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**An Occupational Therapist's Role as a Prospective Payment System Coordinator
and Identifying Patient Trends in an Inpatient Rehab Center**

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Abstract

This capstone experience explores the role of a Prospective Payment System (PPS) Coordinator within an inpatient rehabilitation setting and how the skills of an occupational therapist qualify the profession to contribute to the success of a PPS team. A literature review revealed the importance of non-traditional education placements within the occupational therapy curriculum to provide well-rounded experiences to students to leverage their professional careers. A needs assessment revealed a need to identify patient outcome trends within different Rehabilitation Impairment Categories at the capstone site. Objectives for this capstone experience and project include gaining competence in reviewing patient charts within the site-specific EMR, understanding the role of a PPS Coordinator regarding interdisciplinary team education, and identifying patient outcome trends through an outcomes review. Although the results of the patient outcome trends were asked to keep private by the capstone site, the capstone experience resulted in understanding how an occupational therapist's clinical judgment, analysis and education skills, and collaborative interdisciplinary team skills qualify the profession for the role of a PPS Coordinator.

Introduction to Capstone Project

The department of compliance and reimbursement can be a dark and scary place in the world of healthcare. This capstone project provided an in-depth experience within the focus area of administration, one of the American Council for Occupational Therapy Education (ACOTE) identified focus areas. This capstone project took place at Corewell Health West Blodgett Inpatient Rehab Center (IRC) in Grand Rapids, Michigan. This Inpatient Rehab Center is a licensed 42-bed inpatient acute rehabilitation unit for patients with intensive neurological, orthopedic, and other general acute rehabilitation needs. This rehab unit is also accredited through the Commission on Accreditation for Rehabilitation Facilities (CARF) with its specialty programs in stroke, brain injury, and amputation rehabilitation (Spectrum Health, n.d. a).

This capstone project explored the multiple roles of a Prospective Payment System (PPS) Coordinator and how having a clinical occupational therapy background enhances one's competence within this role. Multiple other roles were also explored during this capstone experience to gain an overall competence of the continuum of care including that of an acute care occupational therapist and care transition manager. Furthermore, this capstone project also included the identification of possible trends regarding three different Rehabilitation Impairment Categories (RICs). The three RICs included stroke, neurological, and amputation of the lower extremity, all of which Corewell Health West Blodgett IRC is CARF accredited. There were 20 patients from each RIC that were included in the review. These patients were all admitted to the IRC within the same timeframe, from September 2022 – March 2023. These trends were identified by analyzing report outcomes which were extracted from the capstone site's outcome reports website. These outcomes were compared to the weighted national and regional average

outcomes in order to gauge where Corewell Health West Blodgett IRC stood in comparison. The outcomes targeted included days of onset, length of stay, discharge placement, and tiering codes.

The site mentor for this capstone project was Jenny Guerra who is a PPS Coordinator and has a prestigious history of working within this PPS Department for roughly 8 years. Jenny also has a clinical background as a Certified Occupational Therapy Assistant and Physical Therapy Assistant. Because Jenny has worked within the PPS Department for many years she has been exposed to the continuously changing rules and standards put forth by the Centers for Medicare and Medicaid Services (CMS). With this experience, Jenny's all-encompassing knowledge regarding the CMS rules for compliance and reimbursement, as well as her successful background as a dual therapy clinician, made her an optimal site mentor for this capstone project.

For this project it was important to understand that Center of Medicare and Medicaid Services (CMS) lays the ground rules when it comes to compliance and reimbursement within the healthcare setting. CMS uses separate Prospective Payment Systems (PPSs) for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities. A PPS is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount dependent on the patients' specific classifications (Centers for Medicare & Medicaid Services [CMS], 2023). For services at an inpatient rehabilitation facility, this payment amount is derived from a classification system called the Case Mix Group (CMG) and a comorbidity tiering classification system.

Literature Review of Capstone Project

A literature review was conducted to gather information regarding the job role of a PPS Coordinator within an Inpatient Rehabilitation Facility. Additionally, it was desired to identify

how occupational therapists use their professional and clinical skills in order to fulfill the job requirements of a PPS Coordinator. According to Spectrum Health (n.d. b), who had listed a job posting for their facility, a PPS Coordinator has multiple responsibilities within the quality assurance and reimbursement aspect. Specifically, the PPS Coordinator has the responsibility to ensure optimal reimbursement by completing analytical review of medical records. Collaboration with interdisciplinary teams is also required, including those within the billing and coding team and medical team members as necessary. The position of a PPS Coordinator is also expected to obtain essential prior authorizations and submit documentation to appeal denials from insurance companies, as well as education regarding proper documentation to ensure all clinicians are appropriately representing their patient's abilities within their documentation (Spectrum Health, n.d. b). Because the PPS Coordinator completes slightly different roles depending on which care setting they are working, this job posting description also specifies that within an inpatient rehabilitation setting the PPS Coordinator is required to accurately complete all aspects of the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) and submit to CMS at an appropriate time frame (Spectrum Health, n.d. b). This job posting, as well as a majority of others when searching for job role descriptions of a PPS Coordinator, lists the requirements and qualifications of being a licensed physical therapist, occupational therapist, speech and language pathologist, or nurse ("Prospective payment system coordinator jobs", n.d.; Spectrum Health, n.d. b). Although it is clear through this exploration of job postings that occupational therapists are qualified to fulfill the role as a PPS Coordinator, the literature review conducted identified a lack of information regarding how and why occupational therapists qualify for the job role of a PPS Coordinator.

Despite lack of literature regarding the connections between occupational therapists and how they fit the role of a PPS Coordinator, this literature review has acknowledged the importance of occupational therapy students and professionals understanding the interprofessional team roles, which includes that of a PPS Coordinator and PPS team. Coker-Bolt et al. (2022) notes the importance of embedding interprofessional education (IPE) into occupational therapy curricula, which is defined by the World Health Organization (2010) as “when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (p. 13). This document states that IPE should focus on the inclusion of experiential learning activities with other professions to practice team skills, as collaboration is a necessary skill for all team members. The opportunities to practice the development of team skills should occur often across occupational therapy education, including both in the classroom and in fieldwork or capstone experiences. Occupational therapy practitioners value collaboration with clients, families, and healthcare team members (Coker-Bolt et al., 2022). Aside from knowledge of workplace injury and illness prevention, Adam et al. (2013) also found that the most commonly identified professional attributes required by occupational therapists included skills in communication and professional behaviors of reflection and evaluation. To advance these much-needed skills, health profession students must gain competence in the roles of the interprofessional team through the development of knowledge, skills, and behaviors (Health Professions Accreditors Collaborative, 2019). In order to build these team skills and communication, learners need IPE that is well-rounded and strategically designed (Coker-Bolt et al., 2022). Rotz and Dueñas (2016) state that in addition to having profession-centric expertise, today’s practitioners must be “collaboration ready” upon entering the field. This essential quality for occupational therapy students and clinicians to have strong

skills in collaboration within the interdisciplinary team matches the qualities needed as a PPS Coordinator.

Literature also states that the perceived benefits of non-traditional placements for students and IPE are similar as they provide students with an enhanced understanding of the patient in a holistic manner, increase the student's personal and professional confidence, help to gain a greater understanding of the roles of other health professionals, and how to work effectively and collaboratively in a team environment (Lumague et al., 2006; Mackenzie et al., 2007). In addition, Pallard (2015) found that non-traditional placements as part of interprofessional education are an important element of developing autonomous practitioner skills among occupational therapy students, requiring them to think in different ways and to develop innovative occupation-centered approaches to the practices they might use in more clinical settings. Casares et al. (2003) states that there has been a reduced number of clinicians working in areas traditionally used for occupational therapy practice placement education, which may divert students into taking more non-traditional routes of education placements. Role-emerging and project placements may create opportunities for students to make a contribution to and address identified needs while undertaking their practice placement education requirements (Hunt, 2005).

Overall, there is a lack of literature regarding how an occupational therapists can contribute to creating a well-rounded, interdisciplinary PPS team. Little research was identified regarding the essential qualities an occupational therapist acquires for the role of a PPS Coordinator. However, this literature review has provided information to support the need for gained competence in a role that offers interprofessional collaboration and team communication to enhance an occupational therapy student's well-rounded skillset. In conclusion, it has led to

the justification of this capstone project as a means to explore the non-clinical, non-traditional occupational therapy job role as a PPS Coordinator to gain knowledge and expertise within the interprofessional team.

Needs Assessment

Based on the literature review that was conducted, it was important for this capstone experience to explore the connection between the roles of an occupational therapist and a PPS Coordinator. In order to appreciate the non-clinical and non-traditional avenues an occupational therapist can explore as a career, this capstone experience led to the understanding of how an occupational therapist's skills can leverage the role of a PPS Coordinator. A needs assessment was conducted through the completion of a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis in order to gain perspective of what desires there were to be met within Corewell Health West Blodgett IRC from a PPS Coordinator perspective. A need that was presented by the capstone site mentor led to the second aim of this capstone project which was to analyze patients' electronic medical records and outcome reports to identify trends regarding outcome factors of their stay at the IRC. Specifically, the factors and trends that were sought out to be identified included the patient's length of stay at the IRC, number of onset days prior to being admitted, patient's discharge placement, and tiering codes. Fulfilling this need would benefit the IRC by providing information on whether or not specific RICs being admitted to the IRC are exceeding the average or below the average of the weighted national and regional patient equivalents. This needs assessment conducted informed and led to the development of the objectives for this capstone experience and project.

Objectives Achieved during the Capstone

Multiple objectives were created prior to the start of the 14-week capstone with the collaboration of the site mentor. These objectives were used to guide the capstone experience and addressed different aspects of the capstone experience to create a comprehensive understanding overall. These objectives were modified as needed due to unforeseen changes to the schedule during the 14-week capstone.

The first objective was: *Student will gain competence of patient chart reviewing process by thorough orientation from site mentor by the end of week 3.* The first three weeks of the capstone experience were utilized to gain familiarity and competence of the electronic medical record (EMR) utilized on site. Navigation of the EMR was deemed significant because it would be utilized throughout the whole duration of the 14-week capstone. Shadowing the site mentor was initially completed in order to orient to the EMR platform used. Handwritten notes were taken during this time as a way to refer back to proper navigation of the EMR.

The EMR is utilized throughout the duration of a PPS Coordinator's workday for multiple job tasks. As mentioned prior, one of the PPS Coordinator's essential roles is to accurately complete IRF-PAI forms for submission to CMS. IRF-PAIs contain information fields that need to be completed based on what is recorded in the patient's EMR within the first 3 days of admission as well as within the last three days prior to discharge. Multiple aspects of the patient's functioning need to be properly assessed and documented in the EMR by the healthcare team so that the PPS Coordinator can transfer this information accurately into each individual patient's IRF-PAI. In order to ensure all CMS required documentation is recorded in the patient's EMR, different members of the interdisciplinary team are assigned certain sections to complete both at admission and discharge. The multiple sections of the IRF-PAI include hearing, speech and vision, cognition,

mood, function, active diagnoses, health conditions, swallowing/nutritional status, skin conditions, medications, treatments, the total number of therapy minutes provided on week one and week two, and discharge placement information. Within the 'function' section of the IRF-PAI is where the patient's functional abilities and goals are reflected through completion of Section GG.

The first few weeks were also spent orientating to the facility and understanding the team members' roles. Online video modules were provided and watched to gain further information regarding audits and appeals, therapy and nursing documentation, managing outcomes, and recent CMS updates to the Section GG assessment required for the IRF-PAI.

The second objective was: *Student will gain increased knowledge of how a PPS Coordinator interacts with the interdisciplinary team to educate on proper documentation by the end of week 7.* Interaction between the PPS team and the interdisciplinary team is essential to ensure proper information is being transferred and submitted to CMS. In order to meet this objective, multiple roles and different members of the PPS team were shadowed during the capstone experience. All these shadowing experiences led to the understanding of a PPS Coordinator's responsibilities and, ultimately, the qualities that is required of a PPS Coordinator. When completing IRF-PAIs it is the PPS Coordinator's job to interpret the clinician's written documentation and insert the appropriate numerical values into the Section GG of the IRF-PAI. When there is missing documentation by a clinician or contradicting documentation between two or more clinicians regarding a patient's assistance levels, communication must be had between the PPS Coordinator and clinicians to guarantee all Section GG scoring and other appropriate information fields are filled. As a preventative measure and a way to stay up to date regarding proper Section GG scoring for CMS submission, the PPS Coordinator will schedule roundings with clinicians. The PPS Coordinator will do this while the clinician is seeing a patient to address

any potential mistakes being made by the clinicians regarding their documentation. The PPS Coordinator will take notes on the assistance levels that the clinician provides to the patient and will later compare their notes taken to the clinician's documented notes to ensure accurate assist level documentation and scoring. If any discrepancies are noted, the PPS Coordinator will educate the clinician on the proper Section GG scoring.

There are also multiple deadlines and timeframes that need to be adhered to regarding the submission of notes and specific information that needs to be completed within the first three days of admission and the last three days prior to discharge from the facility. This communication is typically completed over the phone or through in-person conversation by a PPS Coordinator. Either way, lacking this communication can result in noncompliance with CMS and risking decreased reimbursement.

Another role the PPS Coordinator plays in educating the interdisciplinary team is by being a part of the team conference meetings which typically include a member of the PPS team, an IRC provider, a nurse, an occupational therapist, a physical therapist, and a speech-language pathologist. The member of the PPS team attends these meetings to report on each of the patients discussed. They bring knowledge regarding the patients' average length of stay (ALOS) according to CMS and compliance rules regarding the patients' length of stay, reimbursement, and insurance updates.

Gaining this knowledge and experiencing the week-to-week roles as a PPS Coordinator was essential to understanding the importance of a PPS Coordinator's place within the interdisciplinary team. Furthermore, this led to the overall understanding of how having a background of an occupational therapist leverages the PPS team in general. Having a clinical background is essential when correlating patient assistance levels with Section GG scoring. Not

only is it important to know these correlations but to understand the rationale behind them also. The need for accurate interpretation of clinical documentation also weighs heavy on having an occupational therapy background as occupational therapists are experienced at using clinical reasoning skills.

The third objective was: *Student will identify patient outcomes trends through an in-depth outcomes review by week 11.* While the previous objectives supported the overall understanding of an occupational therapist's role as a PPS Coordinator, the third objective ultimately led to the completion of the capstone project by doing a complete review of patient outcome reports. Three different Rehabilitation Impairment Categories (RICs) were chosen to complete the review: stroke, neurological, and amputation of the lower extremity. Twenty patients were then chosen from each of these categories resulting in a review of 60 patients total. Each of these patients' outcome reports were obtained from eRehabData and included essential information used for the review. The review focused on extracting information regarding the patients' days of onset, length of stay, and discharge placement. Each of these values were transferred into an Excel worksheet and averages were calculated for each RIC outcome factor. For example, each stroke patients' number of onset days were averaged. Then these patient averages were compared to the weighted national and weighted regional averages. This comparison was completed in order to gain a greater understanding of how the Corewell Health Blodgett IRC is matching up to their other IRC competitors at a national and regional level. For instance, it would be considered a red flag for the Blodgett IRC if the average length of stay for their neurological patients significantly exceeded the weighted national or regional averages. This information was compiled into a PowerPoint displaying tables of the different averages compared, as well as taking a deeper look into patient charts to understand outliers within the sample. This PowerPoint was presented to

the PPS team through an online format to educate the team on facility outcome strengths and weaknesses.

Implications of Capstone

The outcome of this capstone experience has allowed for an increase in understanding of how the qualities and experiences of an occupational therapist qualify the profession for becoming a PPS Coordinator. This understanding has broadened the arena of potential job roles in which an occupational therapist can thrive and succeed. Not only has this experience allowed for the understanding of an occupational therapist within the PPS Coordinator role, but also how the PPS Coordinator facilitates education and documentation compliance back to occupational therapists. This capstone experience also allowed for increased awareness of the benefits that a non-traditional and non-clinical capstone experience with an administrative focus has for an occupational therapy doctoral student. This experience has led to the learning and sharing of compliance and reimbursement requirements for an IRC as well as the multiple roles and responsibilities that a PPS Coordinator holds to ensure rules and regulations are being maintained per CMS guidelines.

The capstone project that was completed also impacted the Corewell Health West Blodgett IRC by providing useful knowledge regarding the trends that were identified within the three RICs chosen: stroke, neurological, and lower extremity amputation. The review of patient outcomes regarding days of onset, length of stay, discharge placement, and tiering codes was shared with the PPS team and manager to give a better understanding of the trends that are occurring based on the 20 patients that were analyzed from each RIC chosen. Specifically, important information regarding the outcome averages at this capstone site and how they align with the weighted national and regional outcome averages, as well as where improvements can

be made to potentially increase the percentage of patients to be discharged to a community setting. Noting the outcome differences, it was clear to see that one of the RIC had exceeded the weighted national average outcomes, one had below the weighted national average outcomes, and the third was fairly equivalent to the weighted national average outcomes. It is important to note that the capstone site had asked to keep specific outcome data private, however, this information is available for other Corewell Health West Blodgett IRC stakeholders at the administration level to review.

Conclusion

This capstone experience overall has increased the understanding of the job role as a PPS Coordinator, the CMS guidelines that dictate reimbursement for inpatient rehabilitation facilities, and what it means for an occupational therapist to be a part of the PPS team. With many responsibilities that a PPS Coordinator needs to fulfill, it is clear that not just any professional background has the appropriate skillset to succeed as a PPS Coordinator. Overall, the data gathered and analyzed through the completed capstone project will be a useful resource for the IRC to refer to and to share as an example of where they succeed as well as the areas that have room for strengthening. Future work that would be useful for this capstone site would be helping to identify trends regarding missing documentation required to complete IRF-PAIs or determining the success and accuracy of the methods currently used.

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