

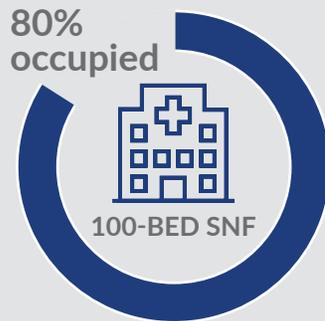


Operational PDPM Success Strategies

Drive financial performance by focusing on clinical accuracies

It's no secret that PDPM is more complex than RUGs reimbursement. With more than 150 datapoints to capture, you need a holistic, interdisciplinary approach to thrive under this new methodology.

LET'S REVIEW AN EXAMPLE BASED ON CMS-FILED COST REPORT DATA. IN THIS CASE, OUR SAMPLE SNF.



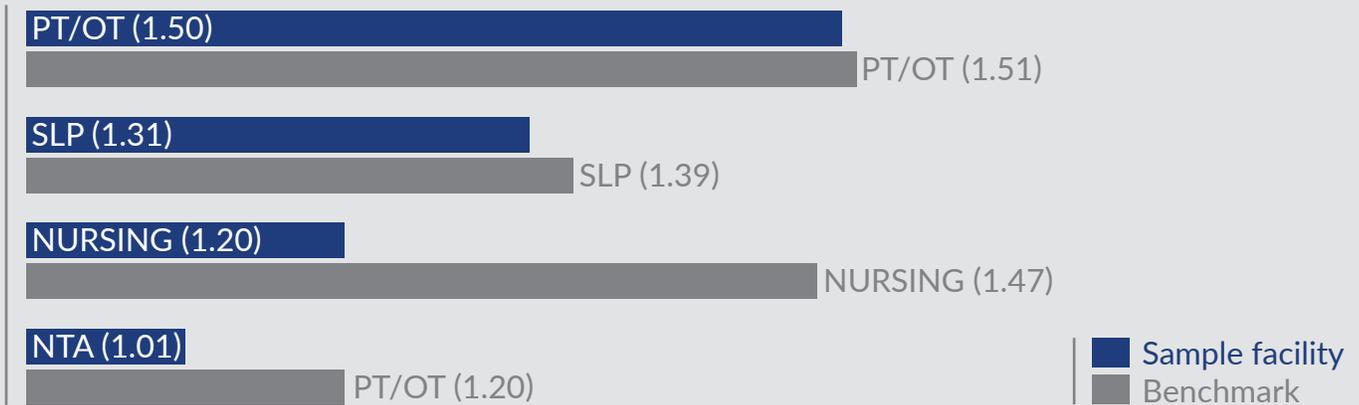
15% Medicare volume
.....
38-day length stay



UNDER PDPM:
The facility could lose \$28 per day and annually up to **\$122,000** in reimbursement.



SAMPLE FACILITY CASE-MIX INDEX PROFILE COMPARED TO ACUMEN BENCHMARK DATA:



Optimize clinically driven financial opportunities

- ✓ Accurately report first- and second-tier items. Example: Speech language pathology under-reported first-tier items, completely missing mechanically altered diet and swallowing disorders under second-tier items
- ✓ Improve ICD-10 coding
- ✓ Enhance nursing clinical skills inventories
- ✓ Reduce length of stay to align with CMS expectations in relation to care pathways
- ✓ Identify appropriate facility patient characteristics and change service provision
- ✓ Focus on under-reported nontherapy ancillaries



Plante Moran's clinical assessment focus measures

ICD-10 category optimization

Accurate ICD-10 and co-morbidity coding with supporting documentation provides the opportunity for effective care planning, as well as optimal patient and financial outcomes.

Assuming an average of **5,500** Medicare-A days per year, the impact of coding an accurate ICD-10, and accurately capturing the most commonly missed comorbidities and other conditions, affords a **\$50,300** annual revenue impact

ALOS optimization

At its core, PDPM is patient condition-driven. Consequently, care management is paramount to success in quality, experience of care, and cost.

The 2016 average length of stay for Medicare-A patients in SNFs was 38 days. Most high-performing care management facilities operate with an ALOS for short-stay residents at or under 20 days.

Assuming an average of 5,500 Medicare-A days per year, the potential annual-savings impact of ALOS optimization to 20 days is **\$61,000**.

Staffing optimization

A case-mix-based service provision model naturally drives the need to review staffing models for assessment staff and nursing care for the entire facility.

Affordable, quality staffing can be achieved. In so doing, a facility with 100 beds at 80% occupancy has an opportunity to average **\$150,000** annual savings without a change in the staffing star rating.

Functional score

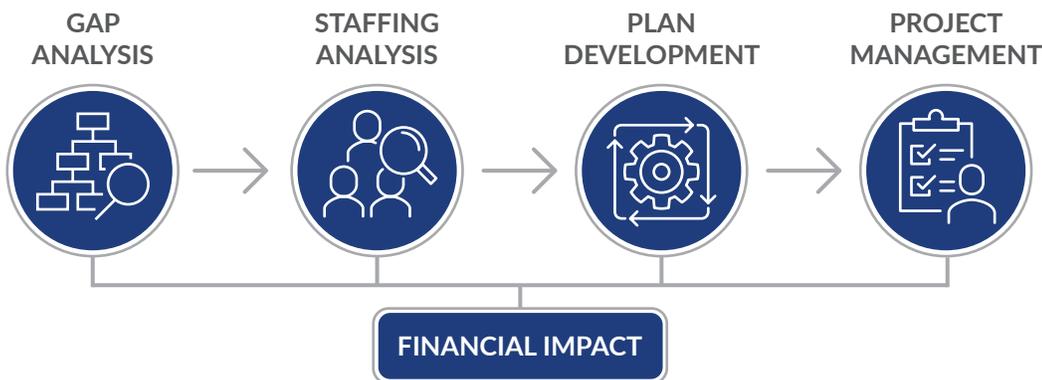
Capturing functional ability accurately in section GG directly impacts the PT/OT and Nursing functional score under PDPM.

It's common for providers to under-document the actual care level provided in section GG of the MDS.

Accurately capturing the care provided typically results in a three-point reduction in the functional score and an opportunity for an annual impact of **\$131,000** in additional revenue.

Proven, real-world experience

We've helped clients achieve **\$110,000 to \$271,300** in additional revenue and/or cost savings with our recommended clinical process improvement strategies.



99%

of our clients say our advisors have strong industry knowledge and deliver on their promises.

Let's Make the Mark together

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