DATA SPEAKS

AAPACN
AMERICAN ASSOCIATION OF POST-ACUTE CARE NURSING

ACHCA
American College of Health Care Administrators

BRR | BROAD RIVER REHAB

DATA Speaks Course 4: How are My NTAs? A Nationwide Look at Where NTA Points Stack Up

Speakers:

Jessie McGill, RN, RAC-MTA, RAC-CTA, AAPACN

Dr. Kendall Brune, PhD, CPH, MBA, LNHA, Fellow
District 6 Governor, American College of Healthcare Administrators (ACHCA)

Renee Kinder MS, CCC-SLP, RAC-CT,
EVP of Clinical Services Broad River Rehab

Joel VanEaton BSN, RN, RAC-CT, RAC-CTA, Master Teacher,
EVP of Compliance and Regulatory Affairs Broad River Rehab

Faculty Disclosure

- We have no financial relationships to disclose
- We have no conflicts of interests to disclose
- We will not promote any commercial products or services

Requirements for Successful Completion

- 1.5 contact hours will be awarded for this continuing nursing education and administrator activity (NAB via BRR)- FEEDBACK form must be completed
- Criteria for successful completion includes attendance for at least 80% of the entire event. Partial credit may not be awarded
- Approval of this continuing education activity does not imply endorsement by AAPACN or ANCC (American Nurses Credential Center) of any commercial products or services

American Association of Post-Acute Care Nursing (AAPACN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

What is DATA SPEAKS?

A collaborative learning series between AAPACN, ACHCA, and Broad River Rehab.

Course 1: CMS Claims Data 101: How it is used and What you should track

Course 2: What is my niche? Data Driven Decision Making

Course 3: What's my PDPM Primary Category? Does I0020B make sense for my residents?

Course 4: How are my NTAs? A Nationwide look at where NTA Points Stack Up.

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Series Overview

Identified Gap(s):

Session will detail nationwide patient flow data to SNFs and what patterns have emerged as to the kinds of residents that SNFs are receiving.

Description of current state:

Currently providers, beneficiaries and care teams have limited access to CMS data aside from what is analyzed internally within their communities and publicly reported on CMS.GOV and Nursing Home Compare.

Description of desired/achievable state:

Attendees will achieve an increased understanding of national and regional based trends allowing for improved decision-making capabilities internally and for strategic partnerships with acute care hospitals and providers in their communities.

Course Overview

- Session will provide focus on nationwide data that indicates which states have become proficient at finding NTA comorbidities and which comorbidities seem to be rising to the top of the list

Learner Objectives

As a result of this presentation participants will be able to:

1. Define clinical co-morbidities (NTA non therapy ancillary) which impact reimbursement under Medicare Part A Patient Driven Payment Model (PDPM)
2. Describe metrics for measuring NTA accuracy internally and comparing to national trending data from CMS ResDAC.
3. Explain best practice for assessing trends for NTA associated with COVID-19 recovery based on evidenced based practice metrics from the American Congress of Rehab Medicine.

Jessie McGill

Jessie McGill, RN, RAC-MTA, RAC-MT, is a curriculum development specialist for AAPACN. Previously, Jessie worked as the director of clinical reimbursement for a large long-term care organization overseeing 17 clinical reimbursement consultants across 21 states including nearly 300 living centers. She has more than 19 years of long-term care experience including restorative nurse, MDS coordinator, regional clinical reimbursement specialist, clinical reimbursement trainer, and director of clinical reimbursement. Jessie is passionate about developing the skills of nurse assessment coordinators, restorative nursing, and improving residents' quality of life and care.

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Dr. Kendall Brune

- **Dr. Kendall Brune, PhD, CHP, MBA, LNHA, FACHCA** has thirty plus years of experience in senior healthcare executive capacities in the development, construction and operation of ambulatory, pharmacy, senior housing, and care facilities. He currently owns, operates and manages facilities in MO, IL, TN and FL. Dr. Brune is an Adjunct Associate Professor in Family Medicine at Meharry Medical College. He also serves as the District 6 Governor for American College of Healthcare Administrators

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Renee Kinder

Renee Kinder, MS, CCC-SLP, RAC-CT is Executive Vice President of Clinical Services for Broad River Rehab. Additionally, she authors McKnight's Long Term Care News Rehab Realities Blog, serves as Gerontology Professional Development Manager for the American Speech Language Hearing Association's (ASHA) gerontology special interest group, is the ASHA STAMP for Kentucky, a member of the University of Kentucky College of Medicine community faculty, and is an alternate advisor to the American Medical Association's Relative Value Update Committee (RUC) Health Care Professionals Advisory Committee (HCPAC)

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Joel VanEaton

Joel VanEaton, BSN, RN, RAC-CT, RAC-CTA, MT is Executive Vice President of Compliance and Regulatory Affairs for Broad River Rehab serving facilities in TN, KY, GA, NC, SC, OH, MD and RI. Joel began his career in LTC as an MDS coordinator and worked for many years as the Director of Clinical Reimbursement and RAI for a group of nursing facilities in Tennessee and Kentucky. Joel has contributed to McKnight's LTC News and the AANAC LTC Leader. He currently serves as a board member on the AAPACN Education Foundation

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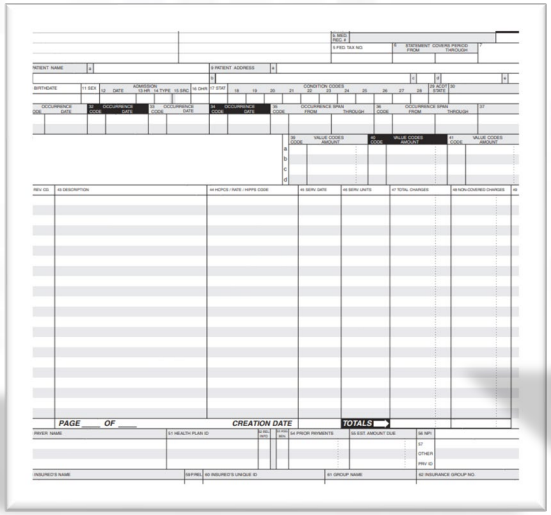
Non-therapy Ancillary (NTA)

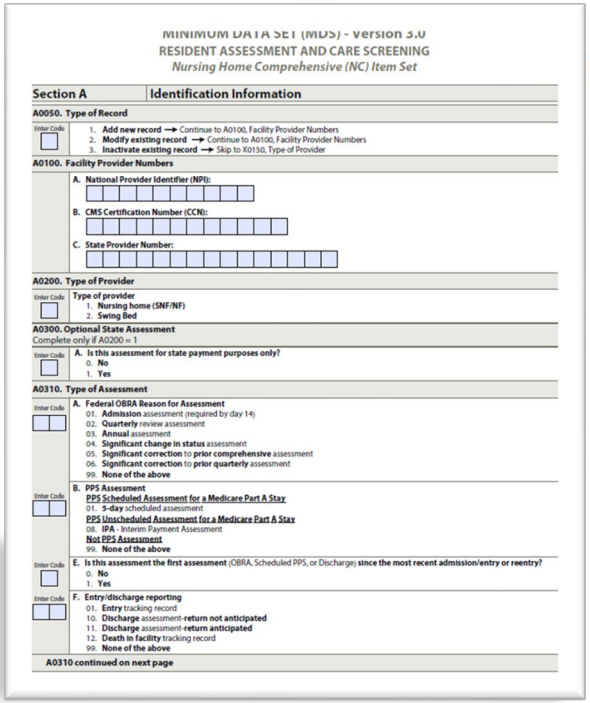
- NTA case-mix methodology
  - Sum of points assigned to the presence of 50 different conditions or extensive services
  - Higher points equals higher case-mix index (CMI)

NTA Score Range	NTA Case-Mix Group	NTA CMI
12+	NA	3.24
9—11	NB	2.53
6—8	NC	1.84
3—5	ND	1.33
1—2	NE	0.96
0	NF	0.72

Non-therapy Ancillary (NTA)

- How are NTA points achieved?
  - Primarily uses MDS for classification, with one exception:
    - HIV/AIDS (ICD-10-CM B20) is only identified on the Medicare claim
    - Assigned 8 points





MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A | Identification Information

A0050. Type of Record
Enter Code
1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers
A. **National Provider Identifier (NPI):**
B. **CMS Certification Number (CCN):**
C. **State Provider Number:**

A0200. Type of Provider
Enter Code
Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0300. Optional State Assessment
Complete only if A0200 = 1
Enter Code
A. **Is this assessment for state payment purposes only?**
0. **No**
1. **Yes**

A0310. Type of Assessment
Enter Code
A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code
B. **PPS Assessment**
PPS Scheduled Assessment for a Medicare Part A Stay
01. **5-day** scheduled assessment
PPS Unscheduled Assessment for a Medicare Part A Stay
08. **IPA** - Interim Payment Assessment
Not PPS Assessment
99. **None of the above**

Enter Code
E. **Is this assessment the first assessment** (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?**
0. **No**
1. **Yes**

Enter Code
F. **Entry/discharge reporting**
01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

A0310 continued on next page

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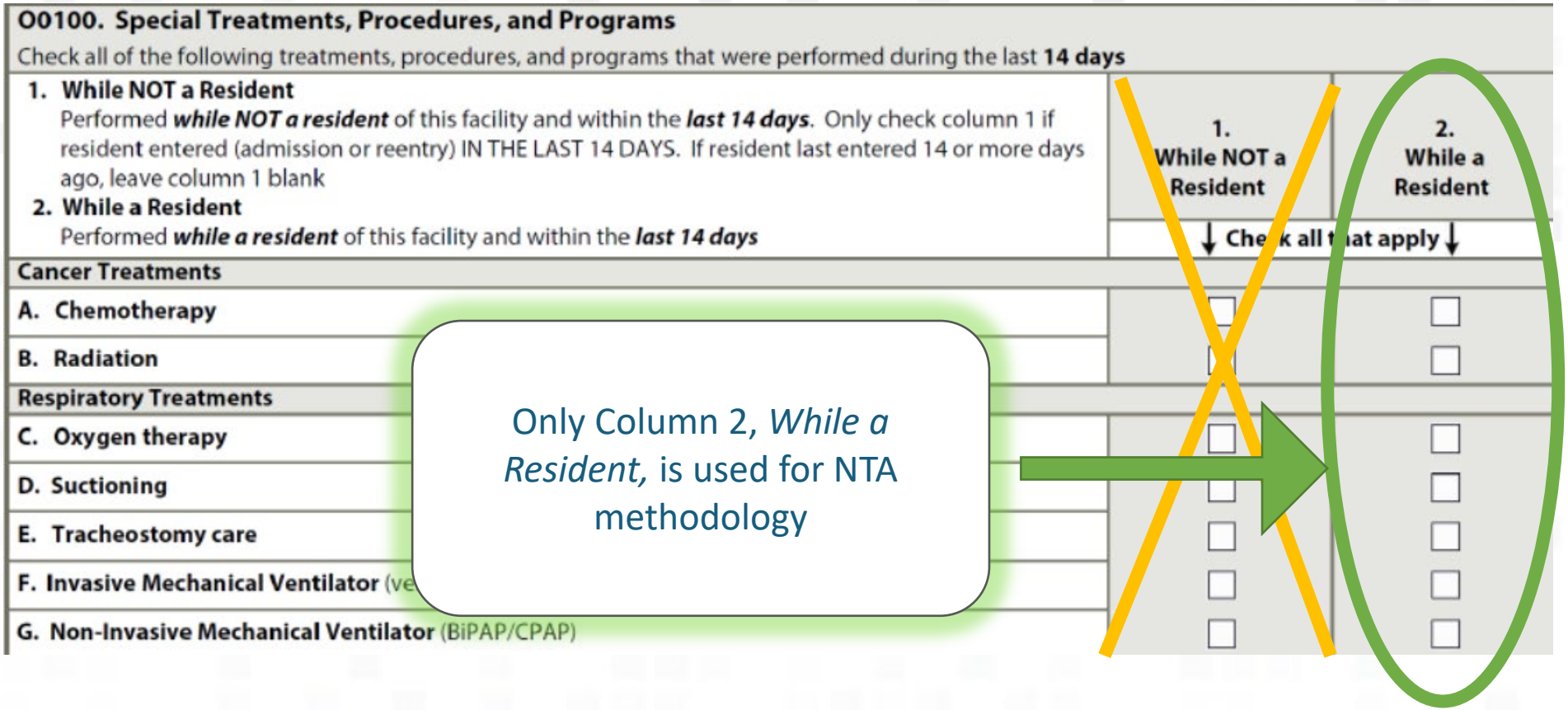
NTA- Section O



O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 14 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 14 days***

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	☐	☐
B. Radiation	☐	☐
Respiratory Treatments		
C. Oxygen therapy	☐	☐
D. Suctioning	☐	☐
E. Tracheostomy care	☐	☐
F. Invasive Mechanical Ventilator (ve	☐	☐
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	☐	☐

NTA- Section O

B. Radiation	1 NTA Point
D. Suctioning	1 NTA Point
E. Tracheostomy care	1 NTA Point
F. Invasive Mechanical Ventilator (ventilator or respirator)	4 NTA Points

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NTA- Section O

H. IV medications	5 NTA Points
I. Transfusions	2 NTA Points

M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	1 NTA Point

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NTA- Section M

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

1. **Number of Stage 4 pressure ulcers** - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device

1 NTA Point

Foot Problems 1 NTA Point

A. Infection of the foot (e.g., cellulitis, purulent drainage)

C. Other open lesion(s) on the foot

Note: 1 point for either or both; Do not get 1 point each

B. Diabetic foot ulcer(s) 1 NTA Point

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NTA – Section H

H0100. Appliances	
C. **Ostomy** (including urostomy, ileostomy, and colostomy)	1 NTA Point
D. **Intermittent catheterization**	1 NTA Point

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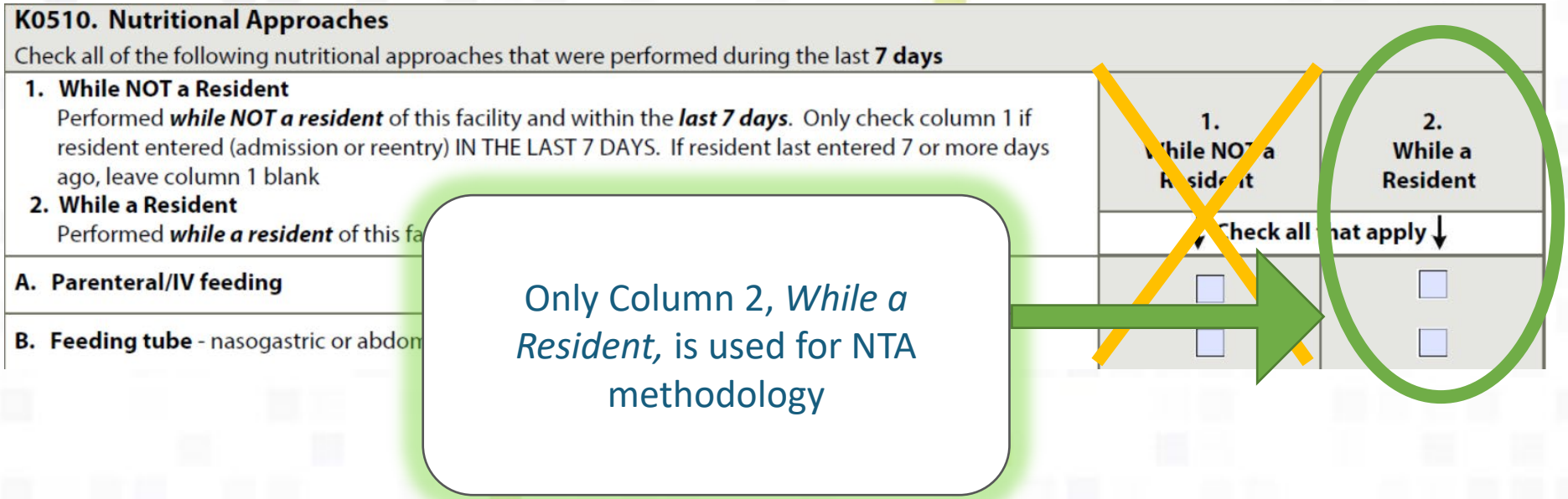
NTA – Section K



K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this fa

	1. While NOT a Resident	2. While a Resident
	Check all that apply	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube - nasogastric or abdon	☐	☐

Only Column 2, *While a Resident,* is used for NTA methodology

NTA – Section K

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

A. Parenteral/IV feeding

7 NTA Points

High Intensity: K0710A2 = 51% or more (while a resident)

3 NTA Points

Low Intensity: K0710A2 = 26-50% (while a resident) AND K0710B = 501cc/day or more (while a resident)

B. Feeding tube - nasogastric or abdominal (PEG)

1 NTA Point

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NTA – Section I

Section I	Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease

1 NTA Point

I1700. Multidrug-Resistant Organism (MDRO)

1 NTA Point

I2500. Wound Infection (other than foot)

2 NTA Points

I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)

2 NTA Points

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NTA – Section I

Section I	Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

I5200. Multiple Sclerosis (MS)

2 NTA Points

I5600. Malnutrition (protein or calorie) or at risk for malnutrition

1 NTA Point

I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease

2 NTA Points

NTA – Section I

Other

I8000. Additional active diagnoses

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A.

B.

C.

D.

E.

Mapping of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes

Overview

The following mapping of CCs and RxCCs to ICD-10-CM codes is based on the initial 2021 Risk Adjustment model software found at https://www.cms.gov/m

No data

Sort Order	Comorbidity Description	RxCC/CC	ICD-10-CM Code	ICD-10-CM Code Description
This is a fil	This is a filter cell	This is a filter cell	This is a filter cell	This is a filter cell
1	HIV/AIDS	NA	B20	Human immunodeficiency virus [HIV] diseas
2	Lung Transplant Status	RxCC395	T8630	Unspecified complication of heart-lung tran
			8631	Heart-lung transplant rejection
			2	Heart-lung transplant failure
			3	Heart-lung transplant infection
			9	Other complications of heart-lung transplan
			10	Lung transplant rejection
			11	Lung transplant failure
			12	Lung transplant infection
			18	Other complications of lung transplant
			19	Unspecified complication of lung transplant
			1	Encounter for aftercare following lung trans
			30	Encounter for aftercare following heart-lung
				Lung transplant status
			943	Heart and lungs transplant status
16	Major Organ Transplant Status, Except	RxCC260 RxCC396 RxCC397	T8610	Unspecified complication of kidney transpla
17	Major Organ Transplant Status, Except	RxCC260 RxCC396 RxCC397	T8611	Kidney transplant rejection
18	Major Organ Transplant Status, Except	RxCC260 RxCC396 RxCC397	T8612	Kidney transplant failure
19	Major Organ Transplant Status, Except	RxCC260 RxCC396 RxCC397	T8613	Kidney transplant infection

I8000 ICD-10-CM Codes Mapping File:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

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NTA – Section I

Section I: Additional Active Diagnoses (I8000)

- Lung Transplant Status
  - 3 points
- Major Organ Transplant Status, Except Lung
  - 2 points
- Opportunistic Infections
  - 2 points
- Bone/Joint/Muscle Infections/Necrosis – except Aseptic Necrosis of Bone
  - 2 points
- Chronic Myeloid Leukemia
  - 2 points
- Endocarditis
  - 1 point
- Immune Disorders
  - 1 point
- End-Stage Liver Disease
  - 1 point
- Narcolepsy and Cataplexy
  - 1 point
- Cystic Fibrosis
  - 1 point
- Specified Hereditary Metabolic/Immune Disorders
  - 1 point

NTA – Section I

Section I: Additional Active Diagnoses (I8000)

One NTA Point

- Morbid Obesity
- Psoriatic Arthropathy and Systemic Sclerosis
- Chronic Pancreatitis
- Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
- Complications of Specified Implanted Device or Graft
- Aseptic Necrosis of Bone
- Cardio-Respiratory Failure and Shock
- Myelodysplastic Syndromes and Myelofibrosis
- Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies
- Diabetic Retinopathy (Except Proliferative)
- Severe Skin Burn or Condition
- Intractable Epilepsy
- Disorders of Immunity – Except Immune Disorders
- Cirrhosis of Liver
- Respiratory Arrest
- Pulmonary Fibrosis and Other Chronic Lung Disorders

NTA Methodology

- Sum the total points the resident qualified for
- Identify case-mix group based on total points
- Case-Mix Index is used to adjust resident's NTA rate

Example: Resident qualified for 5 NTA points = Case-Mix group ND

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Administrators Take Away Points

- Essential to understand the relationship between medication costs and association with NTA coding accuracy
- Higher level education and training needed to ensure adequate coding practices in place.

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ResDAC

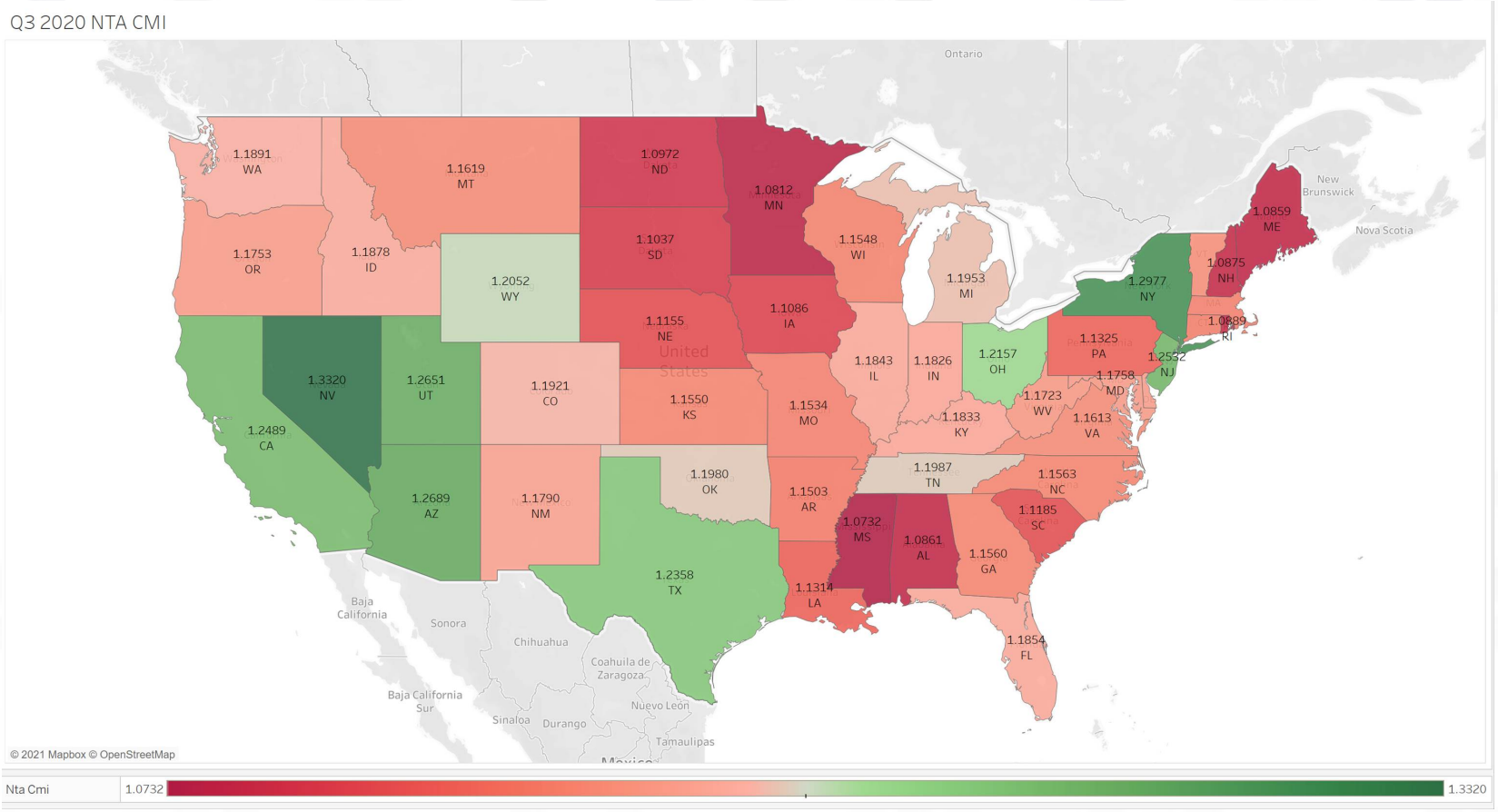
RESEARCH DATA ASSISTANCE CENTER

Your source for CMS data support

The Research Data Assistance Center (ResDAC) provides free assistance to academic and non-profit researchers interested in using Medicare, Medicaid, SCHIP, and Medicare Current Beneficiary Survey (MCBS) data for research. Primary funding for ResDAC comes from a CMS research contract. ResDAC is a consortium of faculty and staff from the University of Minnesota, Boston University, Dartmouth Medical School, and the Morehouse School of Medicine.

ResDAC offers a number of services for researchers with all levels of experience using or planning to use CMS data. Services include technical data assistance, information on available data resources, and training

Q3 2020 National Trends



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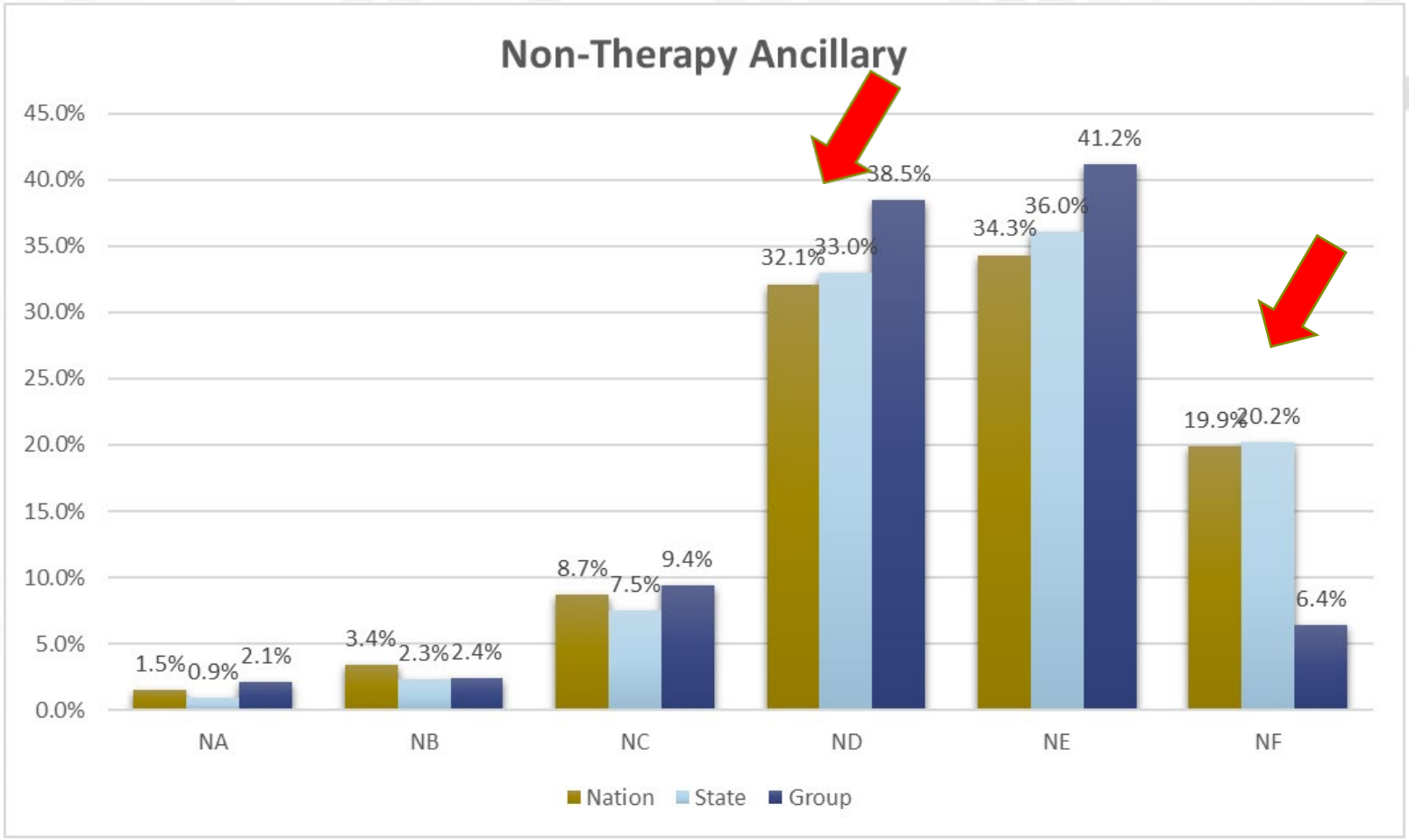
NTA Data Q3 2020



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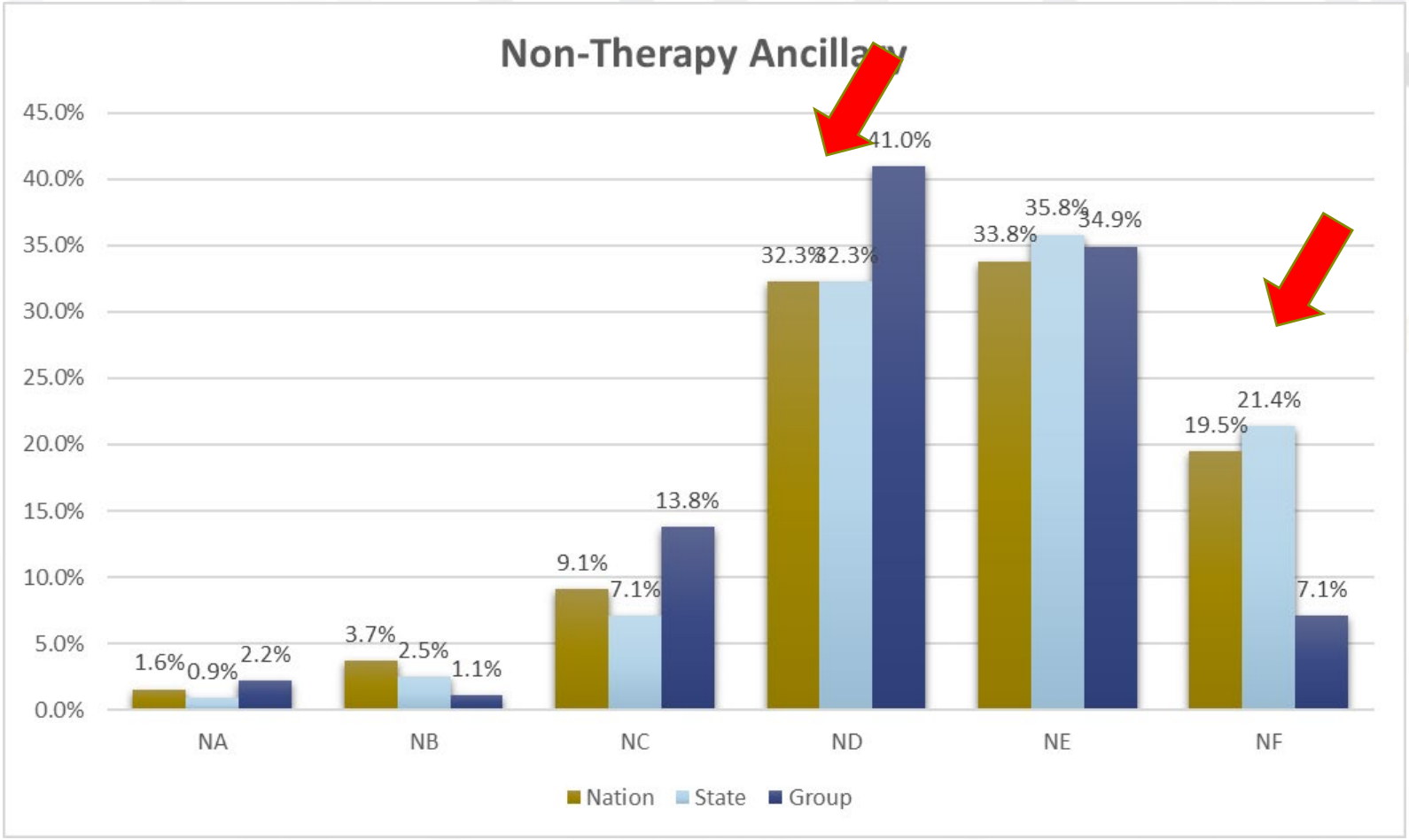
NTA Data Q2 2020



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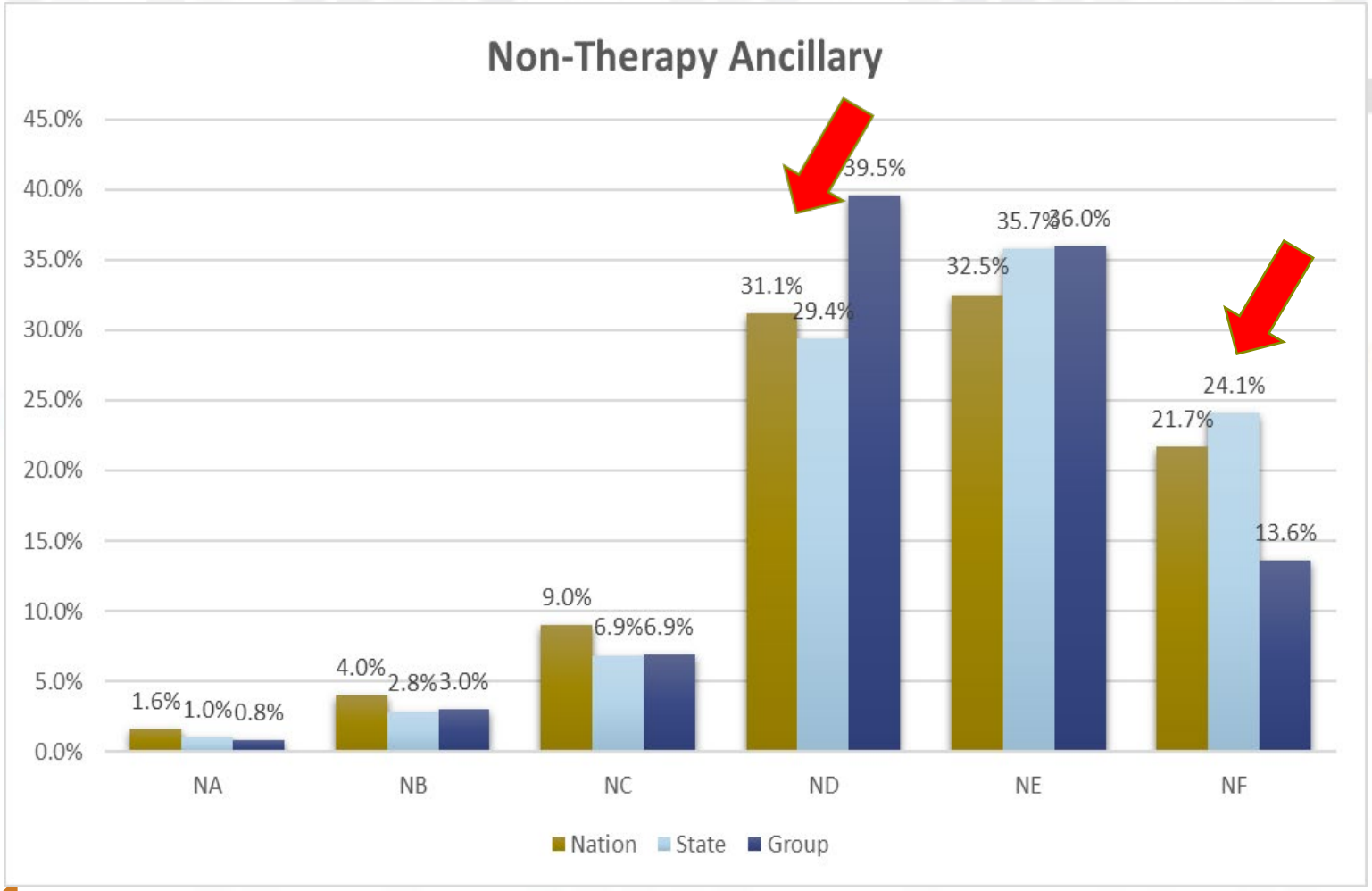
NTA Data Q1 2020



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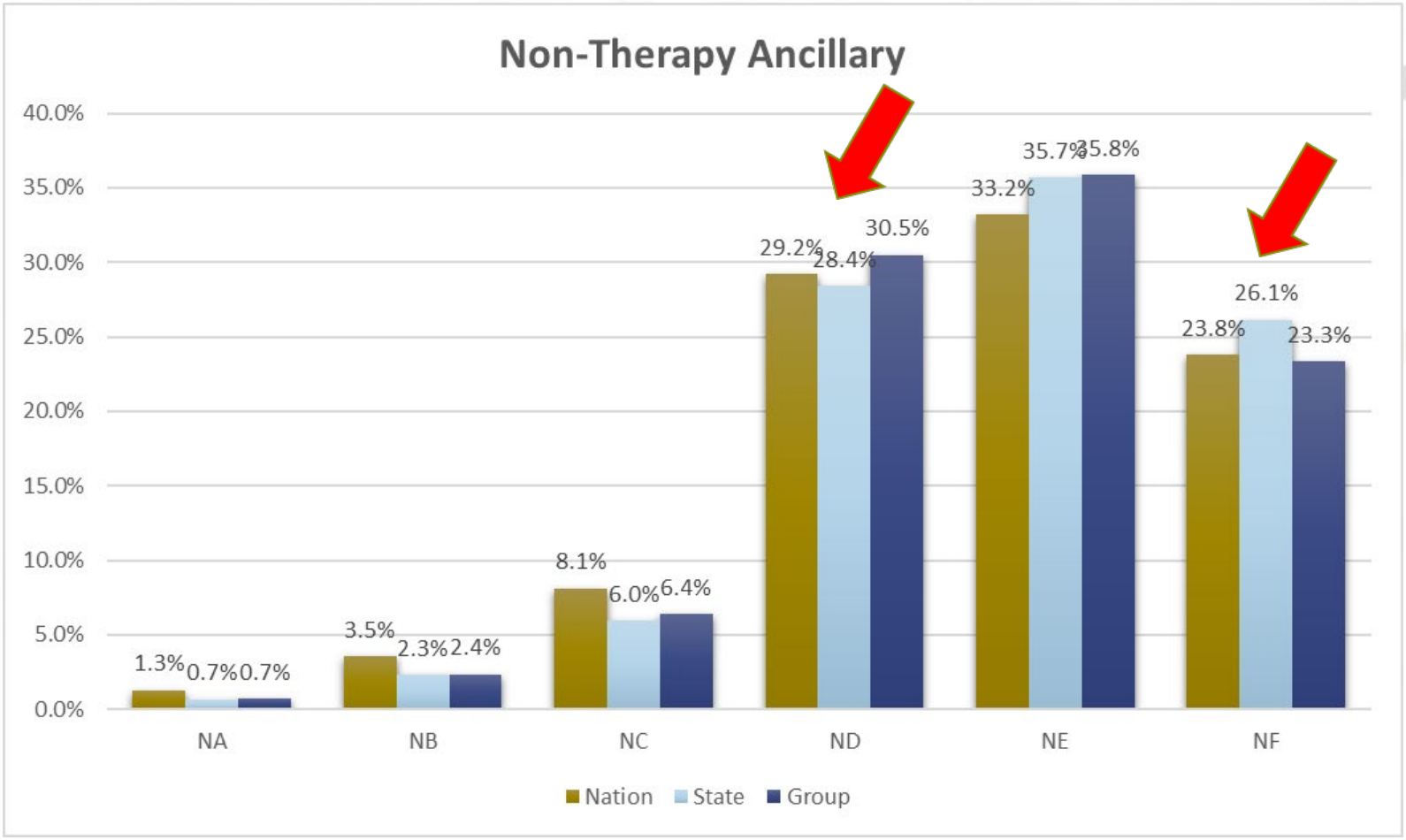
NTA Data Q4 2019



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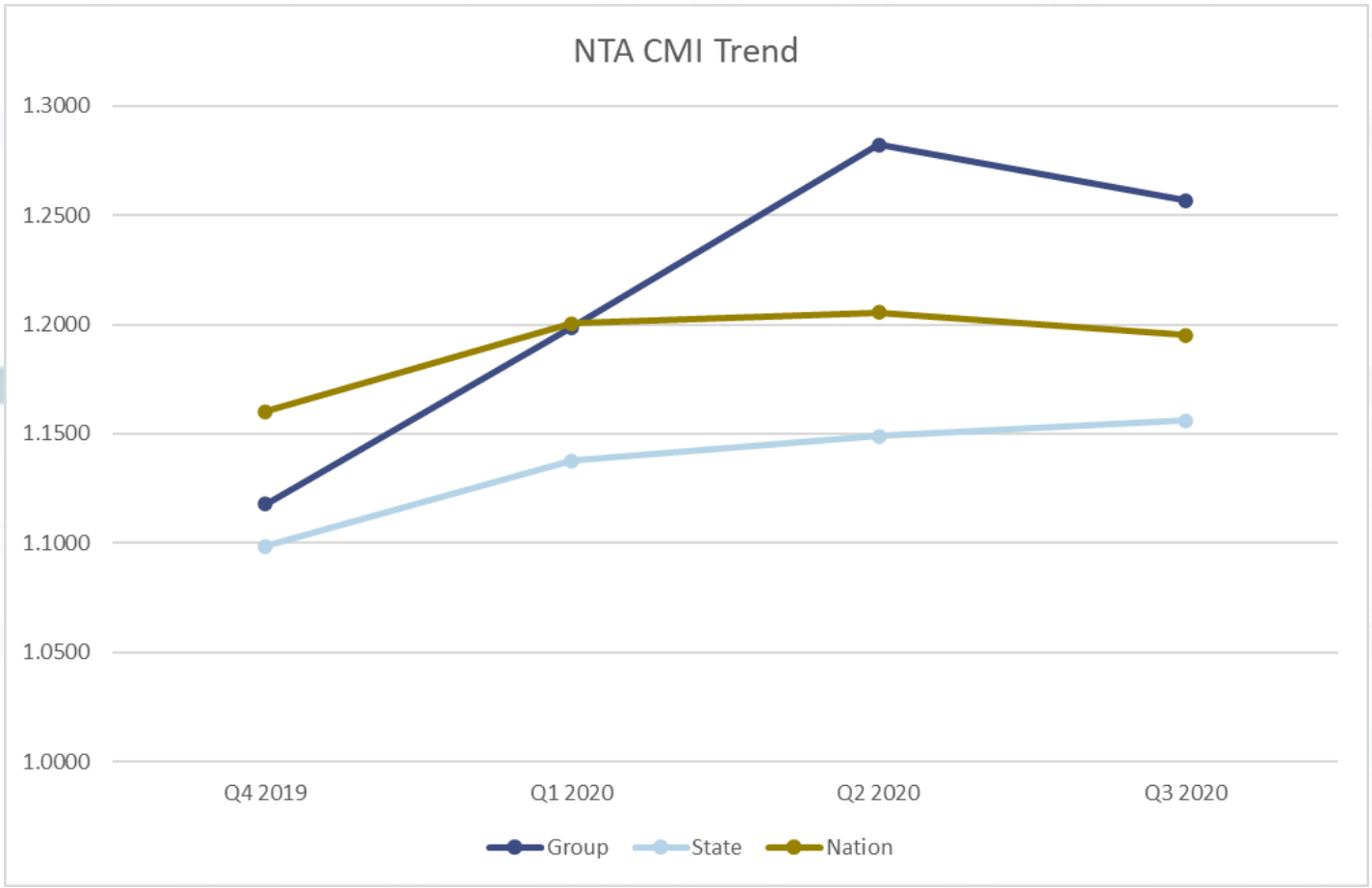
4 Quarter Trends



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Administrators Take Away Points

- Know your DATA! Review your internal data trends and number of individuals in categories from NA to NF
- Appreciate resident conditions coded on the MDS
- Recognize the complexity of the persons we serve daily
- Continue relationships with hospital partners to obtain clinical information prior to admission to skilled nursing facility.

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Chronic Care the IDT and COVID-19 Considerations

- Evidenced Based Review of the following systems:
  - Pulmonary
  - Neurologic
  - Hematologic
  - Renal
  - Skin
  - Liver
  - Mobility Considerations

American Congress of Rehab Medicine, What Now for Rehabilitation Specialists? Coronavirus Disease 2019 Questions and Answers, derived from: www.archives-pmr.org

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NTA Reminder:
Respiratory Arrest
Pulmonary Fibrosis and Other Chronic Lung Disorders

Pulmonary

- The lung damage of COVID-19 leads to an impairment of gas exchange, with potential for
- impaired pulmonary function.
- As a result, many patients report prolonged dyspnea and chest tightness, although the dyspnea may not be commensurate with the degree of hypoxia.
- **Pulmonary fibrosis is another factor that may affect long-term lung function**

Cardiac

NTA Reminder:
Cardio-Respiratory Failure and Shock

- Complications can include hypotension, arrhythmia, reduced ejection fraction, and myocarditis.
- Left ventricular dysfunction in the acute phase may be attributed to markedly increased cytokine levels.
- Activation or enhanced release of inflammatory cytokines can lead to necrosis of myocardial cells and exacerbations of coronary atherosclerotic plaques, making them prone to rupture.
- An intense inflammatory response superimposed on preexisting cardiovascular disease may precipitate cardiac injury.
- **Myocardial damage might result in long-term dysfunction and must be taken into consideration for patients entering rehabilitation**.
- Although most patients develop persistent tachycardia, it has been found to be relatively benign and self-limiting.

NTA Reminder:
Narcolepsy and Cataplexy

Neurologic

- Acutely, 36% of patients with COVID-19 develop neurologic symptoms, including headaches, altered consciousness, seizures, absence of smell and taste, paresthesias, and stroke.
- Posterior reversible encephalopathy syndrome, which causes headache, confusion, seizures, and visual loss can be a complication.
- COVID-19 has been associated viral encephalitis has also been rarely reported.
- Patients are found to have very high D-dimer levels and hypercoagulability, in turn potentially increasing the risk of acute cerebrovascular events.
- As with many viral syndromes, Guillain-Barre´ syndrome, acute demyelinating encephalopathy, acute necrotizing hemorrhagic encephalopathy, and acute transverse myelitis have also been rarely reported.
- Myopathy with severe muscular symptoms is commonly observed among moderate and severe cases.

Liver

NTA Reminder: End-Stage Liver Disease

- COVID-19 related liver dysfunction with abnormal liver enzymes (mainly elevated serum prominences in those patients who spend significant amounts of time in prone position.
- Frequent changes in position and the use of supports to float the bony prominences are required.
- **Interdisciplinary collaboration between the rehabilitation team, nursing, and respiratory therapy is crucial to provide frequent pressure relief. Prone teams that include physical or occupational therapists and are available 24 hours per day 7 days per week may be helpful in reinforcing proper technique to minimize injuries.**

NTA Reminder:
Diabetic Retinopathy Proliferative
Diabetic Retinopathy and Vitreous Hemorrhage

Diabetes

The world is currently grappling with a dual pandemic of diabetes and coronavirus disease 2019 (COVID-19). Several articles published in the recent issues of Diabetes, Obesity and Metabolism and elsewhere have raised concerns about a bi-directional relationship between these two health conditions. It is now undoubtedly proven that diabetes is associated with a poor prognosis of COVID-19. On the other hand, COVID-19 patients with diabetes frequently experience uncontrolled hyperglycemia and episodes of acute hyperglycemic crisis, requiring exceptionally high doses of insulin. **More intriguingly, recent reports show that newly diagnosed diabetes is commonly observed in COVID-19 patients.** *Diabetes Obesity and Metabolism, November 27, 2020*

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Chronic Conditions and Ventilation

- Survivors of acute respiratory distress syndrome with mechanical ventilation are reported to have complications such as laryngeal injury, tracheal stenosis, heterotopic ossification, contractures, adhesive capsulitis, decubitus ulcers, dysphonia, dysphagia, sensorineural hearing loss, brachial plexus injuries, and peripheral neuropathies (peroneal and ulnar).

Administrators Take Away Points

- Remember coding accuracy will likely impact future reimbursement refinement
- Recognize post pandemic considerations for patients and clinical staff
- While PDPM is a “new” reimbursement model, however, remember that you are providing the care already- simply need coding to reflect this to allow for appropriate reimbursement.

CEU Reminders

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