

# FY 2020 SNF PPS FINAL RULE SUMMARY

On July 30, 2019, CMS released the FY 2020 SNF PPS final rule.

Aegis Therapies has completed a preliminary review of the document issued. Below is an overview of the major policy proposals addressed.

## Payment Update

- CMS projects aggregate payments to SNFs will increase by \$851 million, or 2.4%, for FY 2020 compared to FY 2019. While a positive impact, the payment update finalized was slightly less than that contained in the proposed rule (2.5%).

## Issues Relating to PDPM Implementation

### Group Therapy Definition

- CMS finalized their proposed revision to the definition of group therapy without modification. Therefore, effective Oct. 1, 2019, under the SNF PPS, group therapy will be defined as a qualified rehabilitation therapist or therapy assistant treating two to six patients at the same time who are performing the same or similar activities.

### Monitoring of Group/Concurrent Therapy

- CMS stated in the final rule that as a result of an expectation for an increase in the use of group therapy, they put in place several safeguards or monitoring mechanisms.
- CMS stated that they realize that the change in the way therapy is reimbursed under PDPM may incentivize providers to furnish more group therapy for financial, rather than clinical reasons, and for this reason put the 25% combined cap into place effective Oct. 1, 2019.
- If the results of their monitoring efforts indicate substantial noncompliance with the 25% limit, they may consider taking additional action in future rulemaking.

### Updating ICD-10 Code Mappings and Lists

- CMS finalized its proposal to make nonsubstantive changes to the ICD-10 codes included on the code mappings and lists under PDPM through a sub-regulatory process. CMS plans to post these updated mappings and lists on their website before Oct. 1, 2019 (and after issuance of this final rule) so that the public can access them prior to the effective date. Thereafter, these revisions will simply be posted to the website and notification sent to stakeholders via a Medicare Learning Network article.

### Revisions to Regulation Text

- CMS finalized its proposal to revise 42 CFR §413.343(b) to state that the assessment schedule must include a selection of the ARD for an initial patient assessment to be no later than the eighth day of post-hospital SNF care. CMS then clarified that the provider has an additional 14 days (ARD + 14 days) to complete and submit the assessment. CMS also clarified that moving forward, they will refer to the five-day assessment as the initial Medicare assessment.

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## Training of Students in SNFs

- CMS received comments to the proposed rule from some providers concerned that SNFs who accept students may be challenged to abide by the 25% combined limit on group and concurrent therapy because of the way student delivered minutes may be handled (i.e., all recorded as concurrent minutes in some cases where the supervisor may also be treating a patient).
- CMS does not believe that PDPM will cause SNFs not to offer therapy students adequate supervision and training. The 25% limit on group and concurrent therapy should not adversely affect opportunities for student supervision and training.
- CMS updated the MDS RAI manual in Chapter 3, Section O to include in it a revised explanation of how the time during which therapy students furnish either concurrent or group therapy should be captured on the MDS.

## SNF Quality Reporting Program

### Proposed Transfer of Health Information to the Provider and Patient PAC Measures

- CMS finalized its proposal to adopt the transfer of health Information to the Provider-PAC and Patient Measures beginning with FY 2022 SNF QRP. The two new measures will look at the frequency with which a facility transfers medication information to 1) the next PAC setting, and 2) the patient or family/caregivers.

### Proposed Data Reporting on Residents for the SNF Quality Reporting Program Beginning with the FY 2022 SNF QRP

- CMS did not finalize its proposal to collect SNF QRP data on all patients, regardless of payer.

### Proposed Update to the Discharge to Community – PAC SNF QRP Measure

- CMS finalized its proposal to exclude baseline nursing facility (NF) residents from the Discharge to Community–PAC SNF QRP measure beginning with the FY 2020 SNF QRP.

### Proposed Policies Regarding Public Display of Measure Data for the SNF QRP

- CMS finalized its proposal to begin publicly displaying data for the Drug Regimen Review Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) measure beginning CY 2020 or as soon as technically feasible.

### Proposed Standardized Patient Assessment Data Reporting Beginning with the FY 2022 SNF QRP – Proposed Standardized Patient Assessment Data by Category

- CMS finalized their proposals to add additional patient assessment data points to the SNF QRP with the FY 2022 program year (recall that data for that program year is data submitted in FY2020).

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- The data points added fall into five categories:
  - Cognitive function and mental status data
  - Special services, treatments and interventions
  - Medical condition and comorbidity data
  - Impairments
  - Social determinants of health

### SNF Value-based Purchasing Program

- To minimize confusion surrounding these two different measures, CMS proposed to change the name of the SNFPPR to Skilled Nursing Facility Potentially Preventable Readmissions after Hospital Discharge. CMS finalized this proposal.
- The agency also finalized its proposal to update the public reporting requirements to ensure that CMS publishes accurate performance information for low-volume SNFs and a new 30-day deadline for Phase One Review and Corrections requests.

For additional information, the SNF PPS Fact Sheet that CMS, also released July 30, is available [here](#).

**Questions about this information? Contact [PDPM@AegisTherapies.com](mailto:PDPM@AegisTherapies.com) or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.aegistherapies.com/resources).**