SKILLED NURSING FACILITIES
TRANSITIONING PAYMENT

KEY POINTS

- Engaging all SNF Staff
- Enhancing admission screening processes
- Analyzing Documentation
- How to educate medical providers
- Understanding PDPM outcomes

ENGAGING ALL
STAFF

- All staff must be educated and engaged
- Every staff member needs to contribute

ENGAGING ALL
STAFF

- Communication Workflow
- Higher engagement from you medical director to help facilitate needs
  - *increased medical staff time requirement*
  - *additional documentation requirement*
- Greater practitioner presence
  - *ensures patient is seen and documentation completed within 5 day timeframe*
  - *initiate PDPM dialogue*

PARTNER UP WITH YOUR
MEDICAL DIRECTORS

- Are your medical directors aware of PDPM?
- Do MDS diagnoses match practitioners diagnoses/billing?
- Should Medical Directors and Practitioners prepare for the PDPM change coming October 1st,2019?
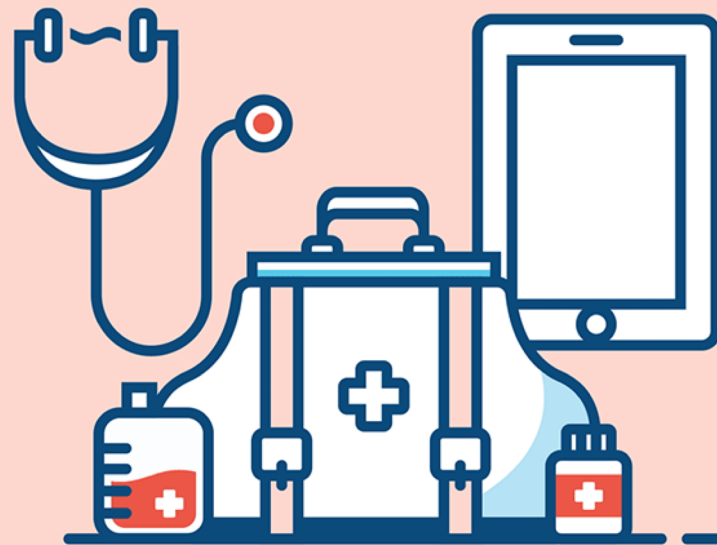
Integra
REHAB

ADMISSION SCREENING PROCESS
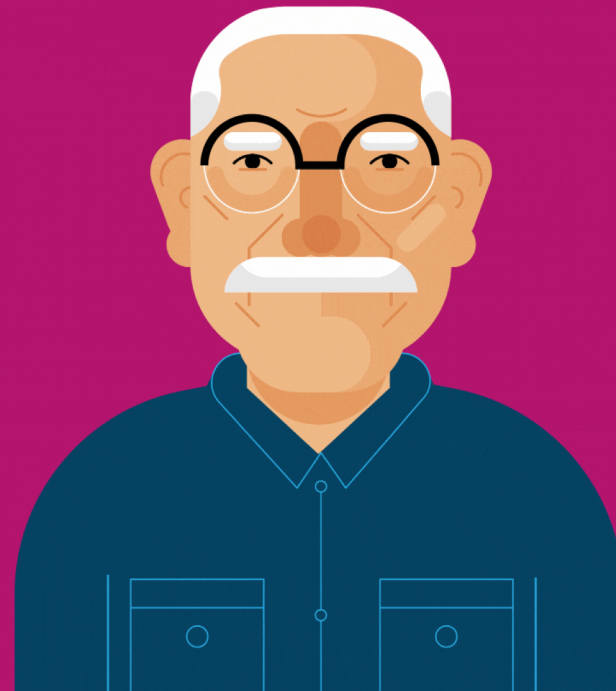
PRE-ADDMISSION
SCREENINGS

USUAL SCREENING FOR ADMISSION

X

✓

PDPM SCREENING FOR ADMISSION

Integra REHAB

ANALYZING DOCUMENTATION

PDPM DOCUMENTATION
5 PILLARS

| SCREENER | ICD-10 | NURSE | THERAPY | MDS NURSE |

5 PILLARS
SCREENER

- Screeners are in charge of hospital referrals
- Ensuring primary diagnosis coinheres to facility
- Addresses nursing and therapy needs

5 PILLARS
ICD-10

- Obtains correct coding information
- Matches diagnosis from practitioners
- Achieves higher reimbursement through correct coding

5 PILLARS

NURSE

- Professional assigned to cognitive, and mood assessments must complete them soon after admission
- Function questions must be answered on the 1st or 2nd day upon admission
- Precise and complete documentation

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5 PILLARS
THERAPY

PT

Primary reason for SNF care: (ICD-10)
Type of inpatient surgery
Functional Status: Section GG

OT

Primary reason for SNF care: (ICD-10)
Type of inpatient surgery
Functional Status: Section GG

SLP

Primary reason for SNF care: (ICD-10)
Presence of acute neurologic condition SLP comorbidities
Cognitive Statis

_____

Swallowing Disorder &/or Mechanically Altered Diet

5 PILLARS

 THERAPY

PT

↓

- It is important to endure that the clinical rationale for the type of treatment is reflected in the documentation
- Therapy capped at 25% (concurrent + group)
- PT & OT components – always same Case Mix Group - will differ in Case Mix Adjustment Indices

OT

↓

SLP

↓

- Acute Neurologic ICD-10 must be present
- Cognitive assessment are required
- Accepted comorbidities must be coded
- Clinical necessity of altered diet needed

5 PILLARS

MDS NURSE

NEW MDS Items
- IPA   - OSA
- Section A : Reason for assessment
- Section GG : Function
- Section I   - Section J   - Section O

Streamlined Assessments
- 5-day Admission PPS Assessment
- PPS Discharge Assessment

- Rapid accurate collection of full clinical picture
- Organizational support for capturing ICD-10 Codes
- Accurate and timely completion of GG Function
- A care team that communicates and documents early and often

CHANGE IS HERE

CHANGE IS HERE

- Change has been in the air for several years.
- New payment model for Medicare Part A in a SNF
  - One that is not driven by the amount of therapy services delivered.
- Med PAC, CMS, and the OIG all believe the current SNF Prospective Payment System (PPS), based on Resource Utilization Groups (RUGs), inappropriately incentives the utilization of therapy services.

CHANGE IS HERE

In May 2017, CMS published an Advanced Notice of Proposed Rulemaking **(ANPRM)** which outlined the Resident Classification System, Version 1 (RCS-1), an ***alternative payment*** model for skilled care under **Medicare Part A**.

The goals of this new model included to:

- Compensate providers accurately based on the clinical complexity of the beneficiary
- Address concerns related to therapy Utilization
- Maintain simplicity and decrease the number of assessments

CHANGE IS HERE

CMS finalized the new **Payment-Driven Payment Model** for implementation on

October 1, 2019.

CHANGE IS HERE

Currently, the SNF PPS uses RUG-IV, the 4th version of the RUG classification, to assign residents to one of 66 categories based on the resident's need for nursing and the volume of therapy services provided. There are two case-mix adjusted components of payment under RUG-IV, therapy and nursing, and two non case-mix components.
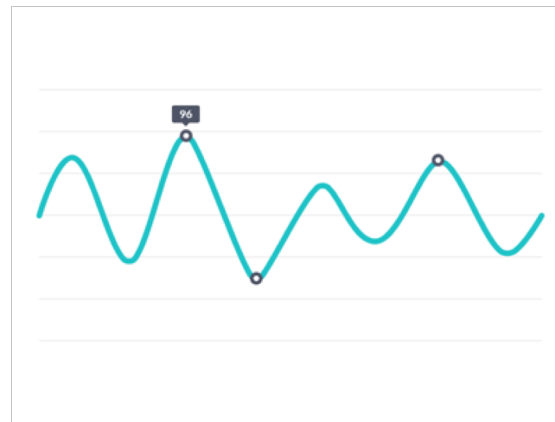
In PDPM, there are five case-mix adjusted categories to beer represent the clinical characteristics of the resident - PT, OT, SLP, nursing, and non-therapy ancillary services (NTA), and one non case-mix component.

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