

NTA FAQs

What are non-therapy ancillaries?

Skilled nursing facilities incur non-therapy ancillaries or NTAs every day. They refer to certain specific conditions and services that a resident may require.

Why did CMS determine that NTAs needed to be a SEPARATE component to drive payments for Skilled Services?

CMS felt that certain residents, especially those who were more “medically complex”, were being under-represented in skilled care reimbursement. Therefore, they separated NTA conditions and services from all other Nursing-related services so that they could be accounted for when determining per-diem payments.

How is cost determined by conditions and services?

There are 50 specific conditions and services and each of them is assigned weighted points. In order to determine the resident’s NTA case-mix, a provider first needs to identify all conditions and services for which a resident would qualify and then add all the points together. A resident’s total score is the sum of the points associated with all of that resident’s conditions and services.

What are some examples of “services?”

Services include things such as tube feeding, ostomy care, and isolation.

Are there any conditions that have more weight than others?

Absolutely and it’s important they aren’t missed because a condition such as HIV/AIDS, for example, is eight points while other conditions are only one point.

What is a variable rate adjustment and what does it have to do with NTA?

In the data study that led to the creation of PDPM, it was determined that NTA services tend to cost more in the first few days of care. CMS was concerned that using constant per diem rates may lead to too few resources being allocated at the beginning of stays. As a result, the PDPM includes variable rate adjustments to the NTA components to account for changes in resource utilization over a stay.

Are costs consistent when it comes to a SNF stay?

Not exactly. Specifically for NTA, costs are very high for days one through three, leading to an adjustment factor (multiplier) of 3.0. CMS’ data study showed that costs remain relatively constant over time after the fourth day of stay, so they return to an adjustment factor of 1.0.

Questions about this information? Contact PDPM@AegisTherapies.com or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.aegistherapies.com/Resources).