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Maximize resident outcomes with education in each PDPM condition category, including cardiovascular, cognition, falls, acute neurologic, and more.

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The Patient-Driven Payment Model (PDPM): Strategies for Implementation & Keys to Success

Ellen R. Strunk, PT, MS
Board Certified in Geriatric Physical Therapy
Certified Expert in Exercise for the Aging Adult
Certified in Healthcare Compliance
Objectives

- Describe the components of the Patient-Driven Payment Model (PDPM)
- Define staff competencies that will support PDPM success
- Define the role of the interdisciplinary team in patient assessment and care planning
- Develop action steps to be ready for PDPM and insure quality of care does not diminish
Chapter One

Describe the Components of PDPM
PDPM Applies To

• Medicare certified Skilled Nursing Facilities
  – Swing beds in non-critical access hospitals
  – Critical access hospitals? No.
• Beneficiaries in a skilled Medicare Part A stay
  – No managed care
Illustration of Payment Under PDPM

- **PT**
  - PT Base Rate × PT CMI × Daily Adjustment

- **OT**
  - OT Base Rate × OT CMI × Daily Adjustment

- **SLP**
  - SLP Base Rate × SLP CMI

- **Nursing**
  - Nursing Base Rate × Nursing CMI

- **NTA**
  - NTA Base Rate × NTA CMI × Daily Adjustment

- **Non-Case Mix**
  - Non-Case Mix Base Rate

---

The sum of all these components equals the **Total Daily Rate**.

*Note: AIDS add on*
PT and OT Case Mix

Primary Reason for SNF Stay
- Major Joint Replacement or Spinal Surgery
- Non-Ortho Surgery/Acute Neurological
- Other Orthopedic
- Medical Management

Functional Status
- One eating item
- One toileting item
- One oral hygiene item
- Two bed mobility items
- Three transfer items
- Two walking items
SLP Case Mix

Primary Reason for SNF Stay
- Acute Neurological
- Non Neurological

Swallowing or MAD
- Swallowing disorder
- Mechanically altered diet

SLP Comorbidity
- One or more

Cognitive Status
- Mild Impairment
- Moderate Impairment
- Severe Impairment
Nursing Case Mix

**Extensive Services**
- Tracheostomy Care
- Invasive Mechanical Ventilator
- Isolation or Quarantine

**Special Care High**
- Comatose
- Septicemia
- Diabetes w/ daily injections, 2+ MD orders
- Quadriplegia; COPD+SOB when flat; Fever
- Parenteral/IV feeding

**Special Care Low**
- CP, MS, Parkinson’s + Low funct. score
- Respiratory failure + O₂
- Pressure Injury, wound care
- Radiation or Dialysis
Nursing Case Mix (cont.)

 Clinically Complex
- Pneumonia
- Hemiplegia/hemiparesis + low function score
- Burns, Surgical wounds, Other open wounds
- Chemotherapy, O2, IV, Transfusions

 Behavioral Sx and Cognitive Performance
- BIMS < 9 or staff assessment shows severe impairment
- Restorative count

 Reduced Physical Function
- Toileting program
- Restorative Nursing
Non-Therapy Ancillary

M.D.S

Diagnoses
Appliances
Treatments
Conditions

NTA Score Range

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Count</th>
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<tbody>
<tr>
<td>12+</td>
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<td>1-2</td>
<td>3-5</td>
</tr>
<tr>
<td>0</td>
<td>1-2</td>
</tr>
</tbody>
</table>
Variable Per Diem (VPD) Adjustment
What Is Your Projection?

• SNF PPS payment model research
  – https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html

• Scroll to PDPM provider-specific impact file
  – Click on SNF PDPM provider specific impact analysis
  – File is 17.05 MB; wait for it to download
  – Inside are .csv files and .xlsx files
What Is Your Projection? (cont.)

- Choose the Enhanced_Provider_Specific_File.xlsx

- There are 7 tabs

- Choose ‘Database_Main’

- Find your CCN number, and scroll over
  - Column S shows your 2017 total RUG-IV $$
  - Column W shows your projected PDPM $$ using your 2017 data
Chapter Two

Define Staff Competencies to Support PDPM Success
Staff Competencies
Staff Competencies (cont.)

- Assessment
- Interview
- Predictors/influencers
- Targeted approaches
- Disease management
- Group therapy
- Concurrent therapy
- Understanding social determinants
- Documentation
- Communication
- New programs
- New referral sources
Chapter Three

Define the Role of the Interdisciplinary Team
Patient Assessment
Assessment

- **NEW ITEM MDS 3.0 v1.17.0**

**I0020. Indicate the resident’s primary medical condition category**
Complete only if A0310B = 01 or 08

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Indicate the resident's primary medical condition category that best describes the primary reason for admission</th>
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<tbody>
<tr>
<td></td>
<td>01. Stroke</td>
</tr>
<tr>
<td></td>
<td>02. Non-Traumatic Brain Dysfunction</td>
</tr>
<tr>
<td></td>
<td>03. Traumatic Brain Dysfunction</td>
</tr>
<tr>
<td></td>
<td>04. Non-Traumatic Spinal Cord Dysfunction</td>
</tr>
<tr>
<td></td>
<td>05. Traumatic Spinal Cord Dysfunction</td>
</tr>
<tr>
<td></td>
<td>06. Progressive Neurological Conditions</td>
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<tr>
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<td>07. Other Neurological Conditions</td>
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<tr>
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<td>08. Amputation</td>
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<tr>
<td></td>
<td>09. Hip and Knee Replacement</td>
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<td></td>
<td>10. Fractures and Other Multiple Trauma</td>
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<td></td>
<td>11. Other Orthopedic Conditions</td>
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<tr>
<td></td>
<td>12. Debility, Cardiorespiratory Conditions</td>
</tr>
<tr>
<td></td>
<td>13. Medically Complex Conditions</td>
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**I0020B. ICD Code**
Assessment (cont.)

- But, what about patients who have had a surgical procedure that might impact the SNF course of care?
- NEW ITEM MDS 3.0 v1.17.0
### Assessment (cont.)

<table>
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<th>Section J</th>
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<tr>
<td><img src="image" alt="Check all that apply" /></td>
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<tr>
<td>Major Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>J2300. Knee Replacement - partial or total</td>
<td></td>
</tr>
<tr>
<td>J2310. Hip Replacement - partial or total</td>
<td></td>
</tr>
<tr>
<td>J2320. Ankle Replacement - partial or total</td>
<td></td>
</tr>
<tr>
<td>J2330. Shoulder Replacement - partial or total</td>
<td></td>
</tr>
<tr>
<td>Spinal Surgery</td>
<td></td>
</tr>
<tr>
<td>J2400. Involving the spinal cord or major spinal nerves</td>
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</tr>
<tr>
<td>J2410. Involving fusion of spinal bones</td>
<td></td>
</tr>
<tr>
<td>J2420. Involving lamina, discs, or facets</td>
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<tr>
<td>J2499. Other major spinal surgery</td>
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<tr>
<td>Other Orthopedic Surgery</td>
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</tr>
<tr>
<td>J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)</td>
<td></td>
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<tr>
<td>J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)</td>
<td></td>
</tr>
<tr>
<td>J2520. Repair but not replace joints</td>
<td></td>
</tr>
<tr>
<td>J2530. Repair other bones (such as hand, foot, jaw)</td>
<td></td>
</tr>
<tr>
<td>J2599. Other major orthopedic surgery</td>
<td></td>
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<tr>
<td>Neurological Surgery</td>
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<tr>
<td>J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)</td>
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<tr>
<td>J2610. Involving the peripheral or autonomic nervous system - open or percutaneous</td>
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</tr>
<tr>
<td>J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices</td>
<td></td>
</tr>
<tr>
<td>J2699. Other major neurological surgery</td>
<td></td>
</tr>
</tbody>
</table>

Care Planning

• Who is involved?
• Will roles change?
• What will insure best outcome for patient?
• Can you engage your patient/caregivers?
Chapter Four

Develop Steps to be Ready for PDPM
Transition to Next Level

• Making the right decisions at the right times
• Planning begins on day one
• Avoid focusing too much on just one part of PDPM model
Quality of Care
Is it Over Yet?
Questions?

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- Website: RehabResourcesAndConsulting.com
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Provide Your Team with High Quality Education to Improve Care and Resident Outcomes

Medbridge offers education to prepare for the specific PDPM changes, as well as coursework in each PDPM condition category. This education is designed to help maximize patient and resident outcomes and optimize reimbursement for your facility.

Catherine Wollman
DNP, GNP-BC, CRNP
- Transitions of Care: Heart Failure Part 1 & 2
- Transitions of Pulmonary Disease Part 1 & 2

Ellen Strunk
PT, MS, GCS, CEEAA, CHC
- Quarterly Webinar Series on PDPM
- A New Look at Section GG for the Skilled Nursing Facility

Demetra Antimisiaris
PharmD, CGP, FASCP
- Polypharmacy: What Health Care Professionals Need to Know

MedBridge Education to Help Improve Clinical Outcomes

This is a sample of courses that focus on maximizing outcomes in several of the PDPM condition categories.

**Non-Orthopedic Surgery**

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Strong is Your Patient’s Exercise Program? Part 1</td>
<td>Ellen R. Strunk, PT, MS, GCS, CEEAA, CHC</td>
</tr>
<tr>
<td>How Strong is Your Patient’s Exercise Program? Part 2</td>
<td>Ellen R. Strunk, PT, MS, GCS, CEEAA, CHC</td>
</tr>
<tr>
<td>Improving Patient Adherence and Outcomes for Aging Adults</td>
<td>J.J. Mowder-Tinney, PT, PhD, NCS, C/NDT, CSRS, CEEAA</td>
</tr>
<tr>
<td>Effective Exercise Dosing to Optimize Recovery and Beyond</td>
<td>Kathryn Brewer, PT, DPT, MEd, GCS, CEEAA</td>
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</table>

**Acute Neurologic**

<table>
<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>Transitions of Care in Stroke</td>
<td>Barbara Lutz, PhD, RN, CRRN, APHN-BC, FAHA, FNAP, FAAN</td>
</tr>
<tr>
<td>StrokeHelp: Bed Positioning and Mobility</td>
<td>Jan Davis, MS, OTR/L</td>
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<tr>
<td>Assessing Swallowing &amp; Cough Dysfunction in Patients with Parkinson’s Disease*</td>
<td>Michelle Troche, PhD, CCC-SLP</td>
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<tr>
<td>Understanding and Assessing Gait in Parkinson’s Disease</td>
<td>Heather J. Cianci, PT, MS, GCS</td>
</tr>
</tbody>
</table>

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| PDPM Condition Categories |  |
|----------------------------|  |
| **Cardiovascular**         |  |
| Rehabilitation Nursing for Patients with Cardiac Diseases | Cheryl Lehman, PhD, RN, CNS-BC, RN-BC CRRN |
| Transitions of Care: Acute Myocardial Infarction (AMI) | Constance Sheets, DNP, RN, CGNS-BC |
| Transitions of Care: Heart Failure - Part 1 | Catherine Wollman, DNP, GNP-BC, CRNP |
| Transitions of Care: Heart Failure - Part 2 | Catherine Wollman, DNP, GNP-BC, CRNP |
| **Medical Management**     |  |
| Polypharmacy: What Health Care Professionals Need to Know | Demetra Antimisiaris, PharmD, CGP, FASCP |
| Pharmacology for Geriatric Practice | Kenneth Miller, PT, DPT, MA, GCS, CEEAA |
| Pharmacology for the Neurologic Physical Therapist | Melissa Bednarek, PT, DPT, PhD, CCS |
| **Pulmonary**              |  |
| Transitions of Care - Pulmonary Disease, Part 1 | Catherine Wollman, DNP, GNP-BC, CRNP |
| Transitions of Care - Pulmonary Disease, Part 2 | Catherine Wollman, DNP, GNP-BC, CRNP |
| **Acute Infections**       |  |
| Preventing Non-Ventilator Health Care Acquired Pneumonia | Kathleen M. Vollman, MSN, RN, CCNS, FCCM, FAAN |
| Preventing Catheter-Associated Urinary Tract Infection is Job One | Kathleen M. Vollman, MSN, RN, CCNS, FCCM, FAAN |
| Clostridium Difficile (C-diff) Infection: The Latest Scoop on the Poop | Kathleen M. Vollman, MSN, RN, CCNS, FCCM, FAAN |
| **Cognitive**              |  |
| Cognitive Rehab Strategies: Home Exercises, Individual & Group Therapy | Rob Winningham, PhD |
| Responding to Unwanted Behaviors & Motivating Clients in Therapy | Rob Winningham, PhD |
| How to Communicate When Someone is Living With Dementia | Teepa Snow, MS, OTR/L, FAOTA |
| Dementia: Improving Activities of Living | Carrie Ciro, PhD, OTR/L, FAOTA |
| **Falls**                  |  |
| Functional Cognition: Falls in the Elderly | Jennifer Bottomley, PT, MS, PhD |
| Empira Falls Series: Four Course Series (Includes: Root Cause Analysis, Causation of Falls, Solutions and Interventions) | Sue Ann Guildermann, RN, BA, MA |
| **Mechanically Altered Diet** |  |
| Dysphagia and the Older Adult: The Aging Swallow | Angela Mansolillo, MA, BCS-S, CCC-SLP |
| Dysphagia and the Older Adult: Pneumonia in the Elderly | Angela Mansolillo, MA, BCS-S, CCC-SLP |
| Dysphagia and the Older Adult: Improving Nutrition and Hydration | Angela Mansolillo, MA, BCS-S, CCC-SLP |
| Dysphagia and the Older Adult: Sensory Interventions for Swallow Function | Angela Mansolillo, MA, BCS-S, CCC-SLP |
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- Transitions of Care
- Infection Control
- Regulatory/Compliance
- Sleep
- Neurologic Conditions
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- Pain Management
- End of Life Care

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RN-BC, BSN, PHN, MSN, RAC-CT, CIC

Jeri Lundergren  
RN, BSN, PHN, CWS, CWCN

Linda M. Shell  
DNP, MA, RN

Sue Ann Guildermann  
RN, BA, MA

Cathy Wollman  
DNP, GNP-BC

Teepa Snow  
MS, OTR/L, FAOTA

sales@medbridgeed.com  206.216.5003  www.medbridgeeducation.com/longtermcare
Bibliography


8. Carter, Carol, Bowen Garrett, and Doug Wissoker, “Reforming Medicare Payments to Skilled Nursing Facilities to Cut Incentives for Unneeded Care and Avoiding High-Cost Patients,” Health Affairs, 31 (2012), 1303-1313, content.healthaffairs.org/content/31/6/1303.long