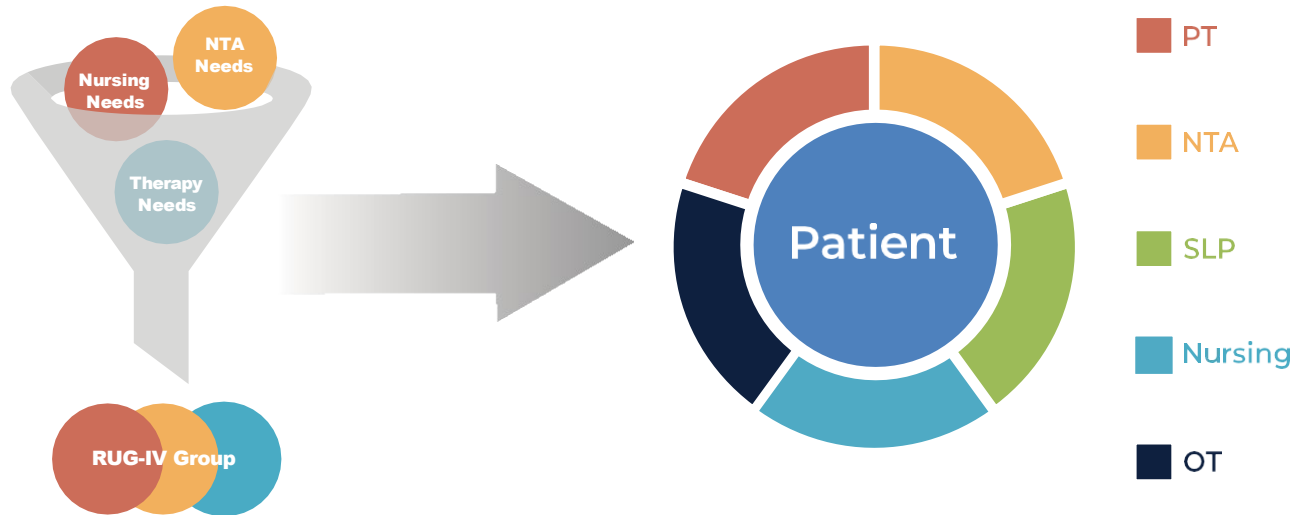


How Hospitals Can Help

Reimbursement Categories:
RUGs vs. PDPM



The Patient-Driven Payment Model (PDPM) scheduled to take effect on October 1, 2019, is the biggest change to SNF reimbursement in over 20 years. Under the current reimbursement model, Rehab Utilization Groups (RUGs), payment is based primarily on the volume of therapy provided to a patient. PDPM is designed to improve payment accuracy by shifting the focus from volume of services to patient characteristics and clinical needs.

Comprehensive and accurate ICD-10 coding is a primary driver in determining the five PDPM clinical components. Streamlining the process for receiving timely and accurate patient information is imperative to:

- Clinical component accuracy
- Identification of skilled service needs
- Reducing hospital readmissions through early identification of patients at high risk

For SNFs, capture of patient characteristics begins prior to the SNF admission. The SNF pre-admission meeting process allows a SNFs interprofessional team to identify the primary reason for SNF admission, prepare for needed services, and communicate with the referring hospital any items that require clarification. All in effort to provide the highest quality care, achieve anticipated outcomes, and prevent hospital readmissions while maintaining exceptional patient satisfaction.

Successful SNF pre-admission meetings rely on having a comprehensive background on the patient. Hospitals can help by providing:

- **History & Physical**
- **Comprehensive list of active diagnoses**
- **Records from physician specialist consults**
- **Documentation of any surgical procedures**
- **Medication list with associated condition**
- **Clear instructions on precautions or restrictions**
- **MARS/TARS from the Hospital Stay**