Don’t Blow It! Keeping Your Rehab Vendors Honest is a World of Change

Objectives

- Identify trends and patterns in reimbursement that prompted regulatory changes.
- Improve outcomes to maximize reimbursement.
- Implement a transition plan to avoid red flag practices.

Content

- How did we get here?
- Trends and patterns of past practices
- PDPM Spotlight
  - Similarities and differences
  - Effect on reimbursement
- PDPM Intersection with current practices
  - Group
  - Concurrent
  - Re-admission penalties
  - GG
  - Coding
  - Assessment timing
- What do I look for?
- CMS monitoring
- Question & answer
How Did We Get Here?

- 1993 MDS 2.0
- 1998 RUGS
- 2010 MDS 3.0
- 2016 Mega Rule
- 2019 PDPM

RUGs Versus PDPM

**Similarities**
- Skilled need
- Presumption of coverage
- Reasonable and necessary
- Practical matter
- Group treatment
- Concurrent treatment
- Section GG
- Case mix based

**Differences**
- Less assessments
- Non-therapy ancillary reimbursement
- Individual discipline reimbursement
- ICD-10 driven
- Based on patient characteristics
- Section GG
- Outcomes
- Length of stay adjustment
- Reimbursement driven by patient

RUGs Versus PDPM

“Therapy payments under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) are based primarily on the amount of therapy provided to a patient, regardless of the patient’s unique characteristics, needs, or goals.”
PDPM

“Improves payment accuracy and appropriateness by focusing on the patient, rather than the volume of services provided.”

“Significantly reduces administrative burden on providers.”

“Improves SNF payments to currently underserved beneficiaries without increasing total Medicare payments.”

Reimbursement Difference

Two Case-mix adjusted components
- Therapy Base Rate
- Therapy CMI
- RUG Rate

Five Case-mix adjusted components
- Nursing Base Rate
- Nursing CMI
- Nursing CMI

Base Rates

<table>
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<tr>
<th>Rate component</th>
<th>Nursing</th>
<th>NTA</th>
<th>PT</th>
<th>OT</th>
<th>SLP</th>
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*The rates shown in Tables 12 and 13 indicate what the suggested budget per case might be if part of the case mix is adjusted component. We have developed the suggested rates for the proposed FY 2019 base rate plan in Table 4 and 5.
Section GG PT & OT

- Eating Score
- Transfer Score
- Ability Score
- Vigor Score
- Owen Score
- Sleep Score

Section GG Speech

- Presence of Speech co-morbidity
- Neurological or Non-neurological
- Mechanically Altered Diet
- Cognitive Impairment

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<tr>
<th>PT</th>
<th>ICD-10 Primary Diagnosis</th>
<th>Clinical Category</th>
<th>Case Rate</th>
<th>Section GG Function Score</th>
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Table 21—Proposed PT and OT Case Mix Classification Groups

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<th>Clinical Category</th>
<th>Section GG Function Score</th>
<th>PT OT UIC Class</th>
<th>UIC Case Mix</th>
<th>UIC CMI VPD</th>
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</table>
ICD-10 Primary Diagnosis
Clinical Category
Rehab Category
Base Rate
Co-Morbidity
Cog Issue
Swallow Disorder
Altered Diet
Altered Diet or Swallow Case Mix Group
CMI VPD Per Diem Rate

S  T J44.1 Pulmonary Non-Neurological $22.15 Yes Yes No Yes Either SH 2.85 N/A $63.13

Usual Performance
Accurate completion of Section GG
Is CRITICAL

PDPM & Current Practices
Group
Concurrent
For reimbursement
Coding
Section GG
**Group & Concurrent**

GROUP

Concurrent

25% Limit

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<tr>
<th>Days from Home Care Admit</th>
<th>Days from SNF Discharge</th>
<th>Days from Hospital Admit</th>
<th>PDPM &amp; Re-Admission Risk Days</th>
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**PDPM & Re-Admission Risk Days**

SNF D/C Date | SNF VBP Risk Days | VDP Adjustment | SNF VBP Potential Hit |
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**To Stay or Not to Stay**

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<th>Days</th>
<th>SNF VBP Risk Days</th>
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<th>SNF VBP Potential Hit</th>
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What Do I Look For?

✔ Increased group and concurrent utilization
✔ Scheduling minutes based on HIPPS
✔ Adding assistants
✔ Increased restorative utilization
✔ Implementation of "Care Pathways"
✔ Stinting

References


CMS. Gov (n.d.) Coding Section GG Self‐Care & Mobility Activities Included on the Post‐Acute Care Item Sets: Key Questions to Consider When Coding. Retrieved from https://www.cms.gov/Medicare/Quality‐Initiatives‐Patient‐Assessment‐Instruments/IRF‐Quality‐Reporting/Downloads/GG‐Self‐Care‐and‐Mobility‐Activities‐Decision‐Tree.pdf


