



PADONA /LTCN

Pennsylvania Association of
Directors of Nursing Administration

DEDICATED TO SERVICE
COMMITTED TO CARING

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PADONA ENews



Dear PADONA Members,

This past month has been filled with celebrations expressing gratitude to those who have fought for us, helped shape us, and work beside us in service to those whose care we are entrusted. We appreciated our nurses who inspire, innovate, and influence each and every day. Many of us spent time celebrating life's stories during National Skilled Nursing Care Week, as a tribute to life's most significant events, relationships and experiences that shape the unique perspectives of our residents, families, staff, and volunteers in long term and post-acute care. We spent time honoring motherhood on Mother's Day. And, more recently expressed our gratitude and remembrance of those brave men and women who sacrificed their lives in service of our great nation on Memorial Day. Each of these observances gives us the opportunity to demonstrate our gratitude and reflect on the importance of those who have shaped and impacted our lives in immeasurable ways! "No one who achieves success does so without the help of others. The wise and confident acknowledge this help with gratitude" (Alfred North Whitehead). Whatever your definition of success.....the only limit to achieving success is **YOU**.....*gratitude and attitude are daily choices!*

A few exciting updates to share:

We have engaged the services of a Professional Development Nurse Educator to develop and provide educational programming and practice resources for you and your management team! Rebecca Flack will begin work for PADONA in this role over the coming months. We are excited to have Rebecca join our team!

I want to continue to encourage each of you to join our forum on the PADONA website. You asked and we listened! We added this feature several months ago, at your request. The forum has been slow in spreading but I am hopeful that we can make it a useful forum to network with each other, seek advice, and give support to one another! The link is: <http://padona.com/forum>. This is a great venue to post questions to other PADONA members and seek advice and input on issues that arise in your day to day operations.

The PADONA/LeadingAge PA webinar series on the Phase 2 requirements of participation focusing on the revised regulatory requirements and critical element pathways continues! Webinars are held every other week on Tuesdays from 11AM-12N. **The next session will feature Sophie Campbell, Director of Clinical Advisory Services at Baker Tilly Virchow Krause LLP. She will be discussing Quality Assurance and Performance Improvement. You can [Register now](#). The webinars are taped and past webinars can be accessed on the PADONA website.**

PADONA's LTC Leadership Development Program will be held October 16-19, 2018 at The Holiday Inn Harrisburg – Hershey in Grantville, PA. Session details and registration information will be released in the next few weeks. This program has been very popular so early registration is strongly recommended. It is a 4-day program packed with

How to Reach Us at :

Susan Piscator,
Board of Directors Chair
spiscator@padona.com

Candace McMullen
Executive Director

cmcmullen@padona.com

Terri Gabany,
Area I President
tgabany@grovesmanor.care

Candace McMullen
Area II President
cmcmullen@hmwd.org

Lois Pasco
Area III President
Impasco@verizon.net

Candace Jones,
Administrative Director
cjones@padona.com

Sue Keogh,
Webmaster
skeogh@padona.com



information critical to Directors of Nursing and the nursing administration team. The course agenda includes a review of; the federal and state regulations, survey and enforcement process, quality assurance and performance improvement, quality measures and the 5-star rating system, legal concerns specific to the long-term care industry, financial management, and audit management. It is co-taught by Sophie Campbell and me. In addition to the plethora of great content, upon completion of the program qualified attendees may choose to take the online American Society for Long Term Care Nurses certification exam and utilize the "CNDLTC" credential. Sophie and I look forward to interacting with you and your staff during the October program! As always, please do not hesitate to let us know how PADONA can be of assistance to you. We look forward to some exciting changes over the next several months. Wishing you all a healthy kick-off to summer!

In Your Service,

Candace McMullen
PADONA Executive Director

Proposed Changes to Provider Reimbursement

Provided by Sophie Campbell from Baker Tilly Virchow Krause, LLP

The Centers for Medicare and Medicaid Services (CMS) recently announced several proposed changes that, if finalized, will have a significant impact on SNF provider reimbursement. We have summarized a few of the key items to assist you and your management team with understanding potential future implications.

Providers have been required to submit quality reporting data to avoid a 2% reduction in payment in FY2019. The quality reporting data includes three MDS assessment items; (i.) section GG, (ii.) section J for falls with major injury and (iii.) section M for new or worsened pressure ulcers. These are also recognizable as measures contained in our quality measures report impacting our Five Star Quality Rating. Providers must submit a minimum of 80% of the data, in these sections of the MDS assessments, to prevent the reduction in payment. If a provider fails to meet this minimum submission, the 2% reduction will begin October 1, 2018. Assessment nurses should retrieve the QRP reports through the CASPER site to confirm the minimum submission requirements have been met. There is an opportunity to modify assessments prior to the quarterly deadlines. It is important to note that one reason MDS assessment data may not reflect the 80% requirement is the use of dashes in coding MDS items rather than actual values in these assessment items.

Additionally, CMS has proposed displaying the QRP data for the three clinical measures (i. percent of residents experiencing one of more falls with major injury, ii. changes in skin integrity with new or worsened pressure ulcers and iii. percent of residents with changes in functional assessment) and the three claims based measures (i. Medicare spending per beneficiary, ii. discharges to the community and iii. potentially preventable 30 day post discharge hospital readmissions) on the Nursing Home Compare website in FY2019. CMS has also approved an additional measure for which data collection will begin October 1, 2018. This measure is the drug regimen review with follow up for identified items.



A second area that has recently been addressed by CMS includes the Value Based Purchasing (VBP) program. The VBP program is related to the skilled nursing facility (SNF) all -cause readmissions to the hospital in the first 30 days. Provider scoring in the VBP program calculates a SNFs performance for readmission rates in one of two ways. The first is the improvement demonstrated by the provider each year since 2015 and the second is the performance of the specific individual provider for one year as compared to other providers. Data specific to the VBP program is expected to be provided no later than August 1, 2018 and accessible through the QIES-CASPER system in the form of a SNF Performance Score Report. Once reports are available, providers will have 30 days to review, correct and submit the corrections related to their data on this measure. There will be a range of impact to Provider payment rates that will be included as part of the Final Rule expected to be published later in the summer.

CMS has also proposed a significant revision to the current Medicare payment model for FY2020. The current model is the Prospective Payment System (PPS) while the proposed model is the Patient- Driven Payment Model (PDPM). This change in the reimbursement model is driven by The Office of Inspector General (OIG) evaluation of the PPS system and a perceived financial incentive related to service delivery rather than resident characteristics. The perceived incentive is based on the provider payment of a per diem driven by the delivery of services, particularly rehabilitation therapy or higher acuity nursing clinical services, among the highest per diem payments under the PPS system. The proposed PDPM reimbursement system would classify each resident according to five components, including; physical therapy, occupational therapy, speech language pathology, non-therapy ancillaries and nursing. A single payment rate would then be determined based on each of these five components. The proposed PDPM is designed to identify and adjust for the varied needs and characteristics of a resident's care and combine this information in determining Provider payment. Essentially, provider payments will be based on clinical characteristics rather than the level of service delivery. This change is intended to result in more accurate provider payments and more appropriate care for the residents.

The proposed PDPM reimbursement system assigns residents into a clinical category based on the clinical reasons for the SNF stay and functional status of the resident. Under the current proposal, the categorization into the clinical category will be based on the ICD-10 diagnosis code coded in Item I8000 of the MDS. The first line of I8000 would be used as the primary reason for the SNF stay. Surgical procedures would also be coded on the second line of I8000 when the surgical procedure at the acute care hospital resulted in the aftercare admission to the post-acute provider facility.

Additionally, a resident's functional ability will be measured by activities in daily living (ADLs) correlated to the need for rehabilitation therapy as well as the level of service delivery and costs of care. This is expected to be driven by the coding of four items in section G of the MDS (bed mobility, transfers, eating and toilet use) and functional items from section GG of the MDS. This is felt to be a more standardized and comprehensive approach to measuring functional status of the resident thereby supporting the need for rehabilitation therapy services.



The changes associated with the PDP system increases the necessity of accurate coding of section GG while ensuring a true multi-disciplinary approach to evaluating the resident's functional items. The proposed changes also increase the importance of accuracy of ICD-10 diagnosis coding in Section I. Other system changes propose to reduce provider burden by reducing the number of MDS assessments by using the 5-day SNF PPS scheduled assessment to classify a resident under the proposed SNF PDP for the entire Part A SNF stay. Resident's would then be re-classified, as appropriate, through completion of an Interim Payment Assessment (IPA) that includes all of the items currently included in the 5-day SNF PPS MDS.

This article provides an overview of the relevant points of the proposed Medicare reimbursement changes. It is strongly recommended that providers visit the CMS website for continued updates and further explanations of the pending changes.

Sophie A. Campbell, MSN, RN, CRRN, RAC-CT, CNDLTC
Director, Clinical Advisory Services
Baker Tilly Virchow Krause, LLP
Sophie.campbell@bakertilly.com

Employment Opportunities

[Check out the PADONA website for new job opportunities.](#)



Calendar Updates

- June 12 - Education Committee
- June 12 - Convention Committee
- June 19 - Finance Committee
- June 29- PADONA Board Meeting
- August 7- PADONA Bylaw Meeting
- September 7 - PADONA Board Meeting
- December 7 - PADONA Board Meeting

2019 Exhibitors: Sign Up for the PADONA 31st Annual Convention

Exhibitor locations are already booked for 2019!
Convention in Hershey, PA, April 3 through 5, 2019





Medicare Program: Prospective Payment System & Consolidated Billing for Skilled Nursing Facilities (SNF PPS) for FY 2019, SNF Value-Based Purchasing Program, and SNF Quality Reporting Program Proposed Rule

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-27-4.html>

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-04-27.html>

<https://www.federalregister.gov/documents/2018/05/08/2018-09015/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

RoP Phase 2 Regulatory Changes—Webinar Recordings

<https://attendee.gotowebinar.com/recording/7052241582878871820>

<https://attendee.gotowebinar.com/recording/800789003072731655>
