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MDS Alert

CMS Updates: See 2020 Final Rule Published

CMS continues shift "from volume to value.”

The Centers for Medicare & Medicaid Services (CMS) hopes that the industry will move toward resident-centric care with the shift in payments from volume to value. Look for adjustments in the value-based purchasing and quality reporting programs too, according to a CMS press release fact sheet.

ICD-10 Changes Mediated

With the switch to the patient-driven payment model (PDPM), facilities will need to classify residents according to their diagnoses, and therefore rely on ICD-10 codes. These codes are updated annually, and so CMS is making a subregulatory process so facilities can stay on top of the ICD-10 knowledge.

"To help ensure SNFs have the most up-to-date ICD-10 code information as soon as possible, in the clearest and most useful format, CMS is finalizing a sub-regulatory process for making non-substantive changes to the list of ICD-10 codes used to classify patients into clinical categories under the PDPM,” CMS says.

CMS Defines Group Therapy

Even with the turn toward nursing as the foundation for care and reimbursement, CMS is clarifying what should count as a "group” in therapy situations.

"For more consistent therapy definitions across care settings, CMS is adopting the same definition of group therapy that is used in the IRF PPS: group therapy consists of two to six patients doing the same or similar activities,” CMS says.

VBP Still Targeting Readmissions

The SNF value-based purchasing program is prioritizing the curbing of preventable hospital readmissions. CMS also says it will double down on getting accurate information about facilities published via new public reporting requirements.

"The program currently scores SNFs on an all-cause measure of hospital readmissions, and in the future, will transition to a measure of potentially preventable hospital readmissions,” CMS says.

Quality Measures Updated

CMS is zeroing in on post-acute care as a means of evaluating how residents are doing, under the umbrella of "improving of interoperability of health information.”

"CMS is adopting two new quality measures in FY 2020 to assess whether certain health information is provided by the SNF at the time of transfer or discharge. The two measures are: 1) Transfer of Health Information to the Provider-Post-Acute Care and 2) Transfer of Health Information to the Patient-Post-Acute Care,” CMS says.

Look, too, for new elements for resident assessment.

"CMS is adopting a number of standardized patient assessment data elements, each of which assesses one of the following categories: cognitive function and mental status, special services, treatments and interventions, medical conditions and comorbidities, impairments, or social determinants of health (race and ethnicity, preferred language and interpreter services, health literacy, transportation, or social isolation),” CMS says.

Finally, breathe a sigh of relief over the decision to exclude baseline nursing home residents from the "discharge to community PAC" for the SNF quality reporting program.

Plus, stakeholder comments worked: CMS says it will not finalize the proposal to "collect SNF QRP data on all patients, regardless of payer."

To see the final rule in its entirety, visit www.federalregister.gov/documents/2019/08/07/2019-16485/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities.