

TRAINING SPRINT

READY, SET, GO!

Race to SNF Success

Referrals, reimbursement,
Five-Star, iQIES, CMS data
freeze, claims denials & more

simple.
a Netsmart solution

 **Netsmart**



Today's race card



READY...

Prepare for regulations

- Five-Star & Quality
- iQIES/QIES.net updates
- PBJ, staffing & audit prep

SET...

Set up for success

- Optimize reimbursement
- Claims denials
- Managed Care

GO!

Get your referrals

- Better referral data
- Hospital pain points
- Competitive insights

Get these slides now



READY...

*Training for the track:
Stay ahead of the
regulatory curve*

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Be ready for regulatory change

Five-Star / Quality



N045 – Percent of Residents with Pressure Ulcers

- Now measuring ALL residents instead of only high-risk
- Entire Long-Stay population and risk adjusts based on 7 covariates from the assessment

N046 – Percent of Residents with New or Worsened Bowel or Bladder Incontinence

- Now measuring the entire Long-Stay population as opposed to the narrowly focused look at low-risk residents

S042 – Discharge Function Score

- QRP-type measure
- 11 items in Section GG to track against CMS' expected discharge goal

Be ready for regulatory change

Function Scores / Risk Variables



GG Item	Description
GG0130A	Eating
GG0130B	Oral hygiene
GG0130C	Toileting hygiene
GG0170A	Roll left and right
GG0170C	Lying to sitting on side of bed
GG0170D	Sit to stand
GG0170E	Chair/bed-to-chair transfer
GG0170F	Toilet transfer
GG0170I	Walk 10 feet
GG0170J	Walk 50 feet with two turns
GG0170R	Wheel 50 feet with two turns (x2)

Risk Adjustment Variables	Description
Entry Score	Admission
Baseline Constant	CMS Risk Model
Primary Medical Condition	Direct impact on Risk Adjustment
Prior Conditions	Resident's prior functioning (GG0100), mobility device use (GG0110), and prior surgery (J2000)
Admission Status	Age, pressure ulcers, BIMS score, communication impairment, urinary/bowel continence, history of falls, nutritional approaches, and BMI
Active Diagnoses	Section I / I8000
Expected Score (CMS)	Actual Discharge Score

Be ready for regulatory change

iQIES / QIES.net



Two-Factor Authentication (2FA)

- Now required when uploading PBJ directly to CMS on QIES.net
- Setup prior to next deadline! (May 15)
- Possible impact on move to iQIES?

HARP/iQIES setup & roles

- Facility access/ corporate access
- Importance of PSO (Provider Security Official)
- Turnover & CHOWs
- Third-party vendors

Hospice migration to iQIES

- Mandatory transition from HIS to HOPE
- Coming Oct. 1, 2025

Be ready for regulatory change

PBJ updates & activity



Two-Factor Authentication (2FA)

- Now required when uploading PBJ directly to CMS on QIES.net
- Setup prior to next deadline! (May 15)
- Possible impact on move to iQIES?

Proposed Federal minimum staffing requirement blocked

- Remaining impact at State Levels / State QIP Programs
- HRD/Turnover still impacting Five-Star
- CMS Expected HRD & Case-Mix

Increased PBJ staffing audits

- Auditors now penalizing turnover scores for incorrectly submitted or missing data
- Upcoming Simple webinar on this topic (June 10)

SET...

*In the gate: Align for
accuracy, payment
and performance*

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Set your team up for success

Minimize denials & optimize revenue



Excludes 1 definition

- Two conditions listed together on a claim are mutually exclusive and should not be coded together
- Can occur when claim includes two codes for the same condition, with one being a more specific version of the other

Issues/explanation

- Code(s) are non-billable/non-specific; code of greater detail required
- Cannot be coded together (potential claim denial)

17.5%

**of total claims had
a potential denial
with Excludes 1**

*Based on 42 rules –
to be expanded*

Set your team up for success

Top 10 Excludes 1 Denials



Trigger Code	Code Expanded	Total Claims	% of Potential Denials
R26.2	Difficulty in walking, not elsewhere classified	6,828	35.2%
R53.1	Weakness	4,888	25.2%
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	1,224	6.3%
R52	Pain, unspecified	1,017	5.2%
G31.84	Mild cognitive impairment of uncertain or unknown etiology	893	4.6%
N39.0	Urinary tract infection, site not specified	719	3.7%
I73.9	Peripheral vascular disease, unspecified	591	3.0%
R55	Syncope and collapse	417	2.2%
Z73.6	Limitation of activities due to disability	410	2.1%
R54	Age-related physical debility	382	2.0%

Source: SimpleCORE™ – 3 months ending 3/31/2025

Top 10 Excludes 1 Denials – Details

Trigger Code	Code Expanded	Excludes 1
R26.2	Difficulty in walking, not elsewhere classified	(R29.6) Falling; (R26.81) Unsteadiness on feet
R53.1	Weakness	(R54) Age-related weakness; (M62.8-) Muscle weakness; (R54) Senile asthenia
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	(Z87.820) Personal history of traumatic brain injury; (I69.-) Sequelae of cerebrovascular disease
R52	Pain, unspecified	(G89.-) Acute and chronic pain, not elsewhere classified; localized pain, unspecified type - code to pain by site; (F45.41) Pain disorders exclusively related to psychological factors
G31.84	Mild cognitive impairment of uncertain or unknown etiology	(R41.81) Age related cognitive decline; (R41.82) Altered mental status; (G31.9) Cerebral degeneration; (R41.82) Change in mental status; (I69.01, I69.11, I69.21, I69.31, I69.81, I69.91) Cognitive deficits following (sequelae of) cerebral hemorrhage or infarction; (S06.-) Cognitive impairment due to intracranial or head injury; (F01.-, F02.-, F03) Dementia; (F06.8) Mild memory disturbance; (R41.4) Neurologic neglect syndrome; (F68.8) Personality change, nonpsychotic
N39.0	Urinary tract infection, site not specified	(B37.4-) Candidiasis of urinary tract; (P39.3) Neonatal urinary tract infection; (N30.-) Urinary tract infection of specified site, such as: cystitis; (N34.-) Urethritis
I73.9	Peripheral vascular disease, unspecified	(I70.2--I70.7-) Atherosclerosis of the extremities
R55	Syncope and collapse	(R57.0) Cardiogenic shock; (G90.01) Carotid sinus syncope; (T67.1) Heat syncope; (F45.3) Neurocirculatory asthenia; (G90.3) Neurogenic orthostatic hypotension; (I95.1) Orthostatic hypotension; (T81.1) Postprocedural shock; (F48.8) Psychogenic syncope; (R57.9) Shock NOS; (O00-O07, O08.3) Shock complicating or following abortion or ectopic or molar pregnancy; (O75.1) Shock complicating or following labor and delivery; (I45.9) Stokes-Adams attack; (R40.2-) Unconsciousness NOS
Z73.6	Limitation of activities due to disability	(Z74.-) Care-provider dependency
R54	Age-related physical debility	(R41.81) Age-related cognitive decline; (F03) Senile psychosis; (R41.81) Senility NOS

Set your team up for success

Medicare Advantage



- Claims denials seem to be more prevalent among Managed Care payers
- Inaccurate PDPM coding leads to denials or missed payment opportunities
- Know your Medicare Advantage plan information

Metric	Part A	Medicare Advantage
PPD (AWI=1)	\$728	\$486
30-Day Rehospitalization Rate	23.6%	18.2%
ALOS (days)	28.2	16.9
Community Discharge Rate	47.0%	50.1%
Acuity Score	1.8	1.7

Source: SimpleCORE™ – 13 months ending 3/31/2025

GO!

*Full gallop: Accelerate
referrals with data-
driven confidence*

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Get your referrals

Data accuracy & referrals



Referral partner data








- Where are hospital staff sending referrals?
- How to market against competitors?
- How are competitors marketing against us?

Hospital pain points

- Understand top DRGs in your communities
- Typical patient acuity

Physician data

- Are we receiving referrals from this MD? Why/why not?
- Do your physicians have patients at other facilities?
- What are re-admit rates?

 Dr. Simple		Back to Referrals / Referrals Home	
NPI 100000001	Primary Taxonomy Internal Medicine Physician	Primary Practice Address 1 Simple Ln Overland Park, KS 66211	Phone Number (123) 123-4567
Physician Discharges to Skilled Nursing Facilities ¹		View: 2024 - Through Q3 ▾	
 Expand All Rows			
Name	Amt Paid to SNF ↓	SNF ALOS	Hosp Re-Admit
 Facility 1	\$163,662	57.2	34.1%
 Facility 2	\$123,481	44.4	40.0%
 SIMPLE SKILLED NURSING FACILITY	\$87,018	40.8	12.1%
 Facility 4	N/A	N/A	N/A

Get your referrals

Putting referral data to work



Use data to drive referrals

- CMS data
- Current metrics

Competitive data in your geographic area

- Re-admit rates
- Five-Star rating
- Allocation of referrals
- Average LOS
- Staffing Measures
- Acuity

Simple Hospital ★★★★★ [Back to Hospitals](#) [Referrals Home](#)

HOSPITAL DISCHARGES TO SNF SNF REFERRALS TO HOSPITAL HOSPITAL PAIN POINTS

Simple Hospital Discharges to Skilled Nursing Facilities 1 View: 2024 - Through Q3 📄 🔍

#	Name	Distance (Miles Away) 1	Amt Paid to SNF 1	# Discharges to SNF 1 ↓	% Discharges to SNF 1	# Distinct Patients 1	SNF ALOS 1	Re-Admit from SNF 1	Five-Star Rating 1	Action
1	Facility 1	10.7	\$1,077,212	159	23.9%	142	12.9	18.3%	★★★★★	View Details
2	Facility 2	1.4	\$793,881	63	9.5%	52	26.1	36.4%	★	View Details
3	SIMPLE SKILLED NURSING FACILITY	3.7	\$502,748	49	7.4%	46	22.5	8.4%	★★★★★	View Details
4	Facility 4	2.8	\$489,452	42	6.3%	35	23.2	24.3%	★★★★★	View Details
5	Facility 5	4.1	\$468,098	40	6.0%	29	27.8	44.8%	★	View Details

Simple Hospital ★★★★★ [Back to Hospitals](#) [Referrals Home](#)

HOSPITAL DISCHARGES TO SNF SNF REFERRALS TO HOSPITAL **HOSPITAL PAIN POINTS**

Simple Hospital Pain Points 1 View: 2024 - Through Q3 📄 🔍 📄

[Expand All Rows](#)

	DRG Category Description	Amt Received by Hosp 1 ↓	Total Medicare Claims 1	Re- Admit 1	ALOS 1	GLOS 1	SNF Total Medicare Claims 1	SNF Re- Admit 1	SNF ALOS 1
+	Circulatory System	\$8,752,035	309	13.7%	2.0	3.5	<11	N/A	N/A
+	Major Joint Replacement / Spinal Surgery	\$4,840,189	96	13.5%	2.8	4.2	<11	N/A	N/A
+	Nervous System	\$4,028,639	129	18.6%	4.7	3.6	27	22.2%	13.0
-	Sepsis	\$3,672,990	201	14.4%	5.7	7.4	39	45.6%	10.3

DRG	Description	Amt Received by Hosp 1	Total Medicare Claims 1	Re- Admit 1	ALOS 1	GLOS 1	SNF Total Medicare Claims 1	SNF Re- Admit 1	SNF ALOS 1
871	Septicemia Or Severe Sepsis W/O Mv 96+ Hours W MCC	\$2,908,602	177	15.8%	6.0	5.1	39	25.6%	10.2

SimpleComplete™

One simple suite for SNF success

Everything you need for reimbursement,
referrals and regulatory compliance.



MDS predictive analytics.

Optimize PDPM,
Five-Star/QMs and
iQIES workflow



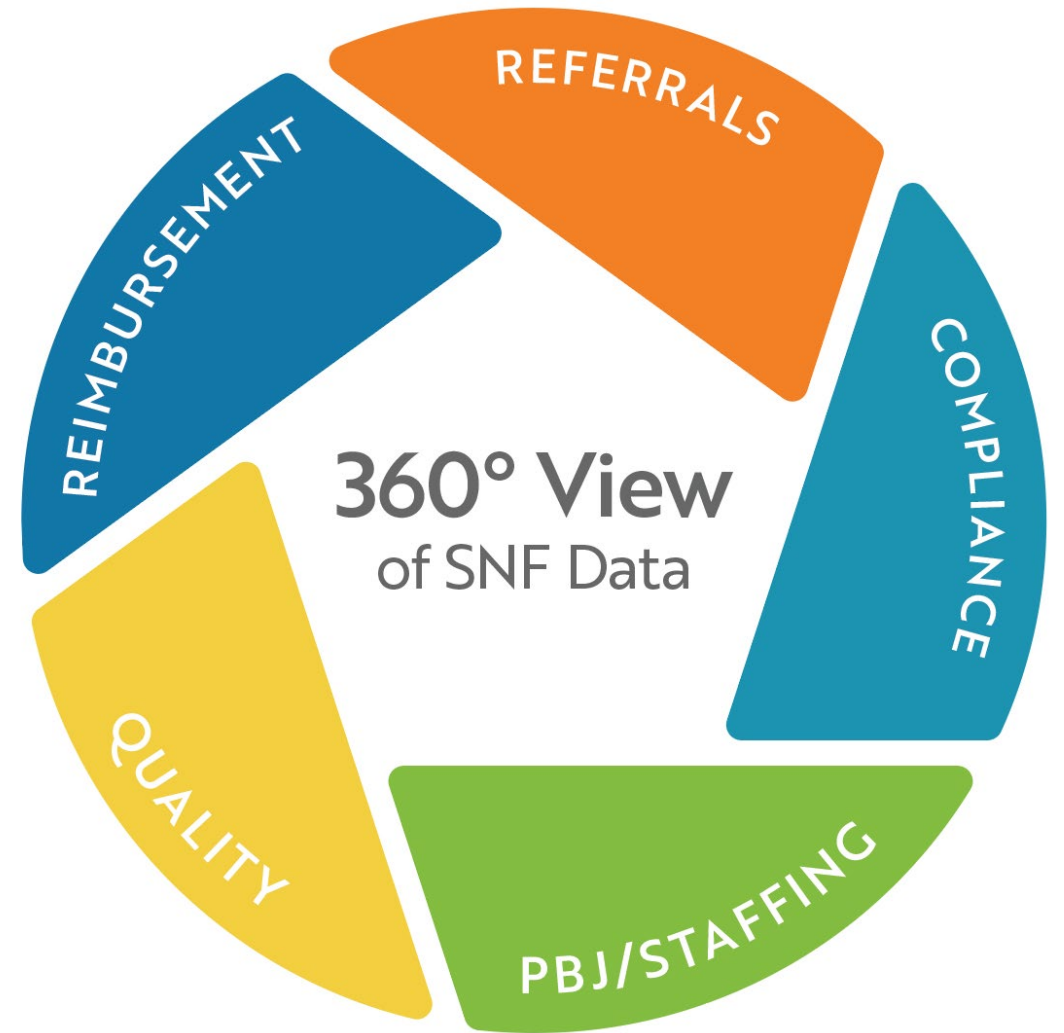
PBJ and staffing.

Simplify Payroll-
Based Journal and
staffing strategy



Referrals and reimbursement.

Build census and
optimize claims revenue
in real time



Scan code or visit simple.health/demo to get started



Block out the noise

and focus on data that...

- Improves quality
- Optimizes reimbursement
- Maximizes referrals

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