TOP 5 "MUST HAVES"

To Expect From Your PDPM Therapy Provider

1. A good therapy provider should make PDPM decisions based on DATA (not dollars).

Data is king in healthcare, especially under PDPM. Data should drive when and how operational, clinical and compliance decisions are made to ensure that the most optimal practices and standards are delivered by your therapy provider. A good therapy provider should provide regular executive summaries including data analytic tools related to meaningful metrics including:

- PDPM CMG Utilization
- PDPM Length of Stay
- PDPM Therapy Treatment Delivery Trends
- Section GG (functional) Outcomes

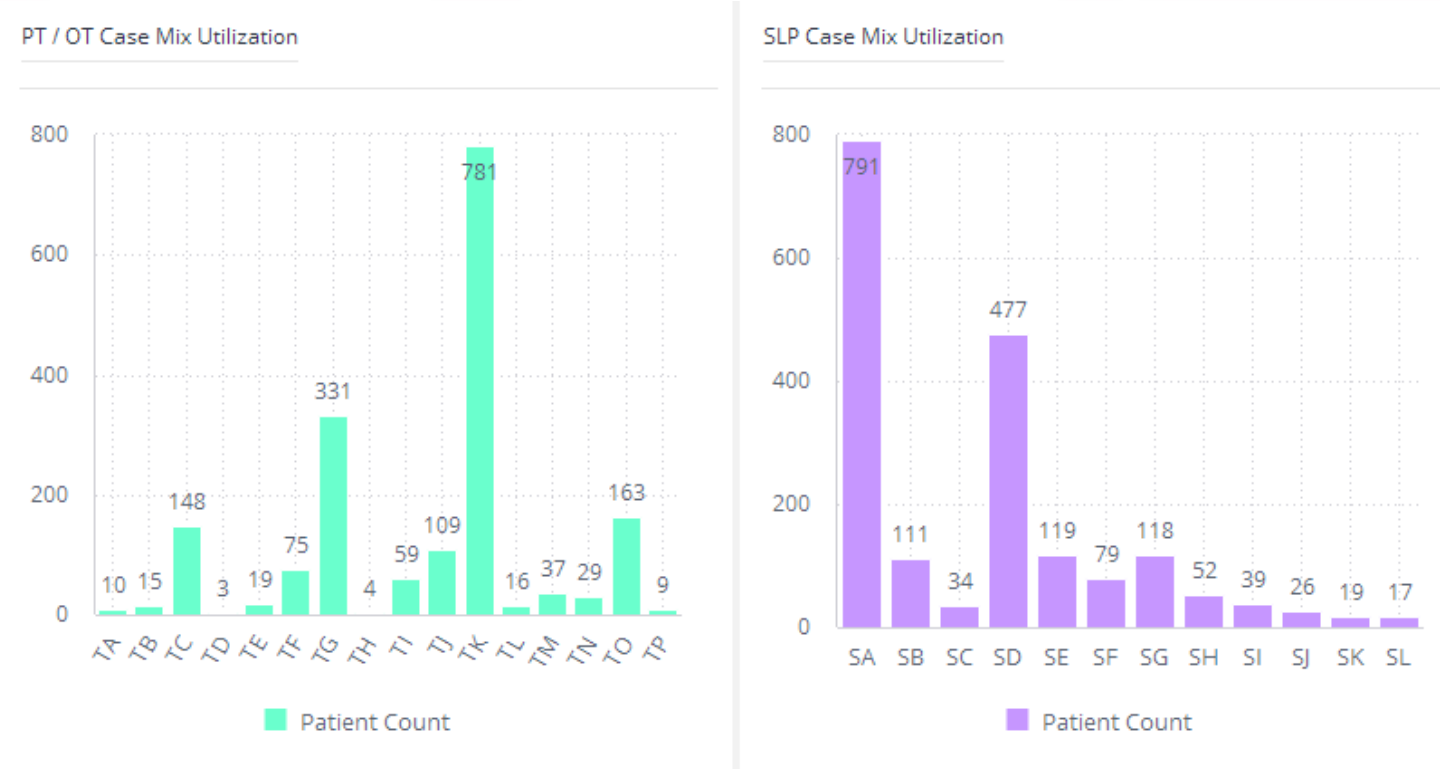


Figure 1: Case Mix Utilization for Flagship Rehabilitation for 6 months of PDPM.

PDPM CMG Utilization is a vital data point to track and analyze to identify new opportunities for your therapy provider along with the community to carve out clinical 'niches' and specialties. These clinical diagnostic niches may promote increased referrals, and thus help you to achieve your census and occupancy goals. When clinical focus areas are identified based on CMG utilization data (seen in Figure 1), communities can funnel resources to train staff to provide exceptional, specialty care to higher acuity populations. A good therapy provider should also be investing in their therapists through education and clinical support to empower them in serving these identified clinical niches. Evidence based clinical pathways should also be utilized by your therapy provider for the delivery of services that are clinically tied to these CMGs and should correlate with appropriate lengths of stay. Identifying a clinical specialization or increasing your ability to provide care to a targeted complex population is a necessary tool to market your community to hospital referral sources. A good therapy provider should play an integral role in this as well.

PDPM Length of Stay (LOS) is an essential data point that is strongly correlated with the program integrity efforts of Medicare. A good therapy provider should be able to supply you with your length of stay and how it correlates with your CMG utilization (See Figure 2). This information will empower your team to promote an appropriate LOS that is correctly aligned with the clinical complexity of each individual patient. With the payment reduction for Physical Therapy (PT) and Occupational Therapy (OT) components starting at day 21 under PDPM, it is essential that this threshold is viewed from the financial as well as the clinical delivery standpoint.

CMS will be monitoring LOS to ensure that trends do not show a significant change from RUGs to PDPM based solely on the payment adjustment, and that discharge decisions are always made based on skilled justification and coverage determination under Medicare A guidelines. Targeting exactly a 20-day LOS, or shorter LOS for all patients regardless of clinical needs would be a potential red flag to auditors, and could result in increased audits and denials, or a focused survey. A healthy, patient-centered LOS management will result in average LOS variability from month to month, outlier LOSs that extend well beyond 20 days when clinically indicated, and good outcomes with low rehospitalization rates overall. Shorter skilled stays are only optimal when the patient still meets their goals and has a safe, effective transition to the next level of care.

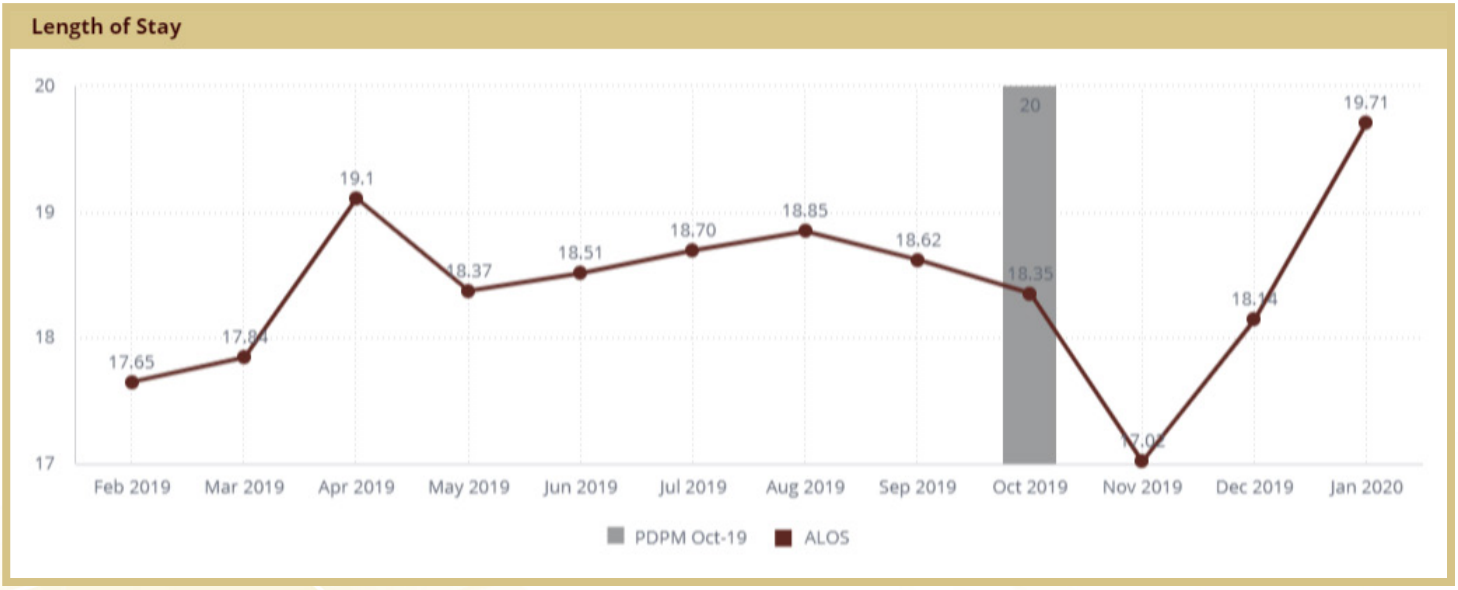


Figure 2: Monthly Length of Stay (LOS) Pre and Post PDPM.

PDPM Therapy Treatment Delivery Trends pertain to therapy minutes, total treatment services delivered per stay, as well as the use of group and concurrent therapy modes of treatment. A good therapy provider should align clinical delivery models with PDPM Diagnostic Categories, clinical complexities, patient skilled need and most importantly, with outcomes. Shifts in the footprints of care delivery in the SNF under PDPM are happening throughout the industry. However, shifts should be defensible by exceptional skilled documentation to outline the medical necessity, clinical benefit, and patient-centered decision making. And, as mentioned previously, the achievement of outcomes that meet or exceed your local and state peers will add another layer of protection to demonstrate the clinical appropriateness and value of these shifts.

John Kane, CMS SNF Team Lead, made the following comments in May 2019 during a training session on the SNF QRP: "If we see therapy services are coming down or group therapy going up because of experimenting with different models of care but quality outcomes are maintained, that's fine but what's worrisome is a SNF that reduces therapy to 100 minutes per week for every patient and quality outcomes are going into the tank. That is the facility will draw our ire!"

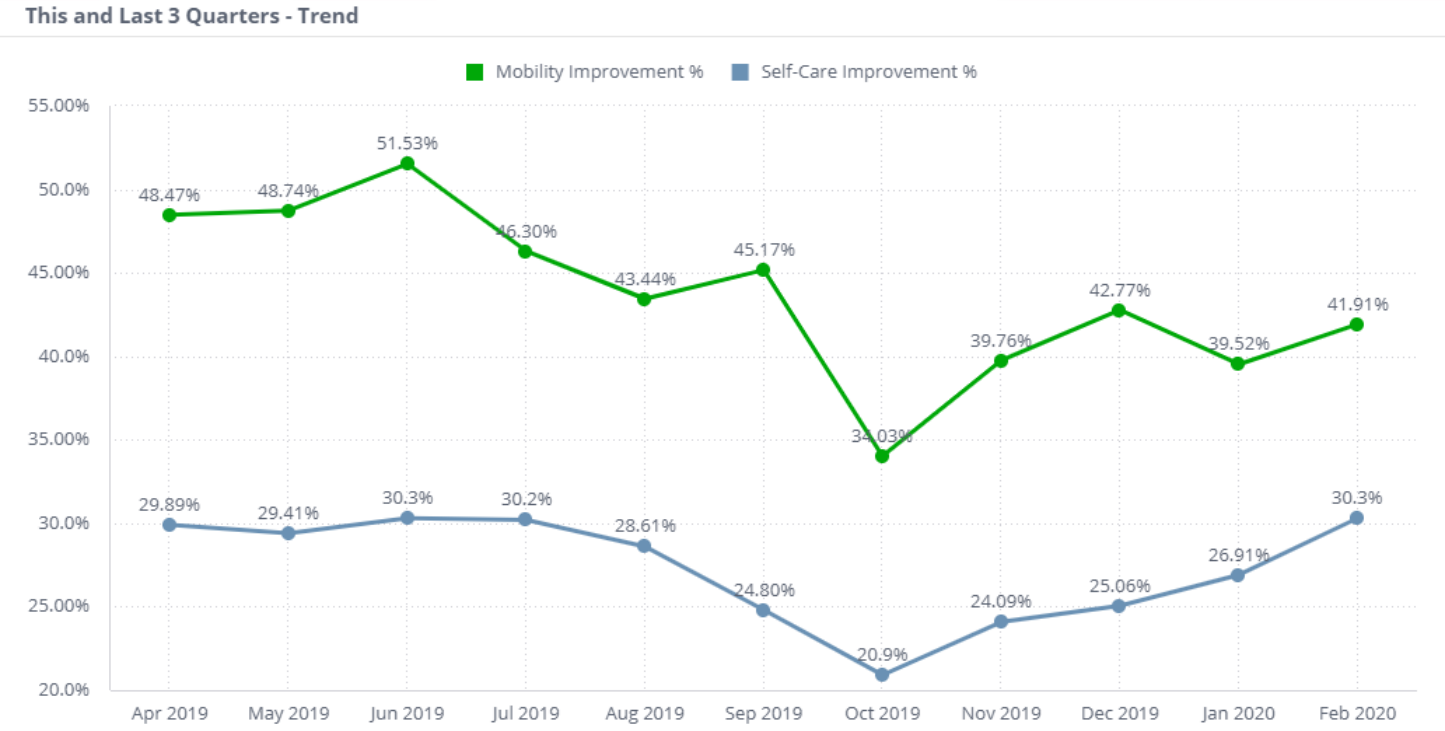


Figure 3: Section GG Outcome Percentages for Flagship Rehabilitation for Pre and Post PDPM.

Section GG Outcomes are one of the most crucial metrics under PDPM and beyond. An essential set of select Section GG items directly impact PDPM reimbursement in a significant way. Errors in Section GG documentation can impact both nursing as well as PT and OT CMGs (Case Mix Groups). Miscoding by just one point can impact nursing CMGs up to $37.07/day, PT CMGs up to $30.98/day and OT CMGs up to $27.71/day (Note: all rates are Urban and are non-wage index adjusted).

Section GG items are also taking over your Quality Measure reports as of FY 2021. A good therapy provider should track and present you with data related to Section GG outcome trends from their therapy EMR, which should correlate with effective, outcomes-focused therapy treatment modes. An exceptional therapy partner should also be able to demonstrate outstanding Section GG outcomes (See Figure 3), resulting in protection for your organization and driving increased reimbursement tied to outcomes starting in 2021. The data captured in the MDS should align with therapy data which will demonstrate a true collaboration between nursing and therapy, and an interdisciplinary approach to Section GG which will be evident in your Quality Measures.

2. A good therapy provider should COMMUNICATE, COMMUNICATE, COMMUNICATE to optimize PDPM reimbursement and outcomes.

PDPM encourages the SNF Interdisciplinary Team (IDT) to collaborate on all levels. This collaborative model is essential to optimize reimbursement and accurately capture the holistic clinical picture of the patient.

Your therapy team should not to be working in silo in your therapy gym, nor should any of the components of the IDT function in silos. There should be a clinically driven ebb and flow of communication, training, IDT huddles and discussions throughout the patient's stay to ensure that all needs are being communicated, documented, addressed and met to promote a safe and successful transition to the next level of the Post-Acute Care continuum.

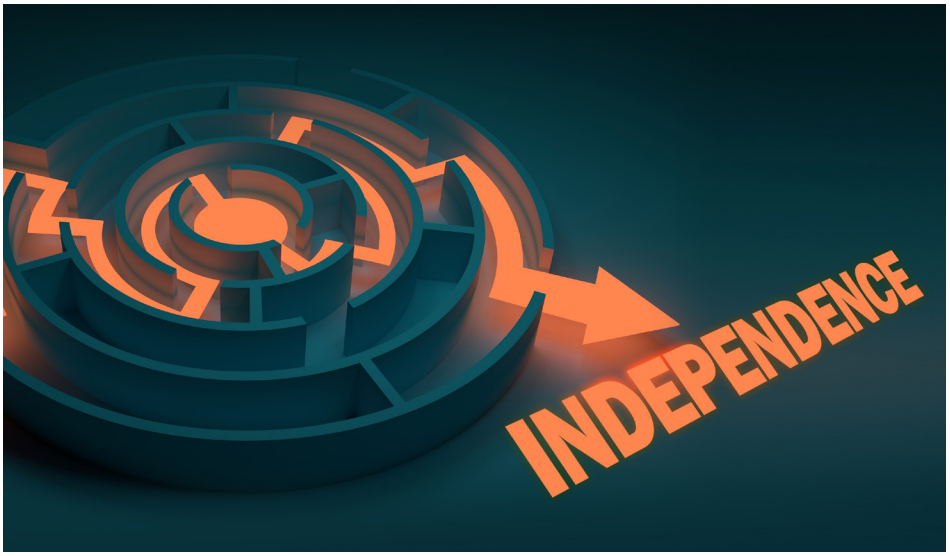
A good therapy provider should employ effective, timely and consistent communication methods. Seamless communication between therapy, MDS, nursing and other ancillary services will ensure that information is streaming unrestricted and without delay or ambiguity. This is especially important for services related to identified clinical needs and tied to PDPM components. Your therapy provider plays a pivotal role in identifying and communicating ongoing clinical needs that impact the Medicare A stay, Quality Measures and overall outcomes.

Questions you should ask yourself about the practices that your current therapy partner is demonstrating to determine if they are meeting your needs under PDPM and beyond.

- Is your therapy provider helping mine data from the hospital records to ensure that all clinically relevant info is being captured for MDS ICD 10 coding and that skilled services are aligned with identified needs?
- Is your therapy provider providing information on Section GG scores soon after the 3-day admission assessment window and collaborating with MDS to determine the 'usual' function and deciding on the most appropriate Section GG goals?
- Is your therapy provider focused on providing interventions that promote meeting Section GG goals and thus fostering best possible outcomes?
- Does the therapy documentation support ALL aspects of skilled care?
- Is your therapy provider assisting with identifying SLP-related deficits in order to code Section C and Section K as accurately as possible?
- Is your therapy provider contributing valuable clinical information during IDT huddles and daily stand up meetings that facilitate appropriate interventions and promote a safe and successful transition to next level in the post-acute care continuum?

3. A good therapy provider should prioritize QUALITY CLINICAL CARE, above all else, to align with PDPM's goal of putting the patient first, in the center of all care.

PDPM should be an exciting change for all clinicians, and especially for therapists. The RUGs-IV reimbursement model, by design, often forced SNF therapists into a box to provide care based on 5 categories, which were dictated by time-based thresholds. The last 20 years under RUGs-IV was oftentimes stressful and ethically challenging for therapists. Many were faced with pressures to over deliver services in order to achieve increased financial benefits or meet operational budgets, regardless of the clinical need, benefit, and even detriment at times to the patient. This system delivered a paralyzing blow to the clinical skills and competencies that therapists possess. Therapists didn't take these challenges lying down, however, and extensive advocacy and whistle blowing lead to the current shift toward PDPM, and away from reimbursement due to amount of therapy. With PDPM, therapists can finally provide care based on diagnoses, functional deficits and clinical need!



A good therapy provider should be upfront and transparent with you, their partner, about their methodologies for care delivery, which should prioritize and deliver treatment strategies that are centered on the patients' needs.

Clinical Protocols and Pathways should be a staple foundation of therapy treatment, engineered and championed by your therapy provider. These pathways should guide therapists to deliver care that results in expected outcomes to promote optimal functional gains, safe discharge back to the community, and reduce the risk of hospital readmissions.

Ultimately, therapists are a highly skilled component of your care team. As such, they are a huge asset of the SNF community when tapped and utilized to their optimal potential. A good therapy provider should fully facilitate your ability to leverage this asset through their clinical approach.

Flagship Rehabilitation's proprietary THERAPY CLINICAL PATHWAYS are a tool to focus attention on delivering care that promotes optimal outcomes. Our clinical pathways trigger section GG-driven assessments and interventions encourage skilled daily assessment and ITD communication of any acute changes in the patient's status during their stay. They foster discharge planning, caregiver/patient training and IDT collaboration to ensure a safe and successful transition. The functionally focused treatment recommendations have the flexibility to meet each individual patient's needs while fueling the effectiveness of the interventions.

4. A good therapy provider should know their impact on the entire scope of your QUALITY OUTCOME MEASURES, and show that all of their practices and standards, in concert with the facility efforts, are driving good results.

PDPM is only one paradigm shift that SNFs are navigating and adjusting to in the current healthcare arena. There are multiple other CMS initiatives, payer-driven programs and regulations that SNFs are trying to juggle at the same time. At times, these efforts are even in opposition to one another, placing the provider with a benefit with one system and a deficit for the same metric under another system. An example of this is wounds: the presence of wounds often boosts Nursing and NTA PDPM payments but could contribute to a reduction in payment for Quality Measures.

CMS' programs such as VBP (Value Based Purchasing) that track Hospital Readmission rates during the 30 days window after a hospital stay, Quality Reporting Program Measures that make their way into publicly available Nursing Home Compare Star ratings, Managed Care Driven Scorecards and payment models are all hurdles that SNFs face, challenging their operations and viability.

It is imperative that your therapy provider understands the scope of the value that the therapy team brings in collaboration with the IDT to meet your goals with various programs, especially those with financial incentives or penalties. See Figure 5 for some examples of these initiatives and therapy's associated role. A good therapy provider should serve as your ally in navigating these programs and aligning their service delivery to promote success in all areas.

CMS emphasizes: Value driven care is, by definition, a balance between care quality and care cost. High-value, efficient providers are those who are able to deliver high quality care for low cost.

SNF Quality Program	Therapy's Role
CMS PDPM	Does your therapy provider drive optimal functional outcomes, and collaborate effectively for a safe and successful transition to the next level of care?
CMS Nursing Home Compare Quality Star Ratings (Quality Reporting Program)	Does your therapy provider engage in discussions and action to improve flagged quality measures, such as wounds and hospitalizations?
QAPI (RoP)	Does your therapy provider promote meaningful and effective QAPI projects to further quality in your SNF?
CMS' Value Based Purchasing (VBP)	Does your therapy provider engage in mobilizing the therapy team to contribute to assessing and managing acute changes to reduce readmission risks?
Managed Care Scorecards	Does your therapy provider collaborate with you, ensuring that your services and outcomes are aligned with Managed Care expectations and outcome thresholds?

Figure 5: SNF Quality programs and the associated role that the therapy provider should play to achieve results in tandem with the community's efforts.

5. A good therapy provider should align operational and compliance strategies to uphold CMS' PDPM PROGRAM INTEGRITY guidelines, mitigating risks for payment recoupment.

CMS' program integrity goals for PDPM are focused on the alignment of payment and quality. CMS wants to reimburse SNF providers for care that is based on components outlined in the PDPM revenue model. They specifically named this model PDPM -Patient Driven Payment Model- to make sure providers understood the focus of their goals for this shift.

CMS wants Medicare A beneficiaries to receive appropriate care when they are discharged from the hospital to a SNF with the goal of transitioning back to the community. In turn, CMS also wants to fairly compensate the provider for the services that they are providing based on patient need. 'Appropriate Care' is measured by CMS through the lens of SNF Quality Measures.

PDPM presents a simple equation that seems to make perfect clinical sense on paper, but changing SNF practices that have been entrenched in the healthcare model for 20 years is daunting and can't occur overnight. This shift to the 'right' way is not an easy transition for organizations and clinicians alike, and it will likely take 3-5 years to see a complete transformation. It is imperative that the SNF and the therapy provider have the same vision and goals when delivering care under PDPM.

A good therapy provider should support a compliance program that monitors, audits, enforces areas of practice that pose the highest risk for denials and payment recoupment. Their efforts should be front-loaded to drive accurate coding on the MDS and prevent risk from occurring. Promoting best clinical practices related to service delivery, documentation and billing will mitigate risk, and protect you and your organization from the costly consequences.

CMS states: Regardless of the payment model used, ensuring appropriate safeguards for program integrity is always essential. Given the more holistic style of care emphasized under PDPM, program integrity and data monitoring efforts will also be more comprehensive and broader.

For program integrity, we expect provider risk will be more easily mitigated to the extent that reviews focus on more clearly defined aspects of payment, such as documentation supporting patient diagnoses and assessment coding. Therapy services will still represent an important and significant part of data monitoring and program integrity efforts.

Irene Henrich, PT

Director of Quality and Compliance, Flagship Rehabilitation

Irene McGee Henrich has over 20 years of experience as a Physical Therapist in the various settings of the healthcare space. She graduated Magna Cum Laude with a degree in Physical Therapy from Cebu Doctors' University in the Philippines and received an Outstanding Leadership award from the same university. Irene started her career as a therapist at HCA John Randolph Hospital in Hopewell, Virginia where she gained experience in acute care, wound care, outpatient therapy and cancer rehab. She also chaired the HCA Therapy Clinical Ladder program for 2 years. She joined the Flagship Rehabilitation team in 2004 as a therapist at Goodwin House in Alexandria Virginia. Her many roles with Flagship through the years have included lead physical therapist, therapy manager, adjunct compliance officer and most recently, Director of Quality and Compliance. Irene resides in Alexandria, Virginia and is a proud wife to a high school teacher/great human and a devoted mom to a spunky and very energetic 8-year-old princess. Her passion for family, friends and travel plus her dedication to mentoring Flagship therapists and championing excellent clinical care fuels her joy.

Melissa Sabo, OTR/L, CSRS, CDP

Chief Operating Officer, Gravity Healthcare Consulting

Melissa Sabo has over 15 years of experience as an Occupational Therapist and consultant in the skilled nursing, hospital and home care settings. Melissa has served as a compliance officer and clinical liaison for regional contract rehabilitation companies. She focuses on pragmatic and practical solutions that are cost effective and realistic. Her specialties include fall prevention, interdisciplinary pain management, wound care, wheelchair positioning, and oversight of all aspects of rehabilitation. Additionally, she is an expert in improving team dynamics and assisting with efficiency and task delineation within an organization. In her free time, she enjoys walking her pet Yorkie, Professor Rolo, or volunteering at her church as a wedding coordinator.

Flagship Rehabilitation is a leader in today's healthcare marketplace, providing comprehensive Physical, Occupational, and Speech Therapy services in over 50 communities including:

- Life Care Communities
- Skilled Nursing Facilities
- Assisted Living Communities
- Independent Living Communities
- Acute Care Hospitals
- Outpatient Centers
- Memory and Dementia Care Centers
- Home Health

Flagship Rehabilitation is family/therapist-owned and operated. Established in 2001, Flagship has been providing comprehensive rehab services to the Post-Acute Care setting. Flagship's main mission is to propel our shared vision of quality services, outstanding outcomes and customer focus. Your Flagship team seamlessly integrates with your culture and we build lasting relationships by engaging with: Residents, Families and your Care team.

FLAGSHIP REHABILITATION
www.FlagshipRehab.com