

Texas: Start Your PDPM Engines

Final Prep for the Texas Reimbursement Shift

FREE WEBINAR



SKILLED NURSING

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CAREABILITY

 **Texas
Medicaid
Coalition**

TODAY'S SPEAKERS



**BECCA
SMITH**

VP of Reimbursement —
Caraday Healthcare



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Texas Medicaid/
Reimbursement Expert



**ETHAN
TAYNE**

Quality Improvement Consultant

Poll #1

How confident are you that all your nurses have completed respiratory training necessary to code respiratory care provided?

- A)** Feeling very confident, and I have a list of charge nurse names to verify training status when I'm coding Section O.
- B)** Feeling better since we've provided recent retraining, though may benefit from a better system for tracking.
- C)** Not very confident, I am not sure of the training status, so I don't code respiratory care provided.
- D)** Feeling confused...isn't respiratory care part of nurse schooling? Why is this relevant?

Poll #2

What is your game plan for MDS assessments beginning Sept. 1?

- A)** Follow my current MDS schedule, completing new MDS assessments as they become due.
- B)** Open a new MDS assessment for every resident with an ARD of 9/1.
- C)** Planning to complete MDS assessments earlier than they are due for some residents, while waiting for other residents.

Texas Medicaid Coalition (TMC)

Introduction

- Established in 2013, Texas Medicaid Coalition (TMC) unites providers, stakeholders, and policymakers to navigate Medicaid regulations and advocate for sustainable solutions.

Advocacy

- Engage with state agencies to influence policy, ensure provider stability, and promote fair implementation, oversight, and review of payment processes.

Mission Statement

- To advocate for sustainable Medicaid reimbursement, collaborate with experts and state agencies to enhance regulatory understanding, and partner with professional organizations and other entities to strengthen advocacy, find solutions, and improve outcomes.

Membership

- Free to join, TMC will be offering quarterly calls for updates. Registration link will be provided in the chat section of this call.

Agenda

- TMC Intro & Overview of prior PDPM LTC trainings
- PDPM LTC Transition Readiness
 - Race preparation-assessing the “starting line” for the Sept. 1 transition
 - Race planning and compliance checks — ensure adequate documentation systems to accurately capture care that will ensure proper payment and success in future audits
- Respiratory Therapy Readiness
- SimpleLTC PDPM LTC Updates
- Regulatory Updates

Pit Crew Huddle

- Transition begins with MDS Assessment Reference Dates (ARDs) of 9/1/2025 and later; while no additional assessments are required, there is no prohibition of completing early MDS assessments.
- In addition to a rate methodology change, the assessments with ARDs on or after 9/1 include:
 - \$12 budgeted daily rate increase
 - \$5.19 “hold harmless” addition budgeted for transition
 - \$5.43 add-on rolled in for all facilities, which follows the 8/31 end of the Staff Enhancement Program. Participation values currently range from \$0.40 to \$10.80 per resident day. Facilities currently participating will need a new RUG rate set in EHR effective 9/1 that excludes the daily Staff Enhancement add-on.

Warm-Up Laps & Pit Strategy

- ✓ Train & gather resources to avoid spinning tires (MDS RAI manual; HHSC PDPM LTC Calculation Worksheet)
- ✓ Comparison of current RUGs (without Staff Enhancement) to anticipated PDPM LTC rates (only addons-Liability Insurance)
 - Example 1: Current RAB (SE level 9=\$3.60) to P2X
 - $(186.54 - SE = \$182.94 \text{ to } \$168.92) = \text{\textcolor{red}{\$14.02}}$ decrease
 - Example 2: Current SE2 (SE level 6=\$2.40) to H2Y
 - $(227.57 - SE = \$225.17 \text{ to } 251.12) = \text{\textcolor{green}{\$25.95}}$ increase
- ✓ Documentation checks: prioritize diagnoses & functional abilities

Pit Strategy Resource for PDPM LTC

Nursing Component Translation from PDPM HIPPS Character)

- **Group E** - Extensive Services (A, B, C)
- **Group H** - Special Care High (D, E, F, G)
- **Group L** - Special Care Low (H, I, J, K)
- **Group C** - Clinically Complex (L, M, N, O, P, Q)
- **Group B** - Behavioral and Cognitive Symptoms (R, S, T, U)
- **Group P** - Reduced Physical Functioning (V, W, X, Y)

NTA Translation from PDPM NTA Component HIPPS Character)

- **Group 1** - Score of 9+ (A, B)
- **Group 2** - Score of 3-8 (C, D)
- **Group 3** - Score of 0-2 (E, F)

BIMs Translation from MDS Coding

- **Group Y** - Moderate-Severe Impairment (BIMS 0-7 or Staff Assessment criteria met)
- **Group X** - Mild Impairment-Intact (BIMS 8-15, or, if interview was not attempted as directed)

Avoiding a Poor Launch Position

Prepare for 9/1 MDS assessments, and don't get stuck in neutral

- ✓ Plan for MDS/Interdisciplinary Team staffing needs and resources with 9/1 being Labor Day followed by End of Month Close schedules to mitigate risk of missed BIMS or GG IDT documentation
- ✓ Diagnosis management and physician queries-ensure accurate list of active diagnoses per the RAI 2-step definition
- ✓ Nursing documentation (examples: SOB when lying flat, isolation, MNAs)
- ✓ Training needs include respiratory therapy for nurses, BIMS/Staff Interviews, Function Abilities documentation and assessment for GG
- ✓ Anticipation of software configuration changes for your EHR.

Avoid Engine Trouble & False Starts



- “All gas, no brakes”...this presentation will focus on accurate coding and ethical care
- A solid compliance program is required; following all regulations and guidelines for high quality, medically necessary care, reflected by accurate claims
- OIG Reviews for PDPM are planned for 2027...always do the right thing!

Pit Stop Payoff – BIMS Rate Component

- One unique feature of PDPM LTC is the distinct reimbursement for additional care needs related to moderate-severe cognitive deficits
- Ways to qualify for BIMS Add-On of \$12.16 per day
 1. BIMS Interview Score = 0-7
 2. Comatose (B0100 = 1) and completely dependent functional abilities-GG
 3. Severely impaired cognitive skills for decision making (C1000 = 3) indicated by staff interview; only if BIMS was attempted and not dashed
 4. Moderately impaired cognitive skills defined by basic and severe impairment counts from staff interview; only if BIMS was not dashed

Turbo Boost Bonus - HIV/AIDS Enhancement

- Another unique feature of PDPM LTC is a separate rate add-on for residents with HIV/AIDS as indicated by the B20 ICD10-CM code on their billing claim
- Current privacy regulations prohibit coding HIV on the MDS, though it should be listed on the claim and confidentially in the clinical record
- HHSC has created a distinct billing code list for HIV/AIDS, and the payment will include an extra 18% for the nursing category plus an NTA category of 1, regardless of NTA point total
- Be aware that the MESAV will not match and the EHR system may require monitoring so that the revenue is accurately reported

Pole Position Payout with the NTA Component

The same NTA (Non-Therapy Ancillary) List of diagnoses & treatments used by CMS for traditional PDPM will be used in PDPM LTC with a compressed score list as follows:

- Group 1 - Score of 9+ (A-B*) \$14.78 **+10.06 Highest level**
- Group 2 - Score of 3-8 (C-D*) \$7.73 **+3.01 Intermediate level**
- Group 3 - Score of 0-2 (E-F*) \$4.72 **0.00 Base level**

Teamwork makes the dream work!

*(*Letters indicate PDPM HIPPS end-splits for each group)*

Nursing Category: Reduced Physical Function



- Default “P” Category \$95.68
+0.00 = bottom level
- “P” Category Residents with 0-5 GG (most dependent functional abilities) will rise to “B” Category
- Monitor for changes in diagnoses and care needs

Nursing Category: Behavioral Symptoms and Cognitive Performance

- “B” Category \$114.29 **+18.61 above bottom level**
- Includes “P” Category residents with 0-5 Functional Abilities (GG)
- Otherwise, must have a GG score of 11+ and have BIMS of 0-9 or meet other cognitive and behavioral criteria that follow CMS calculations for this PDPM category
- Behaviors include hallucinations, delusions, rejection of care, wandering, and several more, which make this an important area of documentation to review for potential system updates
- Restorative services do not impact any categories of PDPM LTC

Nursing Category: Clinically Complex

- “C” Category \$132.85 +37.17 above bottom level
- Includes very independent residents from Extensive & Special Care categories with functional abilities scores of 15-16 GG (OIG risk area for insufficient documentation to support GG coding)
- Multiple qualifying conditions include Pneumonia, Hemi with GG <12, surgical wounds/open lesions with treatments, burns, and while a resident: Chemo, Oxygen, IV medications, or transfusions

Nursing Category: Special Care Low

- “L” Category \$140.28 +44.60 above bottom level
- Includes the following conditions and services with GG of 14 or less
 - CP, MS, Parkinson’s with GG<12
 - Respiratory Failure with Oxygen while a resident
 - Feeding tube average across 7-day lookback
 - Radiation therapy or Dialysis while a resident
 - Multiple stage 2 or a stage 3-4 P.U. with two or more skin treatments
 - Multiple venous ulcers/arterial with two or more skin treatments
 - Foot infection, diabetic ulcer, or other open foot lesion w/dressing

Nursing Category: Special Care High

- “H” Category \$165.72 +70.04 above bottom level
- Includes the following conditions and services with GG of 14 or less
 - Comatose & Dependent GG
 - Septicemia/Sepsis
 - Diabetes with both daily injections 7 insulin/2 days order changes
 - Quadriplegia 7 GG UP <12
 - COPD and SOB with lying flat
 - Respiratory therapy x 7 days
 - Fever with: Pneumonia, vomiting, weight loss, or feeding tube
 - Parenteral/ IV feedings while a resident or while not a resident

Nursing Category: Extensive Services

- **Multiple “E” levels** within the category from extra funds provided by retiring the State’s existing Vent add-on program
 - **“E” Category w/NTA of 3** \$264.94 **+169.26 above bottom level**
 - **“E” Category w/NTA of 2** \$292.50 **+196.82 above bottom level**
 - **“E” Category w/NTA of 1** \$326.71 **+231.03 above bottom level**
- Includes the following conditions/services (with GG of 14 or less):
 - Tracheostomy care while a resident
 - Ventilator or respirator while a resident
 - Strict isolation for active infectious disease while a resident with all services documented as provided in room (see RAI for more details)

Nursing Category: Full Throttle Bonus

PDPM LTC rates range from \$165.91 - \$419.16, with residents with HIV ranging from \$193.19 - \$477.97

- “E” Category \$264.94-326.71 **+169.26-231.03 range above**
- “H” Category \$165.72 **+70.04 above bottom**
- “L” Category \$140.28 **+44.60 above bottom**
- “C” Category \$132.85 **+37.17 above bottom**
- “B” Category \$114.29 **+18.61 above bottom**
- “P” Category \$95.68 **0.00 = default bottom level**

A Tailored Texas Solution

Carebility Respiratory Therapy Certification Program was developed in partnership with TMC and Albert Hoak, RRT, and in consultation with HHSC Policy and the Office of Inspector General (OIG).

- Covers MDS-reportable **modalities**
- Developed with **credentialed RRT**
- **Automatic tracking** to verify training and competency
- **No per-seat pricing** to scale with your staffing needs
- Training on **proper documentation** for Texas



PDPM Changes within SimpleCFS™





- **Our priority:** Keep the transition as smooth and familiar as possible
- LTCMI section of the Texas Tab will display either RUG or PDPM scores until all residents have an ARD after Sept. 1
- Reports will be updated to show both PDPM and RUG scores
- A new report will compare each resident's former RUG score with their new PDPM score
- We will continue to update and make changes as necessary or requested by our end users

SimpleCFS™: New Views/Reports










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LTCMI View

Level
 \$0
LTCMI: B1X \$193.36
LTCMI: SSC \$166.27
LTCMI: C1Y \$170.79
 LTCMI: E1X \$114.65
LTCMI: SE3 \$230.93
LTCMI: RAC \$170.79

Texas Medicaid Reports

Texas Medicaid Reports

#	Category	Popularity	Title	Description
1	 PASRR	—	3618 Audit for Date Differences	AUDIT - 3618 Date Difference between the Signature Date and Received Date <i>Useful for:</i> AUDIT - Useful to determine date difference, as TMHP has a 72 hour grace window to ...
14	 MESAV	—	MESAV Levels of Service	All residents and their RUG(s) in a given date range. <i>Useful for:</i> Billing process, knowing who's had what RUG and their start/end dates
6	 PASRR	7	List 3619 Medicare/SNF Patient Transaction	List of 3619 forms found in the Current Form Activity area <i>Useful for:</i> Getting the list of 3619 forms in the Current Form Activity area
5	 PASRR	22	List 3618 Resident Transaction Notices	List of 3618 forms found in the Current Form Activity area <i>Useful for:</i> Getting the list of 3618 forms in the Current Form Activity area
28	 Roster	26	Significant Change Detail	Shows a variance of old and new RUGs on the LTCMI and impact on reimbursement <i>Useful for:</i> Clinical and billing staff who want to monitor changes in resident RUG levels
8	 Forms	37	LTCMI Purpose Code E Tracking	Summary of LTCMIs submitted with Purpose Code E and estimated losses <i>Useful for:</i> Identifying default RUG losses across a specified date range
3	 PASRR	39	361X Form missing discharge	Residents that are missing a discharge 3618 or 3619 for a start date <i>Useful for:</i> Getting residents that are missing a discharge 3618 or 3619 for a start date
7	 Forms	48	LTCMI Purpose Code E Rank & Summary	List of facilities showing PCE days and estimated losses per facility <i>Useful for:</i> Corporate and regional nurses who want to identify LTCMI training issues per facility
26	 PASRR	48	Residents with a PSS form	Active residents that have a PASRR Specialized Services form (PSS) <i>Useful for:</i> Nurses who want a list of all PASRR Specialized Services residents

Regulatory Updates: SNF Validation Program

- **Data Validation Process** – new MDS audits beginning this Fall
 - Refer to CMS FAQ created June 2025 for more details
 - Audit goal is to evaluate accuracy of Quality Measure data from MDS, for the Value Based Purchasing (VBP) program and Quality Reporting Program (QRP)
 - Audit notifications will be delivered to iQIES MDS 3.0 Provider Preview Reports Folder
 - Penalty of not responding will be the withholding of 2% QRP portion of Medicare payment annual update.
 - **Recommendation:** QAPI review to assure accuracy of documentation and coding for the following areas:
 - Falls with Major Injury
 - Pressure Ulcer/Injury Rates
 - Drug Regimen Review and Follow Up
 - Discharge Function Scores
 - Discharge to Community and Transfer of Health Information

Contact Us



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SimpleComplete™

One simple suite for SNF success

The industry's only complete solution for reimbursement, referrals and regulatory compliance.



MDS predictive analytics.

Optimize PDPM, Five-Star/QMs and iQIES workflow



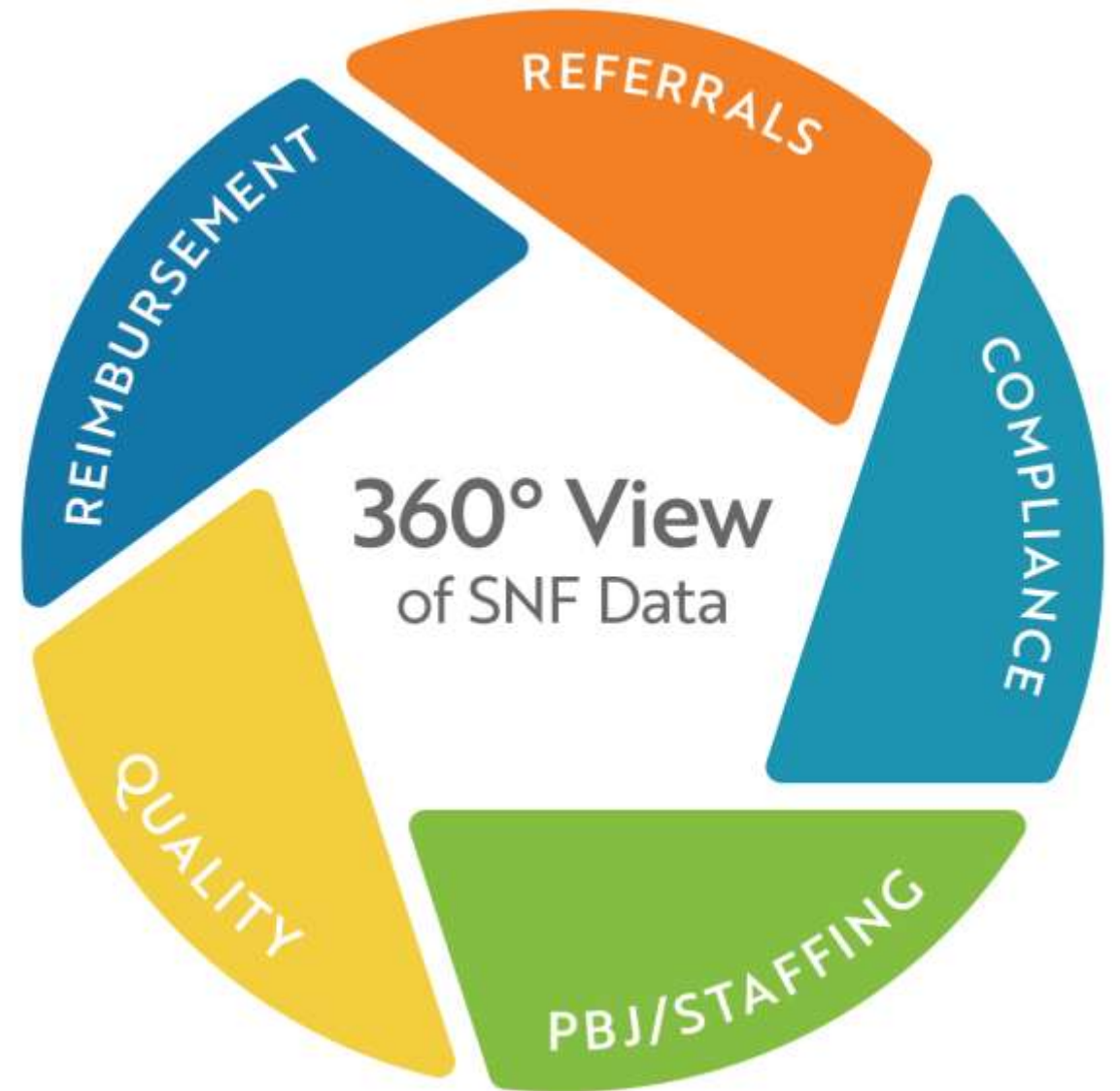
PBJ and staffing.

Simplify Payroll-Based Journal and staffing strategy



Referrals and reimbursement.

Build census and optimize claims revenue in real time



QUESTIONS

Recording & slides will be available:



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Thank you for joining us!

Recording and slides will be available at
simple.health/blog

