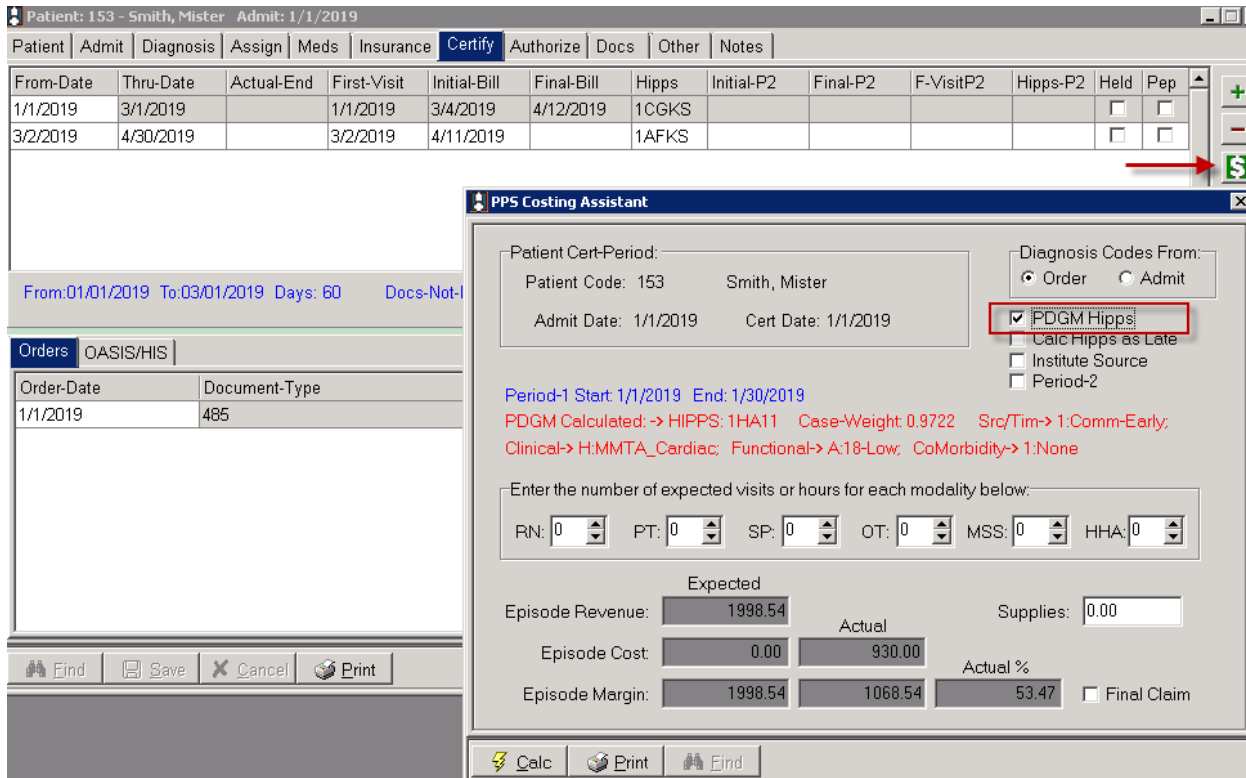# PPS to PDGM Comparison Tools

Contents

PPS to PDGM Comparison Tools

The PPS Costing Assistant, available under the Patient file Certify tab, now has a PDGM calculator option to allow agencies to compare PPS case weights and reimbursement amounts with PDGM figures. The Costing Assistant allows you to change Early/Late and Source of Admission (Institute Source) information to view the impact on reimbursement amounts on a per-episode basis. The assistant uses the CMS PDGM standard rate of $1763.58 to provide estimates for each 30-day period.

In addition, a PDGM Comparison option has been added to the PPS Margin Report (Stats menu) to allow users to compare PPS EEP and PDGM estimates across multiple patients and episodes.

PPS Costing Assistant

The PPS Costing Assistant is a tool used to compare EEP and cost amounts for individual certification periods. It can be accessed by clicking on the dollar sign icon in the **Patient>Certify** tab (or from the PPS Margin Report menu).
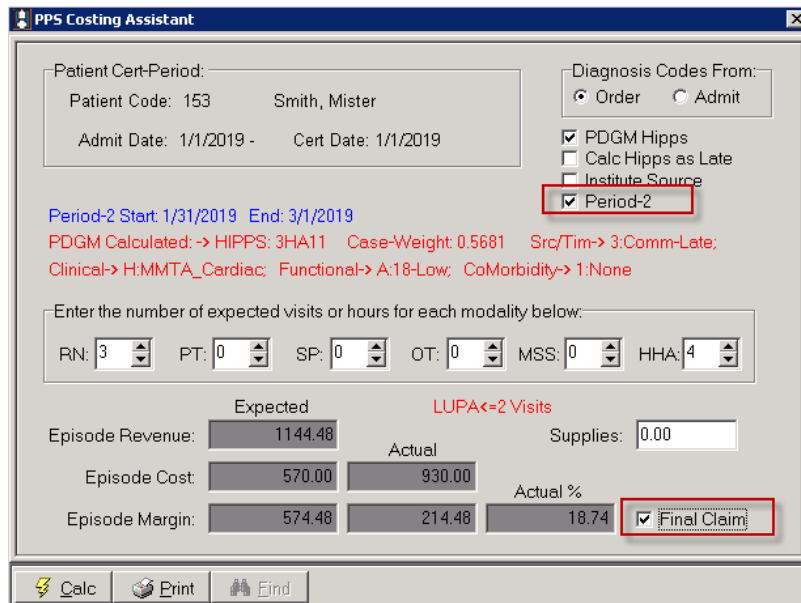

When **PDGM Hipps** is checked, the user can change the **Institute Source** if the correct admission source isn't shown. To ensure accurate admission source scoring, inpatient stay information must be present in the **Patient > Assign** tab (users should confirm the correct Specialty is assigned in the Institute setup under File > File Maintenance > Entity, Institute type).

The PDGM calculator will not score without diagnosis codes present in either the 485 or the Patient > Diagnosis tab (depending on the option selected) and a valid OASIS RFA 1, 3 or 4. A message "Could not generate PDGM HIPPS" will display if no diagnosis codes are found or the primary diagnosis doesn't belong to a valid Clinical Group.

Press the **Calc** button to see PDGM scoring and episode revenue. Press **Print** to print to a printer or PDF. To compare to PPS amounts, uncheck the **PDGM Hipps** box and press the **Calc** button again.

Check the **Period-2** button and then press the **Calc** button to view amounts for the second 30-day period.

When the **Final Claim** option is checked the LUPA threshold and billed visit counts will populate and the episode revenue amount will be adjusted by factors that affect the AFP (LUPA, Outlier, Sequestration and VBP):

To manipulate Actual Episode Cost information, un-check **PDGM Hipps** and enter the number of expected visits by discipline and press the **Calc** button. Cost amounts are setup in the File > File Maintenance > System Settings> Modality tab. The average cost per discipline gets entered in the Cost column. If no costs are listed in System Settings, you'll see zeroes for the Episode Cost amounts.

PPS Margin Report - PDGM
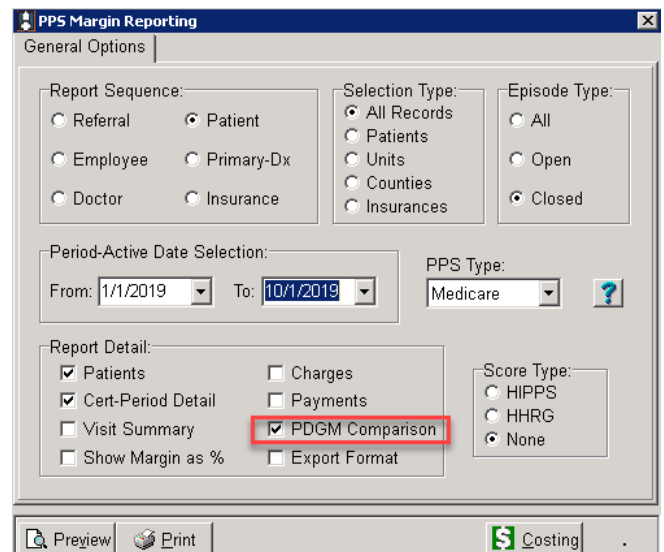
The **PPS Margin Report,** located in the **Stats** menu, can be run to compare PPS EEP and PDGM estimates across multiple patients and episodes by selecting the **PDGM Comparison** option. To enable the PDGM Comparison option, the following selections are required:

PPS Type: Medicare

Report Detail: check Patients, Cert-Period Detail and PDGM Comparison

Score Type: None

The Costing Assistant tool can also be accessed from here by pressing the **Costing** button.

The report will display Period 1 and Period 2 amounts in green if the PDGM amounts are greater than PPS amounts and in red if the amounts are lower:

7/25/2019 1:34:40 PM   **PPS Margin Report**   Closed Episodes   Page 1
Insurance Sequence   Patients From:1/1/2019 To:7/31/2019   Home Health Care Services
                                      PDGM comparison using standard rate: $1753.68   Smith, Mister

Medicare

Smith, Mister - 153   Admit: 1/1/2019

   PDGM Period 1 HIPPS: 1HA11 Lupa<4 Actual=8   CWgt: 0.9722   EEP: 1998.54   Actual: 1958.57
   Src/Tim-> 1:Comm-Early; Clinical-> H:MMTA_Cardiac; Functional-> A:18-Low; CoMorbidity-> 1:None
   PDGM Period 2 HIPPS: 3HA11 Lupa<2 Actual=7   CWgt: 0.5681   EEP: 1167.84   Actual: 1144.48
   Src/Tim-> 3:Comm-Late; Clinical-> H:MMTA_Cardiac; Functional-> A:18-Low; CoMorbidity-> 1:None   Total: 3103.05

   PDGM Period 1 HIPPS: 3HA11 Lupa<2 Actual=7   CWgt: 0.5681   EEP: 1167.84   Actual: 1144.48
   Src/Tim-> 3:Comm-Late; Clinical-> H:MMTA_Cardiac; Functional-> A:4-Low; CoMorbidity-> 1:None
   PDGM Period 2 HIPPS: 3HA11 Lupa<2 Actual=1 *Lupa-Adjusted*   CWgt: 0.5681   EEP: 1167.84   Actual: 76.20
   Src/Tim-> 3:Comm-Late; Clinical-> H:MMTA_Cardiac; Functional-> A:4-Low; CoMorbidity-> 1:None   Total: 1220.68

   Pat-Totals: #-Epis: 2   EEP: 4,749.44   Epis-Cost: 3,870.00   Margin: 784.45   Actual: 4,654.45

	#-Epis	Avg-Vis	Avg-Days	EEP	Actual	Epis-Cost	Margin	Avg-EEP	Avg-Actual	Avg-Cost	Avg-Margin
Totals:	2	12	60	4,749.44	4,654.45	3,870.00	784.45	2,374.72	2,327.23	1,935.00	392.22

Grand Totals: Patients: 1   Episodes: 2   Visits: 23   Cost: 3,870.00
                     Days: 120   Avg-Episodes: 2.00   Avg-Visits: 12   Avg-Cost: 1,935.00
                     Avg-Days: 60   EEP: 4,749.44   Actual: 4,654.45   Margin: 784.45
             Avg-Case-Wgt: 0.6383   Avg-EEP: 2,374.72   Avg-Actual: 2,327.23   Avg-Margin: 392.22
PDGM-Tots: Avg-Case-Wgt: 0.6692   Avg-EEP: 2,751.03   Avg-Actual: 2,161.87

PDGM HIPPS Explanation

Position 1: Episode Timing/Admission Source

Episode Timing: First 30 Days after Admit Date are Early, all other periods are Late

Admission Source: Institute Admission Source will be applied if patient has an Institute (Facility) End Date within 14 days prior to the period start date (if the billing period is not Early, only a hospital specialty type will qualify for the Institute Admission Source). All other periods will be considered as Community Admission Sources.

Possible Values:

> 1= Early Timing, Community Admission Source
>
> 2 = Early Timing, Institute Admission Source
>
> 3 = Late Timing, Community Admission Source
>
> 4 = Late Timing, Institute Admission Source

Position 2: Clinical Group

Clinical Groups are defined by the principal diagnosis code. All codes that have been deemed as valid for payment are classified into one of 12 groups.

Possible Values:

A = MMTA_Other	G = MMTA – Surgical Aftercare
B = Neuro Rehab	H = MMTA – Cardiac
C = Wounds	I = MMTA – Endocrine
D = Complex Nursing	J = MMTA – GI/GU
E = MS Rehab	K = MMTA – Infectious
F = Behavioral Health	L = MMTA – Respiratory

Position 3: Functional Impairment Level

The responses for OASIS questions M1800, M1810, M1820, M1830, M1840, M1850, M1860 and M1033 are assigned points. There are different ranges of scores classified as either low, medium, or high dependent upon the Clinical Group.

Possible Values:

A = Low

B = Medium

C = High

Position 4: Comorbidity Adjustment

Certain combinations of secondary and primary diagnosis codes determine the comorbidity adjustment.

Possible Values:

1 = None

2 = Low

3 = High

Position 5: Placeholder

Value = 1