aegis therapies®

Your PDPM Resource

INTRO TO PDPM FAQS

What is PDPM?

PDPM stands for "Patient-Driven Payment Model." It is the new proposed Medicare reimbursement model for skilled nursing facilities. This model separately identifies and adjusts five different case-mix components based upon the varied needs and characteristics of each resident and then combines these with a non-case-mix component to form the full SNF PPS per diem rate for that resident.

When does PDPM take effect?

October 1, 2019.

Does therapy still matter to reimbursement?

Absolutely! Therapy minutes will no longer be a basis for SNF payments, but they are still part of reimbursement. PDPM has five fundamental components and three of them are related to therapy — PT, OT and SLP.

What section of the MDS measures functional levels for PDPM?

Section GG helps to determine the case-mix and a portion of the per diem payment for PT, OT and Nursing.

What is the "non-case-mix" component?

This "flat-rate" component accounts for things like room and board, capital costs and overhead operating costs and does not vary based upon resident characteristics.

Has anything changed on the MDS Assessment schedule?

Yes. The **required** assessments will be reduced to a five-day MDS and a discharge assessment only.

What if there are changes that need to be made after the initial assessment?

A new assessment called an Interim Payment Assessment (IPA) may be implemented at the provider's option.

Questions about this information? Contact PDPM@AegisTherapies.com or visit our Resource Center for more information at AegisTherapies.com/Resources.

aegis therapies®

Your PDPM Resource

INTRO TO PDPM FAQS

How should my facility respond to these reimbursement changes?

1. Start by taking an in-depth look at your facility and determine how you can maximize the accuracy of diagnostic and functional coding and measurement skills for nursing and therapy staff.

2. Consider reviewing CMS' Provider-Specific Impact Files and/or PDPM Grouper Tool to begin to assess how your facility may be impacted by PDPM.

3. Begin to talk with your therapy department about their specific knowledge of and preparation for PDPM.

4. Begin discussing necessary PDPM changes with your EHR software partners as it relates to determining:
   a. Choosing I0020B diagnosis
   b. Identifying and ongoing tracking of NTA-related conditions
   c. Identifying and ongoing tracking of cognition
   d. Identifying and ongoing tracking of SLP co-morbidities

5. Discuss the efficiency and effectiveness of the transfer documentation process with your key referring hospitals.

6. Consider what specific processes you will use to track changes in resident function to determine when an IPA Assessment may be warranted.

7. Begin to investigate/inquire about if other payers, such as Managed Care and State Medicaid, are planning to implement changes in response to PDPM.

Questions about this information? Contact PDPM@AegisTherapies.com or visit our Resource Center for more information at AegisTherapies.com/Resources.