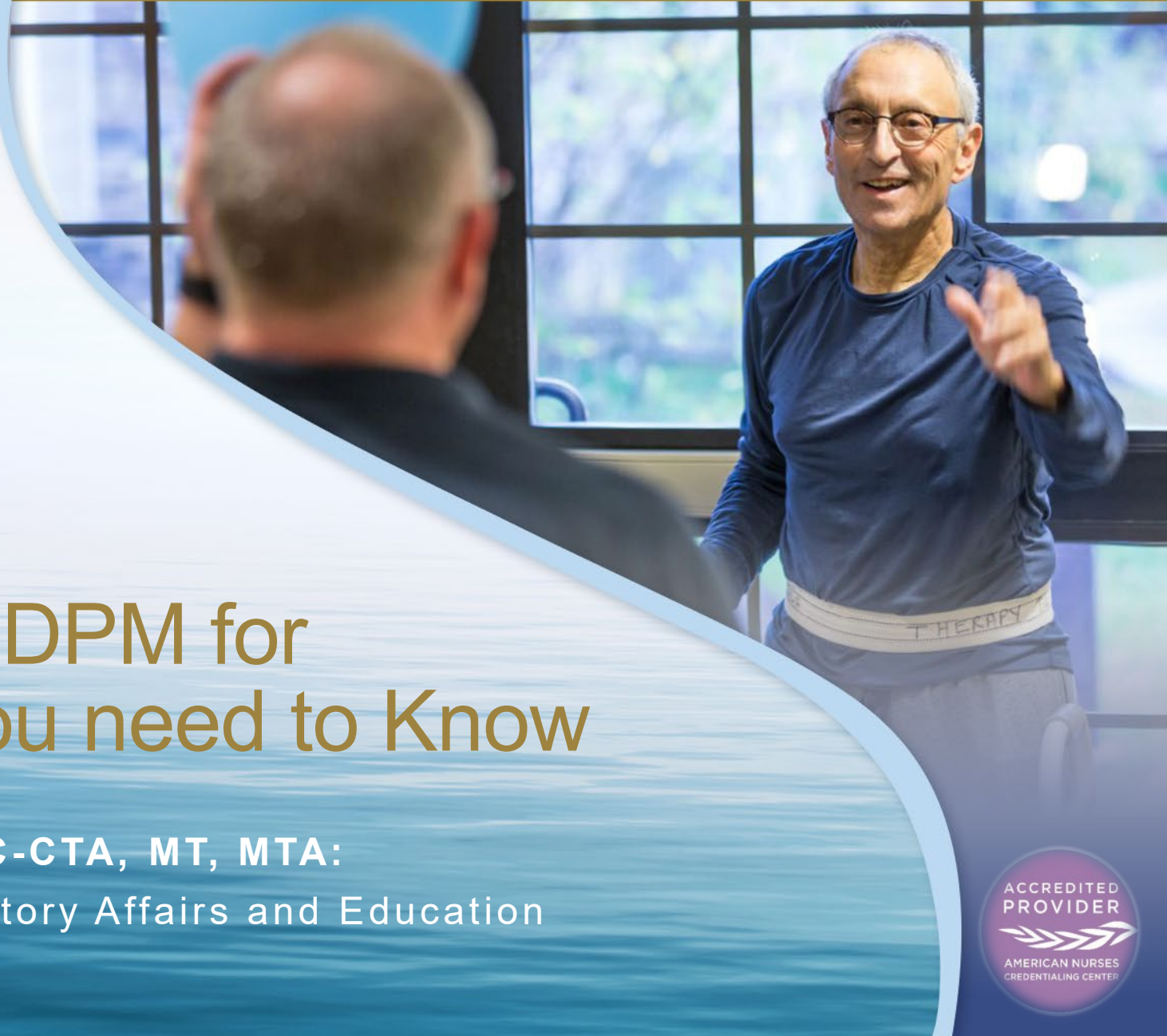


*“A Knowledgeable and Compassionate partner”*



# Georgia Transition to PDPM for Medicaid CMI: What you need to Know

**Joel VanEaton, BSN, RN, RAC-CT, RAC-CTA, MT, MTA:**  
Executive Vice President of PAC Regulatory Affairs and Education



# APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.0 contact hours.

# CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

# SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

# DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days





# Learning Objectives

## Transition to PDPM for Medicaid CMI

- Understand the state PDPM resource library and transition timeline
- Recognize the difference in the PDPM CMI calculation
- Identify the nursing components that contribute to the PDPM specific CMI
- Apply this understanding to facility CMI capture processes.

# Transition to PDPM for Medicaid CMI

- **Transition Resources:**
  - [GA PDPM Transition Resource Page](#)
  - [DCS Nursing Facility Policy Manual](#)



# Timeline

- **06/04/2023** – Meyers and Stauffer presents preliminary update at summer convention
- **07/01/2023** – Shadow rates for PDPM issued to providers (PDPM CMI to RUGs CMI Comparison) GA GCH makes the decision to use only the nursing component of PDPM for MCD CMI purposes.
- **10/01/2023** – CMS phases out RUGs begins PDPM only. Shadow rates for PDPM issues to providers (PDPM CMI to RUGs CMI comparison)
- **11/06/2023** – DCS and Meyers and Stauffer training with PDPM FAQ posted by Myers and Stauffer
- **01/01/2024** – Shadow rates for PDPM issued to providers (PDPM CMI to RUGs CMI comparison). 1/1/24 RUG based CMI and rate will stay frozen until July 2024. No new RUG based CMI data.
- **04/01/2024** - Shadow rates for PDPM issued to providers. No new RUG based CMI data.
- **07/01/2024** – DCH converts to PDPM for rate setting purposes.

# Georgia PDPM MCD CMI

	RUG-IV Component Value	PDPM Nursing Component	PDPM Nursing Component CMI	PDPM Nursing Component CMI – 2%
Extensive Services	ES3	A	3.95	4.03
	ES2	B	2.99	3.05
	ES1	C	2.85	2.91
Special Care High/Low	HDE2	D	2.33	2.38
	HDE1	E	1.94	1.98
	HBC2	F	2.18	2.22
	HBC1	G	1.81	1.85
	LDE2	H	2.02	2.06
	LDE1	I	1.68	1.71
	LBC2	J	1.67	1.70
	LBC1	K	1.39	1.42
Cognitive Impairment	CDE2	L	1.82	1.86
	CDE1	M	1.58	1.61
	CBC2	N	1.51	1.54
	CA2	O	1.06	1.08
	CBC1	P	1.3	1.33
	CA1	Q	0.91	0.93
Behavior Issues	BAB2	R	1.01	1.03
	BAB1	S	0.96	0.98
Physical Functioning	PDE2	T	1.53	1.56
	PDE1	U	1.43	1.46
	PBC2	V	1.19	1.21
	PA2	W	0.69	0.70
	PBC1	X	1.1	1.12
	PA1	Y	0.64	0.65



# Georgia PDPM Grouper

Most Recent Assessment Affecting CMI (ARD:\_\_\_\_\_)

NSG Component	GG	Depression (PHQ-2 to 9 ≥10)	CMI
Extensive Services			
___ ES3	0-14	-	3.95
___ ES2	0-14	-	2.99
___ ES1	0-14	-	2.85
Special Care High			
___ HDE2	0-5	Y	2.33
___ HDE1	0-5	N	1.94
___ HBC2	6-14	Y	2.18
___ HBC1	6-14	N	1.81
Special Care Low			
___ LDE2	0-5	Y	2.02
___ LDE1	0-5	N	1.68
___ LBC2	6-14	Y	1.67
___ LBC1	6-14	N	1.39
Clinically Complex			
___ CDE2	0-5	Y	1.82
___ CDE1	0-5	N	1.58
___ CBC2	6-14	Y	1.51
___ CA2	15-16	Y	1.06
___ CBC1	6-14	N	1.3
___ CA1	15-16	N	0.91

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
___ BAB2	11-16	Y	1.01
___ BAB1	11-16	N	0.96
Reduced Physical Function			
___ PDE2	0-5	Y	1.53
___ PDE1	0-5	N	1.43
___ PBC2	6-14	Y	1.19
___ PA2	15-16	Y	0.69
___ PBC1	6-14	N	1.1
___ PA1	15-16	N	0.64

# Georgia PDPM Rate Sheet

Line #	Description	Sources /	Totals	Routine Services
		Facility Specific	a	b
<b>CASE MIX BASED RATE</b>				
	Case Mix Index (CMI) Data	State-wide		
	Base Period Overall CMI:	1.5298	1.5751	
	Quarterly Medicaid CMI:	1.5373	1.5932	
	Quarterly Medicaid CMI w RUG Wght Options:	1.5620	1.6218	
1	Cost Center Peer Group Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53
<b>Base Period Per Diem Allowed Amounts</b>				
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905
8	Total Nursing Facility Days	As Filed Days = 23,962	23,962	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,962		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.45	\$128.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5298
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.75
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.48	\$83.75
<b>Quarterly Per Diem Rate Prior to Add-ons</b>				
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.48	\$83.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5620
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.82
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.55	\$130.82
<b>Quarterly Per Diem Add-on Amounts</b>				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sftng Add-on	\$6.54	\$6.54
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.38
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.66	\$139.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.92	

Line #	Description	Sources /	Totals	Routine Services
		PDPM Facility PDPM Statewide	a	b
<b>PDPM BASED RATE CALCULATIONS</b>				
	Facility Model (PDPM) Data			
	Base Period Overall:	1.3535 1.4210		
	Quarterly Medicaid:	1.3682 1.4161		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes
<b>Peer Group Standards &amp; Efficiency Measure Limits</b>				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53
<b>Base Period Per Diem Allowed Amounts</b>				
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$122,057)	(\$2,796)
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R		
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905
8	Total Nursing Facility Days	As Filed Days = 23,962	23,962	
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,962		
9	Net Per Diems prior to Model Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$233.45	\$128.12
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3535
11	Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.66
12	Net Per Diems after Model Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$94.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$104.63
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.39	\$94.66
<b>Quarterly Per Diem Rate Prior to Add-ons</b>				
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.39	\$94.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3682
18	Qtrly Routine Svcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.51
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.25	\$129.51
<b>Quarterly Per Diem Add-on Amounts</b>				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sftng Add-on	\$6.48	\$6.48
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.04	\$8.31
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.29	\$137.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.89	

# Nursing Category Breakdown

Extensive Services
(Nsg GG Fctn Score 14 or less)
___ O0110E1b Tracheostomy care and O0110F1b ventilator/respirator, while a resident
___ O0110E1b Tracheostomy care or O0110F1b ventilator/respirator while a resident
___ O0110M1b Isolation or quarantine for active infectious disease while a resident without O0110E1b tracheostomy care and without O0110F1b ventilator/respirator while a resident

# Nursing Category Breakdown

Special Care High
(Nsg GG Fctn Score 14 or less unless otherwise noted)
___ B0100, Section GG items: Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
___ I2100 Septicemia
___ I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days and Insulin order changes on 2 or more days (N0350B)
___ I5100, Quadriplegia with Nursing Function Score $\leq 11$
___ I6200, J1100C Chronic obstructive pulmonary disease and shortness of breath when lying flat
___ J1550A, others Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube* *Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
___ K0520A2 or K0520A3 Parenteral/IV feedings
___ O0400D2 Respiratory therapy for all 7 days



# Nursing Category Breakdown

Special Care Low
(Nsg GG Fctn Score 14 or less unless otherwise noted)
<input type="checkbox"/> I4400 Cerebral palsy, with Nursing Function Score <=11
<input type="checkbox"/> I5200 Multiple sclerosis, with Nursing Function Score <=11
<input type="checkbox"/> I5300 Parkinson's disease, with Nursing Function Score <=11
<input type="checkbox"/> I6300, O0110C1b Respiratory failure and oxygen therapy while a resident
<input type="checkbox"/> K0520B2 or K0520B3 Feeding tube*
*Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
<input type="checkbox"/> M0300B1 Two or more stage 2 pressure ulcers with two or more selected skin treatments**
<input type="checkbox"/> M0300C1, D1, F1 Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar with two or more selected skin treatments**
<input type="checkbox"/> M1030 Two or more venous/arterial ulcers with two or more selected skin treatments**
<input type="checkbox"/> M0300B1, M1030 1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
**Selected skin treatments: M1200A, # B Pressure relieving chair and/or bed, M1200C Turning/repositioning program, M1200D Nutrition or hydration intervention, M1200E Pressure ulcer/injury care, M1200G Application of nonsurgical dressings (not to feet), M1200H Application of ointments/medications (not to feet), #Count as one treatment even if both provided
<input type="checkbox"/> M1040A, B, C; M1200I Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
<input type="checkbox"/> O0110B1b Radiation treatment while a resident
<input type="checkbox"/> O0110J1b Dialysis treatment while a resident

# Nursing Category Breakdown

Clinically Complex
___ I2000 Pneumonia
___ I4900, Hemiplegia/hemiparesis with Nursing Function Score <= 11
___ M1040D, E Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments* *Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)
___ M1040F Burns (second or third degree)
___ O0110A1b Chemotherapy while a resident
___ O0110C1b Oxygen therapy while a resident
___ O0110H1b IV Medications while a resident
___ O0110I1b Transfusions while a resident

## REVIEW OF PRELIMINARY RESIDENT LISTING

### Case Mix Index Reports

- Selection criteria for quarterly “Listing of Residents” reports – Residents are determined by identifying individuals for whom an MDS assessment has been received and for whom no subsequent discharge tracking document has been received. It is assumed that residents for whom a periodic assessment is more than 3 months past due have been discharged and these individuals are not included in this report. Data elements are selected from the most recent assessment data for patients residing in the nursing home on the last day of a calendar quarter.

- MDS Data for Quarterly Patient Listing – Using Minimum Data Set (MDS) information submitted by a facility, the Division will prepare a Case Mix Index Report, listing information for patients in a facility on the last day of a calendar quarter. A preliminary version of the report will be distributed to a nursing facility about the middle of the following quarter after each calendar quarter end. The preliminary version of the report will be distributed with instructions regarding corrections to patient payer source information that a nursing facility may submit for consideration before the final version of the report is prepared and distributed.

- RUG Classification – For each patient included in the quarterly Case Mix Index Report, the most recent MDS assessment will be used to determine a PDPM Nursing Category, appropriate HIPPS and CMI.

- Payer Source – For each patient included in the quarterly Case Mix Index Report, a payer source will be identified. As described in section D.4.a of the Nursing Facility Policy Manual, a facility will have the opportunity to submit updated payer source information for changes that may occur by the last day of the calendar quarter.

Payment Source – Primary source of payment for services to residents based on information included in MDS assessment data. If the MDS data includes a Medicaid identification number or Medicaid pending designation, Medicaid is assumed to be the resident’s payment source. If a Medicaid identification number is not present and a Medicare identification number is present, Medicare is assumed to be the payment source. If neither a Medicaid nor Medicare identification number is present, the payment source is identified as “other.” A facility may submit a correction entry to the Division to note any changes to a patient’s payment source that may not be reflected in MDS data. Such correction entries for payment status will be assumed to be permanent unless a subsequent correction entry is submitted for a resident.

# Case Mix Management

- MCD grouper CMI has changed!
- Learn the Nursing Categories.
- IDT Approach.
- Daily, weekly, monthly, quarterly analysis.
- MDS schedule/ARD flexibility i.e., early and or extra.
- Pay attention to the recorded payer source.
- Analyze your resident listings. Use the “clean up” period to ensure payer sources are correct.
- Don't leave success to chance.



We suggest reviewing the medical record for the **Conditions** listed below (from the source document) to ensure they meet the criteria to code on the MDS.

For the **Primary DX**: An ICD-10-CM code should be selected at MDS I0020B that, "...best describes the primary reason for the Medicare Part A stay." CMS 100-2 Ch. 8 clarifies that, "To be covered the extended care services must have been for the treatment of a condition for which the beneficiary was receiving inpatient hospital services (including services of an emergency hospital) or a condition which arose while in the SNF for treatment of a condition for which the beneficiary was previously hospitalized. In this context, the applicable hospital condition need not have been the principal diagnosis that actually precipitated the beneficiary's admission to the hospital, but could be any one of the conditions present during the qualifying hospital stay."

~ RAI Manual v 1.17.1 page I-1 and CMS 100-2 Chapter 8, page 8

Condition	Recommendation
<b>Asthma/COPD/Chronic Lung Disease</b>	Possible diagnosis of asthma, COPD, and/or a chronic lung disease in Section I - Active Diagnoses, at MDS item I6200 ( <b>Possible NTA = 2 points</b> ) ( <b>Possible Nursing Category = Special Care High when combined with MDS item J1100C shortness of breath or Trouble breathing when lying flat</b> )
<b>Dialysis</b>	Possible indication of dialysis in Section O - Special Treatments, Procedures, and Programs, at MDS item O01110J1b. ( <b>Possible Nursing Category = Special Care low</b> )
Cirrhosis of Liver	Possible diagnosis of cirrhosis of the liver in Section I - Other Additional Active Diagnoses, at MDS item I8000. ( <b>Possible NTA = 1 point</b> ) <b>ICD-10</b>
<b>Wound</b>	Possible wound of the following type has been identified, Arterial Ulcer, Diabetic Foot Ulcer, Severe Skin Burn or Condition, Stage 2, 3, or 4 pressure ulcer, Venous Ulcer, Open Lesion, Surgical Wound, Wound Infection and Open Lesion of the foot. Check triggers to identify specific type of wound
<b>IV Medication</b>	Possible IV Medication in section O - Special Treatments, Procedures, and Programs, at MDS item O0110H1b. ( <b>Possible NTA = 5 points</b> ) ( <b>Possible Nursing Category = Clinically Complex</b> )
<b>Foot Infection</b>	Possible diagnosis of a foot infection in Section M - Skin Conditions, at MDS item M1040A ( <b>Possible NTA = 1 point</b> ) ( <b>Possible Nursing Category = Special Care Low when combined with MDS item M1200I Application of dressings to the feet with or without topical medications</b> )
<b>Pneumonia</b>	Possible diagnosis of Pneumonia in Section I - Active Diagnoses, at MDS item I2000. ( <b>Possible Nursing Category = Special Care High when combined with J1550A Fever or Clinically Complex when J1550A fever is not coded</b> )
<b>Oxygen Therapy</b>	Possible administration of oxygen - at MDS item O0110C1b Oxygen Therapy While a Resident ( <b>Possible Nursing Category = Special Care Low when combined with I6300 Respiratory failure</b> ) ( <b>Possible Nursing Category = Clinically Complex for O0110C1b Oxygen Therapy While a Resident</b> )
Bone/Joint/Muscle Infection	Possible diagnosis of bone/joint/muscle infection(except aseptic necrosis) in Section I - Other Additional Active Diagnoses, at MDS item I8000. ( <b>Possible NTA = 2 points</b> ) <b>ICD-10</b>
Morbid Obesity	Possible diagnosis of morbid obesity in Section I - Other Additional Active Diagnoses, at MDS item I8000. ( <b>Possible NTA = 1 point</b> ) <b>ICD-10</b>
<b>Diabetes</b>	Possible diagnosis of diabetes in Section I - Active Diagnoses, at MDS item I2900. ( <b>Possible NTA = 2 points</b> ). ( <b>Possible Nursing Category = Special Care High when combined with both of the following: N0350A Insulin injections for all 7 days and Insulin order changes on 2 or more days (N0350B) )</b>
<b>IV Fluids</b>	Possible IV fluids for nutrition or hydration in section K - Swallowing/Nutritional Status, at MDS item . K0520A2 or K0520A3. ( <b>Possible Nursing Category = Special Care High</b> )
<b>Multi Drug Resistant Organism</b>	Possible diagnosis of multi drug resistant organism in Section I - Active Diagnoses, at MDS I1700. ( <b>Possible NTA = 1 point</b> ) ( <b>Possible Nursing Category = Extensive Services</b> )
<b>Wound - Surgical</b>	Possible surgical wound in section M - Skin Conditions, at MDS item M1040E ( <b>Possible Nursing Category = Clinically Complex when combined with any selected skin treatments</b> )
<b>Septicemia</b>	Possible diagnosis of Septicemia in Section I - Active Diagnoses, at MDS item I2100. ( <b>Possible Nursing Category = Special Care High</b> )
Dysphagia	Possible diagnosis of dysphagia in Section I - Other Additional Active Diagnoses, at MDS item I8000. ( <b>Possible Speech condition related to K0100</b> ) <b>ICD-10</b>
Malnutrition	Possible diagnosis of malnutrition in Section I - Active Diagnoses, at MDS item I5600. ( <b>Possible NTA= 1 point</b> )

Primary DX	SLP	Nursing	NTA	None
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Anatomy
Conditions
Medication
PHI
Procedure
ALL

Formatted

Atrium Health Union 600 Hospital Drive Atrium Health Monroe, NC 28112- PHYSICIAN FACESHEET - PATIENT DEMOGRAPHICS UPDATED: 11/08/2019 306 NAME : ADM DATE/TIME 10/30/2019 1723 PT. TYPE : IP DIS DATE : SERVICE : MED LOCATION : 2MN 2503 01 ADMIT SOURCE : 12 ADDRESS #1 : MED REC# : 000001-01-19 ADDRESS #2 : ACCOUNT # : CITY : POLKTON PHONE (H) : CO/ST/ZIP : NC 28135 PHONE (W) : RACE : Black or African America PHONE (M) : BIRTHDATE : SEX : MALE SS # : ACCIDENT : ACCIDENT DATE ADMIT DX : woud eval WORKING DX : Wound Eval PRI CARE MD : TAYLOR, BARRON ADMIT MD : AYOUB, BASIM A ATTEND MD : AYOUB, BASIM A REFER MD : ER MD : AYOUB, BASIM A GUARANTOR : RELATIVE : ADDRESS #1 : REL ADDRESS 1 : ADDRESS #2 : REL ADDRESS 2 : CITY : REL CITY : ST/ZIP REL ST/ZIP : PHONE (W) : REL PHONE (H) : REL TO PT : SELF REL PHONE (W) : REL TO PT : SISTER EMPLOYER : ADDRESS #1 : CITY : ADDRESS #2 : ST/ZIP : INSURANCE 1 INSURANCE 2 COMPANY : MEDICARE AB COMPANY : MEDICAID NC GROUP # : GROUP # : 9999999 POL/SS # : POL/SS # : INSURED : INSURED : , REL TO INS : REL TO INS : MAIL TO : MAIL TO : ADDRESS #1 : PO BOX 100190 MAILCODE AG-600ADDRESS #1 : PO BOX 30968 ADDRESS #2 : ADDRESS #2 : DNC00 CITY/ST/ZIP : COLUMBIA SC 29202 CITY/ST/ZIP : RALEIGH NC 27622 PHONE : (800) 685-1512EXT: PHONE : (800) 688-6696 EXT: APPROV/REF : APPROV/REF : INSURANCE INSURANCE COMPANY : COMPANY : GROUP # : GROUP # : POL/SS # : POL/SS # : INSURED : INSURED : REL TO INS : REL TO INS : Admit Date: 10/30/2019 17:23 EDT Pt Name: Disch Date: MRN: 000C Acct# Admitting: AYOUB ,BASIM A MD DOB: Age: 58 years Sex: Male Attending: AYOUB ,BASIM A MD Location: 2MN Printed: 11/8/2019 11:10 EST Print ID: 326169570

--- End of Page 1 ---

MAIL TO MAIL TO : ADDRESS #1 : ADDRESS #1 : ADDRESS #2 : ADDRESS #2 : CITY/ST/ZIP : CITY/ST/ZIP : PHONE : EXT: PHONE : EXT: APPROV/REF : APPROV/REF : COMMENT : COMMENT : Admit Date: 10/30/2019 17:23 EDT Pt Name: Disch Date: MRN: 000001 Acct#: Admitting: AYOUB ,BASIM A MD DOB: Age: 58 years Sex: Male Attending: AYOUB ,BASIM A MD Location: 2MN Printed: 11/8/2019 11:10 EST Print ID: 326169570

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History and Physical Reports DOCUMENT NAME: Hospitalist CHG Admission H&P Patient: MRN: FIN: 6445858969 Age: 58 years Sex: Male DOB: Associated Diagnoses: None Author: AYOUB BASIM A MD Basic Information RM: NEMD, EHN Service: MED - Medicine Attending: AYOUB BASIM A MD Reason For Admission: woud eval ;Wound Eval; Code Status: None Specified Isolation: None Specified Date of Admission: 10/30/2019 Hospital Day: 1 Primary Care Provider: TAYLOR, BARRON NP Chief Complaint R calf abscess; SOB History of Present Illness Mr. a 58-year-old African American man with significant history of COPD on 3L at home PRN and at night, systolic CHF (echocardiogram September 12, 2019 showed EF of 50 to 60%), CKD stage IV, liver cirrhosis, severe pulmonary arterial systolic HTN, and status post mechanical mitral valve placement in 2010 with chronic Afib on Coumadin who was sent to the ED after being seen at wound care clinic for R calf abscess. The wound clinic removed most of the abscess today but felt that they were not able to get it all as outpatient and recommended he come to the ED for surgical referral and to receive IV antibiotics. He was recently discharged on 10/21 after a 2 week stay at Anson inpatient for CHF exacerbation. Per those notes during admission, his wound to R calf was noted but there were not signs of cellulitis or purulence at that time. He was referred to follow-up with Dr. Blasko as outpatient He was seen in ED Union on 10/24 for similar issue to his R calf and for SOB. He was supposed to be seen by wound care that day for his abscess but when they heard his breathing, he was sent to the ED. Per ED note on 10/24, the wound appeared well-healing and was not purulent at that time. Today was the first day he had been seen by wound care since being sent to the ED on 10/24 and the wound was now purulent with signs of cellulitis, which is why they referred him. CT scan of the lower extremity was performed without contrast due to his CKD and results are below. Patient was placed on IV antibiotics in ED including IV Vancomycin, IV cefepime, and IV clindamycin to cover for possible necrotizing fascitis. Surgery was also consulted from ED (Dr. Blasko). Currently Mr. complaining of a cough as well that has been ongoing for the past 3 days with white sputum. He denies that his SOB is worse than his baseline, as he is on 3L O2 at home PRN and continuously at night. He is on 3L O2 in ED continuous with sats 99-100 and received an albuterol treatment as well. He does have severe swelling of both lower legs, worse on the right, that would indicate he is again fluid overloaded. He complains of not being able to breathe well when he lays flat on the bed and usually props himself up with several pillows, but this is not new for him. Chest x-ray was performed in ED and showed hazy bibasilar opacities, similar to what was seen on Admit Date: 10/30/2019 17:23 EDT Pt Name: Disch Date: MRN:00000 Acct#: Admitting: AYOUB ,BASIM A MD DOB: Age: 58 years Sex: Male Attending: AYOUB ,BASIM A MD Location: 2MN Printed: 11/8/2019 11:10 EST Print ID: 326169570

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History and Physical Reports 10/24, most likely due to pulmonary edema. He denies any other complaints including fever, nausea, vomiting, diarrhea, dizziness, or headache. It should be noted that on last admission to Anson with discharge on 10/21, the patient did have significant elevation of his INR to 6, and after withholding Coumadin, it went down to 3.9. He was discharged back on Coumadin with strict orders to continue monitoring his INR with PT/INR readings at home. INR in ED is currently 2 but will continue to monitor. DX Chest 1 View FINDINGS: Sternal sutures and prosthetic cardiac valve again are noted. Cardiomegaly is stable. Hazy bibasilar opacities again are demonstrated with little change, likely representing pulmonary edema, No pleural effusions are clearly seen. There is no pneumothorax. CT Lower Extremity w/o Contrast IMPRESSION: 1. Cellulitis and superficial fasciitis circumferentially involving the entire imaged right lower extremity from the level of the knee to the level of the midfoot. A more confluent lobular area subcutaneous edema posterolateral to the calf is concerning for phlegmon. No discrete soft tissue abscess is seen. 2. Calf extensor compartment deep fasciitis without evidence of soft tissue gas. 3. No CT evidence of osteomyelitis. Note that CT is relatively insensitive in the detection of early osteomyelitis. If there is such clinical concern, MRI would be more sensitive imaging means of detection. 4. Atherosclerosis. Past Medical History: COPD on 3L at home PRN and at night systolic CHF (echocardiogram September 12, 2019 showed EF of 50 to 60%) CKD stage IV liver cirrhosis severe pulmonary arterial systolic HTN status post mechanical mitral valve placement in 2010 chronic Afib on Coumadin GERD morbid obesity venous stasis ulcer gout generalized OA anemia of chronic disease chronic venous insufficiency Surgical/Procedures History: mechanical mitral valve placement in 2010 Social History: Alcohol: denies Tobacco: denies currently Drug use: denies Lives with his sister Admit Date: 10/30/2019 17:23 EDT Pt Name: Disch Date: MRN:00000 Acct#: Admitting: AYOUB ,BASIM A MD DOB: : Age: 58 years Sex: Male Attending: AYOUB ,BASIM A MD Location: 2MN Printed: 11/8/2019 11:10 EST Print ID: 326169570



# CMI Compare (GA case mix)

Most Recent Assessment Affecting CMI (ARD: \_\_\_\_\_)

NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.95
ES2	0-14	-	2.99
ES1	0-14	-	2.85

Special Care High			
HDE2	0-5	Y	2.33
HDE1	0-5	N	1.94
HBC2	6-14	Y	2.18
HBC1	6-14	N	1.81

Special Care Low			
LDE2	0-5	Y	2.02
LDE1	0-5	N	1.68
LBC2	6-14	Y	1.67
LBC1	6-14	N	1.39

Clinically Complex			
CDE2	0-5	Y	1.82
CDE1	0-5	N	1.58
CBC2	6-14	Y	1.51
CA2	15-16	Y	1.06
CBC1	6-14	N	1.3
CA1	15-16	N	0.91

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	1.01
BAB1	11-16	N	0.96

Reduced Physical Function			
PDE2	0-5	Y	1.53
PDE1	0-5	N	1.43
PBC2	6-14	Y	1.19
PA2	15-16	Y	0.69
PBC1	6-14	N	1.1
PA1	15-16	N	0.64

Projected Assessment (ARD: \_\_\_\_\_)

NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.95
ES2	0-14	-	2.99
ES1	0-14	-	2.85

Special Care High			
HDE2	0-5	Y	2.33
HDE1	0-5	N	1.94
HBC2	6-14	Y	2.18
HBC1	6-14	N	1.81

Special Care Low			
LDE2	0-5	Y	2.02
LDE1	0-5	N	1.68
LBC2	6-14	Y	1.67
LBC1	6-14	N	1.39

Clinically Complex			
CDE2	0-5	Y	1.82
CDE1	0-5	N	1.58
CBC2	6-14	Y	1.51
CA2	15-16	Y	1.06
CBC1	6-14	N	1.3
CA1	15-16	N	0.91

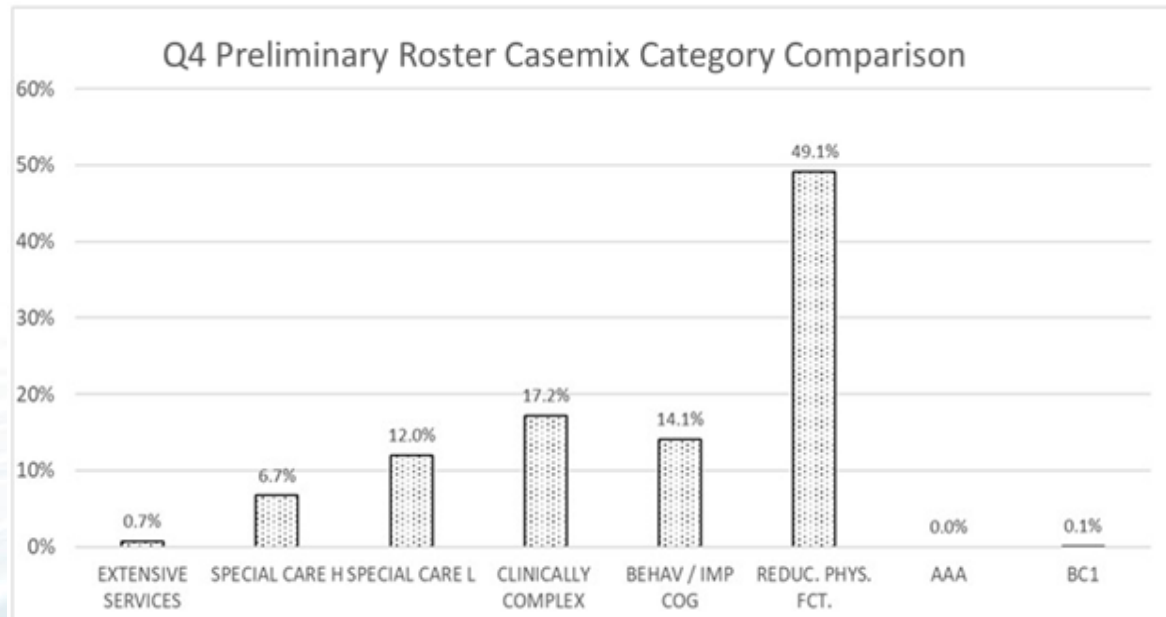
NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	1.01
BAB1	11-16	N	0.96

Reduced Physical Function			
PDE2	0-5	Y	1.53
PDE1	0-5	N	1.43
PBC2	6-14	Y	1.19
PA2	15-16	Y	0.69
PBC1	6-14	N	1.1
PA1	15-16	N	0.64

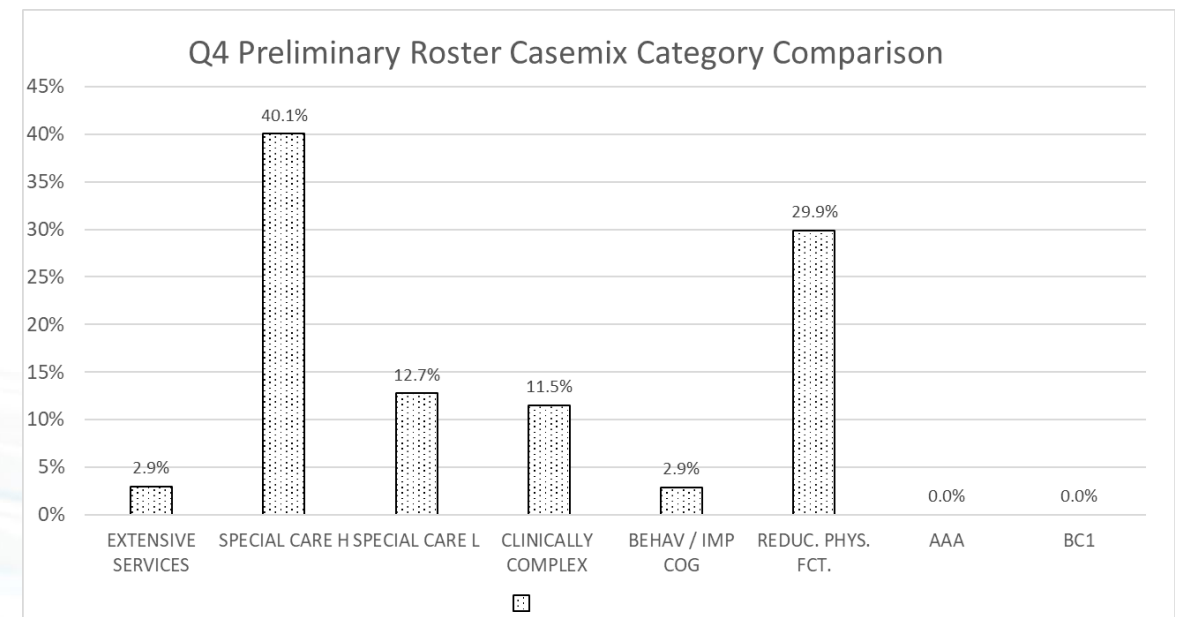
## PDPM Nursing Category Checklist

Extensive Services	
(Nsg GG Fctn Score 14 or less)	
___ O0110E1b Tracheostomy care and O0110F1b ventilator/respirator, while a resident	
___ O0110E1b Tracheostomy care or O0110F1b ventilator/respirator while a resident	
___ O0110M1b Isolation or quarantine for active infectious disease while a resident without O0110E1b tracheostomy care and without O0110F1b ventilator/respirator while a resident	
Special Care High	
(Nsg GG Fctn Score 14 or less unless otherwise noted)	
___ B0100, Section GG items: Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)	
___ I2100 Septicemia	
___ I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days and Insulin order changes on 2 or more days (N0350B)	
___ I5100, Quadriplegia with Nursing Function Score <= 11	
___ I6200, J1100C Chronic obstructive pulmonary disease and shortness of breath when lying flat	
___ J1550A, others Fever and one of the following:	
I2000 Pneumonia	
J1550B Vomiting	
K0300 Weight loss (1 or 2)	
K0520B2 or K0520B3 Feeding tube*	
*Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.	
___ K0520A2 or K0520A3 Parenteral/IV feedings	
___ O0400D2 Respiratory therapy for all 7 days	
Special Care Low	
(Nsg GG Fctn Score 14 or less unless otherwise noted)	
___ I4400 Cerebral palsy, with Nursing Function Score <= 11	
___ I5200 Multiple sclerosis, with Nursing Function Score <= 11	
___ I5300 Parkinson's disease, with Nursing Function Score <= 11	
___ I6300, O0110C1b Respiratory failure and oxygen therapy while a resident	
K0520B2 or K0520B3 Feeding tube*	
*Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.	
___ M0300B1 Two or more stage 2 pressure ulcers with two or more selected skin treatments**	
___ M0300C1, D, F Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar with two or more selected skin treatments**	
___ M1030 Two or more venous/arterial ulcers with two or more selected skin treatments**	
___ M0300B1, M1030 1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**	
**Selected skin treatments: M1200A B Pressure relieving chair and/or bed, M1200C Turning/repositioning program, M1200D Nutrition or hydration intervention, M1200E Pressure ulcer/injury care, M1200G Application of nonsurgical dressings (not to feet), M1200H Application of ointments/medications (not to feet), #Count as one treatment even if both provided	
___ M1040A, B, C; M1200I Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet	
___ O0110B1b Radiation treatment while a resident	
___ O0110J1b Dialysis treatment while a resident	
Clinically Complex	
I2000 Pneumonia	
I4900, Hemiplegia/hemiparesis with Nursing Function Score <= 11	
___ M1040D, E Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*	
*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)	
___ M1040F Burns (second or third degree)	
___ O0110A1b Chemotherapy while a resident	
___ O0110C1b Oxygen therapy while a resident	
___ O0110H1b IV Medications while a resident	
___ O0110I1b Transfusions while a resident	

# Case Mix Management



CMI: 1.1348



CMI: 1.6376



# QUESTIONS?