

PATIENT DRIVEN PAYMENT MODEL

Fact Sheet: Interrupted Stay

Last Revised: 2-14-19

Background

The Interrupted Stay Policy, which is effective concurrent with implementation of the Patient Driven Payment Model (PDPM), sets out criteria for determining when Medicare will treat multiple SNF stays occurring in a single Part A benefit period as a single “interrupted” stay, rather than as separate stays, for the purposes of the *assessment schedule* and the *variable per diem payment schedule*.

Specifically, when the stay is considered “interrupted” under the Interrupted Stay Policy, both the assessment schedule and the variable per diem payment schedule continue from the point just prior to discharge. When the stay is not considered interrupted, both the assessment schedule and the variable per diem rate reset to Day 1, as this would be considered a new stay.

Policy Details

CMS defines an “interrupted” SNF stay as one in which a patient is discharged from Part A covered SNF care and subsequently readmitted to Part A covered SNF care in the *same* SNF (not a different SNF) *within 3 days or less* after the discharge (the “interruption window”). Note that if a resident drops to a non-skilled level of care or otherwise leaves Part A SNF care, the patient is considered to have been discharged for the purposes of the interrupted stay policy, even if the patient remains in the facility.

Consistent with the interrupted stay policies used in the Inpatient Rehabilitation Facility (IRF) and Inpatient Hospital settings, the interruption window is a 3-day period, starting with the calendar day of discharge and including the 2 immediately following calendar days, ending at midnight. In other words, the resident must return to the same SNF *by 12:00 am at the end of the third calendar day*.

If both conditions are met, the subsequent stay is considered a continuation of the previous “interrupted” stay for the purposes of both the variable per diem schedule and the assessment schedule. The variable per diem schedule continues from the day of the previous discharge. For example, if the patient was discharged on Day 17, payment rates resume at Day 17 upon readmission. The assessment schedule also continues from the day of the previous discharge. Thus, no new 5-day assessment is required upon the subsequent readmission, although the optional Interim Payment Assessment (IPA) may be completed at the provider’s discretion.

If the patient is readmitted to the same SNF *more than 3 consecutive calendar days after discharge*, OR in *any* instance when the patient is *admitted to a different SNF* (regardless of the

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length of time between stays), then the Interrupted Stay Policy does not apply and the subsequent stay is considered a new stay. In such cases, the variable per diem schedule resets to Day 1 payment rates, and the assessment schedule also resets to Day 1, necessitating a new 5-day assessment required.

Interrupted Stay Policy Examples

- *Example 1:* Patient A is admitted to SNF on 11/07/19, admitted to hospital on 11/20/19, and returns to the same SNF on 11/25/19
 - New stay
 - Assessment Schedule: Reset; stay begins with new 5-day assessment
 - Variable Per Diem: Reset: stay begins on Day 1 of variable per diem schedule
- *Example 2:* Patient B is admitted to SNF on 11/07/19, admitted to hospital on 11/20/19, and admitted to a different SNF on 11/22/19
 - New stay
 - Assessment Schedule: Reset; stay begins with new 5-day assessment
 - Variable Per Diem: Reset; stay begins on Day 1 of variable per diem schedule
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- *Example 3:* Patient C is admitted to SNF on 11/07/19, admitted to hospital on 11/20/19, and returns to the same SNF on 11/22/19
 - Continuation of previous stay
 - Assessment Schedule: No PPS assessments required, IPA optional
 - Variable Per Diem: Continues from Day 14 (Day of Discharge)