

RESTORE-Skills



Champion Care Optimizing Reimbursement with RESTORE's Gamification Platform

Based upon the new short-term payer model, patients who refuse to participate in physical therapy or occupational therapy sessions receive a "0" score in functional reporting. This places patients in alternate case multiplier groups and potentially are subjected to variable per diem adjustments. Patients presenting with multiple refusals during a long-term stay led to longer durations in the skilled nursing facility.

OFFERING RESTORE-SKILLS ACTIVITY

Patients who initially refuse physical, occupational, or speech therapy sessions have been shown to participate more often under the new interactive and engaging RESTORE-Skills alternative model. This leads to a greater payout for facilities.

RESULTS

A single-site case study of a 123 bed facility, included 14 patients that were refusing to participate in therapy. When adding RESTORE-Skills all 14 patients who initially refused therapy ultimately participated in their therapy activity.

Patients whose primary insurance (Medicare or Managed Medicare) follows PDPM accounted for 7/14 (50%) of the patients who initially refused therapy, providing the facility with up to 20% higher reimbursement per PT and OT PDPM components.

Long-term residents whose primary and secondary insurance follows a CMI model accounted for 7/14 (50%) increasing reimbursement participants' case-mix score leading to the facility's overall increased Medicaid rate per long-term resident.

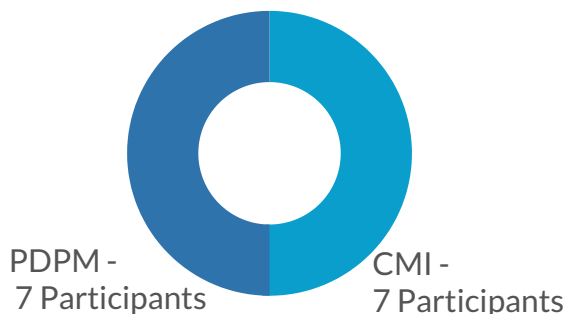
Medicare and Managed Medicare Part B payers accounted for 4/7 of the long-term residents who eventually participated in therapy, demonstrating an average of three units billed per visit over 4-8 week plan of care durations.

CONCLUSION

Patients who initially refused to participate in skilled therapy sessions demonstrated greater participation when provided the RESTORE gamification platform. Early physical and occupational therapy adoption led to higher reimbursed case-mix groupings under both reimbursement models and minimized the variable per diem adjustments under PDPM.

Initially
Refused

14 patients



Participated with
RESTORE

14 patients

