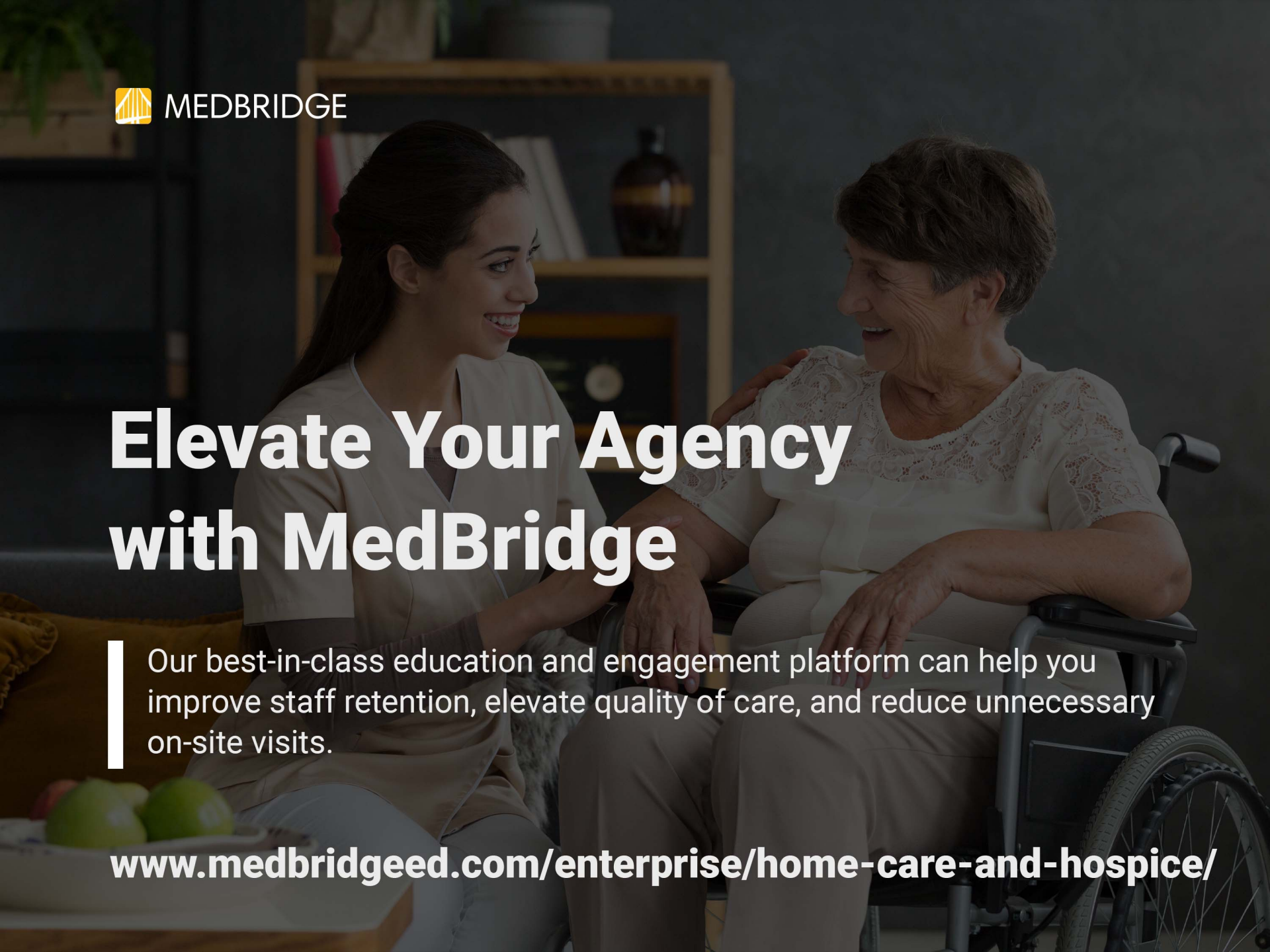
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PDGM: Lessons Learned and Looking Ahead

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Cindy Krafft Disclosures

- **Financial**
  - Co-owners of K&K Health Care Solutions
    - www.valuebeyondthevisit.com
- **Nonfinancial**
  - None

Sherry Teague Disclosures

- **Financial**
  - Co-owners of K&K Health Care Solutions
    - www.valuebeyondthevisit.com
- **Nonfinancial**
  - None

Learning Goals

1. Analyze the way ICD-10 coding patterns changed in 2020 and the connections to PDGM
2. Deduce the factors that contributed to the higher-than-expected level of functional impairment when PDGM was implemented
3. Examine the impact of PDGM and the pandemic on utilization of nursing and therapy services

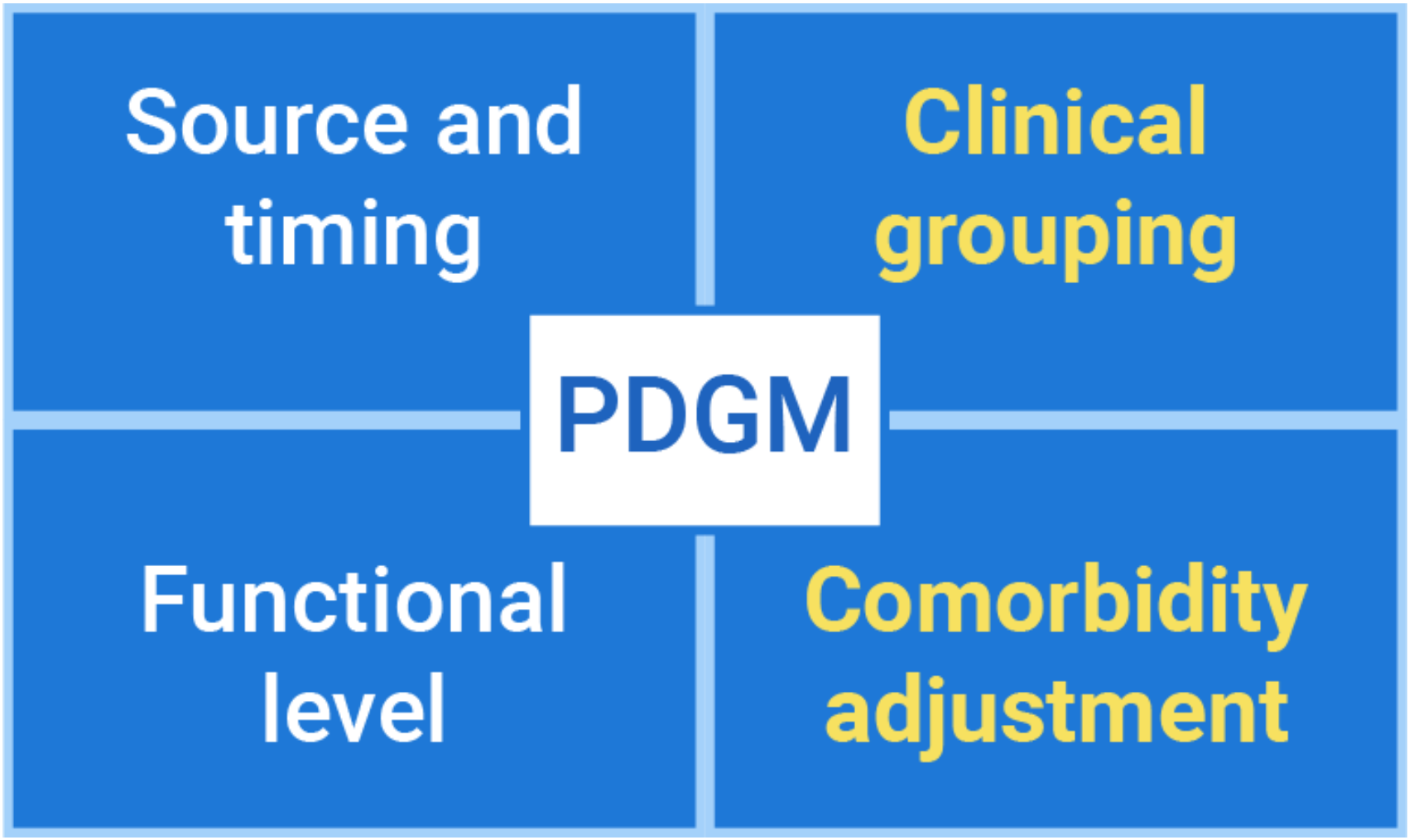
Chapter 1

PDGM and ICD-10 Coding

Poll Question #1

- **ICD-10 coding is being completed in my agency by:**
  - Agency staff who are certified/credentialed
  - Agency staff who are not certified/credentialed
  - Company outside of the agency
  - I am unsure

PDGM



Simulated vs. Actual in 2022 Proposed Rule

- During the development of HHGM (which became PDGM) and in preparation for implementation, real data from actual care provided in both 2018 and 2019 was put into the model to assess impact compared to the PPS model and project what would be seen in 2020
- It is **reasonable** to assume that if prior practices were accurate, they should continue barring significant unforeseen circumstances (like a pandemic)
- **Bottom line:** “simulated” is NOT a guess

Assignment of Diagnoses

- **Ultimate responsibility for diagnoses rests with the physician**
- The physician has the responsibility of **diagnosis assignment** for all services and testing performed or ordered, including home health care
- Medical coding of diagnoses uses the International Classification of Disease, 10th Edition (ICD-10)
- Although the law states that the physician should provide the diagnosis codes, HH providers do not always find this to be the case
  - Agency goal: referral documentation includes physician diagnoses to support primary and secondary diagnoses included on the HH claim

Primary Diagnosis and F2F

- The primary diagnosis **MUST** be on the F2F, or a new F2F must be obtained
- This has always been the case, but there have been instances in RCD where they are not being approved because of this

Primary Diagnosis Determination

- **Selection of diagnosis**
  - Source: OASIS Guidance Manual (cms.gov)
  - List first code (M1021a), or primary code, as the diagnosis, condition, problem, or other reason for the home health episode
  - Definition: **the chief reason the patient is receiving home care and the diagnosis most related to the current Plan of Care**

Secondary Diagnosis Determination

- **Sequencing diagnosis**
  - List additional codes (M1023b–f), or secondary codes, that describe any coexisting conditions managed during the episode of care
    - **Must be relevant to the care delivered, or**
    - **Have potential to affect patient's responsiveness to care**

Clinical Grouping

TABLE 6: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY THE 12 PDGM CLINICAL GROUPS, CYs 2018-2020

Clinical Grouping	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	Average Case-mix Weight for Each Group
Behavioral Health	1.7%	1.5%	2.3%	0.8243
Complex	2.6%	2.5%	3.5%	0.8574
MMTA – Cardiac	16.5%	16.1%	19.0%	0.9202
MMTA – Endocrine	17.3%	17.4%	7.2%	1.0161
MMTA – GI/GU	2.2%	2.3%	4.7%	0.9793
MMTA – Infectious	2.9%	2.7%	4.8%	0.9805
MMTA – Other	4.7%	4.7%	3.1%	0.9711
MMTA – Respiratory	4.3%	4.1%	7.8%	0.9906
MMTA – Surgical Aftercare	1.8%	1.8%	3.5%	1.0701
MS Rehab	17.1%	17.3%	19.4%	1.1174
Neuro	14.4%	14.5%	10.5%	1.1603
Wound	14.5%	15.1%	14.2%	1.1923

Source: Analysis of data for CY 2018 through CY 2020. CY 2018 and CY 2019 data came from the Home Health LDS file and we applied the three behavioral assumptions to half the claims (randomly selected). CY 2020 was accessed from the CCW VRDC on March 30, 2021.

Note: The average case mix weight for each clinical group includes all 30-day periods regardless of other adjustments (for example admission source, timing, comorbidities, etc.)

https://public-inspection.federalregister.gov/2021-13763.pdf

Comorbidity Adjustment

TABLE 7: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY COMORBIDITY ADJUSTMENT CATEGORY FOR 30-DAY PERIODS, CYs 2018-2020

Comorbidity Adjustment	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	Average Case-mix Weight for Each Group
None	55.6%	52.0%	49.2%	1.0058
Low	35.3%	38.0%	36.9%	1.0446
High	9.2%	10.0%	14.0%	1.1683

Source: Analysis of data for CY 2018 through CY 2020. CY 2018 and CY 2019 data came from the Home Health LDS file and we applied the three behavioral assumptions to half the claims (randomly selected). CY 2020 was accessed from the CCW VRDC on March 30, 2021.

Note: The average case mix weight for each clinical group includes all 30-day periods regardless of other adjustments (for example admission source, timing, clinical group, etc.)

https://public-inspection.federalregister.gov/2021-13763.pdf

Coding Compliance Checklist

- **What** are the trends?
  - External benchmarks
  - Internal benchmarks
- **Who** is doing your coding?
  - In house/outsourcing
  - Adherence to coding-specific rules
- **How** is intake impacting the process?
  - Gathering information necessary to code
  - Consider a “hard stop”
- **How** engaged are the clinicians in the process?
  - Detailed and directed narrative—reason/need for care
  - Focus of the Plan of Care

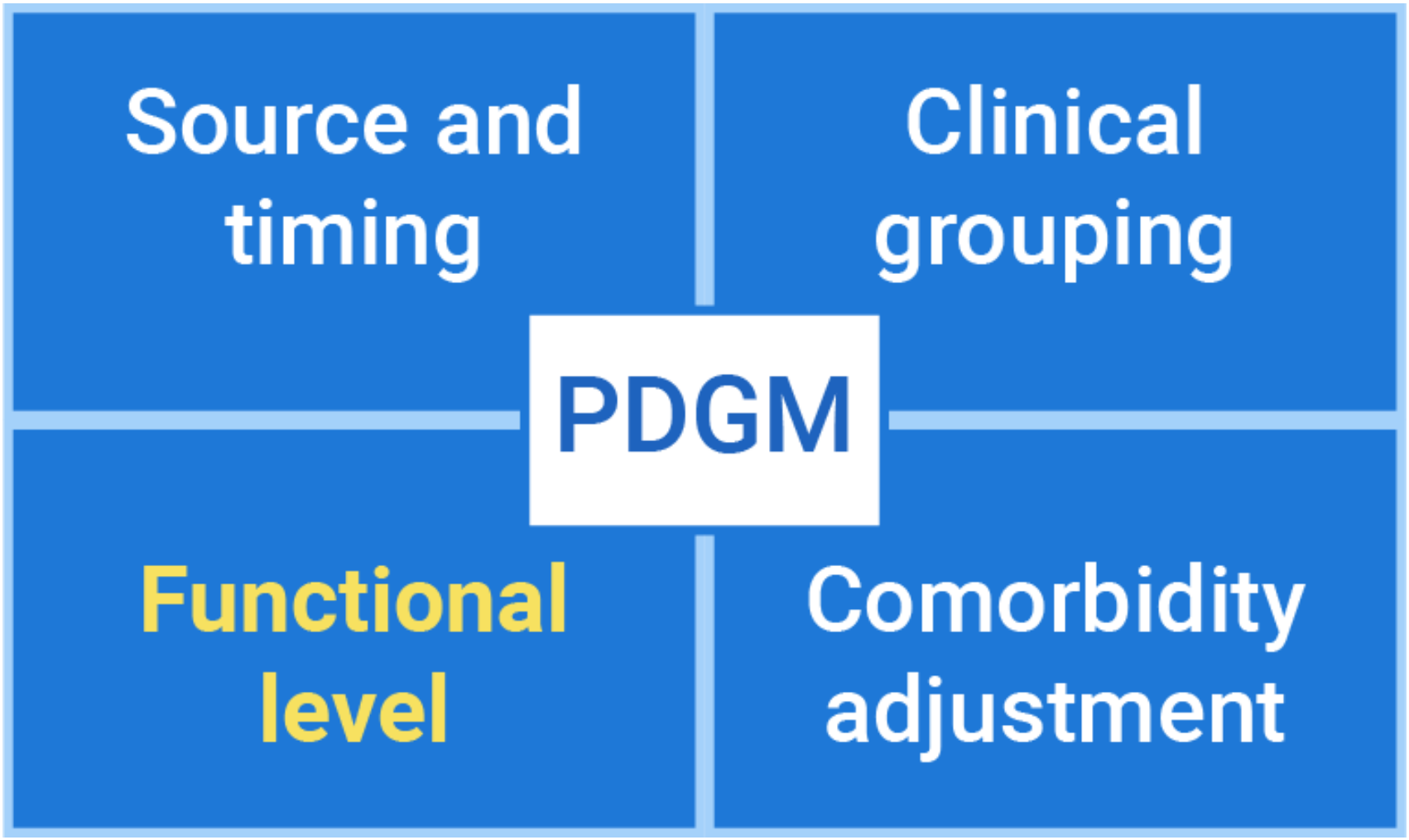
Chapter 2

PDGM and OASIS

Poll Question #2

- **OASIS review is being completed in my agency by:**
  - Agency staff who are certified/credentialed
  - Agency staff who are not certified/credentialed
  - Company outside of the agency
  - I am unsure

PDGM



OASIS Items in PDGM

- “When coding this item, the assessing clinician may consider available input from other agency staff who have had direct patient contact”

M1800 Grooming

M1810 Upper Body Dressing

M1820 Lower Body Dressing

M1830 Bathing

M1840 Toilet Transferring

M1850 Transferring

M1860 Ambulation

M1032 Risk of Hospitalization

Key Definitions: Nothing New

Assistance

- Defined as: “help, aid, support”
- Anything another person would do to ensure the safe completion of the task
  - Physical assistance
  - Verbal cues
  - Supervision
  - Reminders
- Ask, “Would there be any concerns if no one were there when the task was being done?”

Safety

- Defined as: “involving little or no risk of mishap”
- Impacted by one or more issues
  - Physical ability
  - Cognitive issues
  - Environment
  - Medical restrictions
  - Sensory issues
  - Equipment
- Ask, “Am I completely comfortable with how this task is being completed?”

Functional Impairment Level

TABLE 9: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY FUNCTIONAL IMPAIRMENT LEVEL, CYs 2018-2020

Functional Impairment Level	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	Average Case mix Weight for Each Group
Low	33.9%	31.9%	25.6%	0.8392
Medium	34.9%	35.5%	32.7%	1.0373
High	31.2%	32.6%	41.7%	1.1724

Source: Analysis of data for CY 2018 through CY 2020. CY 2018 and CY 2019 data came from the Home Health LDS file and we applied the three behavioral assumptions to half the claims (randomly selected). CY 2020 was accessed from the CCW VRDC on March 30, 2021.

https://public-inspection.federalregister.gov/2021-13763.pdf

OASIS Compliance Checklist

- **What** are the trends?
  - External benchmarks
  - Internal benchmarks
- **Who** is doing your OASIS reviews?
  - In house/outsourcing
  - Adherence to official guidance
- **How** engaged are the clinicians in OASIS accuracy?
  - Five-day window
  - Correction process

Chapter 3

PDGM and Utilization

Poll Question #3

- **Clinical visits (SN/PT/OT/SLP) in 2020:**
  - Were higher than in 2019
  - Were about the same as in 2019
  - Were lower than in 2019
  - I am unsure

Historical Impact of Payment on Utilization

Nursing

- Pre PPS (before 2000)
  - Visits = $$
  - BID = happy!
  - More aides
- PPS (2000–2019)
  - Episodes = $$
  - BID = unhappy!
  - Fewer aides

Therapy (before 2000)

- Pre PPS
  - Visits = $$
  - Peak 6–7 visits
- PPS (2000–2019)
  - 10
    - Peak 11–13 visits
  - 6, 14, 20
    - Growth in 14+/20+

Therapy MLN: February 2020

SE20005: The Role of Therapy under the Home Health Patient Groupings Model (PDGM)

Link: https://www.cms.gov/files/document/se20005.pdf

- Has eligibility and coverage changed under PDGM?
  - No. PPS continues to be a bundled payment meant to cover all home health services as described at 42 CFR 409.44
- The continued role of therapy under PDGM:
  - The need for therapy service under PDGM remains unchanged.
  - While the principal diagnosis helps define the primary reason for HH services, it does not in any way direct what services should be included in the plan of care.

https://www.cms.gov/files/document/se20005.pdf

Survey: February 2020

Collaboration between APTA and its components, Home Health Section (HHS), Health Policy & Administration Section (HPA), and Academy of Geriatric Physical Therapy (AGPT)

- Received 1,718 individual responses
- Not limited to APTA members, or just PTs and PTAs
  - 1,269 respondents were PTs or PTAs
  - Anyone who worked in SNF or HH setting
    - 870 currently worked in HH
    - 149 previously worked in HH

Survey Findings

- Caseload/volume changes over the last 12 months
  - 41% of HHA respondents reported a **decrease** of more than 20%
- Treatment visit changes over the last 12 months
  - 62% of HHA respondents reported a **decrease** in treatment visits
- Therapy length of stay changes over the last 12 months
  - 75% of HHA respondents reported a **shorter** average therapy length of stay
- Salary/pay changes over the last 12 months
  - 20% of HHA respondents reported their pay **decreased** by more than 20%; 16% by less than 20%
  - 49% of HHA respondents reported no change in their pay

Utilization of Visits

TABLE 3: UTILIZATION OF VISITS PER 30-DAY PERIODS OF CARE BY HOME HEALTH DISCIPLINE, CYs 2018-2020

Discipline	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020
Skilled Nursing	4.53	4.49	4.35
Physical Therapy	3.30	3.33	2.71
Occupational Therapy	1.02	1.07	0.78
Speech Therapy	0.21	0.21	0.16
Home Health Aide	0.72	0.67	0.54
Social Worker	0.08	0.08	0.06
Total (all disciplines)	9.86	9.85	8.59

Source: Analysis of data for CY 2018 through CY 2020. CY 2018 and CY 2019 data came from the Home Health LDS file and we applied the three behavioral assumptions to half the claims (randomly selected). CY 2020 was accessed from the CCW VRDC on March 30, 2021.

Notes: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in this analysis. All 30-day periods of care were included (for example LUPAs, PEPs, and outliers).

https://public-inspection.federalregister.gov/2021-13763.pdf

TOPS Study Findings

> **There is significant potential for harm in cutting therapy aggressively in response to any payment change.**
>
> —Jason Falvey, PT, DPT, PhD

- Therapy Outcomes in Post-Acute Care Settings (TOPS) key findings:
  - Patients receiving OT and PT during their initial post-acute episode were **less likely** to be re-admitted to hospitals
  - Patients receiving the fewest minutes of OT and PT have **worse functional outcomes** than do patients receiving more minutes
  - Specific to HH: patients benefit from **increases in therapy** across varying lengths of stay

Compounding the Problem?

Functional impairment

Therapy utilization

Additional Considerations

- Are our utilization decisions based on the presentation of the patient or driven by payment?
- What are the longer-term implications/risks?
  - Home health compare
  - STARS ratings
  - Patient satisfaction
  - Home health value-based purchasing expansion

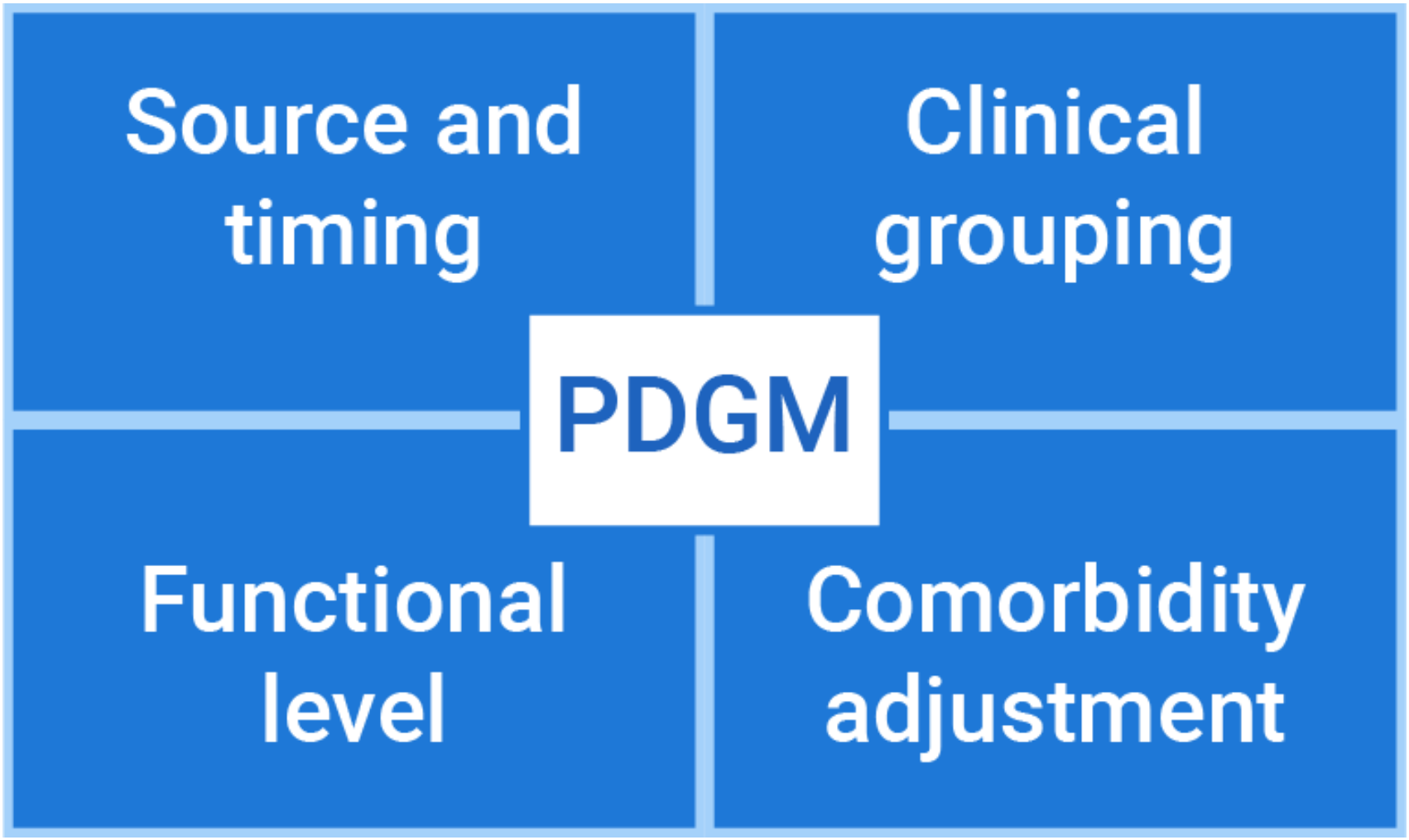
Utilization Checklist

- **What** are the trends?
  - External benchmarks
  - Internal benchmarks
- **Who** is driving utilization decisions?
  - Office-based staff
  - Clinicians
- **Who** is accountable for utilization decisions?
  - Office-based staff
  - Clinicians
- **Is** the agency providing the full benefit?
  - Maintenance therapy
  - M&E/O&A for nursing

What About the Pandemic?

- It is undeniable that the pandemic impacted the provision of home health in 2020 and beyond
  - Coding
  - OASIS
  - Utilization
- The pandemic did not create a “free pass” situation
- Agencies cannot make assumptions when looking at data and must drill down to ensure decisions are defensible and remain so going forward

Summary

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