

What is the Patient Driven Payment Model?

Over the past several years, the Centers for Medicare and Medicaid Services (CMS) have implemented changes that are intended to coordinate and standardize care as an effort to reduce Medicare costs. They also typically reduce the number of days a Medicare beneficiary may stay in a skilled nursing facility. The latest of these changes, the Patient Driven Payment Model – otherwise known as PDPM, began October 1, 2019. Medicare beneficiaries who have Original Medicare plans are the only ones affected by PDPM. Participants in Medicare Advantage Plans are **not** affected by PDPM.

What Changes in Care Can I Expect From PDPM?

The skilled nursing facility may conduct fewer assessments during your stay. Under PDPM, the required assessments are the 5-day and discharge assessments, although an optional Interim Payment Assessment (IPA) may be used, if necessary.

If you receive physical therapy, occupational therapy, and/or speech-language therapy, up to 25% of your total therapy sessions may now be small group therapy sessions – rather than individual sessions.

Under PDPM, care plans may be focused more on nursing care rather than the amount of therapy received, which was the emphasis of the previous program.

What Stays the Same?

In order to receive a Medicare Part A skilled nursing benefit, Medicare beneficiaries must still have a qualifying three-day hospital stay and a physician's decision that skilled care in a nursing facility is needed. While many Medicare stays in a nursing facility are significantly less than 100 days, the following terms still apply:

- The first 20 days in a nursing facility are covered 100% by Medicare.
- You must pay the coinsurance for the next 80 days.
- These benefits are available as long as you have a need for skilled care during the 100-day period.
- After a qualified skilled nursing stay is complete, additional benefits are available for subsequent stays, per unique condition.

Medicare Coverage* in Skilled Nursing Facilities

Semi-Private Rooms
Medications
Meals
Physical Therapy
Occupational Therapy
Skilled Nursing Care
Speech-Language Services

*Coverage includes, but is not limited to, the above

Most importantly, an individual's care needs should still determine the care plan and services provided.

Questions?

For more information about PDPM and its effects on your Original Medicare plan, please refer to the official government booklet, [Medicare Coverage of Skilled Nursing Facility Care](#). For more information about Medicare, please refer to the [Medicare & You handbook](#). Both of these guides, along with other valuable resources, are available on the official Medicare website, www.medicare.gov.