Agenda

- Patient-Driven Payment Model (PDPM)
- PDPM Pricing Model Discussion
- Financial Impact Analysis

The Reliant Advantage

- **YOU NEED A THERAPY PARTNER GOING INTO PDPM:** Therapy utilization will be under intense scrutiny with the transition from RUGS to PDPM and you will want a partner that can consistently demonstrate, document and defend the level of care provided.
- **WE ARE MUCH MORE THAN A STAFFING AGENCY:** This is our core competency – we have developed a comprehensive business model that manages the care provided through proprietary protocols/pathways, comprehensive training, documentation support, clinical audits, medical review support and the expertise necessary to assure consistent delivery of quality care.
- **OUR MODEL IS MORE COST-EFFECTIVE THAN TRYING TO DO THIS IN-HOUSE:** You only pay for direct patient care time with staffing levels continually adjusted to the clinical needs of the facility. Our ability to flex staff and maintain high productivity standards (more with less) enable us to charge you less than the cost of maintaining an in-house fixed staffing function where there is more down time, staff utilized outside therapy (pulled to the floor, etc..), and therapist retention issues if they are not getting full-time hours.... Not to mention the overhead associated with running and managing a quality therapy program.
- **NO NEED TO REINVENT THE WHEEL WITH RESPECT TO CARE PROGRAMMING:** We have developed a comprehensive set of post-acute *Specialty Clinical Programs (e.g. Dementia Care, Fall Prevention) and Discipline Specific (PT,OT, SLP) Training Courses* over a number of years, which are costly and time consuming for the provider and critical to retaining therapists demanding ongoing professional development training.
- **WE HAVE A DEDICATED RECRUITING MACHINE:** Finding and retaining therapists is challenging and time consuming. Our dedicated recruiting team has the resources, extensive network, skills and outreach through multiple mediums (e.g. job sites, social media, industry publications, university relations, etc..) to staff your sites.
- **OUR THERAPY PROGRAM IS A SELLING POINT FOR YOUR REFERRAL SOURCES:** We are continuously updating our clinical pathways, training our therapists, tracking and reporting on outcomes, and supporting you with clinical programming that hospitals/physician offices value in making referral decisions, attracts new patients and results in high satisfaction scores.
- **WHY RISK GOING IT ALONE WHEN IT COMES TO COMPLIANCE:** We have a world class compliance program comprised of Medical Review RAC-certified auditors with 90%+ success rate, clinical documentation specialists, and experienced investigators with therapy and compliance credentials.

Reliant PDPM Care Management Model

- **RELIANT'S PDPM MODEL EMPHASIZES INTEGRATED CARE PLANNING AND DELIVERY FOCUSED ON THE WHOLE PATIENT:** Following 20 years of post-acute care management based on RUGs, an emphasis on individual evaluators and the interdisciplinary team are keys to identifying individual patient characteristics and conditions and recording accurate and <u>all relevant</u> data on the MDS assessment.
- **RELIANT'S CLINICAL PREDICTIVE MODEL IS A CARE PATHWAY:** Reliant's *clinical predictive model* guides therapists in developing a care plan based on the patient's individual conditions and PDPM-related diagnostic categories and clinical findings.
    - A consortium of experienced clinicians and post-acute care providers collaborated to provide clinical recommendations for skilled therapy for each of the 16 PT, 16 OT and 12 SLP classifications.
    - Reliant developed 44 individual discipline-specific therapy care management pathways.
    - The result is a clinical care management model resulting in discipline-specific clinical pathways for the 192 possible combinations of therapy classifications that exist within PDPM.
- **RELIANT'S PDPM MODEL PROVIDES A RELIABLE STANDARD OF CARE:** Reliant's PDPM model provides a recommended level of skilled rehab for each combined category with the goal of achieving a cost-effective quality outcome for each patient in every site of service.

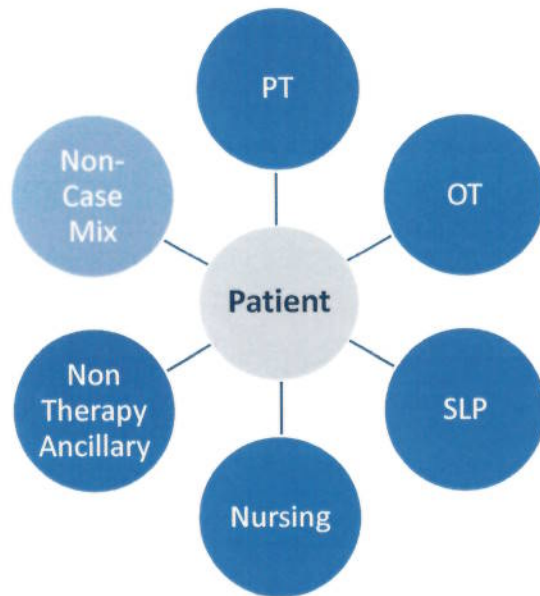
PDPM Overview

Patient-Driven Payment Model (PDPM)

Effective October 1, 2019 - Replaces PPS RUGs based case-mix

- Focuses on patient condition and types of service needed, not volume of services
- Therapy categories are not based on the number of therapy minutes provided
- Allows 25% of total therapy minutes delivered in group and concurrent treatments
- Eliminates 14 day, 30 day, 60 day, 90 day, SOT, COT, and EOT OMRA assessments
- Final rule made Interim Payment Assessment (IPA) optional
- Daily rate reduced 2% after day 20, and an additional 2% every 7 days of stay
- Discharge Assessment is required and includes Section O, which provides PT, OT and ST utilization data
- No treatment minimums, but "we (CMS) continue to expect that patients will receive high quality skilled rehab"

Reliant Partners to Capture Accurate CMI in Nursing & Therapy Categories

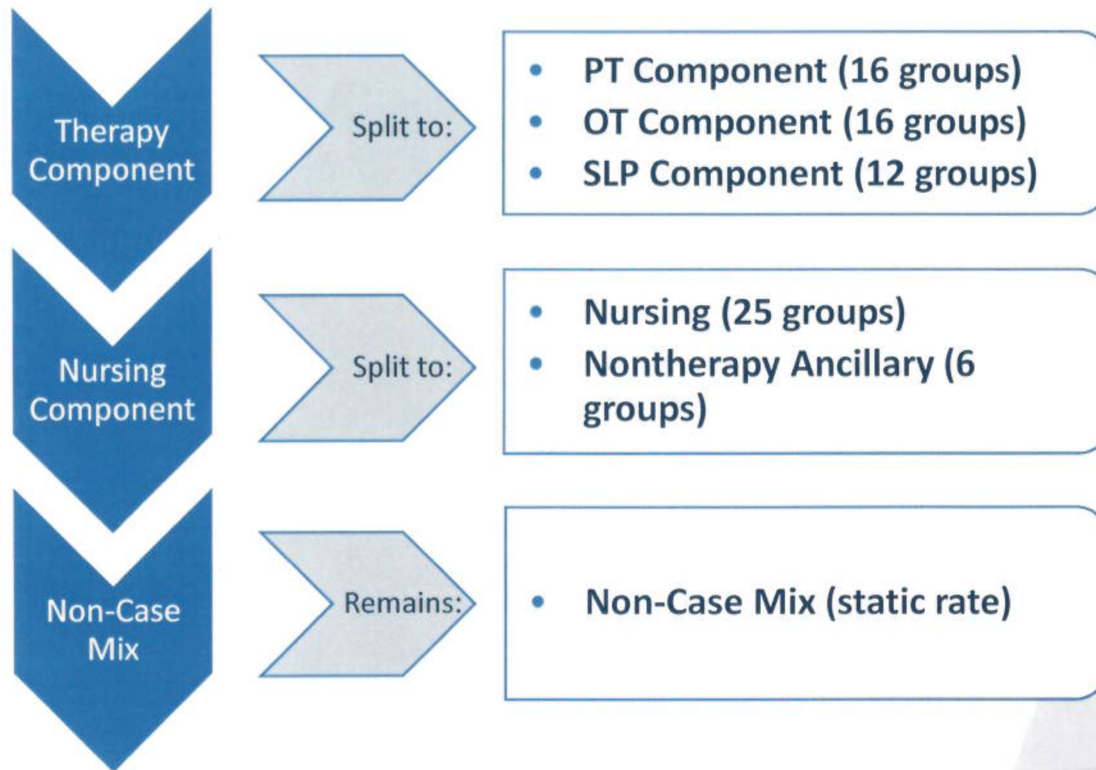


- Calculates payment for a patient's Medicare stay based on clinical characteristics from the MDS.
- Characteristics are gathered and categorized into five components: PT, OT, SLP, Nursing, and Non-Therapy Ancillary.
- Each component weighs various clinical characteristics relative to their impact on resource use.
- Once each component is calculated, the totals are summed along with a sixth base rate to calculate a per diem payment.
- Payment will not be recalculated after the 5-day MDS without a clinical change in function allowing an option of an Interim Payment Assessment (IPA). Therefore, a single assessment may determine payment for the patient's entire stay.

Key Strategy: PT, OT, SLP, and Nurse evaluators cross-trained to identify patient characteristics, conditions, and comorbidities in all 5 nursing and therapy CMI-based categories.

RUGs IV Compared to PDPM

- RUGs IV categorizes patient resource use through the amount of therapy provided, ADL score, and presence of extensive services or special conditions.
- PDPM splits these components into distinct categories for clinical consideration.



Determinants of Payments in PDPM

PT	OT	SLP	Nursing	Non-Therapy Ancillary (NTA)
• Primary Admission Diagnosis • Function Score (GG)	• Primary Admission Diagnosis • Function Score (GG)	• Primary Admission Diagnosis • Cognitive Status • Presence of swallowing disorder or mechanically altered diet • Other SLP-related comorbidities	• Clinical information from hospital stay • Function Score (GG) • Extensive services provided • Presence of depression • Restorative Nursing	• Comorbidities present • Extensive services provided
Variable Per Diem Adjustment (2% reduction per week after day 20)	Variable Per Diem Adjustment (2% reduction per week after day 20)			Variable Per Diem Adjustment (3x NTA rate the first three days of admission)

PDPM Model Characteristics

- Resident's Primary Diagnosis (MDS item I8000) maps to one of 10 PDPM Clinical Categories
  - All ICD-10 codes map to one of 10 major "Clinical Categories" used to calculate SNF-related reimbursement
  - The 10 SNF Clinical categories map to 4 "PT and OT Classifications"

Key Strategy: Medical Coding Training

- Each SNF benefits from a certified medical coder
- Reliant Rehabilitation clinical services group provides certified medical coding support

TABLE 15: Collapsed Clinical Categories for PT and OT Classification

PDPM Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	
Medical Management	Medical Management
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

PDPM Model Characteristics

PDPM uses (6) Section GG ADL scores, combined with a PT/OT Clinical Category, which map to separate PT and OT case-mix groups:

1. Eating Function Score
2. Oral Hygiene Function Score
3. Toileting Hygiene Function Score
4. Average of 2 Bed Mobility Scores (Sit to Lying | Lying to Sitting on Side of Bed)
5. Average of 3 Transfer Scores (Sit to Stand | Chair/Bed-to-Chair | Toilet Transfer)
6. Average of 2 Walking Scores (Walk 50 Feet with Two Turns | Walk 150 Feet)

TABLE 21: PT and OT Case-mix Classification Groups

					Case Mix Adjusted Urban	
Clinical Category	**Section GG Function Score**	**PT OT Case-Mix Group**	**PT Case- Mix Index**	**OT Case- Mix Index**	PT	OT
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49	$90.77	$82.29
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63	$100.27	$90.02
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68	$111.54	$92.79
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53	$113.91	$84.50
Other Orthopedic	0-5	TE	1.42	1.41	$84.25	$77.87
Other Orthopedic	6-9	TF	1.61	1.59	$95.52	$87.82
Other Orthopedic	10-23	TG	1.67	1.64	$99.08	$90.58
Other Orthopedic	24	TH	1.16	1.15	$68.82	$63.51
Medical Management	0-5	TI	1.13	1.17	$67.04	$64.62
Medical Management	6-9	TJ	1.42	1.44	$84.25	$79.53
Medical Management	10-23	TK	1.52	1.54	$90.18	$85.05
Medical Management	24	TL	1.09	1.11	$64.67	$61.31
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30	$75.35	$71.80
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49	$87.81	$82.29
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55	$91.96	$85.61
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09	$64.08	$60.20

PDPM Model Characteristics

For SLP, PDPM uses two factors to determine case-mix:

- Presence of acute neurologic condition, SLP-related comorbidity, or cognitive impairment, and
- Whether patient has a mechanically altered diet or swallowing disorder to classify the patient into the case-mix

TABLE 22: SLP-related Comorbidities

Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care (While a Resident)	Oral Cancers
Ventilator or Respirator (While a Resident)	Speech and Language Deficits

TABLE 23: SLP Case-Mix Classification Groups

				Unadjusted Rate		Case Mix Adjusted	
Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	**Mechanically Altered Diet or Swallowing Disorder**	**SLP Case-Mix Group**	**SLP Case-Mix Index**	**Urban**	**Rural**	**Urban**	**Rural**
None	Neither	SA	0.68	$22.15	$27.90	$15.06	$18.97
None	Either	SB	1.82	$22.15	$27.90	$40.31	$50.78
None	Both	SC	2.66	$22.15	$27.90	$58.92	$74.21
Any one	Neither	SD	1.46	$22.15	$27.90	$32.34	$40.73
Any one	Either	SE	2.33	$22.15	$27.90	$51.61	$65.01
Any one	Both	SF	2.97	$22.15	$27.90	$65.79	$82.86
Any two	Neither	SG	2.04	$22.15	$27.90	$45.19	$56.92
Any two	Either	SH	2.85	$22.15	$27.90	$63.13	$79.52
Any two	Both	SI	3.51	$22.15	$27.90	$77.75	$97.93
All three	Neither	SJ	2.98	$22.15	$27.90	$66.01	$83.14
All three	Either	SK	3.69	$22.15	$27.90	$81.73	$102.95
All three	Both	SL	4.19	$22.15	$27.90	$92.81	$116.90

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PHYSICAL THERAPY AND OCCUPATIONAL THERAPY COMPONENT OF THE PATIENT-DRIVEN PAYMENT MODEL (PDPM)

PDPM Function Score Conversion Chart

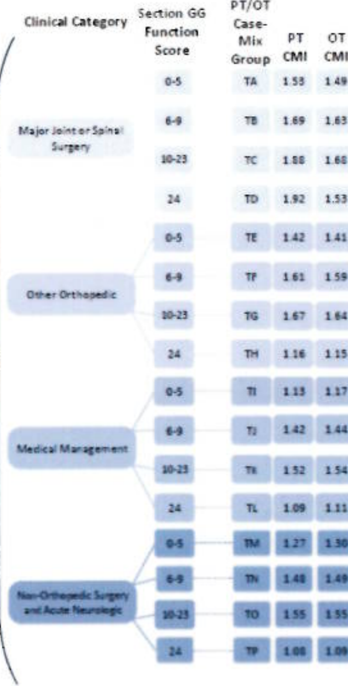
Section GG Score	Function Score
Set-up Assistance, Independent: 05, 06	4
Supervision or Touching Assist: 04	3
Partial/Moderate Assist: 03	2
Substantial/Maximal Assist: 02	1
Dependent, Refused, Not Attempted: 01, 07, 09, 10, 88	0

*MDS Section GG scores are converted to a Function Score.

PDPM Function Score Calculation Method

Section GG	Function Score Calculation
GG0130A1. Self-Care: Eating	0-4
GG0130B1. Self-Care: Oral Hygiene	0-4
GG0130C1. Self-Care: Toileting Hygiene	0-4
GG0170B1. Mobility: Sit to Lying	0-4 (Average of 2) Bed Mobility
GG0170C1. Mobility: Lying to sitting on side of bed	
GG0170D1. Mobility: Sit to stand	0-4 (Average of 3) Transfers
GG0170E1. Mobility: Chair/bed to chair transfer	
GG0170F1. Mobility: Toilet transfer	
GG0170I1. Mobility: Walk 50 feet with 2 turns	0-4 (Average of 2) Walking
GG0170K1. Mobility: Walk 150 feet	
	Sum for total ranging 0-24

CMS indicates that relevant predictors of resource use for PT and OT include clinical/primary reason for the stay and the resident's functional status. The resident's Function Score is calculated from data collected for section GG during the first three days of the stay.



Clinical Category	Section GG Function Score	PT/OT Case-Mix Group	PT CMI	OT CMI
Major Joint or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.69	1.63
	10-23	TC	1.88	1.68
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.59
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	10-23	TK	1.52	1.54
	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
	6-9	TN	1.48	1.49
	10-23	TO	1.55	1.55
	24	TP	1.08	1.09

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SPEECH LANGUAGE PATHOLOGY COMPONENT OF THE PATIENT-DRIVEN PAYMENT MODEL (PDPM)

According to CMS, the most relevant predictors of SLP resource use are the clinical reason for the stay, presence of an SLP related comorbidity, presence of cognitive impairment, a mechanically altered diet, and/or the presence of a swallowing disorder.

SLP Related Comorbidity

MDS items mapped to trigger presence of comorbidity:
Aphasia (I4300)
CVA, TIA, or Stroke (I4500)
Hemiplegia or Hemiparesis (I4900)
Traumatic Brain Injury (I5500)
Tracheostomy Care (while a resident) (O0100E2)
Ventilator or Respirator (While a resident) (O0100F2)
Laryngeal Cancer (I8000)
Apraxia (I8000)
Dysphagia (I8000)
Oral Cancers (I8000)
Speech and Language Deficits (I8000)

Presence of Mechanically Altered Diet

Gathered from K0510C2: *Mechanically altered diet: require change in texture of food or liquids (e.g., pureed food, thickened liquids)*

Presence of Swallowing Disorder:

Gathered from K0100: *Swallowing Disorder:*
K0100A: Swallow disorder: Loss liquids/solids from mouth
K0100B: Swallow disorder: Holds food in mouth/cheeks
K0100C: Swallow disorder: Cough/choke with meals/meds
K0100D: Swallow disorder: Difficulty or pain swallowing
K0100Z: Swallow disorder: None of the above

Presence of Cognitive Impairment

Determine the PDPM Cognitive Level based upon the Brief Interview for Mental Status (BIMS) or the Staff Assessment for Mental Status as described in Section C: Cognitive Patterns

Presence of mild to severe cognitive impairment as defined in table below

PDPM Cognitive Level	BIMS Score	Cognitive Performance Score (CPS)Level
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6

Presence of Acute Neurologic Conditions, SLP-Related Comorbidity, or Cognition Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP Case-Mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19

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SECTION GG: FUNCTIONAL ABILITIES AND GOALS

Reliant REHABILITATION

Therapists play an integral role in collaboration of the completion of section GG. We are experts in the assessment of self-care and mobility and should guide the interdisciplinary team's discussion to ensure coding accurately reflects the resident's functional ability.

PRIOR FUNCTIONING

GG0100 PRIOR FUNCTIONING EVERYDAY ACTIVITIES
(Prior to current illness, exacerbation or injury)

- Self-Care
- Indoor Mobility
- Stairs
- Functional Cognition

GG0110 PRIOR DEVICE USE
(Select all that apply)

- Manual Wheelchair
- Motorized Wheelchair and/or Scooter
- Mechanical Lift
- Walker
- Orthotics/Prosthetics
- None of the above

Utilize new scale for Prior Functioning:

3 Independent → 2 Needed Some Help → 1 Dependent → 8 Unknown → 9 Not Applicable

QUALITY MEASURES

GG0130 SELF-CARE

- Eating
- Oral hygiene
- Toileting hygiene
- Shower/bathe self
- Upper body dressing
- Lower body dressing
- Putting on/taking off footwear

GG0170 MOBILITY

- Roll left and right
- Sit to lying
- Lying to sitting on side of bed
- Sit to stand
- Chair/bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walk 10 feet
- Walk 50 feet with two turns
- Walk 150 feet
- Walking 10 feet on uneven surfaces
- 1 step (curb)
- 4 steps
- 12 steps
- Picking up object
- Wheel 50 feet with two turns
- Wheel 150 feet

Indicate resident's *usual* performance using the scale below:

06 Independent → 05 Set Up or Clean Up → 04 Supervision or Touching → 03 Partial/ Moderate → 02 Substantial/ Maximal → 01: Dependent

07: Refused | 09: Not Applicable and Activity Not Attempted | 88: Medical or Safety Concern | 10: Not Attempted Due to Environmental Limitations

Admission report:

- Indicate the resident's *usual* performance over the first 3 days of the skilled stay.
- Identify one functional area as a goal target.

Discharge report:

- Indicate the resident's *usual* performance over the last 3 days of the skilled stay.

Remember:

- Prior device use should only indicate devices used *immediately* prior to admission.
- Utilize Reliant Rehabilitation's *Prior Level of Function Questionnaire*
- Coding reflects resident's *usual* performance, not their best or worst performance.
- Use of assistive device is allowed and does not affect score.
- All direct care staff can contribute to data collection.
- A "dash" indicates no information which can result in a 2% reduction in payment.

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SECTION GG SCORING FLOWCHART

Reliant REHABILITATION

When coding the resident's usual performance and discharge goal(s), use the six-point scale, or use one of the four "activity was not attempted" codes to specify the reason why an activity was not attempted.

Does the resident complete the activity by him/herself with no assistance (physical, verbal/nonverbal, cuing, setup/clean-up)? — YES → Code 06, Independent
NO ↓
Does the resident need only setup or clean-up assistance from one helper? — YES → Code 05, Setup or clean-up assistance
NO ↓
Does the resident need only verbal/nonverbal cuing or touching/steadying/contact guard assistance from one helper? — YES → Code 04, Supervision or touching assistance
NO ↓
Does the resident need physical assistance, for example, lifting or trunk support from one helper, with the helper providing less than half of the effort? — YES → Code 03, Partial/moderate assistance
NO ↓
Does the resident need physical assistance, for example, lifting or trunk support from one helper, with the helper providing more than half of the effort? — YES → Code 02, Substantial/maximal assistance
NO ↓
Does the helper provide ALL of the effort? OR Is the assistance of more than two helpers required to complete the activity? — YES → Code 01, Dependent

Mapping of Therapy Scale to Section GG

Data collected over first three days and last three days of Medicare A stay.

Therapy Scale	GG Code	Definition
Independent / Modified Independent	06. Independent	Resident completes the activity by himself with no assistance from a helper.
Setup	05. Setup or clean-up assistance	Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
Supervision / Standby / Contact Guard Assistance	04. Supervision or touching assistance	Helper provides cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
Minimal Assistance / Moderate Assistance	03. Substantial/maximal assistance	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs and provides less than half the effort.
Maximal Assistance	02. Substantial/maximal assistance	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
Dependent	01. Dependent	Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity not attempted, code the reason:

- 07. Resident Refused: Resident refused activity.
- 09. Not applicable: Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations: e.g. lack of equipment, weather constraints
- 88. Not attempted due to medical conditions or safety concerns: Not attempted due to medical or safety concerns

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NURSING COMPONENT OF THE PATIENT-DRIVEN PAYMENT MODEL (PDPM)

NURSING CATEGORY	CONDITIONS/ SERVICES	SECTION GG FUNCTION SCORE	PDPM RUG	CMI
EXTENSIVE SERVICES	Tracheostomy Care AND Ventilator/Respirator	0-14	ES3	4.04
	Tracheostomy Care OR Ventilator/Respirator	0-14	ES2	3.06
	Infection Isolation	0-14	ES1	2.91
SPECIAL CARE HIGH	Depressed	0-5	HDE2	2.39
		6-14	HBC2	2.23
	Not Depressed	0-5	HDE1	1.99
		6-14	HBC1	1.85
SPECIAL CARE LOW	Depressed	0-5	LDE2	2.07
		6-14	LBC2	1.71
	Not Depressed	0-5	LDE1	1.72
		6-14	LBC1	1.43
CLINICALLY COMPLEX	Depressed	0-5	CDE2	1.86
		6-14	CBC2	1.54
		15-16	CA2	1.08
	Not Depressed	0-5	CDE1	1.62
		6-14	CBC1	1.34
		15-16	CA1	0.94
BEHAVIOR COGNITIVE SYMPTOMS	Restorative Nursing 2+	11-16	BAB2	1.04
	Restorative Nursing 0-1	11-16	BAB1	0.99
REDUCED PHYSICAL FUNCTION	Restorative Nursing 2+	0-5	PDE2	1.57
		6-14	PBC2	1.21
		15-16	PA2	0.70
	Restorative Nursing 0-1	0-5	PDE1	1.47
		6-14	PBC1	1.13
		15-16	PA1	0.66

(Each category: YES → conditions/services; NO → next category.)

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NON-THERAPY ANCILLARY COMPONENT OF THE PATIENT-DRIVEN PAYMENT MODEL (PDPM)

Calculation

- Point values are assigned to certain conditions and extensive services based on various MDS items. Sum all points for a total NTA score which classifies resident into one of 6 NTA case mix groups.

Variable Per Diem Adjustment Factors

- NTA paid at 3.0 times for days 1-3, then reduced to 1.0 days 4-100

NTA Comorbidity Score	NTA Case Mix Group	CMI
12+	NA	3.25
9 - 11	NB	2.53
6 - 8	NC	1.85
3 - 5	ND	1.34
1 - 2	NE	0.96
0	NF	0.72

Conditions	Source	Points
HIV/AIDS	SNF Claim ICD-10 B20	8
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator Post-admit Code	O0100F2	4
Parenteral IV feeding: Level Low	K0510A2, K0710A2 K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I2000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1

Conditions	Source	Points
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
Inflammatory Bowel Disease	I8000	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A, M1040B M1040C	1

Reliant Rehabilitation Proprietary Information

Developing IDT Evaluation Excellence

- Accurately identify the most appropriate **Diagnostic Codes for the SNF stay**
  - Medicare ICD-10 crosswalk into 10 PDPM "clinical categories"
  - ICD-10 coding is a crucial skill for reimbursement
- **Section GG "Function Score" Importance**
  - Impacts PT, OT and Nursing CMI components
  - Inter-disciplinary scoring of GG and care coordination is the best practice
- Accurately identify **Cognitive and Swallow disorders, altered diet and SLP-related comorbidities** (Section B, C and K on the MDS)
- High functioning Interdisciplinary teams identify **all relevant comorbidities for Non-Therapy Ancillary (NTA)** case-mix score
  - PT, OT and SLP evaluators assist MDS nurse/evaluator

FY 2019 Final Rule – Language Regarding Therapy

PDPM to be implemented "as soon as is practicable"... effective October 1, 2019

- Thus, we would continue to collect data on therapy provision as proposed in section V.F. of this proposed rule, to assure that residents are receiving therapy that is reasonable, necessary, and **specifically tailored to meet their unique needs**. (Proposed Final Rule, p. 143)

- ...we acknowledge the possibility that, as therapy payments under the proposed PDPM would not have the same connection to service provision as they do under RUG-IV, it is possible that some providers may choose to reduce their provision of therapy services to increase margins under the proposed PDPM...we do intend to monitor behavior which may occur in response to the implementation of PDPM and may consider proposing policies to address such behaviors to the extent determined appropriate. (Proposed Final Rule, p. 175)

- As stated in the proposed rule (83 CFR 21067), as part of our regular monitoring efforts on SNF Part A services, we would monitor group and concurrent therapy utilization under the proposed PDPM and consider making future proposals to address abuses of this proposed policy or **flag providers for additional (medical) review** should an individual provider be found to consistently exceed the proposed threshold after the implementation of the proposed PDPM. (FY19 Final Rule, p. 242)

PDPM Pricing Review

Reliant PDPM Lead Pricing Model

- Reliant's PDPM predictive model provides recommended skilled care for each clinical category for optimal patient outcomes
    - Historical data from the Acumen study
    - Clinical consortium
- Per-diem rates for each of the PDPM therapy categories
    - 16 PT/OT categories
    - 12 SLP categories
    - 192 possible combinations of PT/OT and SLP categories.
- Provider therapy expense indexed to therapy reimbursement, mirroring current RUG-IV logic
- Clinical Partnership
    - Establishes critical partnership for SNF and Therapy provider to complete comprehensive interdisciplinary evaluations
        - Identifying diagnostic features, including ICD-10 coding,
        - Section GG function scores
        - Therapy evaluators assist with identifying Non-therapy Ancillary (NTA) conditions
        - Therapy evaluators are familiar with conditions that influence Nursing RUG scores and support Restorative Nursing services when requested

Two Managed PDPM Pathways

- 192 clinical pathways based on the PDPM-related PT (16), OT (16), and SLP (12) categories
- Emphasis on Skilled Therapy
- Care pathway recommended minutes based on patient characteristics
- Therapists provide thorough evaluations, participate in an interactive interdisciplinary team, and adjust care based on individual patient needs

Skilled and Routine Therapy

- Blended approach of skilled and routine therapy
- Therapist-guided restorative care and functional activities
- Routine care protocols complement skilled therapy plan of care
- Sub-acute patient experience enhanced with additional routine services
- Therapists provide thorough evaluations, participate in an interactive interdisciplinary team, and use skilled and routine therapy approaches to optimize outcomes

Care+ Routine Therapy Protocols

Get Up and Get Movin'!

Mobility and Fall Reduction Programs

Enhancing resident outcomes with mobility activities.

Possible Conditions:

- Abnormalities of gait and mobility
- Lack of coordination
- Repeated falls

Activity Examples:

- Destination walking
- W/C mobility
- Transfers
- Bed mobility

Plate to Palate!

Dining Program

Enhancing nutrition and hydration for quality of life.

Possible Conditions:

- Dysphagia
- Malnutrition
- Abnormal wright loss

Activity Examples:

- Meal intake
- Use of adaptive equipment in self-feeding

Key Strategy: 14 routine therapy (activities, restorative) that complement skilled therapy protocols under the general supervision of therapists.

Get Fit!

Exercise Program

Enhancing strength, balance, and flexibility for improved resident outcomes.

Possible Conditions:

- Muscle weakness
- Joint stiffness
- Ataxia

Activity Examples:

- AROM
- Theraband/weights
- Yoga
- Chair Chi
- Sit and Be Fit
- Dance (Dancing with the Seniors)

Remember When?

Memory Program

Enhancing cognitive abilities of residents to participate in daily activities

Possible Conditions:

- Cognitive communication deficit
- Lack of coordination
- Aphasia

Activity Examples:

- Reminiscent group – photos, reading coffee-table books, sharing life stories, etc.
- Music through the decades to evoke memories
- Instrumental group – use of rhythm instruments

Restorative and PDPM

- PDPM encourages and incentivizes Restorative services
  - Increased CMI and Nursing RUG for skilled patients
  - Applies to "Assistance with daily living and general supervision" and "Behavioral or cognitive symptoms" categories
  - Nursing RUGs that start with "B" or "P"
  - Based on current practice, up to 31% of skilled patients may qualify
  - Can occur simultaneously with rehab as clinically indicated
- Reliant Care+ may be used to strengthen your Restorative program for skilled patients