

# PPS to PDGM Comparison Tools



**Netsmart**

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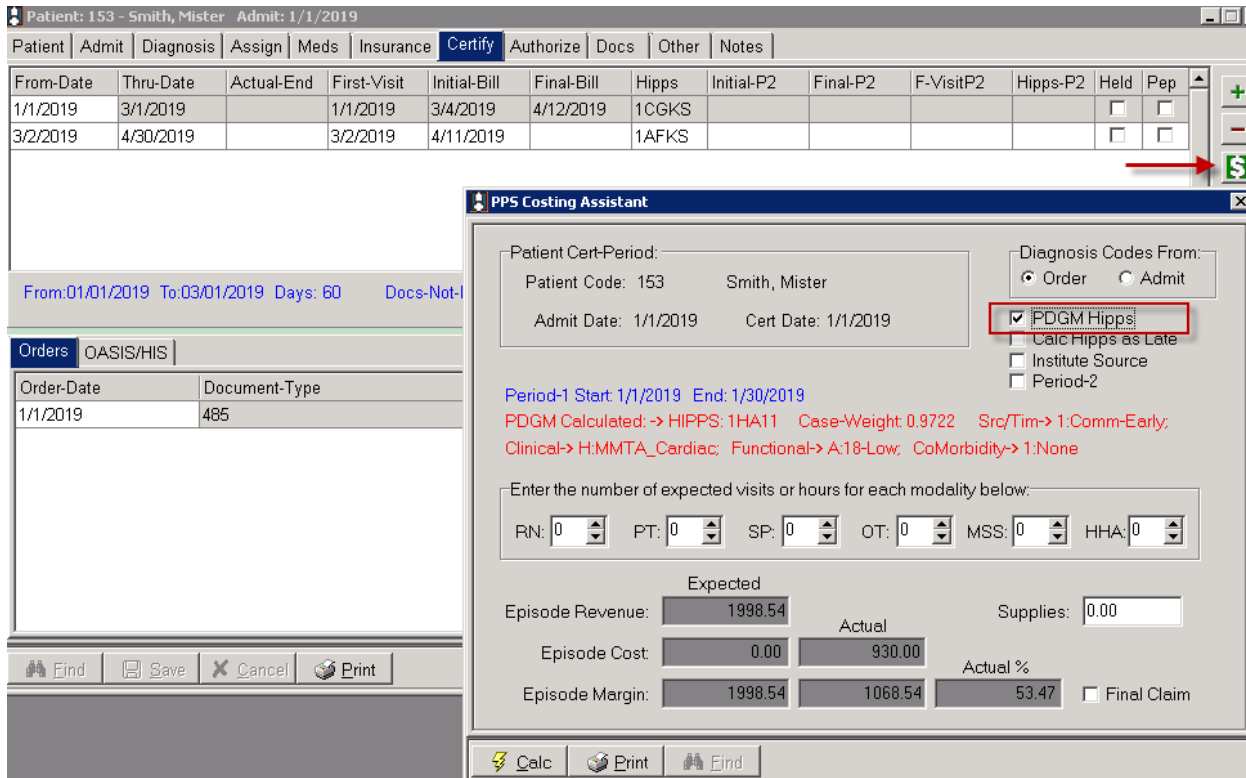
## PPS to PDGM Comparison Tools

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).



From-Date	Thru-Date	Actual-End	First-Visit	Initial-Bill	Final-Bill	Hipps	Initial-P2	Final-P2	F-VisitP2	Hipps-P2	Held	Pep
1/1/2019	3/1/2019		1/1/2019	3/4/2019	4/12/2019	1CGKS					<input type="checkbox"/>	<input type="checkbox"/>
3/2/2019	4/30/2019		3/2/2019	4/11/2019		1AFKS					<input type="checkbox"/>	<input type="checkbox"/>

From: 01/01/2019 To: 03/01/2019 Days: 60 Docs-Not-

Orders: OASIS/HIS

Order-Date	Document-Type
1/1/2019	485

Patient Cert-Period: Patient Code: 153 Smith, Mister Admit Date: 1/1/2019 Cert Date: 1/1/2019

Diagnosis Codes From:  Order  Admit

PDGM Hipps  Calc Hipps as Late  Institute Source  Period-2

Period-1 Start: 1/1/2019 End: 1/30/2019

PDGM Calculated: -> HIPPS: 1HA11 Case-Weight: 0.9722 Src/Tim-> 1:Comm-Early; Clinical-> H.MMTA\_Cardiac; Functional-> A:18-Low; CoMorbidity-> 1:None

Enter the number of expected visits or hours for each modality below:

RN: 0 PT: 0 SP: 0 OT: 0 MSS: 0 HHA: 0

Expected Episode Revenue: 1998.54 Actual Episode Cost: 930.00 Actual %: 53.47 Supplies: 0.00

Episode Margin: 1998.54 1068.54 53.47  Final Claim

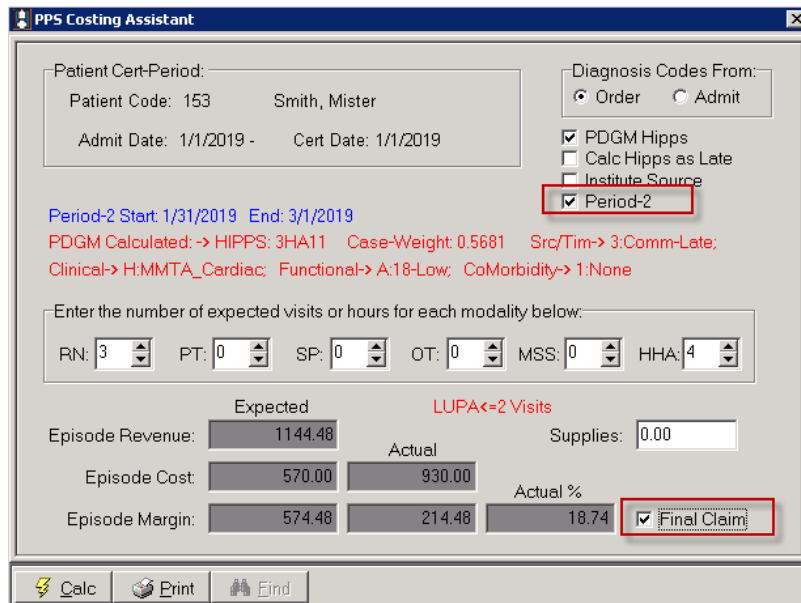
When **PDGM Hipps** is checked, the user can change the **Institute Source** if the correct admission source isn't shown. To ensure accurate admission source scoring, inpatient stay information must be present in the **Patient > Assign** tab (users should confirm the correct Specialty is assigned in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



Patient Cert-Period: Patient Code: 153 Smith, Mister  
 Admit Date: 1/1/2019 - Cert Date: 1/1/2019  
 Diagnosis Codes From:  Order  Admit  
 PDGM Hips  Calc Hips as Late  Institute Source  
 Period-2  
 Period-2 Start: 1/31/2019 End: 3/1/2019  
 PDGM Calculated: -> HIPPSS: 3HA11 Case-Weight: 0.5681 Src/Tim-> 3:Comm-Late;  
 Clinical-> H:MMTA\_Cardiac; Functional-> A:18-Low; CoMorbidity-> 1:None  
 Enter the number of expected visits or hours for each modality below:  
 RN: 3 PT: 0 SP: 0 OT: 0 MSS: 0 HHA: 4  
 Expected Episode Revenue: 1144.48 LUPA<=2 Visits  
 Actual Episode Revenue: 930.00 Supplies: 0.00  
 Expected Episode Cost: 570.00 Actual Episode Cost: 214.48  
 Episode Margin: 574.48 Actual %: 18.74  Final Claim  
 Calc Print Find

To manipulate Actual Episode Cost information, un-check **PDGM Hips** 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

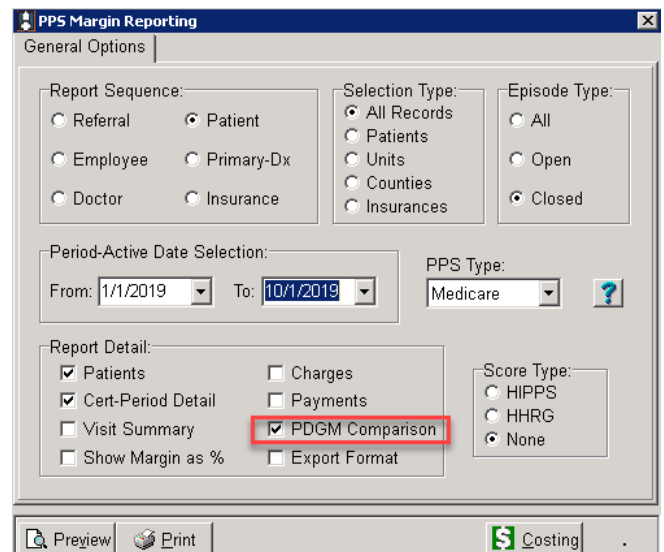
The **PPS Margin Report**, located in the **Stats** menu, can be run to compare PPS EEP and PDGM estimates across multiple patients and episodes by selecting the **PDGM Comparison** option. To enable the PDGM Comparison option, the following selections are required:

**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.



PPS Margin Reporting  
 General Options  
 Report Sequence:  Referral  Patient  Employee  Doctor  
 Primary-Dx  Insurance  
 Selection Type:  All Records  Patients  Units  Counties  Insurances  
 Episode Type:  All  Open  Closed  
 Period-Active Date Selection: From: 1/1/2019 To: 10/1/2019 PPS Type: Medicare  
 Report Detail:  Patients  Charges  Cert-Period Detail  Payments  PDGM Comparison  Visit Summary  Export Format  Show Margin as %  
 Score Type:  HIPPSS  HHRG  None  
 Preview Print Costing

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  
Insurance Sequence

**PPS Margin Report**  
Patients From:1/1/2019 To:7/31/2019  
PDGM comparison using standard rate: \$1753.68

Closed Episodes Page 1  
Home Health Care Services  
Smith, Mister

**Medicare**

<b>Smith, Mister - 153</b>		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											
-----											
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											
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<b>Pat-Totals:</b>	#-Epis: 2	EEP: 4,749.44	Epis-Cost: 3,870.00	Margin: 784.45	Actual: 4,654.45						
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<b>Totals:</b>	#-Epis: 2	Avg-Vis: 12	Avg-Days: 60	EEP: 4,749.44	Actual: 4,654.45	Epis-Cost: 3,870.00	Margin: 784.45	Avg-EEP: 2,374.72	Avg-Actual: 2,327.23	Avg-Cost: 1,935.00	Avg-Margin: 392.22
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<b>Grand Totals:</b>	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							
<b>PDGM-Tots:</b>	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

B = Neuro Rehab

C = Wounds

D = Complex Nursing

E = MS Rehab

F = Behavioral Health

G = MMTA – Surgical Aftercare

H = MMTA – Cardiac

I = MMTA – Endocrine

J = MMTA – GI/GU

K = MMTA – Infectious

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