July 27, 2018

Fast Facts Friday

RehabCare

Patient-Driven Payment Model (PDPM) Top 6 Highlights

On April 27, 2018, CMS released its New Proposed Rule –Patient-Driven Payment Model (PDPM), with an effective start date of October 1, 2019, FY 2020. According to CMS, in its announcement of the new rule, "The proposed new model is designed to improve the incentives to treat the needs of the whole patient, instead of focusing on the volume of services the patient receives, which requires substantial paperwork to track over time."

1. Classification Change:

Current	Proposed
Under the current RUG-IV PPS methodology, there are two case-mix components and residents are classified into rehabilitation groups, where payment is determined primarily based on the intensity of therapy services received by the resident, and into nursing groups, based on the intensity of nursing services received by the resident and other aspects of the resident's care and condition. However, only the higher paying of these groups is used for payment purposes. 1. Therapy 2. Nursing	Facilities will be assigned payments based on patient characteristics. There will be five case-mix adjusted components and one non-case-mix component: a. Nursing b. Non-therapy ancillary c. PT d. OT e. SLP f. Non-case-mix (i.e. medication and medical supplies)

2. Therapy Provision Policy Change:

Current	Proposed
• Individual: no minimum • Group: not to exceed 25% of total minutes	• Group and Concurrent: 25% combined allowed per patient, per discipline • Individual: 75% minimum threshold

3. Refinement of Physical Therapy and Occupational Therapy Categories: Clinical categories (collapsed into 4)
   i. Major joint replacement or spinal surgery
   ii. Non-orthopedic surgery and acute neurologic
   iii. Other orthopedic
   iv. Medical management

4. SLP Categories will be Determined by the Following:
    - Clinical reasons for the SNF stay (neurologic or non-neurologic), and the presence of an SLP related co-morbidity or cognitive impairment (none, one, two or three)
    - Presence of a swallowing disorder or mechanically altered diet

5. MDS Section G Changes:
    - Section G items would be replaced with functional items from section GG of the MDS 3.0 (functional abilities and goals) as the basis for calculating the function score for PT and OT.
        - Functional items being scored:
            - Eating
            - Oral Hygiene
            - Toilet Hygiene
            - Bed Mobility (average of the following)
                - Sit to Lying Function Score
                - Lying to Sitting on Side of Bed
            - Transfer (average of the following)
                - Sit to Stand
                - Chair/Bed-to-Chair
                - Toilet Transfer
            - Walking (average of the following)
                - Walk 50 Feet with Two Turns
                - Walk 150 Feet
        - The average bed mobility, transfer and walking scores would then be summed with the scores for eating, oral hygiene and toileting hygiene, resulting in equal weighting of the six activities.

6. Proposed Variable Per-Diem Adjustment Factors and Schedule – PT and OT
    - PT and OT full rate through day 20
        - Drops 2% every seven days beginning day 21