

SECTION GG FAQs

How does Section GG affect reimbursement?

This section of the MDS concentrates on measuring a patient's functional ability and is one of the main determinants of payment under PDPM. Because PDPM focuses so heavily on outcomes, the recently added items to Section GG expands how we measure a patient's mobility and self-care.

Have there been any changes to Section GG under PDPM?

Yes. New components were added to Section GG in October 2018, in advance of PDPM implementation. For example, these items deal with functions such as car transfer, walking distance situations, bathing and dressing.

How are Section GG items scored?

The Section GG measures incorporate both late loss ADL areas (bed mobility, transfers, eating and toileting) and early loss ADL areas (oral hygiene and walking). Each of the items is scored separately based on rating categories that involve PT and OT Functional measures.

Is scoring based on best or worst performance?

Neither. Because performance varies, you should not code a resident's best or worse performance. Instead code his or her usual performance over the course of three days. According to the American Association of Nurse Assessment Coordination or AANAC, because the ratings in Section GG are meant to represent the resident's usual function over three days, it is crucial that input is gathered on a collaborative basis.

Should scoring for section GG be revisited or is the initial 5-day assessment adequate?

Because a change in function could potentially impact case-mix group classification and thus, payment, providers may want to establish a regular frequency with which function scores are revisited as changes may present opportunities to do an Interim Payment Assessment (IPA).

Is assessing Section GG items important to my facility's QRP?

Yes — it's crucial. The QRP measure requires that 100% of the Section GG items be completed on at least 80% of MDSs submitted. Additionally, it is imperative that a minimum of one self-care or mobility discharge goal must be coded for QRP. It is expected that CMS will increase the requirements for quality reporting over time as this program advances.

Is there a penalty if my facility does not code these items for QRP?

Yes, failure to meet the reporting requirements results in a negative adjustment to Medicare payments of two percent for the next fiscal year. It also noteworthy that reporting currently occurring in FY2019 will potentially impact payment in FY 2021, so it is important that providers focus on compliance now.

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).