



Wendy Mead, BS, RN, CRRN

I'd like to take this opportunity to introduce myself. I recently joined RehabVisions as the Regulatory and Reimbursement Specialist. I have been a nurse since 1989 and have extensive experience in long-term care. I am here to help our skilled nursing facilities enhance the collaboration between the therapy department and the multidisciplinary team. I'm available to assist with a variety of areas, including restorative programming, ADL coding, quality improvement, documentation and optimization of reimbursement. I'll be posting monthly articles on topics which may impact your facility. Please feel free to reach out to me with any questions (link to email).

The Patient Driven Payment Model (PDPM) is intended to be a budget-neutral replacement for RUG-IV System. The PDPM minimizes the incentives for delivery of therapy and focuses more upon the resident's clinical diagnosis and Minimum Data Set (MDS) coding to calculate payment. The PDPM combines six indices (PT Case-Mix, OT Case-Mix, SLP Case-Mix, Nursing Case-Mix, Non-Therapy Ancillary Case-Mix and Non-Case-Mix, all of which we will discuss in the coming months) to determine the payment level for a resident's care.

The schedule for completion of the MDS has been simplified under PDPM, with only 5-Day and PPS Discharge assessments required. The 5-Day assessment is extremely important, as this can determine payment for the entire stay. The Interim Payment Assessment (IPA) is optional and providers can determine their own criteria for completion of this assessment. If an IPA is completed, payment based upon it would begin on the assessment reference date and continue until the Part A discharge or until another IPA is completed.

The use of functional scores, which are based upon coding under section GG of the MDS, are very important in calculation of the total case-mix adjusted PDPM per diem rate. PDPM features both therapy and Nursing ADL component scores. We will be taking a deeper dive into the coding of GG, including functional scoring for nursing and PT/OT in upcoming posts.

PDPM will be implemented on October 1, 2019, and it is vital that your facility begin taking steps to prepare for this vast change in reimbursement

systems. <u>RehabVisions</u> has resources to compare the current PPS reimbursement system to the proposed PDPM, and we are available to assist facilities to determine the financial impact that PDPM may have, based upon your individual resident population.

We are your partners, collaborating to help you stand out as providers of choice in your communities. Our skilled nursing facility division has expertise in geriatric rehab and all aspects of the SNF industry. Be sure to watch for our next blog post, as we countdown to PDPM together.

This post is based upon details currently available from CMS at the time of publication.

Please refer to the CMS PDPM page for more information.

