IPA Focus

The Interim Payment Assessment (IPA) is an optional tool that a provider may choose to consider throughout the length of a patient's stay between the 5-Day Assessment and the Part A Discharge Assessment. The purpose of an IPA is to capture changes in patient status or condition that may impact one of the five case-mix adjusted payment categories under the Patient-Driven Payment Model (PDPM): Physical Therapy (PT), Occupational Therapy (OT), Speech-Language Pathology (SLP), Nursing, or Non- Therapy Ancillaries (NTA). It is very important to appropriately identify patient clinical and behavioral changes that could possibly require a new set of care plans and/or resources.

IPA Highlights

- An optional assessment
- Uses 5-Day Minimum Data Set (MDS) item set
- Completed when there is a change in the patient's classification in at least one first-tier criteria that will change payment
- Completed when there is a change in the resident such that the clinical status will not return to the 5-Day baseline within a 14-day period
- New payment begins from Assessment Reference Date (ARD) going forward
- Completed no later than 14 days after a change is identified
- More than one IPA can be completed during a patient's stay if needed
- Variable per diem adjustments are not affected by an IPA

PDPM allows us an avenue to change reimbursement as needed according to a patient's changing status. In order to fully embrace and utilize the optional IPA, communication amongst the interdisciplinary team is imperative. Providers may want to consider assessing their team's ability to identify and communicate patient status changes. They may also want to consider reviewing tools, like this one, to help staff to understand the main triggers that may impact reimbursement under PDPM.

Items that may warrant an IPA:

Changes in nursing needs

- New need for extensive services
  - Tracheostomy and/or Ventilator
  - Infection
- New diagnosis of depression (Section D: Mood of MDS)
  - D0150: Resident Mood Interview (Patient Health Questionnaire-2 to 9 (PHQ-2 to 9)) changes
    - "Over the last 2 weeks, have you been bothered by any of the following problems?"
      - Little interest or pleasure in doing things
      - Feeling down, depressed, or hopeless
      - Trouble falling or staying asleep, or sleeping too much
      - Feeling tired or having little energy
      - Poor appetite or overeating
      - Feeling bad about yourself – or that you are a failure or have let yourself or your family down
      - Trouble concentrating on things, such as reading the newspaper or watching television
      - Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
      - Thoughts that you would be better off dead, or of hurting yourself in some way
    - "About how often have you been bothered by this?"
      - Never or 1 day
      - 2-6 days (several days)
      - 7-11 days (half or more of the days)
      - 12-14 days (nearly every day)
  - D0160: Total Severity Score changes
    - A summary of the frequency scores that indicates the extent of potential depression symptoms. The score does not diagnose a mood disorder but provides a standard of communication with clinicians and mental health specialists.
      - Can be interpreted as follows:
        - 1-4: minimal depression
        - 5-9: mild depression
        - 10-14: moderate depression
        - 15-19: moderately severe depression
        - 20-27: severe depression
  - D0500: Staff Assessment of Resident Mood (PHQ-9-Observational Version) changes
    - "Over the last 2 weeks, did the resident have any of the following problems or behaviors?"
      - Little interest or pleasure in doing things
      - Feeling or appearing down, depressed, or hopeless
      - Trouble falling or staying asleep, or sleeping too much
      - Feeling tired or having little energy

        - Poor appetite or overeating
        - Indicating that s/he feels bad about self, is a failure, or has let self or family down
        - Trouble concentrating on things, such as reading the newspaper or watching television
        - Moving or speaking so slowly that other people have noticed. Or the opposite – being so fidgety or restless that s/he has been moving around a lot more than usual
        - States that life isn't worth living, wishes for death, or attempts to harm self
        - Being short-tempered, easily annoyed
    - Symptom frequency
        - Never or 1 day
        - 2-6 days (several days)
        - 7-11 days (half or more of the days)
        - 12-14 days (nearly every day)
- D0600: Total Severity Score changes
    - Can be interpreted as follows:
        - 1-4: minimal depression
        - 5-9: mild depression
        - 10-14: moderate depression
        - 15-19: moderately severe depression
        - 20-30: severe depression
- New serious medical condition
    - New surgery
    - New pressure ulcers/injuries or wounds
    - Comatose, septicemia, radiation therapy, dialysis, pneumonia, surgical wounds, burns, etc.
    - New frequent respiratory therapy needs
        - Can be claimed on the MDS and may impact reimbursement if performed for at least 7 days/ week, for at least 15 mins/day, by a trained professional
- New restorative programs added (2 or more)
    - To be scored on the MDS, a restorative nursing program must have been provided for 15 or more minutes a day for 6 or more of the last 7 days. Patients may be on more than one restorative nursing program as appropriate for their condition. *MDS Sections that address the restorative nursing programs are listed below:*

MDS Item	Restorative Nursing Program
H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

- Only applicable to the Behavioral Symptoms and Cognitive Performance/Reduced Physical Functioning Nursing Clinical Categories

Nursing RUG	Function Score	RNP Requirements	CMI	Daily Payment
BAB2	11-16	Nursing Rehab 2+	0.98	$125.13
BAB1	11-16	Nursing Rehab 0-1	0.94	$120.02
PDE2	0-5	Nursing Rehab 2+	1.48	$188.97
PDE1	0-5	Nursing Rehab 0-1	1.39	$177.48
PBC2	6-14	Nursing Rehab 2+	1.15	$146.83
PA2	15-19	Nursing Rehab 2+	0.67	$85.55
PBC1	6-14	Nursing Rehab 0-1	1.07	$136.62
PA1	15-16	Nursing Rehab 0-1	0.62	$79.16

Changes in function (GG scores)

- Section GG Function Score of 10-23 for therapy represents the highest Case Mix Index (CMI) for all clinical categories for PT and OT with one exception
  - Section GG Function Score of 24 represents the highest CMI for the Major Joint Replacement or Spinal Surgery for PT
- Section GG Function Score of 0-5 for nursing represents the highest CMI for all Nursing Clinical Categories

Changes in Speech-Language Pathology (SLP) measures

- New acute neurologic condition
  - See PDPM ICD-10 Mappings – Under PDPM Resources – Clinical Category
  - FY2025 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2024)
- New SLP-related comorbidity
  - See PDPM ICD-10 Mappings – Under PDPM Resources – SLP Comorbidity
  - FY2025 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2024)

- New cognitive impairment (Section C: Cognitive Patterns of MDS)
  - C0200-C0500: Brief Interview for Mental Status (BIMS) changes
    - C0200 – Repetition of Three Words
      - "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are sock, blue, and bed. Now tell me the three words."
    - C0300 – Temporal Orientation
      - "Please tell me what year it is right now."
      - "What month are we in right now?"
      - What day of the week is today?"
    - C0400 – Recall
      - "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
    - C0500 – BIMS Summary Score
      - Add scores for questions C0200-C0400 and fill in total score (00-15)
        - 13-15: cognitively intact
        - 8-12: mildly impaired
        - 0-7: moderately impaired
        - 0: severe impairment
  - C0700-C1000: Staff Assessment of Mental Status Item changes
    - C0700 – Short-term Memory OK
    - C0800 – Long-term Memory OK
    - C0900 – Memory/Recall Ability
      - Current season
      - Location of own room
      - Staff names and faces
      - That he or she is in a nursing home/hospital swing bed
      - None of the above
    - C1000 – Cognitive Skills for Daily Decision Making
      - Made decisions regarding tasks of daily life
      - Final scoring
        - 0: cognitively intact
        - 1-2: mildly impaired
        - 3-4: moderately impaired
        - 5-6: severe impairment
- New mechanically altered diet (K0520: Nutritional Approaches)
  - Require change in texture of food or liquids (e.g., pureed food, thickened liquids)
- New swallowing disorder (K0100: Swallowing Disorder)
  - Signs and symptoms:
    - Loss of liquids/solids from mouth when eating or drinking
    - Holding food in mouth/cheeks or residual food in mouth after meals
    - Coughing or choking during meals or when swallowing medications
    - Complaints of difficulty or pain with swallowing

Changes in Non-Therapy Ancillaries (NTA)

- See PDPM ICD-10 Mappings – Under PDPM Resources – NTA Comorbidity
- FY 2025 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2024)

- NTA score range increase

NTA Score Range	NTA Case-Mix Group	NTA Case-Mix Index
12+	NA	3.06
9-11	NB	2.39
6-8	NC	1.74
3-5	ND	1.26
1-2	NE	0.91
0	NF	0.68

Patient Example #1

This is the case of a 74-year-old male who has undergone a left Total Knee Arthroplasty (TKA). He presents as cognitively intact and only has a couple complicating comorbidities. He is being treated with daily respiratory therapy due to Chronic Obstructive Pulmonary Disease (COPD), oxygen needs, and trouble breathing when lying flat. He has one stage 1 pressure injury on his left heel due to immobility of the left leg. He requires some assistance with functional mobility and activities of daily living. He was admitted to the Skilled Nursing Facility (SNF) and his 5-day assessment was completed with the following results as below.

Major Joint Replacement or Spinal Surgery - 5-Day Assessment

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TC (Function Score = 17)	1.78	$73.25	$130.39
Occupational Therapy	TC (Function Score = 17)	1.60	$68.18	$109.09
Speech Therapy	SA (None/Neither)	0.64	$27.35	$17.50
Non-Therapy Ancillaries	NE (2)	0.91	$96.33	$87.66
Nursing	HBC1 (Function Score = 12)	1.76	$127.68	$224.72
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$683.70

On day 11 of the patient's stay, he developed an infection that required IV antibiotics and isolation. As a result, the patient is now showing signs of depression knowing that his nursing home stay will be extended. In addition, the patient's function has improved because of over 1 week of skilled therapy services. A recalculation of the PDPM payment components was considered to determine if an IPA is warranted.

Major Joint Replacement or Spinal Surgery - Day 11 of Stay

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TC (Function Score = 20)	1.78	$73.25	$130.39
Occupational Therapy	TC (Function Score = 20)	1.60	$68.18	$109.09
Speech Therapy	SA (None/Neither)	0.64	$27.35	$17.50
Non-Therapy Ancillaries	NC (8)	1.74	$96.33	$167.61
Nursing	ES1 (Function Score = 14)	2.77	$127.68	$353.67
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$892.60

The total daily payment for this patient would increase by $208.90 should the facility choose to complete an IPA.

Patient Example #2

This is the case of a morbidly obese 81-year-old female that has had a recent Cerebrovascular Accident (CVA). Her cognition is moderately impaired, she requires maximum assistance for all Activities of Daily Living (ADLs) and mobility, and she is unable to ambulate currently due to hemiparesis. She presents with some speech and language deficits and is demonstrating a swallowing disorder through loss of liquids/ solids from the mouth when eating/drinking. She is on a puree diet with thickened liquids. She has the complicating comorbidity of Diabetes Mellitus that requires daily insulin injections. She was admitted to the SNF, and her 5-day assessment was completed with the following results as below.

Acute Neurologic - 5-Day Assessment

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TM (Function Score = 5)	1.20	$73.25	$87.90
Occupational Therapy	TM (Function Score = 5)	1.23	$68.18	$83.86
Speech Therapy	SL (All three/Both)	3.98	$27.35	$108.85
Non-Therapy Ancillaries	ND (3)	1.26	$96.33	$121.38
Nursing	CDE1 (Function Score = 4)	1.53	$127.68	$195.35
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$711.68

Acute Neurologic - Day 18 of Stay

On day 18 of the patient's stay, she developed a diabetic foot ulcer. She is showing progress regarding speech therapy as she is no longer showing signs of a swallowing disorder and no longer needs a mechanically altered diet. However, the patient has contracted pneumonia and is symptomatic with a fever. Despite all the medical barriers, the patient has improved in her physical functioning. A recalculation of the PDPM payment components was considered to determine if an IPA is warranted.

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TN (Function Score = 9)	1.40	$73.25	$102.55
Occupational Therapy	TN (Function Score = 9)	1.42	$68.18	$96.82
Speech Therapy	SJ (All three/Neither)	2.83	$27.35	$77.40
Non-Therapy Ancillaries	ND (4)	1.26	$96.33	$121.38
Nursing	HDE1 (Function Score = 5)	1.88	$127.68	$240.04
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$752.53

The total daily payment for this patient would increase by $40.85 should the facility choose to complete an IPA.

Patient Example #3

This is the case of a 67-year-old female with intact cognition that has a primary diagnosis of cancer in which she is currently receiving radiation. She needs partial to moderate assistance for all mobility due to weakness at this time, but she can manage eating and grooming tasks with set-up. She has a significant comorbidity of multiple sclerosis and presents with malnutrition and unwanted weight loss. Due to her prognosis, she is also demonstrating signs of depression. She was admitted to the SNF and her 5-day assessment was completed with the following results as below.

Cancer/Medical Management - 5-Day Assessment

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TK (Function Score = 16)	1.44	$73.25	$105.48
Occupational Therapy	TK (Function Score = 16)	1.46	$68.18	$99.54
Speech Therapy	SA (None/Neither)	0.64	$27.35	$17.50
Non-Therapy Ancillaries	ND (4)	1.26	$96.33	$121.38
Nursing	LBC2 (Function Score = 10)	1.63	$127.68	$208.12
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$666.36

On day 13 of the patient's stay, it was discovered that she had a rapidly progressing sacral wound that is now a stage 4. In addition, she needed a blood transfusion today due to low hemoglobin. Her functioning has improved, and she is no longer showing signs of malnutrition. A recalculation of the PDPM payment components was considered to determine if an IPA is warranted.

Cancer/Medical Management - Day 13 of Stay

PDPM Component	CMG	CMI	Urban Base Rate	Daily Payment
Physical Therapy	TK (Function Score = 22)	1.44	$73.25	$105.48
Occupational Therapy	TK (Function Score = 22)	1.46	$68.18	$99.54
Speech Therapy	SA (None/Neither)	0.64	$27.35	$17.50
Non-Therapy Ancillaries	ND (6)	1.26	$96.33	$121.38
Nursing	CA2 (Function Score = 15)	1.03	$127.68	$131.51
Non-Case Mix			$114.34	$114.34
Total Daily Rate				$589.75

The total daily payment for this patient would decrease by $76.61 should the facility choose to complete an IPA.