Slide 1

FY 2020 Updates
- RAI Manual
- Final Rule

Aug. 20, 2019

BROAD
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1

Slide 2

FY 2020 RAI Manual
Final Rule Updates

Your presenter is Joel VanEaton, BSN, RN, RAC-CT Master Teacher, VP of Compliance and Regulatory Affairs at Broad River Rehab. Joel is a veteran of LTC and has been a frequent webinar and seminar presenter for the Georgia Health Care Association over the years. He consults for several nursing facilities in the Southeast. Joel has also written numerous MDS/RAI/PPS related articles for national long-term care publications and is a regular presence on the CMS Open-Door Forum calls. Joel is an expert when it comes to putting all the pieces together for Regulatory issues and Reimbursement optimization. Joel is one of only a handful AANAC certified Master Teachers. jvaneaton@broadriverrehab.com

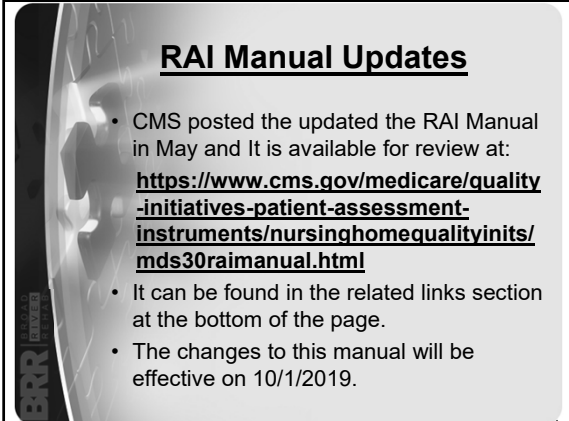BRR BROAD RIVER REHAB

"A Knowledgeable and Compassionate Partner"

2

Slide 3

FY 2020 RAI Manual
Final Rule Updates

Agenda
- Overview of overall changes
- Section by section review
- Focus on Chapters 2 and 6
- Review of major changes to the MDS 3.0 data set
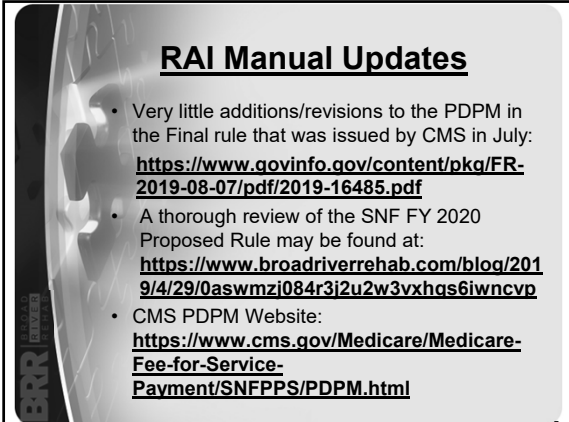- FY 2020 Final Rule update
- Q&A

3

RAI Manual Updates

- CMS posted the updated the RAI Manual in May and It is available for review at:
  https://www.cms.gov/medicare/quality -initiatives-patient-assessment- instruments/nursinghomequalityinits/ mds30raimanual.html
- It can be found in the related links section at the bottom of the page.
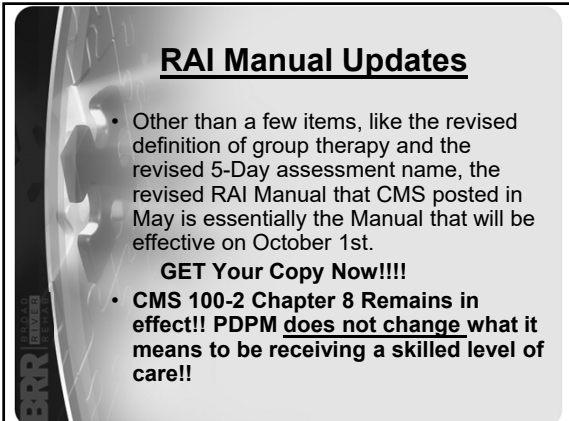- The changes to this manual will be effective on 10/1/2019.

4

RAI Manual Updates

- Very little additions/revisions to the PDPM in the Final rule that was issued by CMS in July:
  https://www.govinfo.gov/content/pkg/FR- 2019-08-07/pdf/2019-16485.pdf
- A thorough review of the SNF FY 2020 Proposed Rule may be found at:
  https://www.broadriverrehab.com/blog/201 9/4/29/0aswmzj084r3j2u2w3vxhqs6iwncvp
- CMS PDPM Website:
  https://www.cms.gov/Medicare/Medicare- Fee-for-Service- Payment/SNFPPS/PDPM.html

5

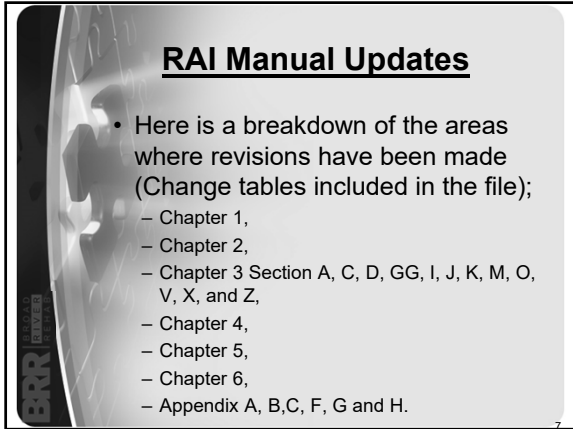## RAI Manual Updates

- Other than a few items, like the revised definition of group therapy and the revised 5-Day assessment name, the revised RAI Manual that CMS posted in May is essentially the Manual that will be effective on October 1st.
  GET Your Copy Now!!!!
- **CMS 100-2 Chapter 8 Remains in effect!! PDPM does not change what it means to be receiving a skilled level of care!!**
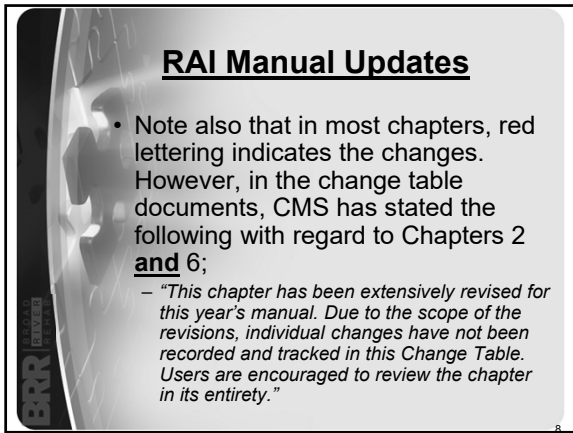
6

RAI Manual Updates

- Here is a breakdown of the areas where revisions have been made (Change tables included in the file);
  - Chapter 1,
  - Chapter 2,
  - Chapter 3 Section A, C, D, GG, I, J, K, M, O, V, X, and Z,
  - Chapter 4,
  - Chapter 5,
  - Chapter 6,
  - Appendix A, B,C, F, G and H.

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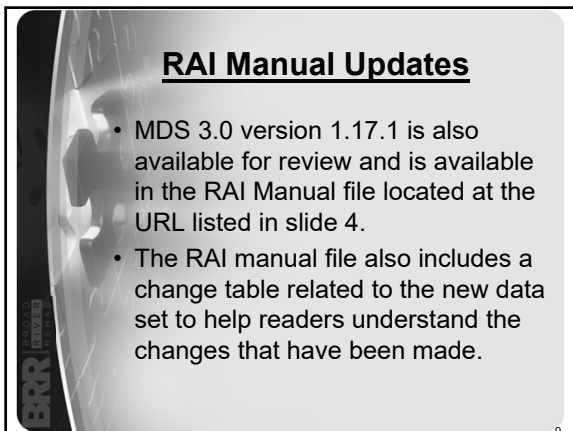
RAI Manual Updates

- Note also that in most chapters, red lettering indicates the changes. However, in the change table documents, CMS has stated the following with regard to Chapters 2 **and** 6;
  - *"This chapter has been extensively revised for this year's manual. Due to the scope of the revisions, individual changes have not been recorded and tracked in this Change Table. Users are encouraged to review the chapter in its entirety."*

8

RAI Manual Updates

- MDS 3.0 version 1.17.1 is also available for review and is available in the RAI Manual file located at the URL listed in slide 4.
- The RAI manual file also includes a change table related to the new data set to help readers understand the changes that have been made.

9

RAI Manual Updates

10

RAI Manual Updates

- **General Revisions;**
  - Acronyms have been spelled out the first time they are used with the acronym to follow.
  - URLs have been updated.
  - Typographical and grammatical errors have been fixed.
  - Where page numbers are used as reference, replaced with Section/Chapter reference.
  - Standardized acronym for Quality Improvement Evaluation System Assessment Submission and Processing system, as "QIES ASAP system."
  - "Pressure ulcer" revised to "pressure ulcer/injury" where appropriate.

11

RAI Manual Updates

- **General Revisions;**
  - Removed "mental retardation in federal regulation" when referring to "intellectual disability."
  - The term, "Medicare," has been revised to Prospective Payment System, "PPS," where appropriate.
  - References to the following have been removed throughout the manual:
    - PPS 14 - , 30 - , 60 - , and 90 - Day Assessments.
    - Other Medicare Required Assessment (OMRA) (Start, End, Start and End of Therapy, and Change of Therapy) Assessments.
    - Swing Bed (SB) Clinical Change Assessment.

12

RAI Manual Updates

- **Chapter 1**
  - Revised acknowledgments
- **Chapter 2:**
  - *"This chapter has been extensively revised for this year's manual. Due to the scope of the revisions, individual changes have not been recorded and tracked in this Change Table. Users are encouraged to review the chapter in its entirety"*
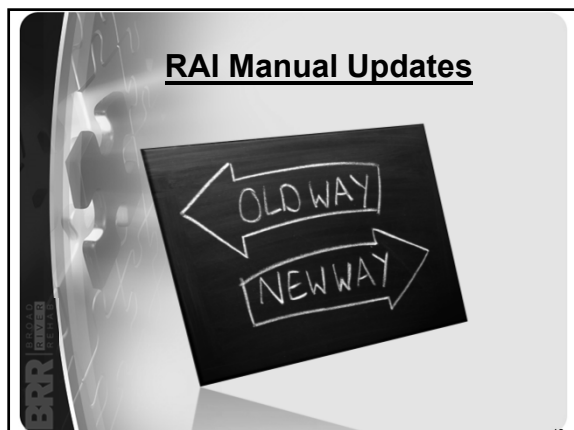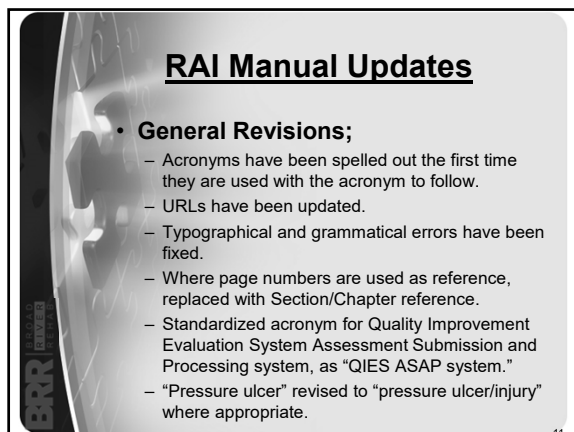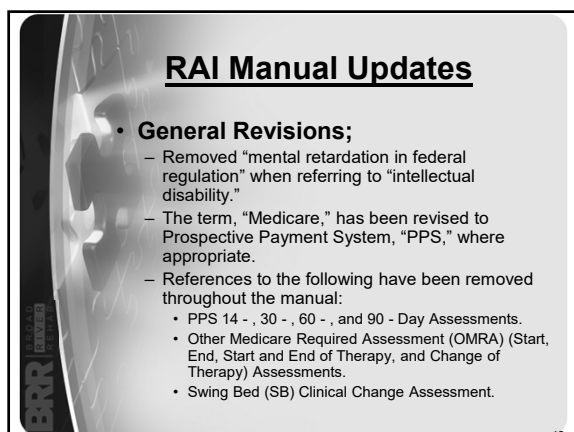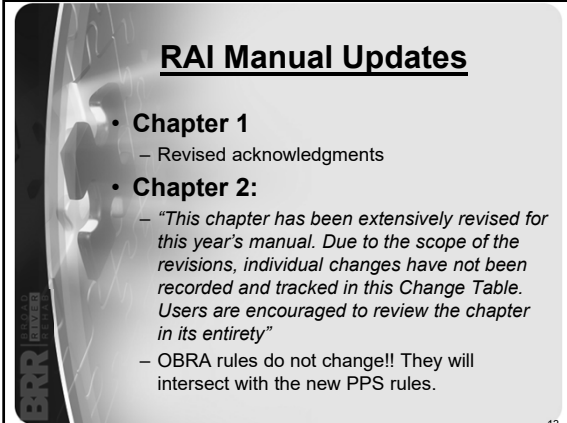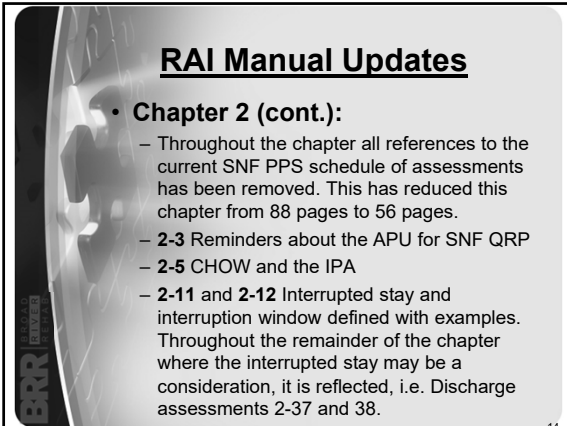 - OBRA rules do not change!! They will intersect with the new PPS rules.

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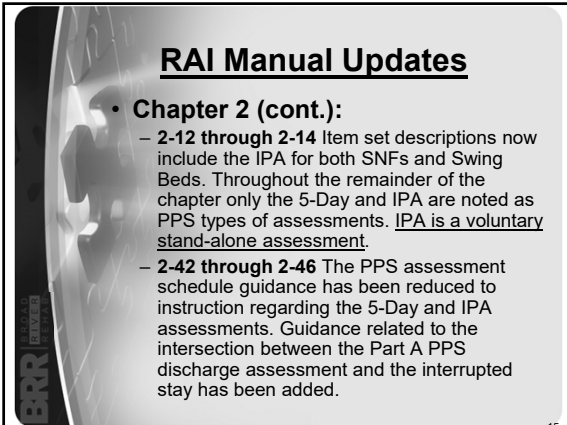
RAI Manual Updates

- **Chapter 2 (cont.):**
  - Throughout the chapter all references to the current SNF PPS schedule of assessments has been removed. This has reduced this chapter from 88 pages to 56 pages.
  - **2-3** Reminders about the APU for SNF QRP
  - **2-5** CHOW and the IPA
  - **2-11** and **2-12** Interrupted stay and interruption window defined with examples. Throughout the remainder of the chapter where the interrupted stay may be a consideration, it is reflected, i.e. Discharge assessments 2-37 and 38.

14

RAI Manual Updates

- **Chapter 2 (cont.):**
  - **2-12 through 2-14** Item set descriptions now include the IPA for both SNFs and Swing Beds. Throughout the remainder of the chapter only the 5-Day and IPA are noted as PPS types of assessments. <u>IPA is a voluntary stand-alone assessment</u>.
  - **2-42 through 2-46** The PPS assessment schedule guidance has been reduced to instruction regarding the 5-Day and IPA assessments. Guidance related to the intersection between the Part A PPS discharge assessment and the interrupted stay has been added.

15

RAI Manual Updates

- **Chapter 2 (cont.):**
  - **2-42 through 2-46 (cont.)** Guidance related to what to do when a payer source changes from MA to traditional MCR has been revised for PDPM.
  - **2-47 through 2-49 Factors Impacting SNF PPS Scheduling** Includes revised assessment combination guidelines. Interrupted stay effect. Only the 5-Day PPS assessments may be combined with other types of assessments. The IPA cannot be combined with any other assessment type. **It is a stand-alone assessment.**

16

16

RAI Manual Updates

- **Chapter 2 (cont.):**
  - **2-47 through 2-49 Factors Impacting SNF PPS Scheduling (cont.)** Interrupted stay effect detail

LOA, Interrupted Stay, D/C Tracking

  - Late Assessment and missed assessment penalties still apply
  - **2-54 through 2-56** Expected order of assessments and the Item Set determination tables have been revised to accommodate the new PPS schedule and item sets.

17

17

RAI Manual Updates

- **Chapter 3 Section A:**
  - **A-4 through A-5** Instructions added for the Optional State Assessment (OSA).
    - *This assessment is optional, as it is not federally required; however, it may be required by your state.*
    - *For questions regarding completion of this assessment, please contact your State agency.*
    - *This must be a standalone assessment (i.e., cannot be combined with any other type of assessment).*
    - *The responses to the items in this assessment are used to calculate the case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.*
    - ***If your state does not require this record for state payment purposes, enter a value of "0" (No).*** *If your state requires this record for state payment purposes, enter a value of "1" (Yes) and proceed to item A0300B, Assessment Type.*

18

18

RAI Manual Updates

- **Chapter 3 Section (A cont.):**
  - **A-7** The sections regarding the RUG 66 PPS types of assessments have been removed and new item at A0310B Interim Payment Assessment code 08 has been added

Enter Code	B. PPS Assessment
☐☐	**PPS Scheduled Assessment for a Medicare Part A Stay** 01. 5-day scheduled assessment **N037.02** *, S001.02, S002.01* *, S007.01, S013.01, S022.01, S023.01, S024.01, S025.01, S038.01* **PPS Unscheduled Assessment for a Medicare Part A Stay** 08. IPA - Interim Payment Assessment **Not PPS Assessment** 99. **None of the above**

19

RAI Manual Updates

- **Chapter 3 Section (A cont.):**
  - **A9 through A11** Instructions for the Interrupted Stay have been added as well as Item A0310G "Is this a SNF Part A Interrupted Stay"

Enter Code	G1. Is this a SNF Part A Interrupted Stay?
☐	0. **No** 1. Yes
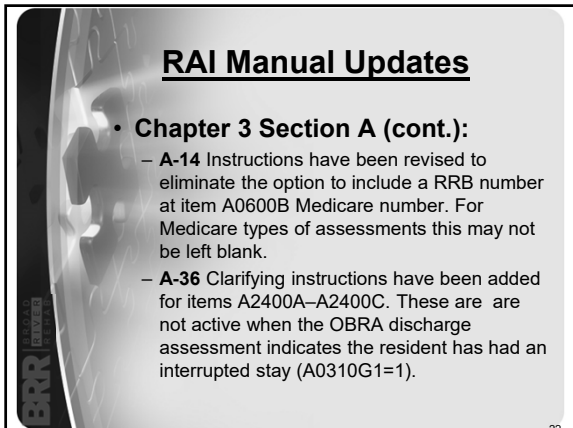
  - **Interrupted Stay** Is a Medicare Part A SNF stay in which a resident is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A-covered stay) and subsequently resumes SNF care in the same SNF for a Medicare Part A-covered stay during the interruption window.

20

RAI Manual Updates

- **Chapter 3 Section A (cont.):**
  - **Interruption Window** Is a 3-day period, starting with the calendar day of discharge and including the 2 immediately following calendar days. In other words,
    - Resident in a Medicare Part A SNF stay is discharged from Part A **and**
    - Must resume Part A services **or** return to the same SNF (if physically discharged) to resume Part A services, by 11:59 p.m. at the end of the third calendar day after their Part A-covered stay ended.
  - If both conditions are met, the subsequent stay is considered a continuation of the previous Medicare Part A-covered stay for the purposes of both the variable per diem schedule and PPS assessment completion.
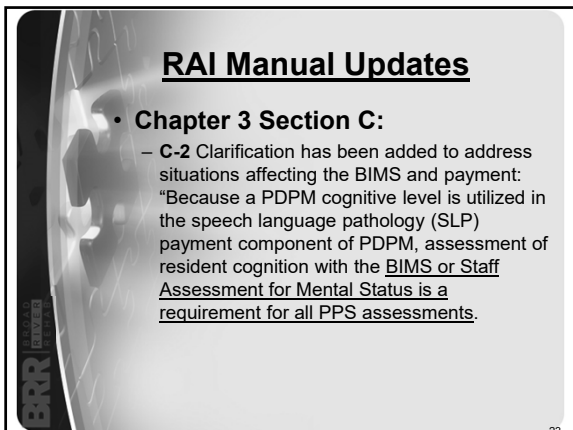
21

RAI Manual Updates

- **Chapter 3 Section A (cont.):**
  - **A-14** Instructions have been revised to eliminate the option to include a RRB number at item A0600B Medicare number. For Medicare types of assessments this may not be left blank.
  - **A-36** Clarifying instructions have been added for items A2400A–A2400C. These are are not active when the OBRA discharge assessment indicates the resident has had an interrupted stay (A0310G1=1).

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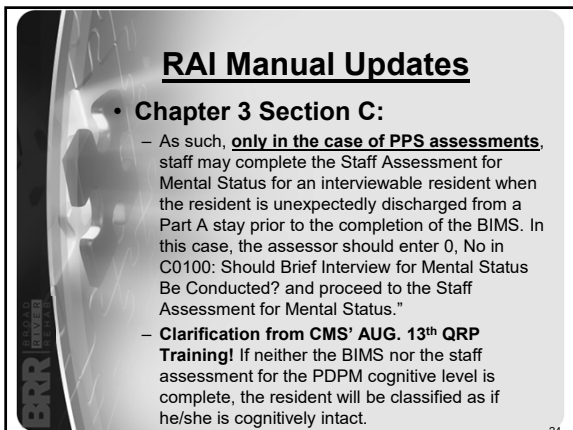
22

RAI Manual Updates

- **Chapter 3 Section C:**
  - **C-2** Clarification has been added to address situations affecting the BIMS and payment: "Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, assessment of resident cognition with the <u>BIMS or Staff Assessment for Mental Status is a requirement for all PPS assessments</u>.

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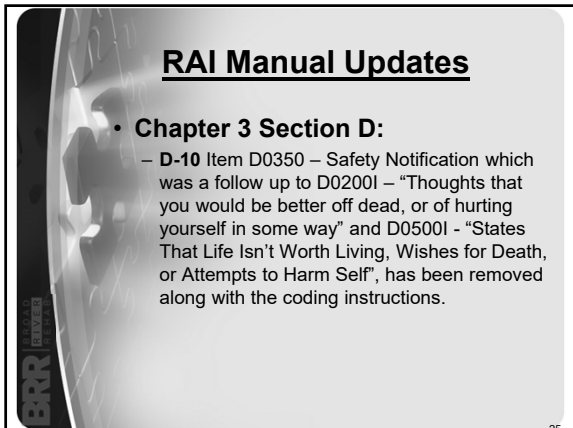
23

RAI Manual Updates

- **Chapter 3 Section C:**
  - As such, **only in the case of PPS assessments**, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status."
  - **Clarification from CMS' AUG. 13th QRP Training!** If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, the resident will be classified as if he/she is cognitively intact.

24

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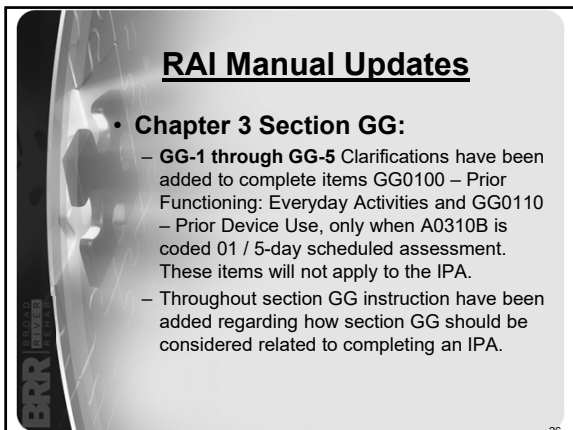
RAI Manual Updates

- **Chapter 3 Section D:**
  - **D-10** Item D0350 – Safety Notification which was a follow up to D0200I – "Thoughts that you would be better off dead, or of hurting yourself in some way" and D0500I - "States That Life Isn't Worth Living, Wishes for Death, or Attempts to Harm Self", has been removed along with the coding instructions.

25

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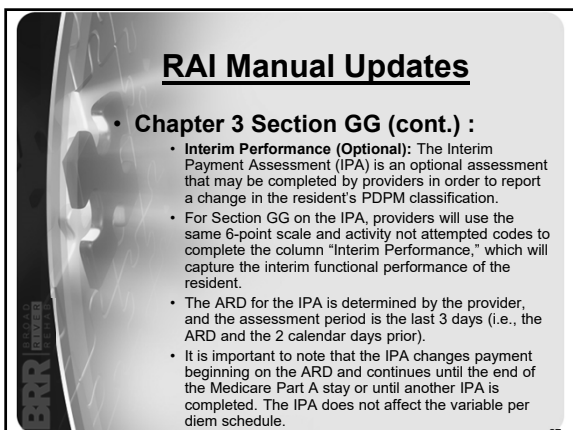
RAI Manual Updates

- **Chapter 3 Section GG:**
  - **GG-1 through GG-5** Clarifications have been added to complete items GG0100 – Prior Functioning: Everyday Activities and GG0110 – Prior Device Use, only when A0310B is coded 01 / 5-day scheduled assessment. These items will not apply to the IPA.
  - Throughout section GG instruction have been added regarding how section GG should be considered related to completing an IPA.

26

26

RAI Manual Updates

- **Chapter 3 Section GG (cont.) :**
  - **Interim Performance (Optional):** The Interim Payment Assessment (IPA) is an optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification.
  - For Section GG on the IPA, providers will use the same 6-point scale and activity not attempted codes to complete the column "Interim Performance," which will capture the interim functional performance of the resident.
  - The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior).
  - It is important to note that the IPA changes payment beginning on the ARD and continues until the end of the Medicare Part A stay or until another IPA is completed. The IPA does not affect the variable per diem schedule.

27

27

8/19/2019

RAI Manual Updates

- **Chapter 3 Section (GG cont.):**
  - **GG-12** A decision Tree has been added to assist in determining usual function. With the following instruction;
    - Use this decision tree to code the resident's performance on the assessment instrument.
    - If helper assistance is required because the resident's performance is unsafe or of poor quality, score according to the amount of assistance provided.
    - Only use the "activity not attempted codes" if the activity did not occur; that is, the resident did not perform the activity and a helper did not perform that activity for the resident.

28

RAI Manual Updates

29

RAI Manual Updates

- **Chapter 3 Section (GG (cont.):**
  - **GG-15** The following clarification has been added to item GG0130 - Eating, *"Eating involves bringing food and liquids to the mouth and swallowing food. The administration of tube feedings and parenteral nutrition is not considered when coding this activity. The following is guidance for some situations in which a resident receives tube feedings or parenteral nutrition:"*
    - *Examples follow in Manual*

30

Slide 31

RAI Manual Updates

- **Chapter 3 Section (GG cont.):**
  - **GG-51** Coding tips for item GG0170G have been added
    - **Coding Tips for GG0170G, Car transfer**
    - For item GG0170G, Car transfer, use of an **indoor car can be used** to simulate outdoor car transfers. These half or full cars would need to have similar physical features of a real car for the purpose of simulating a car transfer, that is, a car seat within a car cabin.
    - The Car transfer item does not include transfers into the **driver's seat**, opening/closing the car door, fastening/unfastening the seat belt. The Car transfer item includes the resident's ability to transfer in and out of the **passenger seat** of a car or car simulator.
    - In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire 3-day assessment period, then use code 10, **Not attempted** due to environmental limitations.
    - If at the time of the assessment the resident is unable to attempt car transfers, and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, **Not applicable**.

31

Slide 32

RAI Manual Updates

- **Chapter 3 Section I:**
  - **I-1 through I-4** Instruction for new item I0020 – "Indicate the resident's primary medical condition category", and I0020* - ICD-10 Code, have been added.
    - I0020 - "Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay then proceed to;."
    - I0020-B – Enter the International Classification of Diseases (ICD) code for that condition, including the decimal."
    - Examples follow.

32

Slide 33

RAI Manual Updates

- **Chapter 3 Section I (cont.):**

33

11

RAI Manual Updates

- **Chapter 3 Section J:**
  - **J-37 through J45** Instructions have been added related to new items J2100 – J5000 - Recent Surgeries Requiring Active SNF Care
    - This item identifies whether the resident had major surgery during the inpatient stay that immediately preceded the resident's Part A admission.

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08 $$
Enter Code	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?
	0. No
	1. Yes
	8. Unknown

34

RAI Manual Updates

- **Chapter 3 Section J (cont.):**

Surgical Procedures - Complete only if J2100 = 1
Check all that apply
Major Joint Replacement $$
- J2300. Knee Replacement - partial or total
- J2310. Hip Replacement - partial or total
- J2320. Ankle Replacement - partial or total
- J2330. Shoulder Replacement - partial or total

Spinal Surgery $$
- J2400. Involving the spinal cord or major spinal nerves
- J2410. Involving fusion of spinal bones
- J2420. Involving lamina, discs, or facets
- J2499. Other major spinal surgery

Other Orthopedic Surgery $$
- J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
- J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
- J2520. Repair but not replace joints
- J2530. Repair other bones (such as hand, foot, jaw)
- J2599. Other major orthopedic surgery

Neurological Surgery $$
- J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
- J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
- J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
- J2699. Other major neurological surgery

35

RAI Manual Updates

- **Chapter 3 Section J (cont.) :**

Cardiopulmonary Surgery $$
- J2700. Involving the heart or major blood vessels - open or percutaneous procedures
- J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
- J2799. Other major cardiopulmonary surgery

Genitourinary Surgery $$
- J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
- J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
- J2899. Other major genitourinary surgery

Other Major Surgery $$
- J2900. Involving tendons, ligaments, or muscles
- J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
- J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open
- J2930. Involving the breast
- J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
- J5000. Other major surgery not listed above

36

RAI Manual Updates

- **Chapter 3 Section J (cont.):**
  - Steps for Assessment
  - 1. **Identify recent surgeries:** The surgeries in this section must have been documented by a physician (nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days and must have occurred during the inpatient stay that immediately preceded the resident's Part A admission.
  - 2. **Determine whether the surgeries require active care during the SNF stay:** Once a recent surgery is identified, it must be determined if the surgery requires active care during the SNF stay. Surgeries requiring active care during the SNF stay are surgeries that have a direct relationship to the resident's primary SNF diagnosis, as coded in I0020B.

37

37

RAI Manual Updates

- **Chapter 3 Section J (cont.):**
  - Examples of surgeries are included for each surgical category.
    - For example, J2810, Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic, includes open or laparoscopic surgeries on the kidneys, ureter, adrenals, and bladder, but not other components of the genitourinary system.
  - Under coding Tips, the manual indicates that in the rare circumstance of the absence of specific documentation that a surgery requires active SNF care, the following indicators may be used to confirm that the surgery requires active SNF care:

38

38

RAI Manual Updates

- **Chapter 3 Section J (cont.):**
  - The inherent complexity of the services prescribed for a resident is such that they can be performed safely and/or effectively only by or under the general supervision of skilled nursing. For example:
    - The management of a surgical wound that requires skilled care (e.g., managing potential infection or drainage).
    - Daily skilled therapy to restore functional loss after surgical procedures.
    - Administration of medication and monitoring that requires skilled nursing.

39

39

RAI Manual Updates

- **Chapter 3 Section K:**
  – **K-10** For items K0510C – Mechanically Altered Diet and K0510D – Therapeutic Diet, Option 1 - While Not a Resident, has been removed as well as other references to these items in the examples.

K0510. Nutritional Approaches $$ CATs
Check all of the following nutritional approaches that were performed during the last **7 days**

	1. While NOT a Resident $$	2. While a Resident $$
1. **While NOT a Resident** $$ Performed *while NOT a resident* of this facility and within the **last 7 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	While NOT a Resident $$ CATs	While a Resident $$ CATs
2. **While a Resident** $$ Performed *while a resident* of this facility and within the last **7 days**	↓ Check all that apply ↓	
A. Parenteral/IV feeding CAA: *12, *14	☐	☐
B. Feeding tube - nasogastric or abdominal (PEG) CAA: *13, *14	☐	☐
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) CAA: *12		☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) CAA: *12		☐
Z. None of the above	☐	☐

40

40

RAI Manual Updates

- **Chapter 3 Section K (cont.):**
  – **K-13** For items K0710 A and B, Option 1 - While Not a Resident, has been removed as well as other references to these items in the examples.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B $$

	2. While a Resident $$	3. During Entire 7 Days $$
2. **While a Resident** $$ Performed *while a resident* of this facility and within the **last 7 days**	While a Resident $$	During Entire 7 Days $$
3. **During Entire 7 Days** $$ Performed during the entire last **7 days**	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more	☐	☐
B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more	☐	☐

41

41

RAI Manual Updates

- **Chapter 3 Section M:**
  – **M-39 through M40** Clarifications have been added to the staging examples.
- **Chapter 3 Section O:**
  – **O-34 through O-39** Instructions have been added for new item O0425 - Part A Therapies. This item is only to be completed if A0310H (Is this a SNF Part A PPS Discharge Assessment?) = 1, Yes. O0425 records the therapy data for the entire Part A stay. This includes multiple interrupted/continued stays.

42

42

RAI Manual Updates

- **Chapter 3 Section O (cont.):**

O0425. Part A Therapies
Complete only if A0310H = 1

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes
1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

Enter Number of Minutes
4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

43

43

RAI Manual Updates
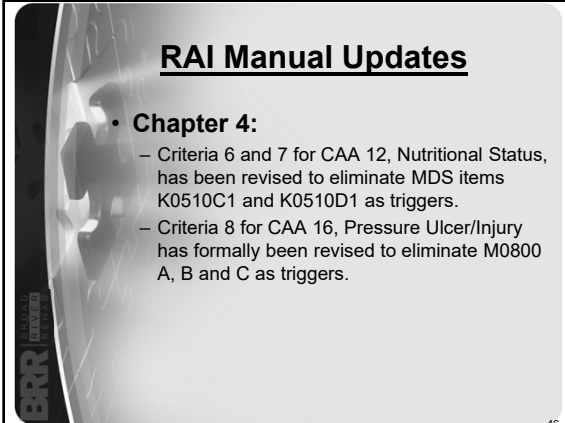
- **Chapter 3 Section V:**
  - **V-3** At item V0100B – Items from the Most Recent Prior OBRA or Scheduled PPS Assessment Prior Assessment PPS Reason for Assessment, references to PPS assessments other than the 5-day and IPA assessments have been removed.
- **Chapter 3 Section X:**
  - Generally, relevant items for PDPM types of assessments have been added and items related to RUG IV types of PPS assessments have been removed.

44

44

RAI Manual Updates

- **Chapter 3 Section Z:**
  - Generally references to the PDPM case mix version and HIPSS have been added while references to the RUG IV case mix, HIPPS and billing have been removed.
  - HIPPS code now indicated as, "…comprised of the PDPM case mix code, which is calculated from the assessment data. The first four positions of the HIPPS code contain the PDPM classification codes for each PDPM component to be billed for Medicare reimbursement, followed by an indicator of the type of assessment that was completed."

45

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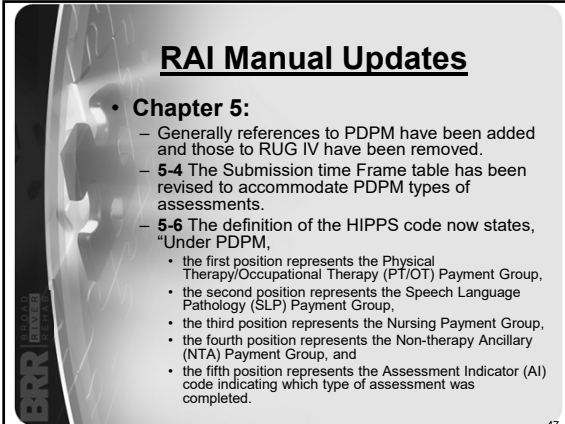
RAI Manual Updates

- **Chapter 4:**
  – Criteria 6 and 7 for CAA 12, Nutritional Status, has been revised to eliminate MDS items K0510C1 and K0510D1 as triggers.
  – Criteria 8 for CAA 16, Pressure Ulcer/Injury has formally been revised to eliminate M0800 A, B and C as triggers.

46

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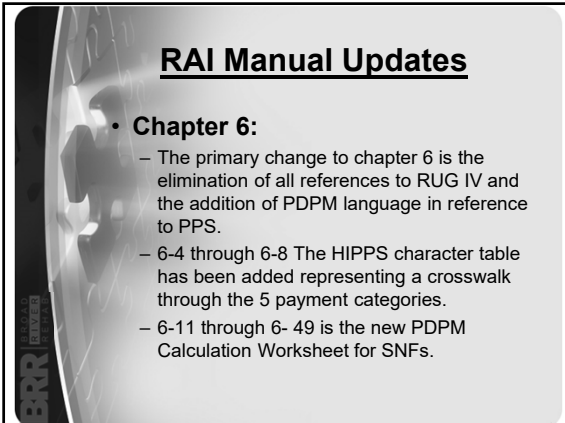
RAI Manual Updates

- **Chapter 5:**
  – Generally references to PDPM have been added and those to RUG IV have been removed.
  – **5-4** The Submission time Frame table has been revised to accommodate PDPM types of assessments.
  – **5-6** The definition of the HIPPS code now states, "Under PDPM,
    - the first position represents the Physical Therapy/Occupational Therapy (PT/OT) Payment Group,
    - the second position represents the Speech Language Pathology (SLP) Payment Group,
    - the third position represents the Nursing Payment Group,
    - the fourth position represents the Non-therapy Ancillary (NTA) Payment Group, and
    - the fifth position represents the Assessment Indicator (AI) code indicating which type of assessment was completed.

47

47

RAI Manual Updates

- **Chapter 6:**
  – The primary change to chapter 6 is the elimination of all references to RUG IV and the addition of PDPM language in reference to PPS.
  – 6-4 through 6-8 The HIPPS character table has been added representing a crosswalk through the 5 payment categories.
  – 6-11 through 6- 49 is the new PDPM Calculation Worksheet for SNFs.

48

48

RAI Manual Updates

- PT/OT, SLP, NTA Payment Groups to HIPPS Translation

PT/OT Payment Group	SLP Payment Group	NTA Payment Group	HIPPS Character
TA	SA	NA	A
TB	SB	NB	B
TC	SC	NC	C
TD	SD	ND	D
TE	SE	NE	E
TF	SF	NF	F
TG	SG		G
TH	SH		H
TI	SI		I
TJ	SJ		J
TK	SK		K
TL	SL		L
TM			M
TN			N
TO			O
TP			P

49

RAI Manual Updates

- Nursing Payment Group to HIPPS Translation
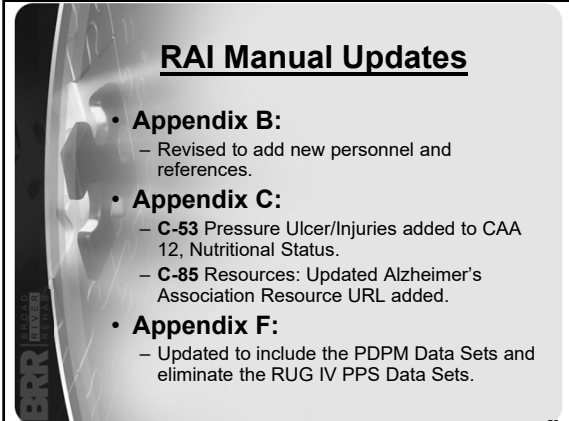
Nursing Payment Group	HIPPS Character	Nursing Payment Group	HIPPS Character
ES3	A	CBC2	N
ES2	B	CA2	O
ES1	C	CBC1	P
HDE2	D	CA1	Q
HDE1	E	BAB2	R
HBC2	F	BAB1	S
HBC1	G	PDE2	T
LDE2	H	PDE1	U
LDE1	I	PBC2	V
LBC2	J	PA2	W
LBC1	K	PBC1	X
CDE2	L	PA1	Y
CDE1	M		

50

RAI Manual Updates

- **Appendix A:**
  - **A-10** Definitions for Interrupted Stay and Interrupted Window have been added.
  - **A-10** Definitions of PDPM, has been added.
  - A23 through A-26, The following Glossary items and Acronyms have been added;
    - IPA   Interim Payment Assessment
    - NTA   Non-Therapy Ancillary
    - OSA   Optional State Assessment
    - PDPM   Patient Driven Payment Model
    - PHQ-9-OV©   PHQ-9© Observational Version
    - SNF QRP   Skilled Nursing Facility Quality Reporting Program
    - SSN   Social Security Number
    - TPN   Total Parenteral Nutrition

51

17
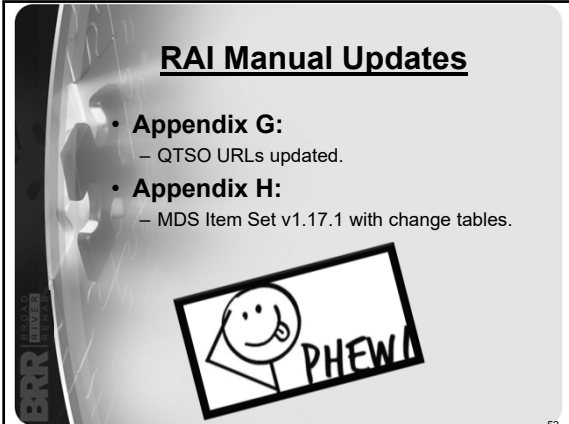
RAI Manual Updates

- **Appendix B:**
  - Revised to add new personnel and references.
- **Appendix C:**
  - **C-53** Pressure Ulcer/Injuries added to CAA 12, Nutritional Status.
  - **C-85** Resources: Updated Alzheimer's Association Resource URL added.
- **Appendix F:**
  - Updated to include the PDPM Data Sets and eliminate the RUG IV PPS Data Sets.

52

RAI Manual Updates

- **Appendix G:**
  - QTSO URLs updated.
- **Appendix H:**
  - MDS Item Set v1.17.1 with change tables.

53

FY 2020 Final Rule Updates

54

FY 2020 Final Rule Updates

- **FY 2020 SNF PPS/PDPM Updates**
  - CMS has proposed a Market Basket Update of 2.4%. This equates to $851 million in aggregate payments to SNFs during FY 2020.
  - Base Rates for all PDPM Payment categories have all been updated:

TABLE 3: FY 2020 Unadjusted Federal Rate Per Diem--URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$60.75	$56.55	$22.68	$105.92	$79.91	$94.84

TABLE 4: FY 2020 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	$69.25	$63.60	$28.57	$101.20	$76.34	$96.59

55

FY 2020 Final Rule Updates

- **FY 2020 SNF PPS/PDPM Updates (Cont.)**
  - CMIs remain the same as the proposed rule, however, the rates have been revised based on the reduced Market basket % and revised base rates (See Tables 6 and 7).

56

FY 2020 Final Rule Updates

TABLE 6: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes--URBAN

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.53	$92.95	1.49	$84.26	0.68	$15.42	ES3	4.06	$430.04	3.24	$258.91
B	1.70	$103.28	1.63	$92.18	1.82	$41.28	ES2	3.07	$325.17	2.53	$202.17
C	1.88	$114.21	1.69	$95.57	2.67	$60.56	ES1	2.93	$310.35	1.84	$147.03
D	1.92	$116.64	1.53	$86.52	1.46	$33.11	HDE2	2.40	$254.21	1.33	$106.28
E	1.42	$86.27	1.41	$79.74	2.34	$53.07	HDE1	1.99	$210.78	0.96	$76.71
F	1.61	$97.81	1.60	$90.48	2.98	$67.59	HBC2	2.24	$237.26	0.72	$57.54
G	1.67	$101.45	1.64	$92.74	2.04	$46.27	HBC1	1.86	$197.01	-	-
H	1.16	$70.47	1.15	$65.03	2.86	$64.86	LDE2	2.08	$220.31	-	-
I	1.13	$68.65	1.18	$66.73	3.53	$80.06	LDE1	1.73	$183.24	-	-
J	1.42	$86.27	1.45	$82.00	2.99	$67.81	LBC2	1.72	$182.18	-	-
K	1.52	$92.34	1.54	$87.09	3.70	$83.92	LBC1	1.43	$151.47	-	-
L	1.09	$66.22	1.11	$62.77	4.21	$95.48	CDE2	1.87	$198.07	-	-
M	1.27	$77.15	1.30	$73.52	-	-	CDE1	1.62	$171.59	-	-
N	1.48	$89.91	1.50	$84.83	-	-	CBC2	1.55	$164.18	-	-
O	1.55	$94.16	1.55	$87.65	-	-	CA2	1.09	$115.45	-	-
P	1.08	$65.61	1.09	$61.64	-	-	CBC1	1.34	$141.93	-	-
Q	-	-	-	-	-	-	CA1	0.94	$99.56	-	-
R	-	-	-	-	-	-	BAB2	1.04	$110.16	-	-
S	-	-	-	-	-	-	BAB1	0.99	$104.86	-	-
T	-	-	-	-	-	-	PDE2	1.57	$166.29	-	-
U	-	-	-	-	-	-	PDE1	1.47	$155.70	-	-
V	-	-	-	-	-	-	PBC2	1.22	$129.22	-	-
W	-	-	-	-	-	-	PA2	0.71	$75.20	-	-
X	-	-	-	-	-	-	PBC1	1.13	$119.69	-	-
Y	-	-	-	-	-	-	PA1	0.66	$69.91	-	-

57

Slide 58

FY 2020 Final Rule Updates

TABLE 7: RUG-IV Case-Mix Adjusted Federal Rates and Associated Indexes—RURAL

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.53	$105.95	1.49	$94.76	0.68	$19.43	ES3	4.06	$410.87	3.24	$247.34
B	1.70	$117.73	1.63	$103.67	1.82	$52.00	ES2	3.07	$310.68	2.53	$193.14
C	1.88	$130.19	1.69	$107.48	2.67	$76.28	ES1	2.93	$296.52	1.84	$140.47
D	1.92	$132.96	1.53	$97.31	1.46	$41.71	HDE2	2.40	$242.88	1.33	$101.53
E	1.42	$98.34	1.41	$89.68	2.34	$66.85	HDE1	1.99	$201.39	0.96	$73.29
F	1.61	$111.49	1.60	$101.76	2.98	$85.14	HBC2	2.24	$226.69	0.72	$54.96
G	1.67	$115.65	1.64	$104.30	2.04	$58.28	HBC1	1.86	$188.23	-	-
H	1.16	$80.33	1.15	$73.14	2.86	$81.71	LDE2	2.08	$210.50	-	-
I	1.13	$78.25	1.18	$75.05	3.53	$100.85	LDE1	1.73	$175.08	-	-
J	1.42	$98.34	1.45	$92.22	2.99	$85.42	LBC2	1.72	$174.06	-	-
K	1.52	$105.26	1.54	$97.94	3.70	$105.71	LBC1	1.43	$144.72	-	-
L	1.09	$75.48	1.11	$70.60	4.21	$120.28	CDE2	1.87	$189.24	-	-
M	1.27	$87.95	1.30	$82.68	-	-	CDE1	1.62	$163.94	-	-
N	1.48	$102.49	1.50	$95.40	-	-	CBC2	1.55	$156.86	-	-
O	1.55	$107.34	1.55	$98.58	-	-	CA2	1.09	$110.31	-	-
P	1.08	$74.79	1.09	$69.32	-	-	CBC1	1.34	$135.61	-	-
Q	-	-	-	-	-	-	CA1	0.94	$95.13	-	-
R	-	-	-	-	-	-	BAB2	1.04	$105.25	-	-
S	-	-	-	-	-	-	BAB1	0.99	$100.19	-	-
T	-	-	-	-	-	-	PDE2	1.57	$158.88	-	-
U	-	-	-	-	-	-	PDE1	1.47	$148.76	-	-
V	-	-	-	-	-	-	PBC2	1.22	$123.46	-	-
W	-	-	-	-	-	-	PA2	0.71	$71.85	-	-
X	-	-	-	-	-	-	PBC1	1.13	$114.36	-	-
Y	-	-	-	-	-	-	PA1	0.66	$66.79	-	-

58

Slide 59

FY 2020 Final Rule Updates

- **FY 2020 SNF PPS/PDPM Updates (Cont.)**
  - The Relative Importance Factor has been updated.
    - Labor Related: 0.709
    - Non-Labor Related: 0.291
  - Updated Wage Indexes: can be found here: **https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html**

						N-Casemix Urban					Wage Index 0.7122		
Day	PT	OT	SLP	NSG	NTA	Non-CM	Labor	N-Labor	U Rate	WI Rate	ADR
1	$ 89.91	$ 84.83	$ 64.86	$ 164.18	$ 441.10	$ 94.84	$ 666.26	$ 273.46	$ 939.72	$ 747.97	$ 747.97
2	$ 89.91	$ 84.83	$ 64.86	$ 164.18	$ 441.10	$ 94.84	$ 666.26	$ 273.46	$ 939.72	$ 747.97	$ 747.97
3	$ 89.91	$ 84.83	$ 64.86	$ 164.18	$ 441.10	$ 94.84	$ 666.26	$ 273.46	$ 939.72	$ 747.97	$ 747.97
4	$ 89.91	$ 84.83	$ 64.86	$ 164.18	$ 147.03	$ 94.84	$ 457.77	$ 187.88	$ 645.65	$ 513.91	$ 689.45
5	$ 89.91	$ 84.83	$ 64.86	$ 164.18	$ 147.03	$ 94.84	$ 457.77	$ 187.88	$ 645.65	$ 513.91	$ 654.34

Variable Perdiem Adjustment Rate Table

59

Slide 60

FY 2020 Final Rule Updates

- **FY 2020 SNF PPS/PDPM Updates (Cont.)**
  - CMIs has finalized a proposal to refer to the 5-Day assessment as the "Initial Medicare Assessment".
- **SNF-Level of Care – Administrative Presumption**
  - CMS is retaining the Administrative Level of Care Presumption defined at section 30.1 of CMS Pub. 100-2 Chap.8 with modifications to accommodate the differences between RUG IV and the PDPM.

60

FY 2020 Final Rule Updates

- **Group Therapy**
  - CMS finalized a combined limit on concurrent and group therapy furnished to a patient, specifically that, for each therapy discipline, no more than **25 percent** of the therapy services furnished to a patient in a covered Medicare Part A stay may be in a group or concurrent setting.
  - CMS has finalized a proposal to define group therapy in the SNF Part A setting as a qualified rehabilitation therapist or therapy assistant treating **two to six patients** at the same time who are performing the same or similar activities.

61

FY 2020 Final Rule Updates

- **CMS policy pertaining to documentation**: …**because group therapy is not appropriate for either all patients or all conditions**, and **in order to verify that group therapy is medically necessary and appropriate to the needs of each beneficiary,** SNFs should include in the patient's plan of care an explicit justification for the use of group, rather than individual or concurrent, therapy. This description should include, but need not be limited to, the specific benefits to that particular patient of including the documented type and amount of group therapy; that is, how the prescribed type and amount of group therapy will meet the patient's needs and assist the patient in reaching the documented goals.

62

FY 2020 Final Rule Updates

- **Sub Regulatory Process for Updating ICD-10 Initiated**
  - CMS has finalized a subregulatory process for updating the ICD-10 codes used under the PDPM and it will take effect beginning with the updates for FY 2020. Effective October 1, 2019, these baseline mappings and lists will be updated to incorporate, updates to the ICD-10 code sets issued by the ICD–10 Coordination and Maintenance Committee in June 2019 to be effective October 1, 2019. CMS plans to post these updated mappings and lists on the PDPM website prior to October 1, 2019.

63

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates**
  - 1. CMS's proposal to expand data collection for the SNF QRP quality measures to all SNF residents, regardless of payer source has **NOT** been finalized and will addressed in future rule making.
  - 2. Current QRP Measures (See Table 12)

64

FY 2020 Final Rule Updates

TABLE 12: Quality Measures Currently Adopted for the FY 2021 SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
Application of Functional Assessment/Care Plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).

65

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 3. Two New Proposed QRP Measures to begin to be reported FY 2022 (Both of these proposed measures support CMS's Meaningful Measures priority of promoting effective communication and coordination of care, specifically the Meaningful Measure area of the transfer of health information and interoperability):
    - (1) Transfer of Health Information to the Provider– Post-Acute Care (PAC).
    - (2) Transfer of Health Information to the Patient– Post-Acute Care (PAC).

66

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 4. CMS has finalized its proposal to update the specifications for the Discharge to Community–PAC SNF QRP measure to exclude baseline nursing facility (NF) residents from the measure. Baseline residents are residents who lived in a NF prior to their SNF stay and may not be expected to return to the community following their SNF stay

67

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 5. Standardized Patient Assessment Data Elements (SPADEs): The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires CMS to develop, implement, and maintain standardized patient assessment data elements (SPADEs) for post-acute care (PAC) settings.
  - The IMPACT Act further requires that the assessment instruments (OASIS for HHAs, IRF-PAI for IRFs, LCDS for LTCHs, and the MDS for SNFs) be modified to include core data elements on health assessment categories and that such data be standardized and interoperable

68

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - CMS has finalized standardized patient assessment data elements for five categories specified in the IMPACT Act. These categories are:
    - Cognitive function (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
    - Special services, treatments, and interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
    - Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
    - Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)
    - Other categories as deemed necessary by the Secretary

69

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  – CMS has finalized the adoption of SPADEs for two of the categories
    • (1) Functional status: Data elements currently reported by NFs to calculate the measure Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631); and
    • (2) Medical conditions and comorbidities: the data elements used to calculate the pressure ulcer measures, Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) and the replacement measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.

70

70

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  – CMS has finalized that SNFs would be required to report an extensive new group of SPADEs beginning with the FY 2022 SNF QRP, to begin reporting FY 2021. CMS indicated that these additional proposed SPADEs, while not part of any formal QRP measure, would be subject to the QRP APU requirements:
    https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Proposed-Specifications-for-SNF-QRP-Quality-Measures-and-SPADE.pdf

71

71

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  – SPADEs for Cognitive function (e.g., able to express ideas and to understand normal speech) and mental status (e.g., depression and dementia)
    • 1. The Brief Interview for Mental Status (BIMS)
    • 2. The Confusion Assessment Method (CAM)
    • 3. Mental Status (Depressed Mood) PHQ-2 to 9

72

72

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - SPADEs to Assess for Special Services, Treatments, and Interventions
    - 1. Chemotherapy
    - 2. Radiation
    - 3. Oxygen Therapy
    - 4. Suctioning
    - 5. Tracheostomy Care
    - 6. Non-invasive Mechanical Ventilation
    - 7. Invasive Mechanical ventilation
    - 8. IV Medications (Antibiotics, Anticoagulation, Vasoactive Medications, Other)

73

73

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 9. Transfusions
  - 10. Dialysis (Hemodialysis, Peritoneal dialysis)
  - 11. V Access (Peripheral IV, Midline, Central line)
  - 12. Parenteral/IV Feeding
  - 13. Feeding Tube
  - 14. Mechanically Altered Diet
  - 15. Therapeutic Diet
  - 16. High-Risk Drug Classes: Use and Indication (anticoagulants; antiplatelets; hypoglycemics (including insulin); opioids; antipsychotics; and antibiotics)

74

74

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - SPADEs to Assess for Medical Conditions and Co-Morbidities
    - 1. Pain Interference
  - SPADEs to assess for Impairments
    - 1. Hearing and Vision Impairments
    - 2. Vision
  - SPADEs to assess for a new category: Social Determinants of Health
    - 1. Race and Ethnicity
    - 2. Preferred Language and Interpreter Services
    - 3. Health Literacy
    - 4. Transportation
    - 5. Social Isolation

75

75

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 6. CMS has also posted concepts of Proposed future QRP measures and SPADES that are under consideration.

TABLE 13: Future Measures, Measure Concepts, and Standardized Patient Assessment Data Elements (SPADEs) Under Consideration for the SNF QRP

Assessment-Based Quality Measures and Measure Concepts
Functional maintenance outcomes
Opioid use and frequency
Exchange of electronic health information and interoperability
Claim-Based
Healthcare-Associated Infections in Skilled Nursing Facility (SNF) – claims-based
Standardized Patient Assessment Data Elements (SPADEs)
Cognitive complexity, such as executive function and memory
Dementia
Bladder and bowel continence including appliance use and episodes of incontinence
Care preferences, advance care directives, and goals of care
Caregiver Status
Veteran Status
Health disparities and risk factors, including education, sex and gender identity, and sexual orientation.

76

76

FY 2020 Final Rule Updates

- **SNF Value Based Purchasing Updates**
  - 7. SNFs are currently required to submit MDS data to CMS using the Quality Improvement and Evaluation System (QIES) Assessment and Submission Processing (ASAP) system. CMS will be migrating to a new internet Quality Improvement and Evaluation System (iQIES) that will enable real-time upgrades over the next few years.

77

77

FY 2020 Final Rule Updates

- **Quality Reporting Program (QRP) Updates (Cont.)**
  - 8. CMS is proposing to begin publicly displaying data for the Drug Regimen Review Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) measure beginning CY 2020 or as soon as technically feasible.

78

78

FY 2020 Final Rule Updates

- **Proposed SNF Value Based Purchasing Updates**
  - To minimize the confusion surrounding two different rehospitalization measures, CMS is changing the name of the SNFPPR to Skilled Nursing Facility Potentially Preventable Readmissions after Hospital Discharge.

79

79

FY 2020 Final Rule Updates

- **Proposed SNF Value Based Purchasing Updates (Cont.)**
  - FY 2022 Performance Period and Baseline Period for Subsequent Years
    - The performance period for the FY 2022 program year will be FY2020, and the baseline period will be FY 2018.

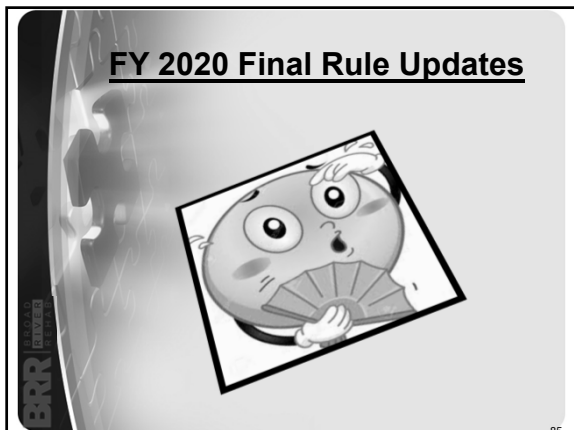TABLE 15: Final FY 2022 SNF VBP Program Performance Standards*

Measure ID	Measure Description	Achievement Threshold	Benchmark
SNFRM	SNF 30-Day All-Cause Readmission Measure (NQF #2510)	0.79025	0.82917

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FY 2020 Final Rule Updates

- **Proposed SNF Value Based Purchasing Updates (Cont.)**
  - CMS is proposing that SNFs would have 30 days from the date that they issue VBP reports to review the claims and measure rate information and to submit to us a correction request if the SNF believes that any of that information is inaccurate.
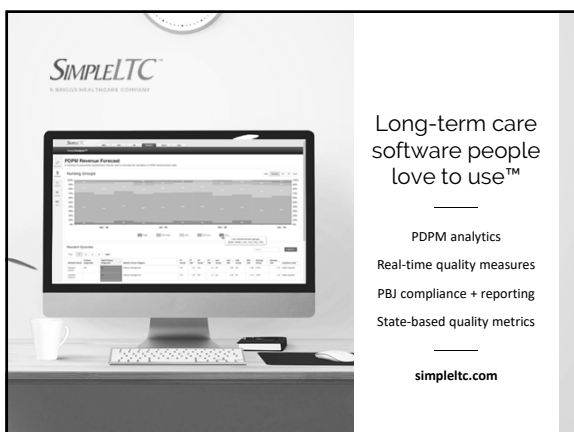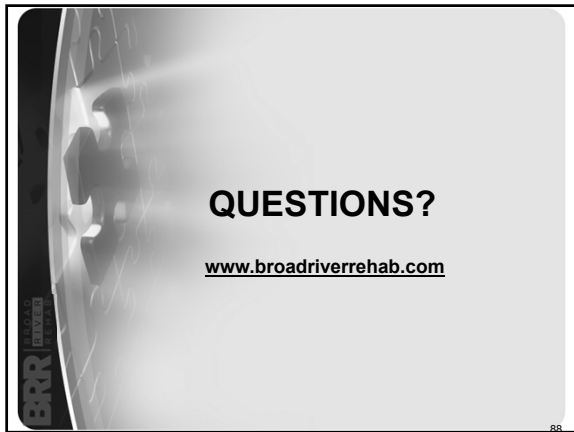 - See Table 19 for SNF VBP Impact to SNFs for FY 2020

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81

FY 2020 Final Rule Updates

TABLE 19: SNF VBP Program Impacts for FY 2020

82

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- **FY 2020 Proposed Rule Impact Analysis**
  - Information Collection Requirements
    - The total number of PPS 5-day assessments, PPS discharge assessments, and IPAs that will be completed across all facilities is 4,905,042 assessments (2,406,401 + 2,406,401 + 92,240,respectively). In aggregate, we estimate an annual burden for all assessments across all facilities of 4,169,286 hours (4,905,042 assessments x 0.85 hours/assessment) at a cost of $287,876,914 (4,905,042 assessments x $58.69/assessment).
  - Overall Impact to SNFs (See table 18)

83

FY 2020 Final Rule Updates

TABLE 18: Impact to the SNF PPS for FY 2020

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89