



PRIME REHABILITATION SERVICES

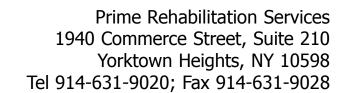
PPS AND FINANCIAL CHALLENGES 2012

PRESENTED BY:
TAMAR BROOKS, COO

October 2011

Agenda Topics

- PRS
- $\hfill\Box$ Financial Implications of SNF 2012 Rule
- □ RUG IV Classification Highlights
- □ 2012 Rate Graph
- □ Late Loss ADLs and Capture
- □ Key Assessment Review
 - Scheduled Assessment Schedule
 - Short Stay
 - □ Start of Therapy
 - End of Therapy Resumption
 - Change of Therapy



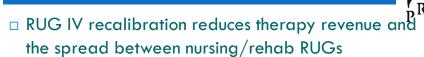


2012 SNF Final Rule



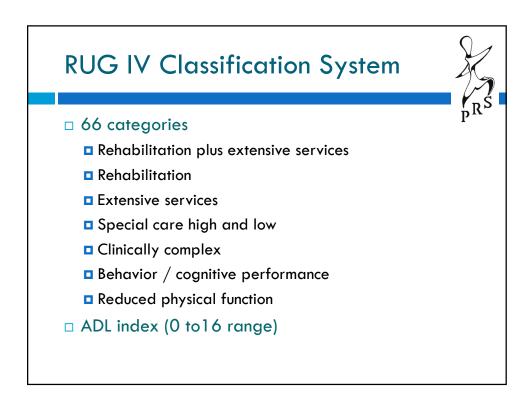
- □ Net reduction in total nursing home rates by 11.1% (\$3.87 billion)
 - Mainly in the recalibration of thearpy RUG levels
- CMS had assumed the therapy RUG utilization in 2011 would decrease due to the changes in therapy mode delivery, but their predictions were wrong, resulting in financial expenditure increases
- ☐ Therefore, nursing case mix indices were decreased for the RUG IV therapy groups

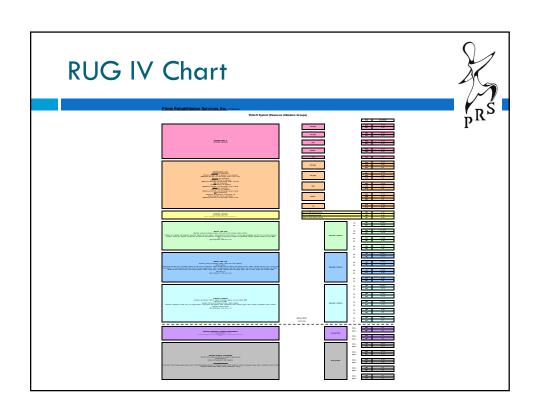
Increased Cost / Decreased Revenues



- 2012 provisions eliminate "extras" and increases the cost of therapy
- □ Daily management necessitated
- More therapy needed but there will be decreased revenues
- □ Capacity is finite









Rehabilitation RUGs



- □ Rehabilitation RUG category
 - 5 levels of intensity (RU, RV, RH, RM, RL)
- Rehabilitation PLUS Extensive Services remain an option but extensive services utilization limited
- □ X/L utilization has been dramatically reduced
- □ Reimbursable Therapy Minutes (RTM)
 - Minutes that count toward capturing a RUG category
- □ Therapy mode delivery
 - □ Individual = 100% of the minutes billed
 - □ Concurrent = 50% of the minutes billed
 - □ Group = 25% of the minutes billed

Rehabilitation RUG Category



RUG Group	Minutes of therapy	Hours of therapy	3 of therapies	Freq Therapy 1	Freq Therapy 2	Restortative Nursing
Ultra High	720	12	At least 2	At least 5 days	At least 3 days	XXX
Very High	500	8.3	At least 1	At least 5 days	XXX	XXX
High	325	5.4	At least 1	At least 5 days	XXX	XXX
Medium	150	2.5	Any (or all) 3	At least 5 days	XXX	XXX
Low	45	0.75	Any (or all) 3	At least 3 days	XXX	2 services per RAI days/wk



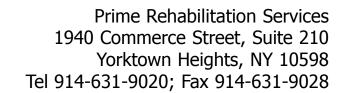
RUG IV Extensive Services



- □ ADL >=2
- □ All qualifiers must occur "while a resident"
 - **■** ES3: Ventilator AND Trache
 - ES2: Ventilator OR Trache
 - ES1: Isolation due to active infection
 - Can code for "strict isolation" ONLY WHEN ALL met:
 - Resident has active infection with highly transmissible or epidemiologically significant pathogens acquired by physical contact or airborne or droplet transmission
 - Precautions are over and above standard precautions
 - Resident in in a room ALONE because of active infection and cannot have a roommate
 - Resident must remain in his/her room. All services brought to the resident

RUG IV Special Care High

- Residents receiving the following complex clinical care or with a following medical condition:
 - Comatose and completely ADL dependent; septicemia; diabetes with daily injections requiring physician order changes on 2 or more days; quadriplegia and ADL score >=5; chronic obstructive pulmonary discarse and shortness of breath when lying flat; fever with pneumonia, or vomiting, or tube feeding, or weight loss; parenteral/IV feedings; respiratory therapy for 7 days; AND
- □ ADL >=2
- □ Signs of depression PHQ score >=9.5





RUG IV Special Care Low

- Residents receiving the following complex clinical care or with a following medical condition:
 - □ Cerebral palsy and ADL score >=5; multiple sclerosis and ADL score >=5; parkinson's disease and ADL score >=5; feeding tube (calories >=51% or calories = 26-50% and fluid >= 501 cc); ulcers (2 or more stage II or 1 or more stage III or IV pressure ulcers; or 2 or more venous/arterial ulcers; or 1 stage II pressure ulcer and 1 venous/arterial ulcer) with 2 or more skin care treatments; foot infection, diabetic foot ulcer or open lesions on the foot with treatment; radiation therapy while a resident; respiratory failure and oxygen therapy while a resident; dialysis while a resident; AND
- □ ADL score >=2
- □ Signs of depression PHQ score >=9.5

RUG IV Clinically Complex

- Residents with Extensive Services, Special Care High or Special Care Low qualifier AND
- □ ADL score = 0-1 OR
- Residents with any of the following clinically complex qualifiers:
 - Pneumonia; hemiplegia and ADL score >=5; surgical wounds or open lesions with treatment; burns; chemotherapy while a resident; oxygen while a resident; IV medications while a resident; transfusions while a resident.
- □ Signs of depression PHQ score >=9.5

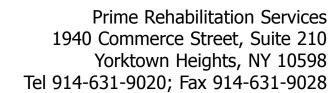


Depression – Financial Driver

- PRS
- Depression is a major financial driver
- □ MDS 3.0 Section D
- End splits for Special Care High/Low and Clinically Complex
- □ Financial Impact:
 - HE2 (Special Care High with Depression highest ADL score)
 - HE1 (Special Care high without Depression highest ADL score)
 - Substantial financial difference per day

Behavior & Cognition

- □ Residents having cognitive impairment BIMS score <=9 or CPS >=3 OR
- □ Hallucinations or delusions OR
- Physical or verbal behavioral symptoms toward others; other behavioral symptoms; rejection of care; or wandering exhibited 4+ days over the past 7 days AND
- □ ADL score <=5
- □ Nursing Rehab Services (end splits):
 - Urinary and/or bowel training program; passive and/or active ROM; amputation/prosthesis care training; splint or brace assistance; dressing or grooming training; eating or swallowing training; transfer training; bed mobility and/or walking training; communication training.





Reduced Physical Functioning

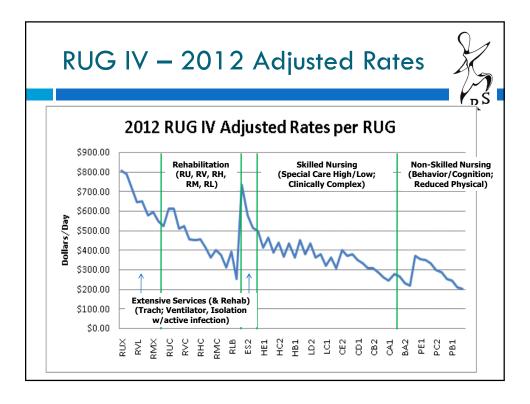
- Residents whose needs are primarily for activities of daily living and general supervision.
- □ Residents not qualifying for other categories.
- □ Nursing Rehab Services (end splits):
 - Urinary and/or bowel training program; passive and/or active ROM; amputation/prosthesis care training; splint or brace assistance; dressing or grooming training; eating or swallowing training; transfer training; bed mobility and/or walking training; communication training.

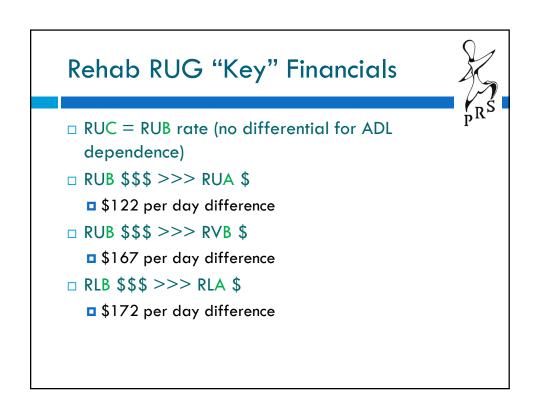
Restorative Nursing Program

- Refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely a possible.
- Actively focuses on achieving and maintaining optimal physical, mental and psychosocial functioning.
- □ Technique, training or skill practice must take place a least 15 minutes during the 24 hours period.











Under Coding = Lost Revenues



- □ ADLs
 - Significant financial impact
 - BETT on it (bed mobility, eating, transfers, toileting)
 - 4 key late-loss ADLs
 - Code for most extensive support on 24 hour nursing observation
- □ Depression
 - Actual capture significantly below projections
 - Review completion of interviews (PHQ-9), processes and education

Four Key ADLs - BETT on it!



- □ Four Key ADLs:
 - Bed Mobility (G0110A)
 - **■** Eating (G0110H)
 - □ Toileting (G0110I)
 - Transfers (G0110B)
- ☐ Also known as "late loss" ADLs
- □ ADL index is the sum of the four late loss ADLs
- ADL coding increases in importance
- □ Major financial impact



ADL Self-Performance & Support



- □ ADL Self Performance
 - Measure what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance-based scale.
- □ ADL Support Provided
 - Measures the highest level of support **provided by the staff** over the last 7 days, even if that level of support only occurred once.
- □ Coded at the most dependent state

ADL Self Performance Algorithm



- Utilize for assistance in coding ADL self performance items.
- □ Consider each episode of the activity that occurred during the 7 day look-back period.
- □ Code based on the resident's level of assistance when using special adaptive devices (walker, dressing stick, etc.)



G0110 - Coding

ADL Self Performance - Column



- □ 0 − Independent
 - No help or staff oversight at any time
- □ 1 Supervision
 - Oversight, encouragement, or cueing provided 3+ times
- □ 2 Limited Assistance
 - Resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight bearing assist 3+ times
- □ 3 Extensive Assistance
 - Resident involved in activity; staff provide weight bearing support 3+ times

G0110 - Coding

ADL Self Performance - Column



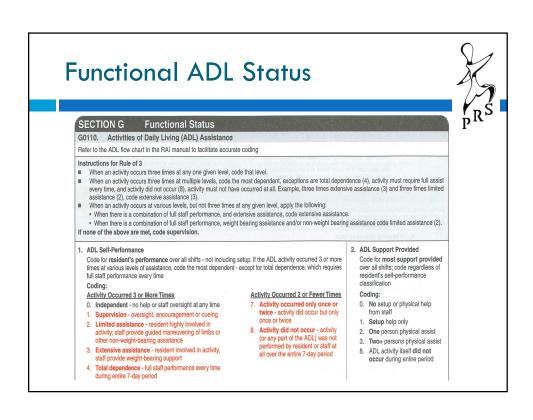
- □ 4 Total Dependence
 - Full staff performance of an activity with no participation by resident for any aspect of the ADL activity.
- □ 7 Activity occurred only once or twice
 - Activity occurred but not 3+ times
- □ 8 Activity did not occur
 - ADL activity was not performed by the resident or staff



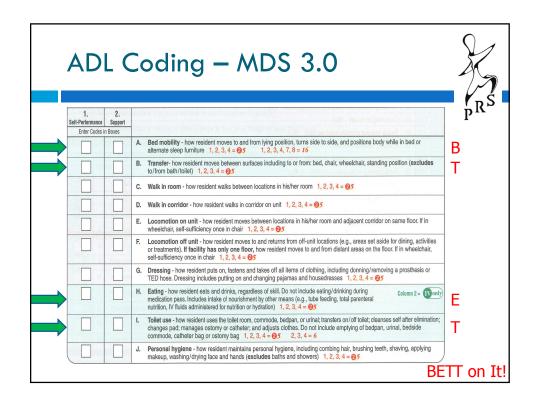
ADL Support — Column 2

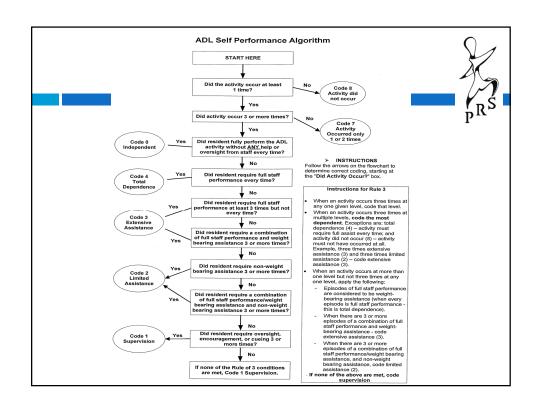
O – No setup or physical help from staff
No help or oversight

1 – Setup help only
Resident provided with materials or devices
2 – One person physical assist
3 – Two+ person physical assist
8 – ADL activity itself did not occur during the entire period











Key Assessments



- □ Scheduled Assessments
 - **5**, 14, 30, 60, 90
- □ Off Cycle Assessments
 - □ Significant Change in Status Assessment (SCSA)
 - Short Stay Assessment (SSA)
 - Other Medicare Required Assessments (OMRA)
 - Start of Therapy (SOT)
 - End of Therapy (EOT) and End of Therapy Resumption (EOT-R)
 - Change of Therapy (COT)
 - □ Discharge Assessment

New MDS Assessment Schedule									
Medicare MDS Assessment Type	Reason for Assessment (A0310B code)	Assessment Reference Day (ARD) Window	Assessment Reference Date Grace Days	Applicable Medicare Payment Days					
5 Day	01	Days 1 - 5	6 - 8	Days 1 - 14					
14 Day	02	Days 13 - 14	15 - 18	Days 15 - 30					
30 Day	03	Days 27 - 29	30 - 33	Days 31 - 60					
60 Day	04	Days 57 - 59	60 - 63	Days 61 - 90					
90 Day	05	Days 87 - 89	90 - 93	Days 91 - 100					





Short Stay Designation (SSA)

- Purpose: The special RUG IV short stay therapy
 classification is designed to allow for some if not all of the days of a short stay to be paid at a Rehab RUG
- □ This special category is for shorter stay resident who received therapy but did not achieve a Rehab RUG from the 5 day PPS MDS because the resident did not receive 5 days of therapy during their short stay (therapy start date through end of therapy is not 5 days)
- □ For residents discharged on or before day 8 who received less than 5 days of therapy, payment will be based on average daily minutes actually provided

Short Stay Designation



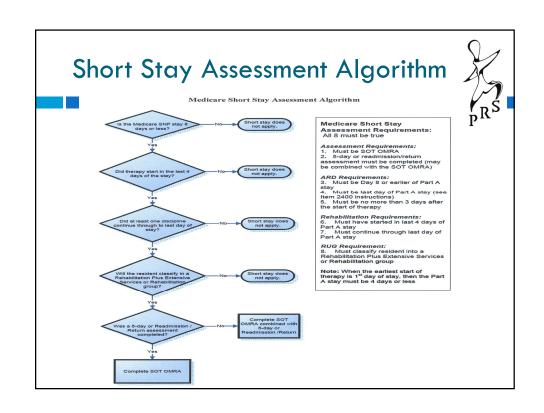
- Used if therapy was only able to be provided 1-4 days and a therapy RUG was not achievable
- □ If the 5 day PPS MDS achieves a rehab RUG no special short stay classification is requires. All days are paid at the rehab RUG even if therapy did not start the first day.



Short Stay Requirements (must meet all 8)



- 1. SOT OMRA
- PPS 5 day or readmission/return assessment combined with SOT OMRA or prior to SOT OMRA
- 3. ARD SOT OMRA must be day 8 or earlier
- 4. ARD must be last day of Medicare stay
- 5. ARD may not be more than 3 days after start of therapy
- 6. PT/OT/SLP started during last 4 days
- At least one therapy continued through last day of part A stay
- 8. RUG must be Rehab +ES or Rehab group





Start of Therapy (SOT) OMRA



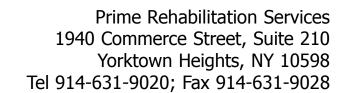
□ SOT OMRA

- Used to obtain therapy RUG any time during a stay
 - Rejected if non-therapy RUG
- ARD 5-7 days after start of first therapy
 - Day 1 = day therapy started
- Payment starts first day of therapy
- Be attentive when combining
- Anytime therapy starts off cycle (or even "late" a few days after admission) this should be considered and reviewed to capture care provided

End of Therapy (EOT) OMRA



- □ "Three Day" Policy
 - EOT OMRA must be completed when a Medicare A patient classified in a Rehab RUG did not receive any therapy sessions for three or more consecutive days for any reason (temporary, unplanned and planned discontinuations)
 - An EOT OMRA needs to be completed for missed therapy days regardless of whether therapy is missed on a weekday, weekend or holiday
 - Eliminates the distinction between a 5 or 7 day facility
 - Non-rehab RUG is paid during lull in treatment





EOT OMRA Completion

- ARD for the EOT OMRA must be set for day 1, 2, from the date of the resident's last therapy session
 - Financial changes effective on the first day without therapy
- □ Needs to be completed if:
 - Planned EOT
 - Patient is discharged from the skilled therapy program (therapy RUG) and continuing under a skilled nursing program (skilled nursing RUG)
 - Unplanned EOT
 - Patient did not receive skilled therapy services for three consecutive days for any reason

End of Therapy with Resumption (EOT-R)

- May be used when the patient will resume at the P¹ same therapy level as prior to the discontinuation of therapy (no new therapy evaluation needed).
- Resumption of therapy must occur no more than five days after the last day of therapy provided.
- □ Also applies to a RL category
 - Must see a patient Monday/Wednesday/Friday
- □ EOT-R criteria:
 - □ Therapy expected to resume at the same RUG level
 - Therapy must resume within five days
 - EOT ARD must be day 1 3





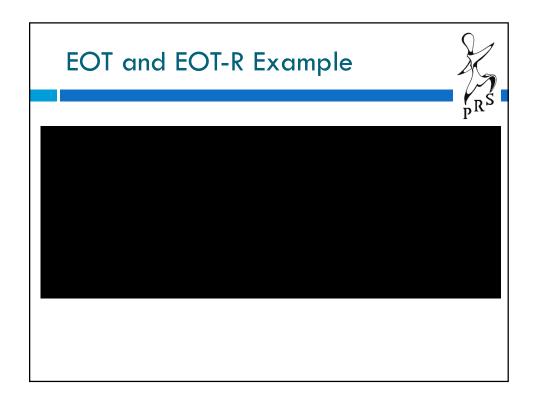
EOT-R MDS

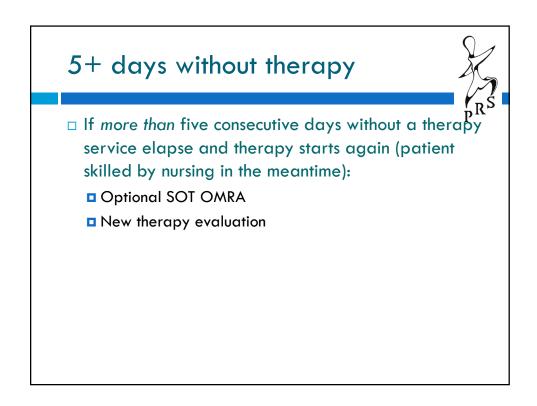
- Complete an EOT MDS with ARD of days 1, 2, or safety the last day therapy was provided
- □ Adding items O0450A/B to MDS requesting you enter "date on which therapy regimen resumed"
 - The resumption of therapy date may not be within the ARD period of the EOT (i.e. EOT ARD is day 2 after last day of therapy and the resumption date is day 4)
- □ No new therapy evaluation needed
- Recommend not submitting an EOT until you verify that the patient would not qualify for the EOT-R

EOT and **EOT-R** Billing

- Clear communication by MDS coordinator with the therapy department and billing office
 - □ Therapy RUG billed until the last day of therapy
 - Medical RUG billed starting first day after therapy ended
 - □ Prior therapy RUG starts on day of resumption











Change of Therapy (COT) OMRA

- □ Required when the level (RUG) of therapy change, Rusing rolling 7 day average after the last ARD
- If the therapy received during the COT observation period does not reflect the RUG IV classification level on the patient's most recent PPS assessment used for payment then an assessment must be done
 - COT Observation period A successive 7 day window beginning the day following the ARD of the resident's last PPS assessment used for payment
- Patients will NEVER be OUT of an assessment on a Medicare A stay

COT OMRA - Dates

- The COT OMRA retroactively establishes a new RUG beginning the day following the ARD of the resident's last PPS assessment until the next scheduled or unscheduled Medicare PPS assessment
- □ Daily monitoring of days/minutes a MUST
- □ May be combined with on-cycle assessments
- □ COT = Same MDS item set as EOT
- □ Default rate applied for late COT OMRA
 - DENIAL OF ALL ASSESSMENT DATES IF MISSED





CMS Resources



- □ FY 2012 RUG-IV Education & Training
- □ Government website
- □ August 23, 2011 National provider call transcript and slides
- □ http://www.cms.gov/SNFPPS/03_RUGIVEdu12.asp





Upcoming National Provider Call

- □ National Provider Call: Skilled Nursing Facility Prospective Payment System Minimum Data Set 3. 🗗
 Resource Utilization Group-Version 4 Policies and Clarifications Registration Now Open [↑]
- □ Thu Nov 3; 1:30-3pm ET
- CMS will host a National Provider Call on "Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Minimum Data Set (MDS) 3.0 and Resource Utilization Group-Version 4 (RUG-IV) Policies and Clarifications." CMS subject matter experts will provide a brief overview of the policies, along with clarifications on the SNF PPS FY2012 policies related to the MDS 3.0. A question and answer session will follow the presentations.
- Target Audience: SNF providers, facility Resident Assessment Instrument (RAI) coordinators, state RAI coordinators, rehabilitation therapists, Recovery Audit Contractors, and Medicare Administrative Contractors
- Agenda
 - Allocation of group therapy
 - Changes to the MDS Assessment Schedule
 - End of Therapy (EOT) Other Medicare Required Assessment (OMRA) Clarifications
 - End Of Therapy with Resumption (EOT-R)
 - Change of Therapy (COT) OMRA
- Registration Information: In order to receive the call-in information, you must register for the call. Registration will close at 12pm on Thu Nov 3 or when available space has been filled. No exceptions will be made. Please register early. For more details, including instructions on registering for the call, please visit http://www.eventsvc.com/blhtechnologies.



Thank you for attending today's presentation by Prime Rehabilitation Services.

Call us to set up a non-obligatory appointment to review your therapy program performance.

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