PDPM: What You Need To Know
Best Practices to Ensure Success

Objectives

- PDPM Early Results: Change in Provider Behavior?
- Updates from the field: Challenges and Successes
- Focus Areas
PDPM Early Results

• “Change in Behavior” vs. “Change in Capture”

• Winners and Losers…but mostly winners so far
  • CMS has acknowledged PDPM is not projected to be budget neutral as planned

• Month to Month comparisons shows improvement in overall CMI
  • PT/OT & NTA component: increase in CMI after initial decline due to VPD adjustment impact
  • ST component = flat
  • Nursing component = slight increase due to increase in SCH & decrease in RPF

PDPM Early Results: Clinical Category
PDPM Early Results: PT/OT Functional Score Ranges

Pre-PDPM

October to February

PDPM Early Results Speech Therapy: Acute Neuro/Cognition/Comorbidity

Pre-PDPM

October to February
PDPM Early Results Speech Therapy: Altered Diet and Swallowing D/O

Pre-PDPM
- Neither 69%
- Either 28%
- Both 3%

October to February
- Neither 66%
- Either 16%
- Both 18%

PDPM Early Results: Nursing Groups

Pre-PDPM
- Clinically Complex 39%
- Special Care Low 19%
- Red Physical Fx 24%
- Behav/Cognitive 2%
- Ext Services 1%
- Special Care High 15%

October to February
- Special Care High 42%
- Behav/Cognitive 2%
- Red Physical Fx 22%
- Special Care Low 10%
- Clin Complex 23%
PDPM Early Results: Depression Capture

- Pre-PDPM
  - Depressed: 3%
  - Not Depressed: 97%

- October to February
  - Depressed: 11%
  - Not Depressed: 89%

PDPM Early Results: Non-Therapy Ancillaries

- Pre-PDPM
  - NA: 1%
  - NB: 2%
  - NC: 6%
  - ND: 19%
  - NE: 36%
  - NF: 38%

- October to February
  - NA: 1%
  - NB: 3%
  - NC: 8%
  - ND: 29%
  - NE: 34%
  - NF: 25%
PDPM: Early Challenges

- Diagnosis coding
  - Primary dx, major surgery, SLP comorbidity, NTA

- Appropriate Nursing CMG capture
  - Special Care High (IVF), Extensive Services (isolation), Function score

- Skilled and supportive documentation across disciplines

- Who should complete the BIMS? When should it be completed?

- IPA identification
- Conflicting information
  - CMS vs. Consultants vs. Contract Rehab

- Missed opportunities for NTA capture

- IDT collaboration

PDPM: Early SUCCESS

- Clinically-based daily PPS meeting

- Multiple PDPM “eyes”
  - Chart reviews, MDS support, NTA and SLP comorbidity capture

- Diagnosis ID & coding upon admission
  - ICD-10 specificity, mappings

- Projected CMG’s early in assessment window
  - Flexible ARD management

- IDT collaboration on patient assessments
  - BIM’s, Section GG, Swallowing

- IPA checklist
Preferred Therapy Solutions provides problem solving operations specializing in data metrics, predictive analytics, and outcome analysis to facilitate care redesign.

Our story

Preferred Therapy Solutions is a rehabilitation management organization dedicated to providing our partners a Strategic Partnership Program designed to achieve their individual goals for clinical and financial management, compliance and regulatory oversight, billing success and information technology solutions.

Know the Numbers

Preferred Therapy Solutions provides problem solving operations specializing in data metrics, predictive analytics, and outcome analysis to facilitate care redesign.

Expertise in Payment Reform

Preferred Therapy Solutions has vast experience and success under various payments models including BPCI’s and ACO’s. We’ve been preparing for a post-RUG’s reimbursement environment by implementing strategic programs designed to insure success under any payment model. Preferred Therapy Solutions provides tactical expertise in financial case management consistent with excellent patient care.