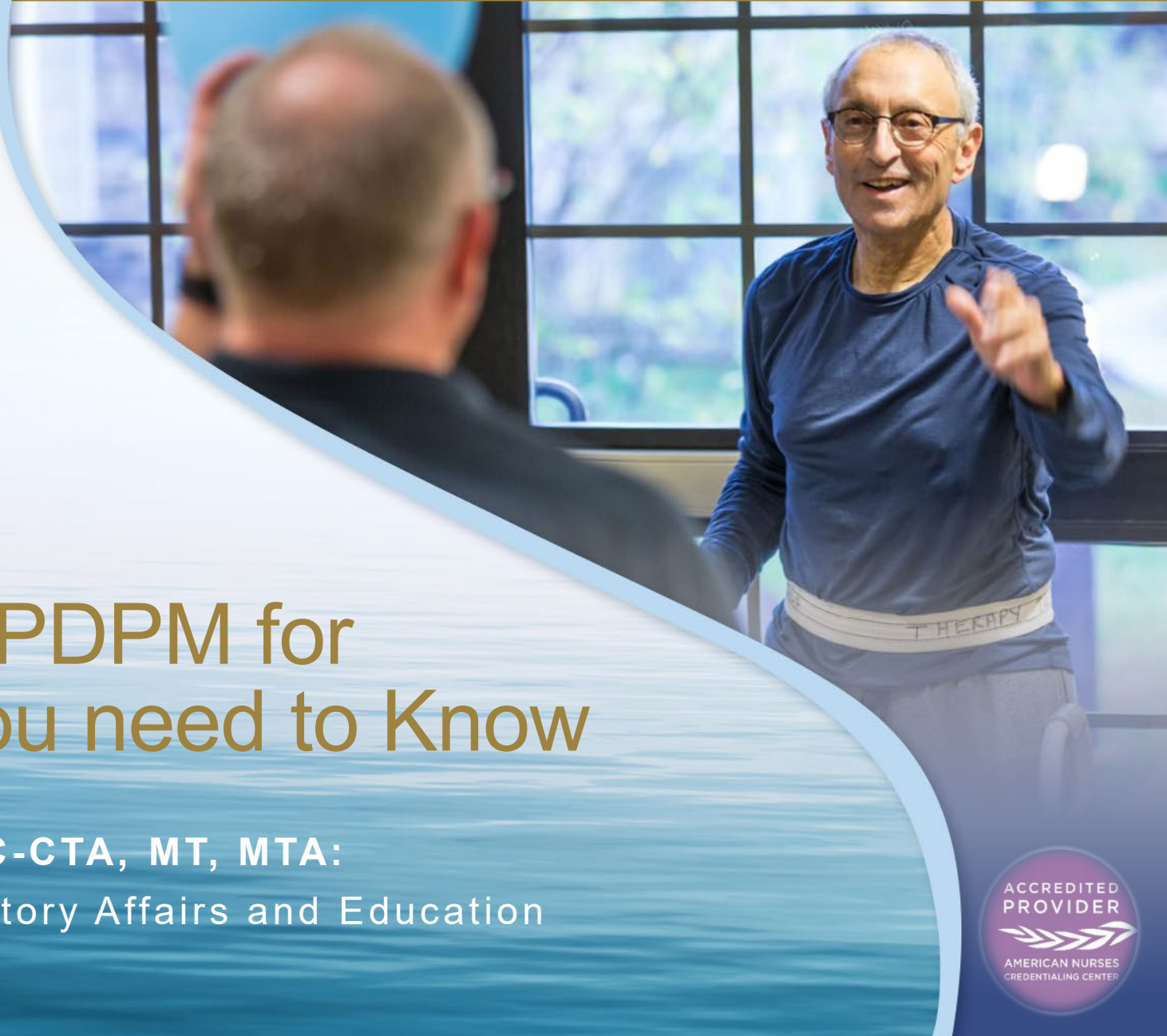


“A Knowledgeable and Compassionate partner”



Kentucky 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 1.5 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 March 1st, 2023



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:**
 - Meyers and Stauffer
 - PDPM Supportive Documentation Guidelines



Timeline

- Until Dec. 2023, only anecdotal communication that KY was going to move to a PDPM Medicaid system for CMI.
- December 27, 2023, KAHCF Reimbursement Alert Memo pushed out via email detailing the transition in full.
 - The Kentucky Department for Medicaid Services will be implementing Patient Driven Payment Model (PDPM) rate methodology effective July 1, 2024.
 - To prepare providers for this transition, a report has been posted to the provider web portal at <https://kycasemixreports.mslc.com/>

Timeline

The report includes Kentucky Medicaid specific CMIs for each of the PDPM nursing components that will be used in calculating your facility's Medicaid average PDPM CMI starting with the 1/1/24 – 3/31/24 rosters.

PDPM RUG-Neutral CMI Calculation		
Based on Data from Calendar Year 2022		
	Medicaid Only	All Payors
Resident Weighted RUG CMI	1.3565	1.3744
Resident Weighted PDPM CMI	1.3690	1.3900
Total % PDPM CMI to Recognize	99.08%	98.88%

PDPM CMI Summary			
PDPM Category	PDPM Group	CMS Nursing CMI	KY Specific PDPM Nursing CMI
ES3	A	3.84	3.80
ES2	B	2.9	2.87
ES1	C	2.77	2.74
HDE2	D	2.27	2.25
HDE1	E	1.88	1.86
HBC2	F	2.12	2.10
HBC1	G	1.76	1.74
LDE2	H	1.97	1.95
LDE1	I	1.64	1.62
LBC2	J	1.63	1.62
LBC1	K	1.35	1.34
CDE2	L	1.77	1.75
CDE1	M	1.53	1.52
CBC2	N	1.47	1.46
CA2	O	1.03	1.02
CBC1	P	1.27	1.26
CA1	Q	0.89	0.88
BAB2	R	0.98	0.97
BAB1	S	0.94	0.93
PDE2	T	1.48	1.47
PDE1	U	1.39	1.38
PBC2	V	1.15	1.14
PA2	W	0.67	0.66
PBC1	X	1.07	1.06
PA1	Y	0.62	0.61
BC1		0.62	0.61

*This data is preliminary and is subject to change.

Timeline

Additionally, the report includes a PDPM Medicaid average CMI for MDS assessments active during calendar year 2022. This calendar year 2022 CMI average will be different from your current facility acuity.

Kentucky Department for Medicaid Services DRAFT as of 12/2023
Price Based Nursing Facility Rate Setting
PDPM Sample CMIs

Provider Name	Provider Number	KY Specific PDPM CMI (CY 2022)	RUG Average CMI October 2023 Rates
		1.2158	1.3459

Note that the PDPM CMI used in rates effective 7/1/2024 will use MDS Assessments active between 1/1/2024 and 3/31/2024

The RUG Medicaid average CMI from your facility's rate effective 10/1/2023 (assessments active during 4/1/2023 – 6/30/2023) is also listed for comparison purposes.

Timeline

Please note that the PDPM Medicaid average CMI for rates effective 7/1/2024 will use MDS assessments active between 1/1/2024 through 3/31/2024 as of 6/30/2024.

The PDPM methodology will be phased in as follows:

<u>Rate Effective Date</u>	<u>Percent PDPM CMI</u>	<u>Percent RUG CMI</u>
7/1/2024	25%	75%
10/1/2024	50%	50%
1/1/2025	75%	25%
4/1/2025	100%	0%

The PDPM CMIs listed in the reports are subject to change as MDS data is updated to more current values.

As a reminder, rates effective April 1, 2024 will be frozen at the prior quarter's rates (those effective January 1, 2024).

Kentucky PDPM Grouper

NSG Component	GG	Depression (PHQ-2 to 9 \geq 10)	CMI
Extensive Services			
___ ES3	0-14	-	3.80
___ ES2	0-14	-	2.87
___ ES1	0-14	-	2.74
Special Care High			
___ HDE2	0-5	Y	2.25
___ HDE1	0-5	N	1.86
___ HBC2	6-14	Y	2.10
___ HBC1	6-14	N	1.74
Special Care Low			
___ LDE2	0-5	Y	1.95
___ LDE1	0-5	N	1.62
___ LBC2	6-14	Y	1.62
___ LBC1	6-14	N	1.34
Clinically Complex			
___ CDE2	0-5	Y	1.75
___ CDE1	0-5	N	1.52
___ CBC2	6-14	Y	1.46
___ CA2	15-16	Y	1.02
___ CBC1	6-14	N	1.26
___ CA1	15-16	N	0.88

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
___ BAB2	11-16	Y	0.97
___ BAB1	11-16	N	0.93
Reduced Physical Function			
___ PDE2	0-5	Y	1.47
___ PDE1	0-5	N	1.38
___ PBC2	6-14	Y	1.14
___ PA2	15-16	Y	0.66
___ PBC1	6-14	N	1.06
___ PA1	15-16	N	0.61

Roster Calendar

Kentucky Case Mix System Department for Medicaid Services

MDS Calendar Quarter and CMI Report Types - Electronic Posting Schedule:

MDS Calendar Quarter	January 1 to March 31	April 1 to June 30	July 1 to September 30	October 1 to December 31
Report Type				
First Preliminary	April 29	July 30	October 30	January 30
Second Preliminary	May 31	August 31	November 30	February 28
Final	July 29	October 29	January 29	April 28

If you have any questions, please call the Myers and Stauffer Help Desk at 800-773-8609 from 7am – 5pm (ET) or 6am – 4pm (CT).

Revised Supportive Documentation Guidelines

Kentucky Department for Medicaid Services

SUPPORTIVE DOCUMENTATION REQUIREMENTS USER GUIDE

***PATIENT DRIVEN PAYMENT MODEL (PDPM)
NURSING COMPONENT***

Myers and Stauffer LC
Effective for Assessment ARD Dated October 1, 2023 and After
Revised Date ~~October 24~~ November 27, 2023

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 ROSTER

The Preliminary Time-Weighted CMI Resident Rosters are provided as tools for use by the facility in determining whether any missing or incorrect records are noted and allows the facility a review period to evaluate assessments/records displayed on the roster. All corrections to the Preliminary Resident Roster must be made through the modification, inactivation, and transmission process for MDS assessments and tracking records in accordance with the RAI manual (Chapter 5) and CMS correction policy on or before the cutoff date of the Final Resident Roster CMI report; no manual alterations of the Resident Roster are considered.

In reviewing the Preliminary Resident Roster, the following steps are suggested but not limited to:

- Review any BC1 classifications and, if appropriate, submit any completed missing assessments or tracking records or complete any modifications of previously transmitted records, when applicable, to correct the reason causing the PDPM classification assignment.
- Determine if each resident is identified only once. If the same resident appears as if they were two separate residents, contact the RAI Coordinator to request advice on the correction policy. If merging or splitting assessments are required please also contact the Myers and Stauffer Helpdesk as additional corrections will be required within the databases used to create the Time Weighted Rosters.
- Determine if all residents in the facility at any time during the quarter are listed on the Resident Roster.
- Review the listed assessments and tracking records for each listed resident to determine if each assessment/tracking record is accounted for on the Resident Roster.
- Review the start date and end date for accuracy.
- Determine if each Medicaid resident is correctly identified as Medicaid for any non-PPS assessment days by reviewing MDS item A0700 Medicaid Number.
- Review the PDPM Nursing classification attributed to Entry Tracking records followed by a Discharge assessment for accuracy of the discharge status (A2100).
- Keep in mind, missing or corrected (if applicable) assessments that have been transmitted and accepted by the iQIES system after the cut-off date(s) will not be reflected on the Time-Weighted CMI Resident Roster Report (both preliminary and final).
- Review for missing or corrected (if applicable) assessments that may have been transmitted and not accepted by the iQIES system. Review Validation Report for errors; make corrections and retransmit, if applicable.
- Review for accuracy of dates and or reasons for assessment by following the RAI manual instructions for modifications and inactivation's in Chapter 5.
- Review the type of Entry Tracking records (A1700=1, Admission or A1700=2, Reentry) to ensure that the reason fits the expected order of assessments/tracking forms displayed.

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 when Medicare ends.
- Analyze your rosters. Use the “clean up” period.
- 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
Asthma/COPD/Chronic Lung Disease	Possible diagnosis of asthma, COPD, and/or a chronic lung disease in Section I - Active Diagnoses, at MDS item I6200 (Possible NTA = 2 points) (Possible Nursing Category = Special Care High when combined with MDS item J1100C shortness of breath or Trouble breathing when lying flat)
Dialysis	Possible indication of dialysis in Section O - Special Treatments, Procedures, and Programs, at MDS item O01110J1b. (Possible Nursing Category = Special Care low)
Cirrhosis of Liver	Possible diagnosis of cirrhosis of the liver in Section I - Other Additional Active Diagnoses, at MDS item I8000. (Possible NTA = 1 point) ICD-10
Wound	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
IV Medication	Possible IV Medication in section O - Special Treatments, Procedures, and Programs, at MDS item O0110H1b. (Possible NTA = 5 points) (Possible Nursing Category = Clinically Complex)
Foot Infection	Possible diagnosis of a foot infection in Section M - Skin Conditions, at MDS item M1040A (Possible NTA = 1 point) (Possible Nursing Category = Special Care Low when combined with MDS item M1200I Application of dressings to the feet with or without topical medications)
Pneumonia	Possible diagnosis of Pneumonia in Section I - Active Diagnoses, at MDS item I2000. (Possible Nursing Category = Special Care High when combined with J1550A Fever or Clinically Complex when J1550A fever is not coded)
Oxygen Therapy	Possible administration of oxygen - at MDS item O0110C1b Oxygen Therapy While a Resident (Possible Nursing Category = Special Care Low when combined with I6300 Respiratory failure) (Possible Nursing Category = Clinically Complex for O0110C1b Oxygen Therapy While a Resident)
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. (Possible NTA = 2 points) ICD-10
Morbid Obesity	Possible diagnosis of morbid obesity in Section I - Other Additional Active Diagnoses, at MDS item I8000. (Possible NTA = 1 point) ICD-10
Diabetes	Possible diagnosis of diabetes in Section I - Active Diagnoses, at MDS item I2900. (Possible NTA = 2 points). (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))
IV Fluids	Possible IV fluids for nutrition or hydration in section K - Swallowing/Nutritional Status, at MDS item . K0520A2 or K0520A3. (Possible Nursing Category = Special Care High)
Multi Drug Resistant Organism	Possible diagnosis of multi drug resistant organism in Section I - Active Diagnoses, at MDS I1700. (Possible NTA = 1 point) (Possible Nursing Category = Extensive Services)
Wound - Surgical	Possible surgical wound in section M - Skin Conditions, at MDS item M1040E (Possible Nursing Category = Clinically Complex when combined with any selected skin treatments)
Septicemia	Possible diagnosis of Septicemia in Section I - Active Diagnoses, at MDS item I2100. (Possible Nursing Category = Special Care High)
Dysphagia	Possible diagnosis of dysphagia in Section I - Other Additional Active Diagnoses, at MDS item I8000. (Possible Speech condition related to K0100) ICD-10
Malnutrition	Possible diagnosis of malnutrition in Section I - Active Diagnoses, at MDS item I5600. (Possible NTA= 1 point)

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

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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

--- End of Page 2 ---

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

--- End of Page 3 ---

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 (KY case mix)

Most Recent Assessment Affecting CMI (ARD: _____)

NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.80
ES2	0-14	-	2.87
ES1	0-14	-	2.74
Special Care High			
HDE2	0-5	Y	2.25
HDE1	0-5	N	1.86
HBC2	6-14	Y	2.10
HBC1	6-14	N	1.74
Special Care Low			
LDE2	0-5	Y	1.95
LDE1	0-5	N	1.62
LBC2	6-14	Y	1.62
LBC1	6-14	N	1.34
Clinically Complex			
CDE2	0-5	Y	1.75
CDE1	0-5	N	1.52
CBC2	6-14	Y	1.46
CA2	15-16	Y	1.02
CBC1	6-14	N	1.26
CA1	15-16	N	0.88

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	0.97
BAB1	11-16	N	0.93
Reduced Physical Function			
PDE2	0-5	Y	1.47
PDE1	0-5	N	1.38
PBC2	6-14	Y	1.14
PA2	15-16	Y	0.66
PBC1	6-14	N	1.06
PA1	15-16	N	0.61

Projected Assessment (ARD: _____)

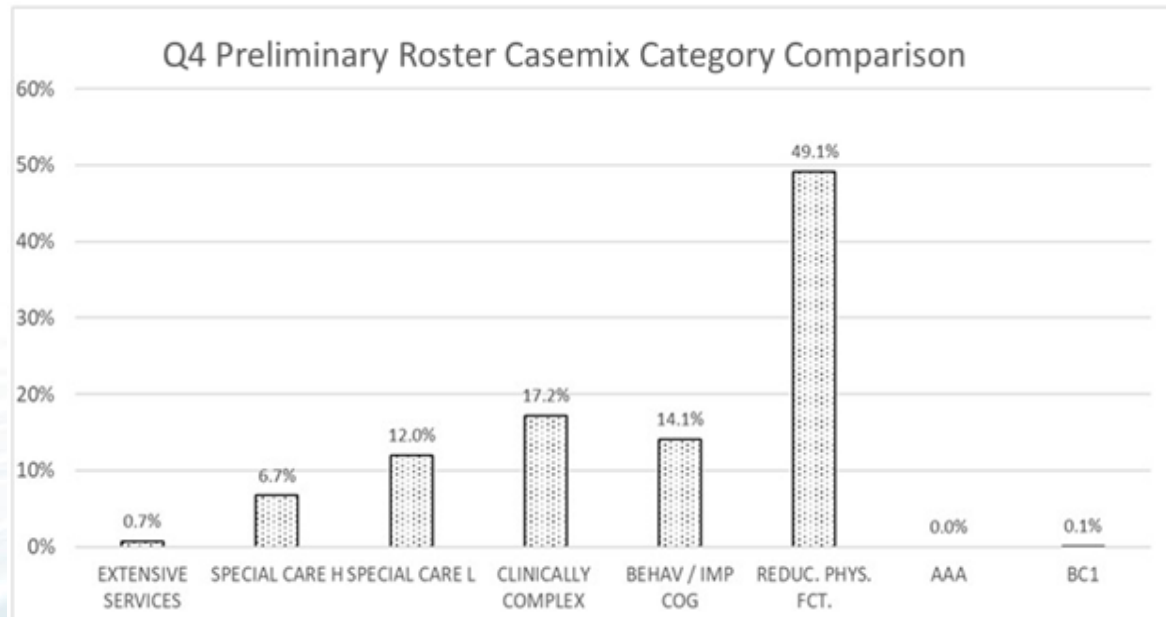
NSG Component	GG	Depression (PHQ-2 to 9 ≥ 10)	CMI
Extensive Services			
ES3	0-14	-	3.80
ES2	0-14	-	2.87
ES1	0-14	-	2.74
Special Care High			
HDE2	0-5	Y	2.25
HDE1	0-5	N	1.86
HBC2	6-14	Y	2.10
HBC1	6-14	N	1.74
Special Care Low			
LDE2	0-5	Y	1.95
LDE1	0-5	N	1.62
LBC2	6-14	Y	1.62
LBC1	6-14	N	1.34
Clinically Complex			
CDE2	0-5	Y	1.75
CDE1	0-5	N	1.52
CBC2	6-14	Y	1.46
CA2	15-16	Y	1.02
CBC1	6-14	N	1.26
CA1	15-16	N	0.88

NSG Component	GG	Restorative Programs	CMI
Behavior Cognition			
BAB2	11-16	Y	0.97
BAB1	11-16	N	0.93
Reduced Physical Function			
PDE2	0-5	Y	1.47
PDE1	0-5	N	1.38
PBC2	6-14	Y	1.14
PA2	15-16	Y	0.66
PBC1	6-14	N	1.06
PA1	15-16	N	0.61

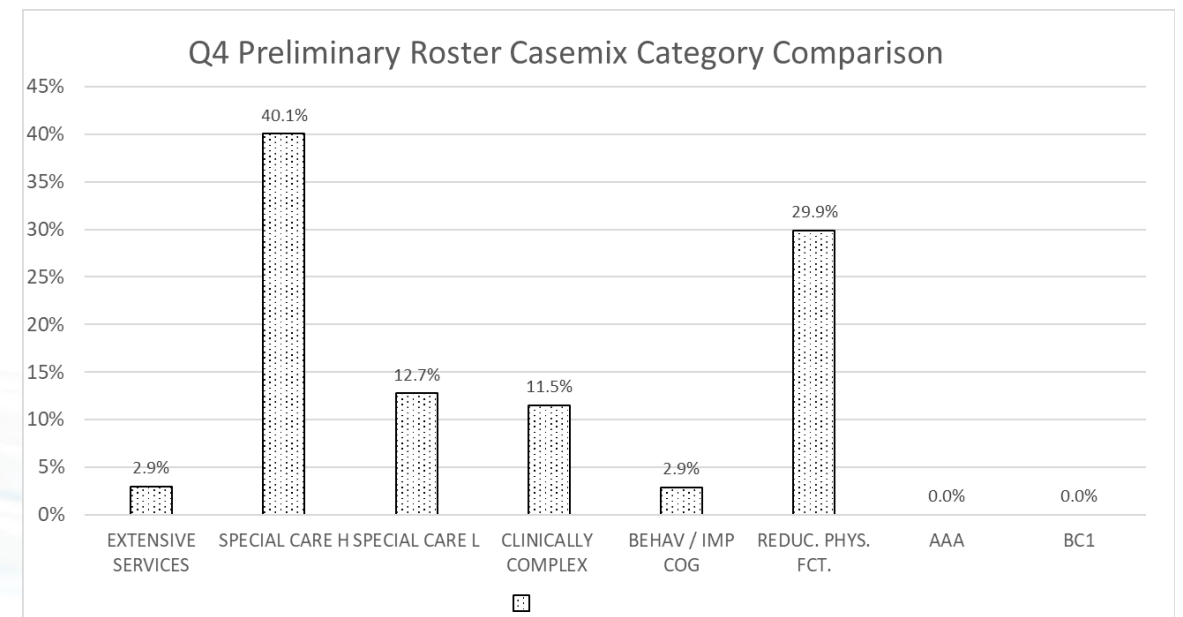
PDPM Nursing Category Checklist

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: M0300B1 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?