

MEDICARE PART A SNF PROSPECTIVE PAYMENT SYSTEM

MDS 3.0 Captured Services as Qualifiers for Medicare Part A RUG-IV Grouper

Base Rates Urban Unadjusted AWI = 1.0000	ADL INDEX	END SPLITS	RUG	10/1/17 - 9/30/18	10/1/18 - 9/30/19
REHABILITATION					
ULTRA HIGH Tx. 720 mins. a week minimum 2-3 disciplines; one 5+days, one 3+ days	11 - 16	<i>Extensive Services qualifier</i>	RUX	\$813.20	\$832.61
	2 - 10	<i>Extensive Services qualifier</i>	RUL	\$795.48	\$814.47
	11 - 16		RUC	\$616.50	\$631.22
	6 - 10		RUB	\$616.50	\$631.22
	0 - 5		RUA	\$515.49	\$527.80
VERY HIGH Tx. 500 mins. a week minimum At least 1 discipline - 5 days	11 - 16	<i>Extensive Services qualifier</i>	RVX	\$723.81	\$741.10
	2 - 10	<i>Extensive Services qualifier</i>	RVL	\$649.38	\$664.89
	11 - 16		RVC	\$528.88	\$541.51
	6 - 10		RVB	\$457.99	\$468.94
	0 - 5		RVA	\$456.22	\$467.12
HIGH Tx. 325 mins. a week minimum 1 discipline, 5 days a week	11 - 16	<i>Extensive Services qualifier</i>	RHX	\$655.79	\$671.44
	2 - 10	<i>Extensive Services qualifier</i>	RHL	\$584.90	\$598.87
	11 - 16		RHC	\$460.85	\$471.86
	6 - 10		RHB	\$414.78	\$424.68
	0 - 5		RHA	\$365.16	\$373.88
MEDIUM Tx. 150 mins. a week minimum 5 distinct days across 3 disciplines	11 - 16	<i>Extensive Services qualifier</i>	RMX	\$601.56	\$615.93
	2 - 10	<i>Extensive Services qualifier</i>	RML	\$551.94	\$565.12
	11 - 16		RMC	\$404.86	\$414.53
	6 - 10		RMB	\$380.05	\$389.13
	0 - 5		RMA	\$312.71	\$320.18
LOW 3 + days Tx / 45 min/wk; >5 days; >1 activity	2 - 16	<i>Extensive Services qualifier</i>	RLX	\$528.30	\$540.92
	11 - 16		RLB	\$393.63	\$403.03
	0 - 10		RLA	\$253.63	\$259.69
EXTENSIVE SERVICES					
Tracheostomy care AND ventilator/respirator	2 - 16	Not Used	ES3	\$742.43	\$760.16
Tracheostomy care OR ventilator/respirator	2 - 16	Not Used	ES2	\$581.17	\$594.74
Isolation for active infectious disease	2 - 16	Not Used	ES1	\$519.15	\$531.54
SPECIAL CARE HIGH					
Any of the following conditions:	15 - 16	PHQ Depression	HE2	\$501.43	\$513.40
Comatose; Septicemia; Diabetes w/ daily inj. & insulin order change	15 - 16		HE1	\$416.37	\$426.31
on 2 or more days; Quadriplegia with ADL score \geq 5;	11 - 14	PHQ Depression	HD2	\$469.53	\$480.74
Chronic obstructive pulmonary disease and shortness of breath	11 - 14		HD1	\$391.56	\$400.90
when lying flat; Fever with pneumonia, Vomiting, Tube feed	6 - 10	PHQ Depression	HC2	\$442.95	\$453.52
or Weight loss; Parenteral/IV feedings;	6 - 10		HC1	\$370.29	\$379.13
Respiratory therapy for 7 days	2 - 5	PHQ Depression	HB2	\$437.63	\$448.08
<i>Depression split qualifier: PHQ score \geq 10</i>	2 - 5		HB1	\$366.75	\$375.50

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Base Rates Urban Unadjusted AWI = 1.0000	ADL INDEX	END SPLITS	RUG	10/1/17 - 9/30/18	10/1/18 - 9/30/19
SPECIAL CARE LOW					
<i>Any of the following conditions:</i>	15 - 16	PHQ Depression	LE2	\$455.35	\$466.22
Cerebral palsy, Multiple sclerosis, or Parkinson's disease with ADL score \geq 5; Feeding tube (calories \geq 51% or 26-50% & fluid \geq 501cc);	15 - 16		LE1	\$380.92	\$390.02
2 or more Stage II or 1 or more III or IV pressure ulcer; 2 or more skin Tx w/ 2 or more ven/art ulcers; or 1 Stage 2 PU & 1 venous/arterial ulcer	11 - 14	PHQ Depression	LD2	\$437.63	\$448.08
foot infection/diabetic foot ulcer/open lesions of foot with treatment;	11 - 14		LD1	\$366.75	\$375.50
Radiation therapy while a resident; Oxygen therapy w/ respiratory failure while a resident; Dialysis while a resident	6 - 10	PHQ Depression	LC2	\$384.47	\$393.65
	6 - 10		LC1	\$324.22	\$331.96
	2 - 5	PHQ Depression	LB2	\$364.97	\$373.69
	2 - 5		LB1	\$310.04	\$317.44
CLINICALLY COMPLEX					
Extensive Services, Special Care High or Special Care Low qualifier and ADL score of 0 or 1; OR	15 - 16	PHQ Depression	CE2	\$405.73	\$415.42
Pneumonia; hemiplegia with ADL score \geq 5;	15 - 16		CE1	\$373.84	\$382.76
Surgical wounds or open lesions with treatment; burns;	11 - 14	PHQ Depression	CD2	\$384.47	\$393.65
Chemotherapy while a resident;	11 - 14		CD1	\$352.57	\$360.99
IV medications while a resident;	6 - 10	PHQ Depression	CC2	\$336.62	\$344.66
Transfusions while a resident	6 - 10		CC1	\$311.81	\$319.26
Oxygen therapy while a resident	2 - 5	PHQ Depression	CB2	\$311.81	\$319.26
<i>Depression split qualifier: PHQ score \geq 10</i>	2 - 5		CB1	\$288.77	\$295.67
	0 - 1	PHQ Depression	CA2	\$263.96	\$270.27
	0 - 1		CA1	\$246.24	\$252.12
BEHAVIORS & COGNITIVE PERFORMANCE					
Cognitive impairment BIMS score \leq 9 or CPS \geq 3 OR	2 - 5	Nursing Rehabilitation	BB2	\$279.91	\$286.60
Hallucinations or delusions OR Physical or verbal behavioral symptoms toward others, Other behavioral symptoms, Rejection of care, or Wandering	2 - 5		BB1	\$267.51	\$273.90
<i>See Reduced Physical Function for restorative nursing services</i>	0 - 1	Nursing Rehabilitation	BA2	\$232.07	\$237.61
	0 - 1		BA1	\$221.43	\$226.72
PHYSICAL FUNCTION REDUCED					
No clinical variables used	15 - 16	Nursing Rehabilitation	PE2	\$373.84	\$382.76
	15 - 16		PE1	\$356.11	\$364.62
Restorative nursing services:	11 - 14	Nursing Rehabilitation	PD2	\$352.57	\$360.99
2 or more restorative nursing on 6+ days/wk	11 - 14		PD1	\$334.85	\$342.84
Urinary and/or bowel training program,	6 - 10	Nursing Rehabilitation	PC2	\$302.95	\$310.18
Passive or Active ROM, amputation/prosthesis care training,	6 - 10		PC1	\$288.77	\$295.67
Splint or brace assistance, Dressing or grooming training,	2 - 5	Nursing Rehabilitation	PB2	\$256.88	\$263.01
Eating or swallowing training, Transfer training,	2 - 5		PB1	\$246.24	\$252.12
Bed mobility and/or walking training, Communication training	0 - 1	Nursing Rehabilitation	PA2	\$212.57	\$217.65
	0 - 1		PA1	\$203.71	\$208.58
DEFAULT Resident is clinically eligibility but no valid MDS record; technical violations, etc.			AAA	\$203.71	\$208.58

NOTE: Rates are NOT net of sequestration; as per 7/31/18 released 2019 Final Rule

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

PT / OT Case-Mix Classification Groups

Category	GG Function Score	Case-Mix Group	PT CMI	OT CMI	Weighted Average*		VDWA	
					CMI	Rank	PT / OT	
							Day	Factor
Major Joint Replacement or Spinal Surgery	0 - 5	TA	1.53	1.49	1.46	8	1 - 20	1.00
	6 - 9	TB	1.69	1.63	1.60	3	21 - 27	0.98
	10 - 23	TC	1.88	1.68	1.72	1	28 - 34	0.96
	24	TD	1.92	1.53	1.67	2	35 - 41	0.94
Other Orthopedic	0 - 5	TE	1.42	1.41	1.37	11	42 - 48	0.92
	6 - 9	TF	1.61	1.59	1.55	5	49 - 55	0.90
	10 - 23	TG	1.67	1.64	1.60	4	56 - 62	0.88
	24	TH	1.16	1.15	1.12	13	63 - 69	0.86
Medical Management	0 - 5	TI	1.13	1.17	1.11	14	70 - 76	0.84
	6 - 9	TJ	1.42	1.44	1.38	10	77 - 83	0.82
	10 - 23	TK	1.52	1.54	1.48	7	84 - 90	0.80
	24	TL	1.09	1.11	1.06	15	91 - 97	0.78
Non-Orthopedic Surgery and Acute Neurologic	0 - 5	TM	1.27	1.30	1.24	12	98 - 100	0.76
	6 - 9	TN	1.48	1.49	1.43	9		
	10 - 23	TO	1.55	1.55	1.50	6		
	24	TP	1.08	1.09	1.05	16		

* OT CMI adjusted to 93.09% to neutralize for PT/OT Base Rate difference

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

PT/OT Function Scoring Measures

Note: Scoring differs from QRP functional outcome measure

Section GG Items Included in PT & OT Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1	Mobility: Sit to lying	0 - 4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0 - 4 (average of 3 items)
GG0170E1	Mobility: Chair / bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0 - 4 (average of 2 items)
GG0170K1	Mobility: Walk 150 feet	

PT / OT Function Score Construction		
Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial / moderate assistance	2
02	Substantial / maximal assistance	1
01, 07, 09, 88	Dependent, Refused, N/A, Not Attempted	0
01, 07, 09, 88	Walking items only: Dependent, Refused, N/A, Not Attempted, Resident Cannot Walk*	0

*Coded based on response to GG0170H1 (Does the resident walk?)

Modifications from Final Rule:

All missing values for GG items will receive zero points as a function score.

Incorporate a new response "10. Not attempted due to environmental limitations" = zero.

Adopt GG0170I1 (Walk 10 feet) for retired GG0170H1 (Does the resident walk).

Will use responses 07: "resident refused," 09: "not applicable," 10: "not attempted due to environmental limitations," or 88: "not attempted due to medical condition or safety concerns" from GG0170I1 to identify residents who cannot walk.

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

SLP Case-Mix Classification Groups

Acute Neurologic, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	Case-Mix Group	CMI
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19

SLP Related Comorbidities

Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care*	Oral Cancers
Vent or Respirator Care*	Speech & Lang Deficits

* while a resident

PDPM Cognitive Measure Classification Methodology

Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13 - 15	0
Mildly Impaired	8 - 12	1 - 2
Moderately Impaired	0 - 7	3 - 4
Severely Impaired	0	5 - 6

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

Non-Therapy Ancillary Scoring / Groups

Condition / Service	MDS Item	Points
HIV / AIDS	No MDS Item; B20 coded on the UB-04	8
Parenteral IV Feeding: High (> 50% calories)	K0510A2, K0710A2	7
Intravenous Medication Post-admit Code	00100H2	5
Ventilator or Respirator Post-admit Code	00100F2	4
Parenteral IV Feeding: Low (26% - 50% calories; 501cc per day)	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Transfusion Post-admit Code	00100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Dx: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Dx: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Dx: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Tracheostomy Care Post-admit Code	00100E2	1
Active Dx: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Isolation Post-admit Code	00100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Radiation Post-admit Code	00100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300X1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

Condition / Service	MDS Item	Points
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Prob: Foot Inf. Code, Other Open Lesion, Except Diabetic Ft Ulcer Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I8000	1
Aseptic Necrosis of Bone	I8000	1
Suctioning Post-admit Code	00100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Dx: Malnutrition Code	I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

Patient Driven Payment Model		
NTA Case-Mix Classification Groups		
Range	Group	CMI
12 +	NA	3.25
9 - 11	NB	2.53
6 - 8	NC	1.85
3 - 5	ND	1.34
1 - 2	NE	0.96
0	NF	0.72

For conditions and services where source is indicated as MDS I8000, PDPM NTA Comorbidity Mapping (which accompanied the FY 2019 SNF PPS proposed rule) provides a crosswalk between the listed condition and the ICD-10-CM codes which may be coded to qualify that condition to serve as part of the resident's NTA classification. I8000 is an open-ended item in the MDS where the provider can fill in additional active Dx that are not explicitly on the MDS for the resident in the form of ICD-10 codes.

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

Nursing Case-Mix Classification Groups and CMI Weights

PDPM	GG Score	CMI	RUG-IV CMI (both if PDPM contracted)	
ES3	0 - 14	4.04	3.58	-
ES2	0 - 14	3.06	2.67	-
ES1	0 - 14	2.91	2.32	-
HDE2	0 - 5	2.39	2.22	2.04
HDE1	0 - 5	1.99	1.74	1.60
HBC2	6 - 14	2.23	1.89	1.86
HBC1	6 - 14	1.85	1.48	1.46
LDE2	0 - 5	2.07	1.96	1.86
LDE1	0 - 5	1.72	1.54	1.46
LBC2	6 - 14	1.71	1.56	1.45
LBC1	6 - 14	1.43	1.22	1.14
CDE2	0 - 5	1.86	1.68	1.56
CDE1	0 - 5	1.62	1.50	1.38
CBC2	6 - 14	1.54	1.29	1.15
CA2	15 - 16	1.08	0.88	-
CBC1	6 - 14	1.34	1.15	1.02
CA1	15 - 16	0.94	0.78	-
BAB2	11 - 16	1.04	0.97	0.70
BAB1	11 - 16	0.99	0.90	0.64
PDE2	0 - 5	1.57	1.50	1.38
PDE1	0 - 5	1.47	1.40	1.28
PBC2	6 - 14	1.21	1.10	0.84
PA2	15 - 16	0.70	0.59	-
PBC1	6 - 14	1.13	1.02	0.78
PA1	15 - 16	0.66	0.54	-

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2019 SNF PPS Proposed (4/27/18) & Final (7/31/18) Rules

Nursing ADL / Function Scoring Measures

Section GG Items Included in Nursing Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1	Mobility: Sit to lying	0 - 4 (average of 2)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0 - 4 (average of 2)
GG0170E1	Mobility: Chair / bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

Nursing Function Score Construction		
Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial / moderate assistance	2
02	Substantial / maximal assistance	1
01, 07, 09, 88	Dependent, Refused, N/A, Not Attempted	0

ICD-10 Diagnoses Coding

- Assess staff competencies & provide education as needed
- Start including ALL ICD-10 codes on each applicable MDS
- Review claims to ensure codes are pulling in the correct sequential order

Minimum Data Set (MDS) Section GG Coding

- Assess process
- Provide education for staff regarding section GG accuracy
- Start coding as if payment depended on it

Therapy Service Model

- Assess data & identify best practices
- Develop “care paths” for specific patient conditions
- Open discussion with contract therapy providers (including possible revisions to contracts)

Therapy-Nursing Communication

- Assess current communication system between nursing and therapy
- Evaluate current nursing restorative program & identify education needs for nursing staff

Length of Stay Management

- Assess length of stay data on current population by diagnosis/clinical condition
- Evaluate impact on PDPM payment
- Establish goals for length of stay management

Final Thoughts- Making the Transition

- Develop systems, knowledge & habits on ICD-10
- Learn & implement strategies to improve ADL/functional scoring
- Revitalize & elevate restorative nursing programs
- Develop a process to ensure each MDS assessment includes all patient characteristic information
- Determine a process for tracking therapy days & minutes for the entire stay in preparation for PDPM discharge assessment requirements
- Provide education to billing staff on changes under PDPM & revise triple check to include changes
- Watch BKD’s webinar [The Final Rule – An In-Depth Overview](#)



MDS Nurse FTE Calculator Comparison 2017 Work study, FY2019 RUG-IV, and FY2020 PDPM

AANAC 2017 Work Study Averages	Comprehensive (e.g., 5 hrs.)		Quarterly (e.g., 1 hr.)		Discharge (e.g., 0.5 hr.)		PPS (e.g., 1 hr.)		OMRA (COT, SOT, EOT) (e.g., 0.5 hr.)		Tracking Forms Entry/Death in Facility (e.g., 10 min/.17)		Managed Care Assessments (e.g., 1 hr.)		Validation/ Submission (e.g., 0.25 hours per batch)		Baseline Care Plan (e.g., 0.5 min per res)		QRP/QM management	Non-assessment Time	Total Monthly Hours	Total MDS FTEs Needed	
	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# batches/wk.	Hrs.	# Medicare Admissions this month	Hours per Admission	Average hours per Month	See Chart below			
AANAC 2017 Work Study Averages →	5		1		0.5		1		0.5		0.17		1		0.4		0.5		8	119.50			
RUG-IV Oct-Dec																							
Oct	16	80	10	10	7	3.5	16	16	4	2	12	2.04	5	5	2	0.8	4	2	8	119.5	238.84	1.4	
Nov	10	50	11	11	11	5.5	10	10	8	4	10	1.7	6	6	2	0.8	6	3	8	119.5	208.5	1.2	
Dec	16	80	15	15	7	3.5	14	14	5	2.5	11	1.87	4	4	2	0.8	9	4.5	8	119.5	241.17	1.4	

AANAC FY19 RUG-IV	Comprehensive (e.g., 5 hrs.)		Comprehensive + 5-day (e.g., 5.5 hrs.)		Quarterly, Scheduled 14-, 30-, 60-, 90-day PPS (e.g., 1 hr.)		5-day PPS stand-alone (e.g., 1.25 hr.)		Unscheduled PPS OMRA, Discharges (OBRA, NPE) (e.g., 0.5 hr.)		Tracking Forms Entry/Death in Facility (e.g., 10 min/.17)		Managed Care Assessments (e.g., 1 hr.)		Validation/ Submission (e.g., 0.5 hrs. per batch)		Baseline Care Plan		QRP/QM management	Non-assessment Time	Total Monthly Hours	Total MDS FTEs Needed	
	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# batches/wk.	Hrs.	# Medicare Admissions this month	Hrs. per week	Hrs. per week	see below			
Estimated FY19 facility averages →	5.15		5.5		1		1.25		0.5		0.17		1		0.4		0.5		8	123.50			
RUG IV Oct-Dec																							
Oct	11	56.65	5	27.5	22	22	4	5	11	5.5	12	2.04	5	5	2	0.8	4	2	8	123.5	247.99	1.4	
Nov	4	20.6	6	33	20	20	1	1.25	19	9.5	10	1.7	6	6	2	0.8	6	3	8	123.5	216.35	1.2	
Dec	6	30.9	10	55	27	27	2	2.5	13	6.5	11	1.87	4	4	2	0.8	9	4.5	8	123.5	252.07	1.5	

Estimated FY20 PDPM	Comprehensive (e.g., 5 hrs.)		Comprehensive + 5-day (e.g., 5.5 hours)		Quarterly (e.g., 1 hr.)		5-day PPS stand-alone (e.g., 1.25 hr.)		Discharge Assessments (OBRA, PPS or combined) (e.g., 0.5 hr.)		Tracking Forms Entry/Death in Facility (e.g., 10 min/.17)		Managed Care Assessments (e.g., 1 hr.)		Validation/ Submission (e.g., 0.5 hrs. per batch)		Baseline Care Plan		QRP/QM management	Non-assessment Time	Total Monthly Hours	Total MDS FTEs Needed	
	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# MDSs	Hrs.	# batches/wk.	Hrs.	# Medicare Admissions this month	Hrs. per week	Hrs. per week	see below			
Estimated facility average under PDPM →	5.15		5.5		1		1.25		0.5		0.17		1		0.4		0.5		8	139.50			
PDPM																							
Oct	11	56.65	5	27.5	10	10	4	5	7	3.5	12	2.04	5	5	2	0.8	4	2	8	139.5	249.99	1.4	
Nov	4	20.6	6	33	11	11	1	1.25	11	5.5	10	1.7	6	6	2	0.8	6	3	8	139.5	219.35	1.3	
Dec	5	25.75	10	55	15	15	2	2.5	7	3.5	11	1.87	4	4	2	0.8	9	4.5	8	139.5	247.92	1.4	

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MDS Nurse FTE Calculator Comparison 2017 Work study, FY2019 RUG-IV, and FY2020 PDPM

Non-Assessment Time Calculation				
Non-Assessment Task	2017 NAC Time Study Average Hours	AANAC Work Study Monthly Average	Est. FY19 RUG-IV Monthly Average	Est. FY20 PDPM Monthly Average
Daily Medicare Meeting	0.5 per day	10.00	10.00	10.00
IDT Stand-up/Stand-down	0.5 per day	10.00	10.00	10.00
Care Conferences	2.0 per week	8.00	8.00	8.00
Monthly Nursing Department Meeting	0.5 per month	0.50	0.50	0.50
Monthly All Staff Meeting	1.0 per month	1.00	1.00	1.00
On-Call/Nursing Dep. Support	0.00	0.00	0.00	0.00
Mealtime Support	1.0 per week	4.00	4.00	4.00
Weekly Medicare Meeting	1.0 per week	4.00	4.00	4.00
MDS Scheduling activities & management (certs)	7.0 per week	28.00	28.00	12.00
Managed Care Case Management Reporting	7.0 per week	28.00	28.00	28.00
ICD-10 coding (research/clarification/coding)	6.5 per week	26.00	26.00	34.00
Discharge planning/re-hospitalization prevention	0.00	0.00	0.00	12.00
Nursing Charting Auditing for MDS Support	0.00	0.00	4.00	8.00
Other				
Other				
Other				
TOTAL		119.50	123.50	131.50

2017 AANAC Work Study Results Summary

- Estimates 2 FTE based on Assessment caseload, Time spent completing each assessment is based on the 2017 AANAC Work Study Report
- Non-assessment time includes average of frequently attended meetings and times from 2017 AANAC Work Study Report

FY2019 RUG-IV Time Estimates

- Key changes from 2017 AANAC Work Study are due to extensive changes to the Oct 1, 2018 RAI User's Manual
 - Estimate additional 15 minutes per 5-day for added items
 - Separated Comprehensive Assessments and Comprehensive Assessments combined with a 5-day
 - Separated stand-alone 5-day assessments from other scheduled PPS Assessments
 - Combined Quarterly and other Scheduled PPS assessment due to similar time requirements
 - Combined Unscheduled PPS OMRAs and Discharge Assessments due to similar time requirements
- FTE increased on average 0.1 per month or 24 minutes per week

FY2020 PDPM Estimates

- Key changes from FY2019 estimates are due to the elimination of the scheduled PPS assessments for the 14-day, 30-day, 60-day and 90-day, as well as the unscheduled OMRAs
 - Decline of FTE of 0.1 (24 minutes per week) noted with the reduction in assessment completion
 - Estimating a reduction of 16 hours per month spent on MDS scheduling
 - Estimating an increase from 24 hours to 34 hours per month spent on ICD-10 coding, management, and auditing
 - Estimating 12 NAC hours to be added to focus on discharge goals, discharge planning, post-discharge follow-up, and re-hospitalization prevention
 - Estimating NAC hours will be shifted to also include auditing, education and compliance of nurse and nurse aide charting to ensure completeness, timeliness and accuracy for the 5-day MDS, as well as monitoring for benefiting from the Interim Payment Assessment
- FTE estimate is a 0.1 FTE increase from the 2017 AANAC work study
- No FTE change from the FY2019 estimation

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