Opportunities & Challenges for Occupational Therapy Under the New SNF Patient-Driven Payment Model

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Session Objectives

- Understand upcoming critical changes in SNF payment and how those changes may impact SNFs, SNF patients, and the OT profession.
- Know where to find tools and resources to advocate for the role of OT practitioners in meeting SNF patients' needs.

Overview

- New SNF PPS Payment Model
  - Background & Advocacy
  - Model Design
  - How It Might Affect OT
- New HH PPS Payment Model: Déjà Vu
- Resources

AOTA Advocacy

Why is advocacy important?

- Ensure availability and access to quality occupational therapy services with appropriate reimbursement for providers
- Advance the profession, cultivate leadership in the profession and promote the value of membership in AOTA
- Ensure the continued success and growth of the profession with access to high quality jobs for occupational therapy practitioners

Advocating For You

Federal Affairs

AOTA Regulatory Affairs

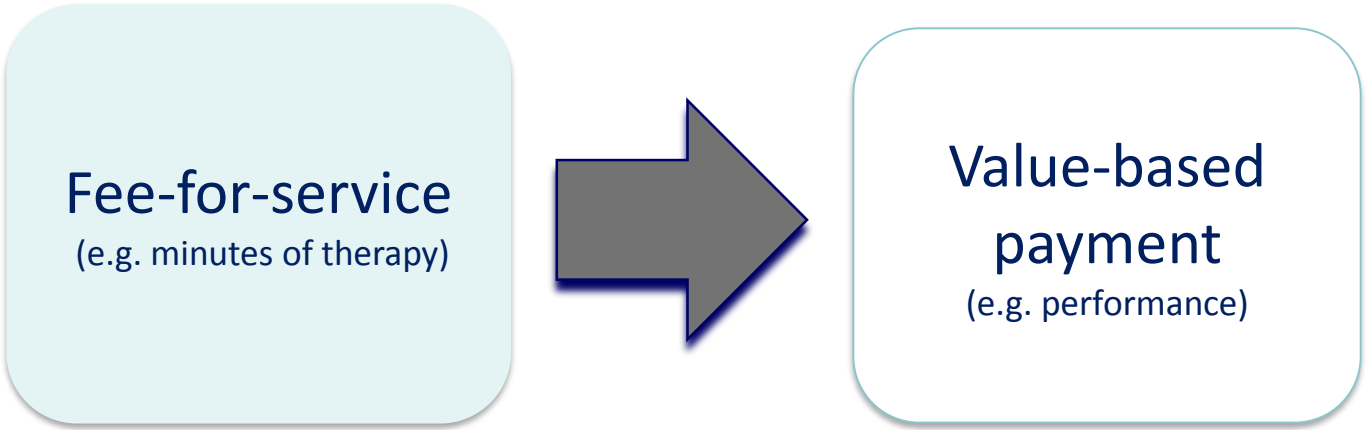
AOTA Advocacy

How do we advocate?

- Proactively educate and persuade stakeholders, including policy makers, payers, other professionals and consumers about the distinct value of occupational therapy
- Engage our membership in meaningful dialogue
- Empower membership with information, resources, tools, ideas and opportunities
- Mobilize members to use their expertise and influence
- Promote and protect the occupational therapy scope of practice through federal and state laws and regulations, payer policy and association documents and policies
- Position the occupational therapy profession as a solution

Shift to Value-Based Care

Across health settings, payments are based on the provision of high quality care, not volume of care.



OT must move from **volume** to **value**.

The Road to SNF PPS Payment Model Change

- Push for change to therapy payment: Congress, MedPAC, OIG
- CMS began TEPs in February 2015—AOTA represented by Dr. Natalie Leland, PhD, OTR/L, BCG, FAOTA
- CMS issued draft model RCS-I May 2017
  - Widespread opposition
  - AOTA template letter used for comments
  - AOTA staff met with CMS staff to urge safeguards to patient access to therapy

New SNF PPS Payment Model

- CMS proposed Patient-Driven Payment Model (PDPM) in Spring 2018
  - AOTA template letter used for comments
  - AOTA staff met with CMS staff to urge safeguards to patient access to therapy
- Published final SNF PPS rule w/ PDPM Aug 8, 2018; Effective Oct 1, 2019
  - Patient characteristics (primary diagnosis/reason for SNF stay) & functional level, not therapy minutes/RUGs, determine payment as of 10/1/19

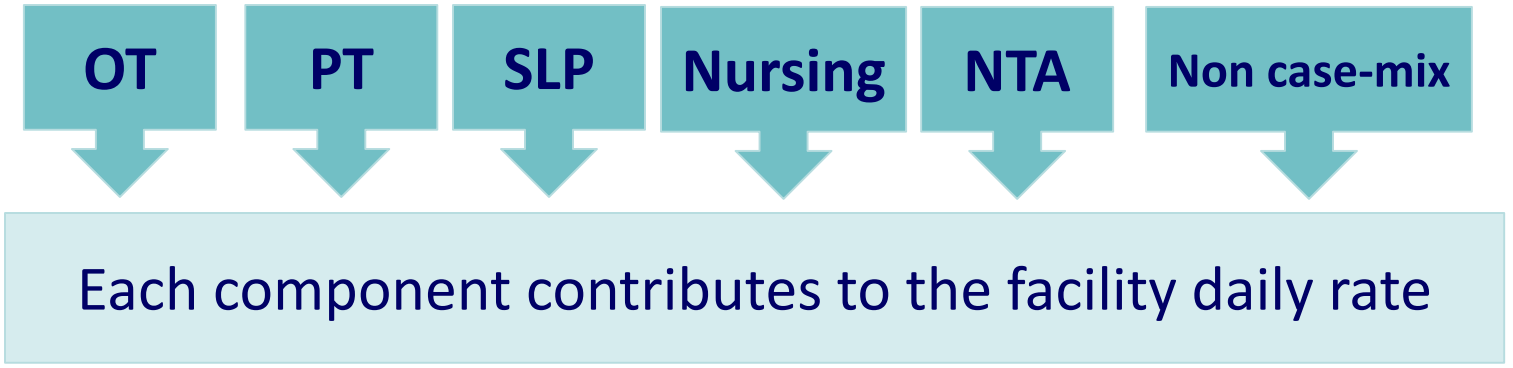
SNF Advocacy

- Advocacy Successes
  - Separate occupational therapy case-mix classification
  - Combined 25% limit for group and concurrent therapy
  - Tracking utilization of skilled therapy minutes in MDS Section O
- Ongoing Challenges—**but doesn't change OT scope**
  - Monitoring to ensure medically necessary therapy provided
  - OT payment component doesn't include cognition, comorbidities or swallowing disorders; SNF must still meet patient needs

*** OT MUST FOCUS ON HIGH QUALITY SERVICES TO DEMONSTRATE VALUE.**

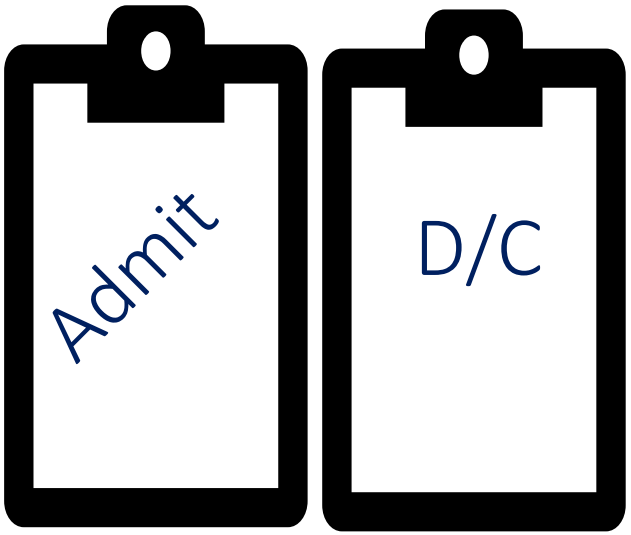
What is PDPM?

- PDPM = Patient-Driven Payment Model
- Therapy RUGs eliminated in new SNF PPS framework
- **Therapy intensity & minutes do not impact payment**
  - Instead, payment based on individual patient's primary diagnosis & functional score
- 6 Components for Medicare Part A SNF Payment

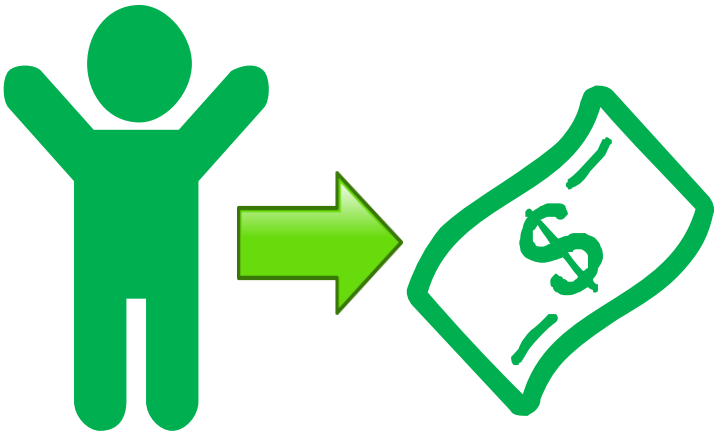


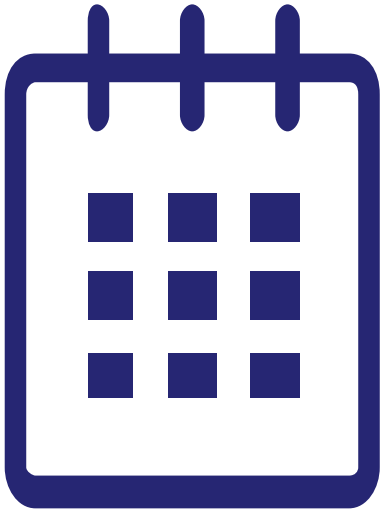
Scheduled MDS Assessments & Payment

In a 100 day stay under PDPM



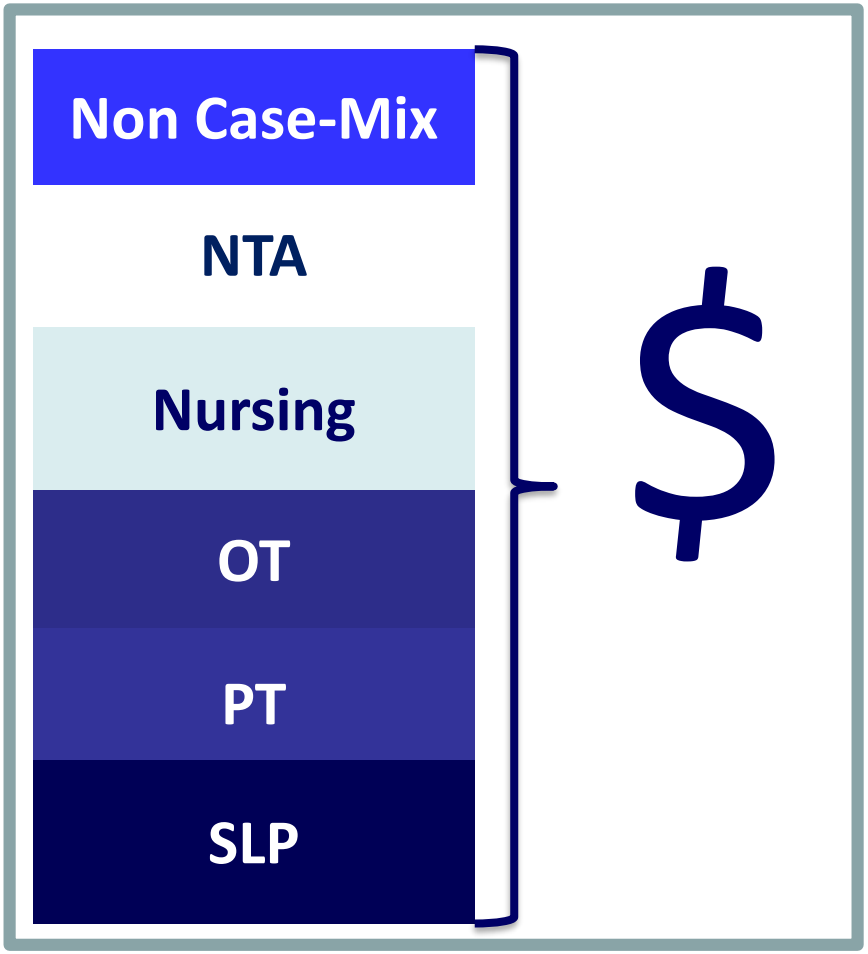
Patient characteristics set base payment per day for 6 components





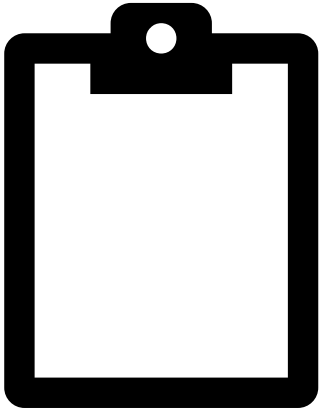
The base rate changes predictably over the LOS

PDPM



Services Provided

PDPM OT Daily Rate



MDS is Completed at Admission

Diagnosis is Selected based on Primary Reason for SNF Stay

Function is Scored using Section GG

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Diagnosis

Diagnosis determines PDPM Clinical Category

Each PDPM Clinical Category Maps to 1 of 4 OT Clinical Categories

- Major Joint Replacement or Spinal Surgery
- Non-Orthopedic Surgery & Acute Neurologic
- Other Orthopedic
- Medical Management

OT & PT Functional Score: Section GG

Section GG

Self-Care: Eating

Self-Care: Oral Hygiene

Self-Care: Toileting Hygiene

Mobility: Sit to Lying
Mobility: Lying to Sitting on side of bed

Mobility: Sit to Stand
Mobility: Chair/Bed-to-Chair Transfer
Mobility: Toilet Transfer

Mobility: Walk 50 Feet with 2 Turns
Mobility: Walk 150 Feet

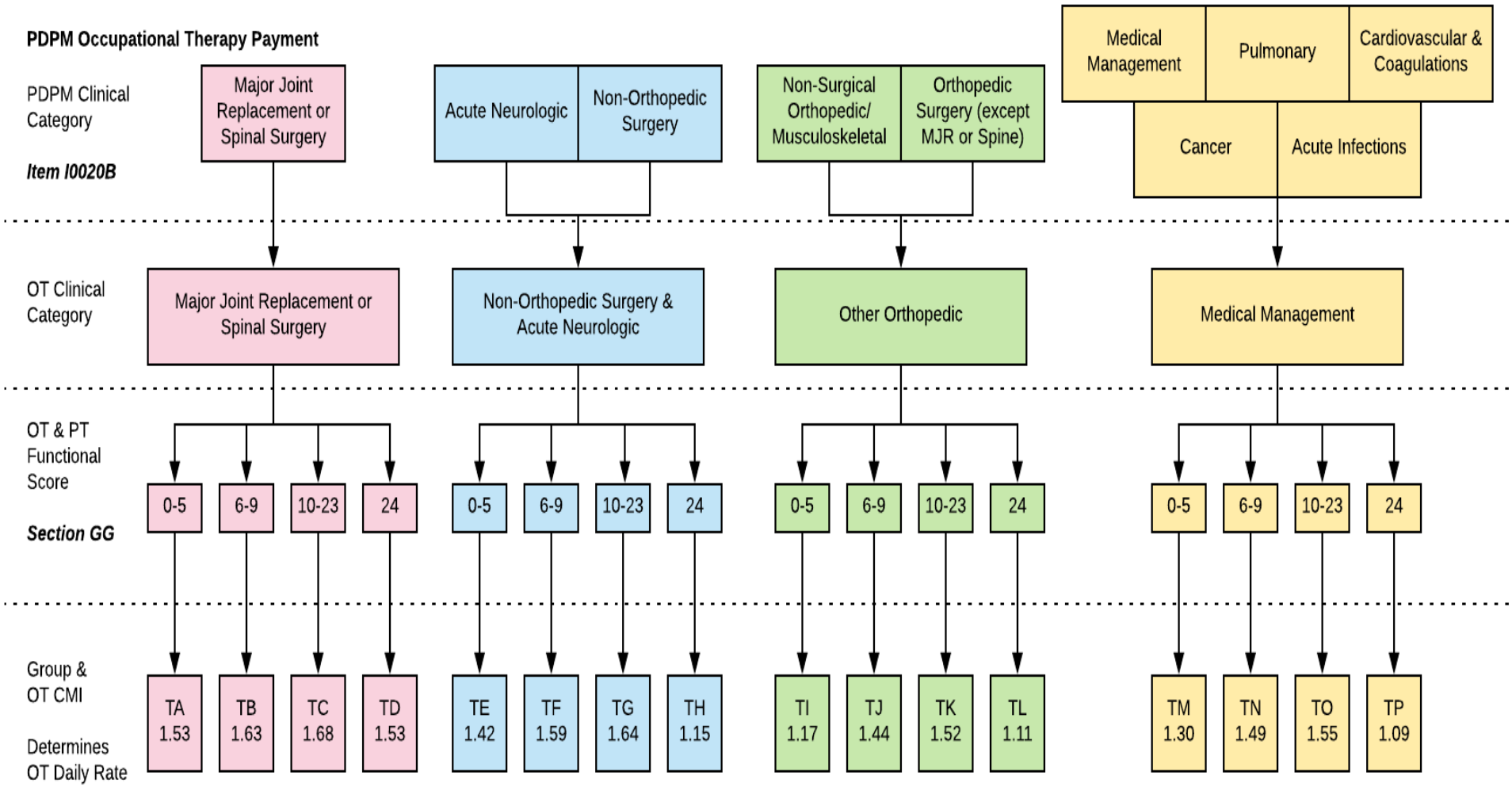
All Items are included on the FREE template at www.aota.org/care.

6 = Independent; 5 = Setup or Cleanup Assistance; 4 = Supervision or Touching Assistance; 3 = Partial/Moderate Assistance; 2 = Substantial/Maximal Assistance; 1 = Dependent; 07 = Refused; 09 = Not Applicable; 10 = Not attempted due to environment limitation; 88 = Not attempted due to medical condition/safety.

Self-Care Items (Assessment Item GG 0130*)**

	Admission	Goal	Discharge	Item	Definition
A				Eating	The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the person.
B				Oral Hygiene	The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
C				Toilet Hygiene	The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
D				Wash Upper Body**	**Wash Upper Body is only reported in LTCH.** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.
E				Shower/ Bathe Self*	**Shower/Bathe Self is only reported in IRF, SNF, and HH.** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
F				Upper Body Dressing*	The ability to dress and undress above the waist; including fasteners, if applicable.
G				Lower Body Dressing*	The ability to dress and undress below the waist, including fasteners; does not include footwear.
H				Putting on/Taking off Footwear*	The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Determining the OT Daily Rate



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What does PDPM NOT Change?

- Skilled Services Covered under Medicare Part A
- Skilled Services = OTs & OTAs
- Skilled Services ≠ Techs & Aides
- What You Should Document
- LTC Facility Requirements of Participation
- Total Minutes of Therapy Reported to CMS
- Payroll-Based Journal requirements
- Many SNF PPS Policies (student supervision, denial notices/ABNs, etc.)
- PATIENT NEEDS! Need for skilled OT services must be met.

The Road to HH PPS Payment Model Change

- 2017 HH PPS proposed rule included Home Health Groupings Model (HHGM)
  - CMS cited concerns about the use of therapy visit thresholds
  - AOTA & other stakeholders had serious concerns
- HHGM was not adopted in 2017
- AOTA represented on 2/1/18 TEP by Karen Vance, BSOT
- 2018 HH PPS proposed rule included Patient-Driven Groupings Model (PDGM) & provisions required by Congress

HH PDGM

- CY2019 HH PPS rule included Patient-Driven Groupings Model (**PDGM**) & provisions required by Congress
    - 30-day unit of service
    - Removed therapy thresholds
    - Adjustments based on behavior changes
    - Starts in 2020
- Patient characteristics & functional level, not therapy visits, determine payment as of 1/1/20
- HH PPS unit of **payment** changes from 60-day episode of care to 30-day billing period; Assessments stay the same

What is PDGM?

Places patients into payment groups based on:

- Admission source (institutional or community)
- Episode timing (early (1st 30 days) or late)
- Clinical characteristics & Diagnosis= 1 of 12 Clinical Groups
- Functional level (low, medium, high)
  - Based on OASIS items for grooming, current ability to dress upper/lower body, bathing, toilet transferring, transferring, ambulation/locomotion, and risk of hospitalization
- Comorbidities (none, low, high)

CLINICAL GROUP	PRIMARY REASON FOR HOME HEALTH ENCOUNTER IS TO PROVIDE:
Musculoskeletal Rehabilitation	Therapy (PT/OT/SLP) for a musculoskeletal condition
Neuro/Stroke Rehabilitation	Therapy (PT/OT/SLP) for a neurological condition or stroke
Wounds - Post-Op Wound Aftercare and Skin/ Non-Surgical Wound Care	Assessment, treatment and evaluation of a surgical wound(s); assessment, treatment and evaluation of non-surgical wounds, ulcers burns and other lesions
Complex Nursing Interventions	Assessment, treatment and evaluation of complex medical and surgical conditions
Behavioral Health Care	Assessment, treatment and evaluation of psychiatric and sub-stance abuse conditions
Medication Management, Teaching and Assessment (MMTA) • MMTA -Surgical Aftercare • MMTA - Cardiac/Circulatory • MMTA - Endocrine • MMTA - GI/GU • MMTA - Infectious Disease/Neoplasms/ Blood-forming Diseases • MMTA -Respiratory • MMTA - Other	Assessment, evaluation, teaching, and medication management for a variety of medical and surgical conditions not classified in one of the above listed groups. The subgroups represent common clinical conditions that require home health services for medication management, teaching, and assessment.

Functional Level

Functional level (low, medium, high)

- OASIS items:
  - M1800: Grooming
  - M1810/M1820: Current Ability to Dress Upper/Lower Body
  - M1830: Bathing
  - M1840: Toilet Transferring
  - M1850: Transferring
  - M1860: Ambulation/Locomotion
  - M1032: Risk of Hospitalization

Thresholds for Functional Levels by Clinical Group, CY 2017

Clinical Group	Level of Impairment	Points (2017 Data)
Behavioral Health	Low	0-36
	Medium	37-52
	High	53+
Complex Nursing Interventions	Low	0-38
	Medium	39-58
	High	59+
Musculoskeletal Rehabilitation	Low	0-38
	Medium	39-52*
	High	53+
Neuro Rehabilitation	Low	0-44
	Medium	45-60
	High	61+
Wound	Low	0-42
	Medium	43-61
	High	62+
MMTA - Surgical Aftercare	Low	0-24
	Medium	25-37
	High	38+

Thresholds for Functional Levels by Clinical Group, CY 2017

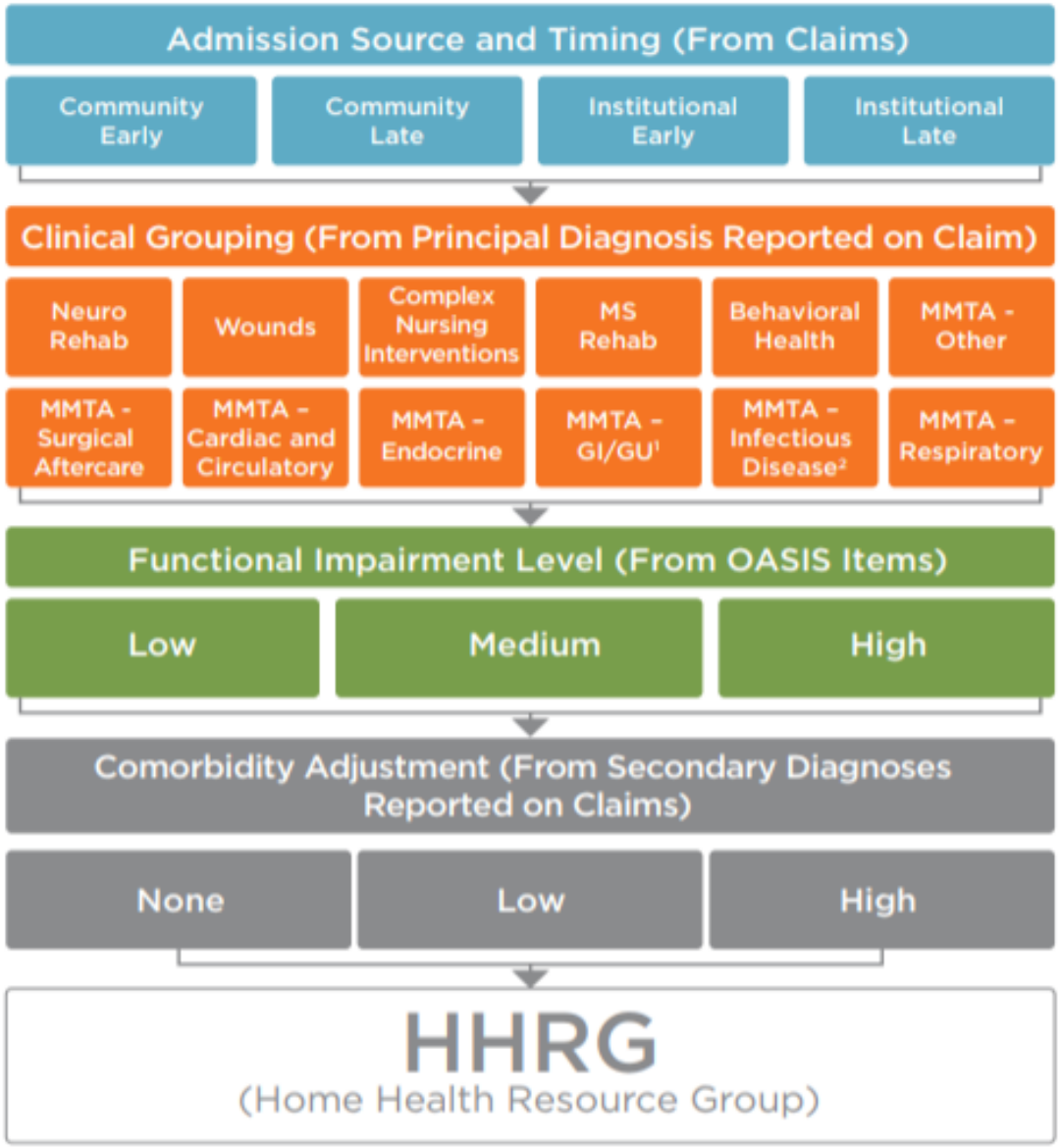
Clinical Group	Level of Impairment	Points (2017 Data)
MMTA - Cardiac and Circulatory	Low	0-36
	Medium	37-52
	High	53+
MMTA - Endocrine	Low	0-51
	Medium	52-67
	High	68+
MMTA - Gastrointestinal tract and Genitourinary system	Low	0-27
	Medium	28-44
	High	45+
MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Low	0-32
	Medium	33-49
	High	50+
MMTA - Respiratory	Low	0-29
	Medium	30-43*
	High	44+
MMTA - Other	Low	0-32
	Medium	33-48
	High	49+

Comorbidity Adjustment

Comorbidity adjustment: based on secondary diagnoses

- None
- Low (1)
- High (2+)

PDGM



Under the Patient-Driven Groupings Model, a 30-day period is grouped into one (and only one) subcategory under each larger colored category. A 30-day period's combination of subcategories places the 30-day period into one of 432 different payment groups.

1 Gastrointestinal tract/Genitourinary system
2 The infectious disease category also includes diagnoses related to neoplasms and blood-forming diseases

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Challenge & Opportunity in HH

- OT may establish eligibility for Medicaid, private insurance, etc. or continuing eligibility after initial HH episode; OTs cannot open Med A HH cases
  - Can cause delays when opening home health cases; Extra burdensome in rural areas
  - Possible barrier to patient access to OT under PDGM
- Medicare Home Health Flexibility Act—coming soon
  - Fed. legislation that would enable OTs to open Medicare home health therapy cases
  - Support at www.aota.org/takeaction

Review Choice Demonstration

- Begins in IL June 1—must select option between 4/17 & 5/16
- 3 options: 1) Pre-claim review; 2) Postpayment review; or 3) Minimal postpayment review w/ 25% payment reduction
- Expanding to FL, NC, OH TX in future

https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Choice-Demonstration/Review-Choice-Demonstration-for-Home-Health-Services.html

PDPM and PDGM

- **AOTA still has significant concerns; Staff met w/ CMS to communicate concerns**
- Safeguards not strong enough to ensure patients receive medically necessary therapy
  - Risk rationing of care
- Need to be able to link patient outcomes to therapy
- Who will provide medically necessary skilled therapy?

What does NOT change under PDPM and PDGM?

Occupation-based

Client-centered

Practice

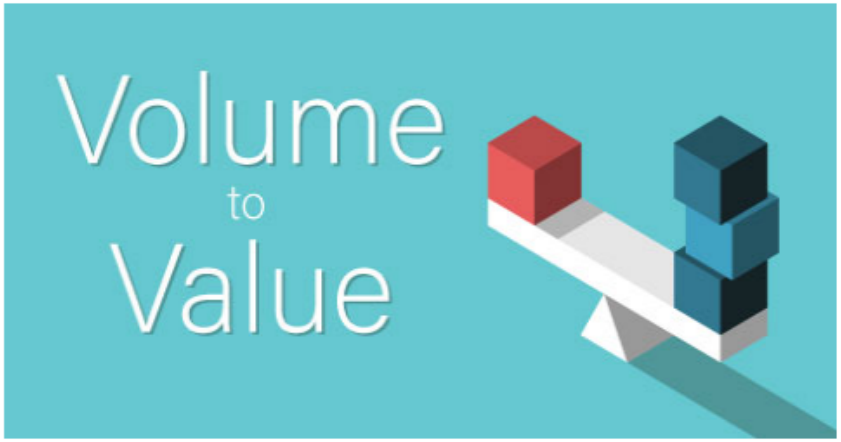
Myths v. Reality

Myths:

- CMS is not paying for therapy, so SNFs & HHAs do not have to provide it. Many therapy jobs will be cut.
- OT practitioners cannot provide services addressing cognition or swallowing under PDPM & PDGM.
- Only certain patients can receive therapy & maintenance of function cannot be a goal.
- CMS does not care whether patients receive therapy.
- Practitioners should just for employers to tell them what to do.

www.aota.org/value

Payment for Value Based OT: Implications for Quality and Practice



PROFESSIONAL LIABILITY
for
AOTA Members
LEARN MORE

Providing High Quality, High Value Occupational Therapy

Medicare, other payers, and health systems are moving to emphasize the value of services provided rather than rewarding the volume of services. This transition provides opportunities for occupational therapy practitioners to highlight their distinct value by understanding and applying quality measures to everyday practice. Practitioners will be financially rewarded for demonstrating value and potentially penalized for not meeting the value criteria. See below for education and resources supporting OT in the move from volume to value.

Volume to Value Overview

- Reimbursement Changes: What's Happening, How Will it Affect You, and What is AOTA Doing About it?
- Payment Shift from Volume to Value: Maximizing the Opportunity for OT Member Appreciation Plus Webinar Get an overview of the changes being implemented by payers and health systems to emphasize high value, high quality services (1 hour, October 2018) M
- Quality Toolkit: Don't know where to start? Click the button below to find out which tools and assessments your colleagues are using in their practice.

Quality Toolkit

Volume to Value Resources by Practice Area

Skilled Nursing Facilities Patient Driven Payment Model (PDPM)

Quality Payment Program & Medicare Part B Outpatient

Home Health Agencies Patient Driven Groupings Model (PDGM)

Inpatient Rehabilitation Facilities

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High Value: Occupational Profile

- Occupational therapy should epitomize client-centered care
- OT and the client must be partners
- Do our clients understand the purpose of our interventions?
- Are our interventions based on their goals?
- www.aota.org/profile

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AOTA OCCUPATIONAL PROFILE TEMPLATE

"The occupational profile is a summary of a client's occupational history and experiences, patterns of daily living, interests, values, and needs" (AOTA, 2014, p. S13). The information is obtained from the client's perspective through both formal interview techniques and casual conversation and leads to an individualized, client-centered approach to intervention.

Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference a description in the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (AOTA, 2014).

Client Report	Reason the client is seeking service and concerns related to engagement in occupations	Why is the client seeking service, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)	
	Occupations in which the client is successful (p. S5)	In what occupations does the client feel successful, and what barriers are affecting his or her success?	
	Personal interests and values (p. S7)	What are the client's values and interests?	
	Occupational history (i.e., life experiences)	What is the client's occupational history (i.e., life experiences)?	
	Performance patterns (routines, roles, habits, & rituals) (p. S8)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	
Environment	What aspects of the client's environments or contexts does he or she see as:	**Supports to Occupational Engagement**	**Barriers to Occupational Engagement**
	Physical (p. S28) (e.g., buildings, furniture, pets)		
	Social (p. S28) (e.g., spouse, friends, caregivers)		
Context	Cultural (p. S28) (e.g., customs, beliefs)		
	Personal (p. S28) (e.g., age, gender, SES, education)		
	Temporal (p. S28) (e.g., stage of life, time, year)		
	Virtual (p. S28) (e.g., chat, email, remote monitoring)		
Client Goals	Client's priorities and desired targeted outcomes: (p. S34)	Consider: occupational performance—improvement and enhancement, prevention, participation, role competence, health and wellness, quality of life, well-being, and/or occupational justice.	

High Value:
Analysis of Occupational Performance

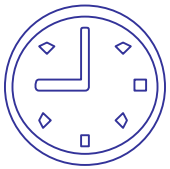
ADLs

Psychosocial / Behavioral Skills

IADLs

Fear of Falling

Functional Cognition



Habits, Routines, Roles

Vision

Safety Screen

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Evaluation Checklists

- www.aota.org/value
- Skilled Nursing & Med B Outpatient
- Occupational Profile
- Core Areas to Address Analysis of Occupational Performance

OT Skilled Nursing Facility Evaluation Checklist & Quality Measures

Use the checklist below during the evaluation as a reminder of areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns. This checklist does not replace the clinical judgment of an occupational therapist. The checklist should be used as a reminder of baseline areas that should be addressed during the OT evaluation process. The areas below relate to occupation-based practice and quality performance measures.

For more information on the Patient Driven Payment Model (PDPM), this checklist, and the important role of occupational therapy click on SNF at **www.aota.org/value.**

Occupational Profile:

Each element of the occupational profile is considered from the client's perspective. Download the template at **www.aota.org/profile.**

- ☐ Reason for OT services
- ☐ Successful occupations
- ☐ Interests & Values
- ☐ Occupational History

Performance Patterns

- ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Environment: Supports & Barriers (Physical, Social)
- ☐ Context: Supports & Barriers (Cultural, Personal, Temporal, Virtual)
- ☐ Client's Priorities and Desired Outcomes

Analysis of Occupational Performance

Click on the Quality Toolkit at **www.aota.org/value** for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority		Addressed	Is this area a Priority
Occupations					
ADLs	☐	☐	IADLs	☐	☐
Performance Skills					
Psychosocial/Behavior Skills	☐	☐	Fall Prevention/Fear of Falling	☐	☐
Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	☐	☐	Functional Cognition	☐	☐
Performance Patterns					
Habits, Routines, Roles	☐	☐			
Contexts & Environments					
Safety Screen	☐	☐			

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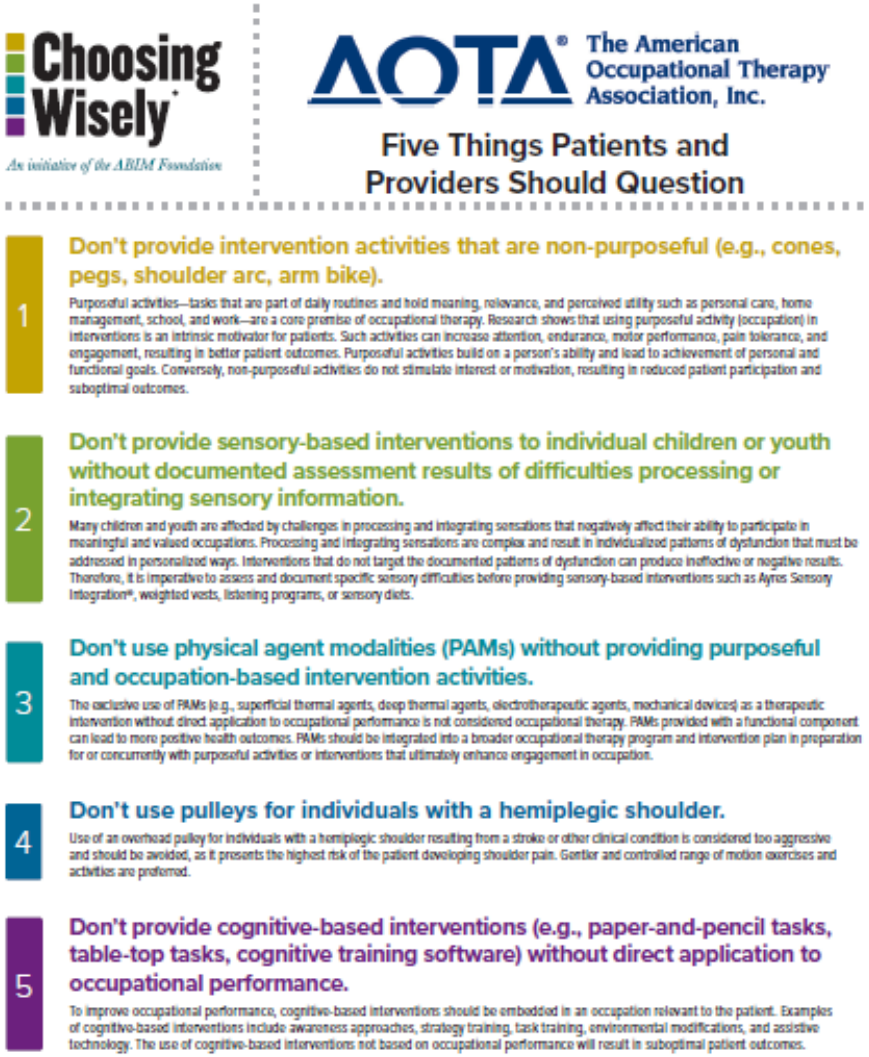
Choosing Wisely



www.aota.org/value

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#V2V Resources

- Quality Toolkit
- Evaluation Checklists
  - Medicare Part B / Outpatient
  - Skilled Nursing Facility
  - Home Health (coming soon)

- Continuing Education to help move from volume to value
  - Quality Payment Program & MIPS
  - Patient-Driven Payment Model
  - Patient-Driven Groupings Model (Coming Soon)
- AOTA Occupational Profile Template
- Section GG Self-care and Mobility Items… and more!

What's Coming Next?

- Implementation of the new SNF and HHA payment models
- The usual CMS proposed rules: SNF PPS, HH PPS, IRF PPS, Hospital, Hospice, Physician Fee Schedule (Part B), Other: discharge planning, ???
- Reforms in post-acute care
  - Uniform assessment for all settings
  - Unified payment for post-acute care
- More quality reporting updates
- Payers expecting quality, efficient & effective occupational therapy with quality outcomes
  - **Show distinct value of OT**

Value-based care can mean opportunities for clients & OT!

If we refocus on

evidence-informed

occupation-based

client-centered

evaluation &
interventions

Tips for Successful Documentation

1. Focus on skilled services
2. Reasonable and predictable period of time
3. Typical amount, frequency and duration of services
4. Patient's medical complexity and need for services
5. Using objective tests and measures to validate findings
6. Why the skills of a therapist are needed to perform these services
7. Types of documentation and related key elements

http://www.aota.org/Practice/Manage/Reimb.aspx

If you don't document it, the payer won't know it happened.

Responsibilities for Practice

- Comply with state laws & regulations – check state practice act
- Provide only reasonable & medically necessary services
  - Medicare Benefit Policy Manual, Ch. 15, § 220.2
- Recognize the importance of your documentation
  - Legal record
  - Support specific OT skills
  - Medicare Benefit Policy Manual, Ch. 15, § 220.3
- Know your company & facility policies & procedures
- Know payer requirements & adhere

Resources

- Volume to Value: http://www.aota.org/value
- Dispelling Myths About New Medicare Payment Models: The Volume to Value Opportunity: http://www.aota.org/Publications-News/otp/Archive/2019/dispelling-payment-myths.aspx
- SNF PDPM: http://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2018/CMS-SNF-PPS-Patient-Driven-Payment-Model.aspx
- CMS SNF PDPM: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
- HHA PDGM: www.aota.org/publications-news/otp/archive/2018/prospective-payment

Resources

- CMS HHA PDGM: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html
- CMS HH Quality Reporting Training (OASIS D & Section GG) www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training.html
- Advocate for Value of OT With Medicare Self-Care Measures: http://www.aota.org/care
- CMS Manuals: www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
- Manuals for assessment instruments: https://qtso.cms.gov

Resources

- AOTA Policy News: www.aota.org/Advocacy-Policy.aspx (scroll down to Latest News)
- Documentation & Reimbursement: http://www.aota.org/Practice/Manage/Reimb.aspx
- Tools for Productivity Requirements: www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements.aspx
- AOTA Coding & Billing Resources: www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Coding.aspx
- AOTA Official Documents: www.aota.org/Practice/Manage/Official.aspx

Questions?

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