

Will CMS Turn Down the Volume? Patient-Driven Payment Model (PDPM) and the Effort to Replace RUGs

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- Historical overview of SNF PPS payment methodology and the current Resource Utilizations Groups, Version 4 (RUG-IV) for paying SNFs per diem rates for resident services with a review of associated compliance trends. Side-by-side comparison of RUGs with PDPM in an effort to impart understanding of how SNF Medicare payments will change when providing care to residents with varying care needs
- In depth analysis of proposed new PDPM case-mix index components, underlying assessment criteria for each that will affect individual resident reimbursement level determinations, additional resident data sources used by CMS to produce resident reimbursement, and review how reimbursement compliance will change if CMS adopts PDPM in its current form. Update on SNF therapy requirements and the CMS proposed 25% limit of a SNF resident's therapy minutes by PT, OT, or SLP
- Analysis of the impact of alterations of resident assessments and other elements of PDPM, including new required uses of multiple ICD-10 diagnosis codes on the Minimum Data Set (MDS) patient assessment. Evaluation of how PDPM will impact healthcare fraud and abuse laws such as the false claims act including a look at how MDS section GG will become central to payment scoring structure

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