

## THIS QUARTER

ProCare completed our Leadership Workshop in June. We met in Little Rock, and covered targeted regulatory, management and leadership skills. Thank you to all the employees who have written notes of appreciation and to those who have provided helpful ideas. The ProCare Operations Leadership Team (CeCe, Billy, Donna, Brandon, and Brian) believe open communication is one of our strengths. We always want to hear from you!

## SUMMER HAS ARRIVED!

A rainy spring has finally given way to the old fashion heat and humidity of summertime! Stay cool! And, give a warm southern welcome to new ProCare Team members!

Megan Pearson, RD/SLP Des Arc;

Jennifer Kim, SLP Rich Mtn;

Hannah Collier, PTA Wentworth/Southern;

Kacie Robicheaux, PTA Summit

Julie Boyette, COTA, New RD Summit



**SPECIAL WELCOME TO HERITAGE OF HAYNESVILLE!** Welcome Heritage to the ProCare Family! We are excited about the opportunity to work with the folks at this wonderful Louisiana Facility. Special thanks to Jonathon Goble, Rehab Director at this location! We look forward to serving their elders!



The Southern Trace Rehab Team Celebrates Cinco De Mayo: Jennipher Swilley, Beth Hudspeth, Tandy Isom, Amanda Burson, John Montgomery

*"I appreciate whatever therapy is doing with Dad, because he has not looked this good or done this well in more than two years.*

*- Daughter of J .*

*Summerhill; Short-term  
Rehab Patient*

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## Senate Passed Bill H.R. 2, April 2015

Last quarter, our newsletter asked you contact your representatives and lend support to eliminate the Sustainable Growth Rate, the repeal of the therapy caps, and other measures that greatly impact the ability of health professionals to care for their patients. Well, a bill, H.R. 2, was passed. It was a crowded bill. Per usual, there was something for everyone to like and dislike. Let's review some highlights specific to our workplace.

**The heavily flawed Sustainable Growth Rate (SGR)** was eliminated. The SGR did not, as the moniker "doc-fix" implies, impact only physicians. The SGR formula was attached to medical coding (CPT codes) including those used by therapists and allied health professionals. Every year, representatives had to pass a "doc-fix" to adjust the SGR's automatic, punitive reduction in rates. The elimination of the SGR, and the increased stability of avoiding that risky annual trip to the hill for adjustment, comes at the price of a current pay cut.

**The amendment to permanently repeal the therapy caps** did not pass. The elimination of the exceptions process did not pass. The bill did include a thirty-three month extension of the therapy cap exception process. Currently PT and ST are together subject to \$1940 cap, and OT is individually subject to this same cap, after which an exception process may be used to exceed the cap, with supportive coding and documentation to prove medical necessity.

The bill also mandates that therapy reviews will target new providers, providers with high denial rates and outlier billing patterns, certain medical conditions and group practices. RACs will be removed from the medical review process. This does not eliminate audits, coding reviews and reviews of claims above threshold.

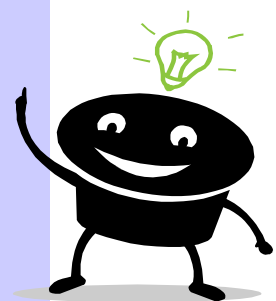
**REMINDER:** One thing is certain in healthcare....*change*. Healthcare delivery, payment models, technology, and regulatory requirements will continue to change. What will *not* change is our ongoing duty to our elders, care for our communities, support for our teams and the desire to learn and grow!

### **Functional Outcome Software Update!**

Please note that Functional Outcome Measures must now be entered on therapy evaluation and discharge documents. If you are now treating an elder with a start of care prior to this software change, simply enter the Functional Outcome Measure on the next progress note, and of course again at discharge.

This is an important transition, and Functional Outcome data will certainly provide for greater ease and efficiency in recording and capturing vital patient information going forward.

Please contact Brian Brady if you have any questions. 501-944-6567  
[bbrady@procaretherapy.net](mailto:bbrady@procaretherapy.net)



## DID YOU KNOW?

- Medicare was established in 1965 by President Lyndon B Johnson?
- Former President Truman was issued the first Medicare card.
- In 1966 the Medicare Budget was around \$10 billion.
- In 2014 Medicare cost about \$512 billion.

### WHAT? MDS FOCUS SURVEY?

Yep. It's officially here. In 2014, five volunteer states worked with CMS in piloting focused surveys to evaluate the Minimum Data Set 3.0 (MDS) use and relationship to patient care and related regulatory compliance. Accuracy in coding and compliance with existing regulations was the focus. Now CMS has expanded this pilot study to all states, and it has arrived here...and nationwide.

#### **What does this mean?**

Well, for rehab, life as usual. Keep doing what you are doing. Work with your patients diligently. Document your treatments accordingly and accurately. Communicate faithfully with your therapy team and interdisciplinary team, including MDS, CNA's, nursing, social service, discharge planners, as well as patient families. Nursing and medical records will provide surveyor support and access to patients, MDS and associated records.

#### **Who conducts the focused survey?**

The MDS surveyors are pulled from the existing team of surveyors. They simply come at an alternate time and with an alternate purpose

#### **What training do they receive?**

These surveyors are provided with an additional two days of training, via recorded webinars.

#### **What will they do?**

Surveyors will review medical records and observe patients. They will review the accuracy of MDS, coding, staffing and related compliance. Medical records associated with MDS and supportive MDS coding and patient care will be reviewed. Surveyors may require staff assistance for retrieval of information. Any identified deficiencies identified will result in citations or actions, just as in any other survey, and per existing CMS regulations.

#### **What will you do?**

Your best!



### NEW TECHNOLOGY FOR DYSPHAGIA

For years, Speech Language Pathologists (SLPs) have been given limited treatment modality tools. Meanwhile, Physical and Occupational Therapists benefited from numerous choices and continued advances in technology related to electrical, sound and heat modalities that accelerate healing, treat pain, advance movement, address abnormal tone and numerous other issues.

Well, SLPs finally have a big jump in available treatment technology for dysphagia. Research has demonstrated that guided biofeedback and electrical stimulation can help to restore normal swallowing abilities in many cases; however that technology as a fully developed, viable and practical treatment modality was simply not available.

The fully realized electrical stimulation, biofeedback program is now available to treat dysphagia as an active part of daily treatment. Synchrony, from ACP, provides biofeedback and electrical stimulation, in combination with guided exercises provided by a therapist. The patient performance is recorded with objective data. Performance is visible and guided with virtual reality, in real time, providing a unique treatment intervention option. Congratulations SLPs!

# CLINICAL CORNER

Measurable Baselines and Outcomes Matter! ProCare believes in measurable outcomes. Outcomes have always been critical in measuring both patient performance and our own interventions. They are more important than ever in today's pay-for-performance world.

We have many measurement tools in the ProCare toolbox. They will soon seamlessly transfer within our existing software. Let's briefly review the Berg Balance Scale (BBS).

The BBS measures balance among older people during functional tasks. The Berg is a 14 –item scale, and the only equipment required to administer the BBS is a ruler, two standard chairs, a footstool or step, a stopwatch and 15 feet of walkway. A change of 8 BBS points reveals a true change in function.

This is only one of many evaluative options available. The BBS is especially valuable as a reliable assessment, meaning it has been thoroughly studied researched and validated. Make the BBS one of your tools!

## Contact Us

Give us a call for more information about our services, more information about your facility... or more information about you!

ProCare Therapy Services, LLC

procare@procaretherapy.net

## PRO CARE NEWS

ProCare Therapy Services, LLC  
6200 Commerce Ct., Suite B  
Sherwood, AR 72120

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