# AHCA PDPM FAQs

These FAQs are generally updated bi-weekly and address common PDPM questions submitted by AHCA members. The responses are developed by AHCA staff based upon published Centers for Medicare and Medicaid Services (CMS) policy and guidance materials or CMS direct responses to specific questions not currently addressed in such materials. If you are unable to locate an answer to a question you have in this document, please submit the question to AHCA's PDPM mailbox at pdpm@ahca.org.

## Contents

**Question 1: Where can I find out more information about PDPM and how to prepare for the transition from RUG-IV to PDPM on October 1, 2019?** ..... 3

**Question 2: Is there a CMS webpage that provides information on the IMPACT of PDPM on my facility as well as how to calculate the PDPM rates for individual residents?** ..... 4

**Question 3: For the PDPM PT, OT, and NTA components – How much will the per-diem rate be reduced during the stay, and at what intervals?** ..... 6

**Question 4: Can you please tell me whether SNF facility will continue to use the HIPPS codes when they submit the SNF services under the PDPM?** ..... 7

**Question 5: I attended the four hour PDPM Intensive session (Sunday or Wednesday) at the recent AHCA/NCAL convention in San Diego and heard from the presenters that attendees would receive information about where to access and download the PDPM Readiness Toolkit documents discussed during the presentation from the AHCA website. I cannot find the documents. Could you tell me how I can access these?** ..... 9

**Question 6: I was not able to attend the four hour PDPM Intensive program at the recent AHCA/NCAL convention in San Diego. Will members that were not able to attend the convention be able to access the presentation and the PDPM Readiness Toolkit that was discussed at the convention?** ..... 10

**Question 7: I understand the clinical importance of Restorative Nursing. How will Restorative Nursing be impacted under the PDPM payment methodology?** ..... 11

**Question 8: I'm trying to find out there the AHCA PDPM resources announced at the convention in San Diego are located. Could you direct me to the location on the AHCA website?** ..... 12

**Question 9: At the AHCA conference in San Diego it was mentioned that AHCA was partnering with a company to offer its members ICD 10 training and certification at a reduced price. Does AHCA have any updates on when this will be available?** ..... 13

**Question 10: Is there a new MDS form being updated that will be utilized under PDPM? If so, when will it be finalized to review?** ..... 14

**Question 11: Will there be new RUG categories, or will the same RUG levels be used? If so, when will the RUG list be published?** ..... 15

**Question 12: I'm looking to get some training on the BILLING process for the new PDPM model. Everything I've attended thus far have been clinical in nature and I've scoured the internet for training on billing. Would you know of any seminars/training for SNF Billing under the PDPM model?** ..... 16

**Question 13: On the PDPM resources page, the "AHCA PDPM Case-Mix Grouper Simulator Tool" is listed as something that will be available early 2019. Can you please provide more info as to what this simulator tool is, and when it may be released?** ........ 17

**Question 14: If we code the SNF PPS PDPM 5-day assessment wrong are we still able to complete a modification and rebill at the appropriate rate?** ........ 18

**Question 15: Why we don't seek approval for other licensure categories?** ........ 19

**Question 1: Where can I find out more information about PDPM and how to prepare for the transition from RUG-IV to PDPM on October 1, 2019?**

**Answer 1:** AHCA recommends that at a minimum, providers should check the CMS Patient Driven Payment Model webpage https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html and the AHCA Patient-Driven Payment Model (PDPM) Resource Center https://www.ahcancal.org/facility_operations/medicare/Pages/PDPM-Resource-Center.aspx on a regular basis.

AHCA will also be providing an array of educational opportunities and tools to assist members to prepare of a successful transition to PDPM, that will be announced via member emails, AHCA and state affiliate publications, and on the AHCA PDPM Resource Center webpage.

**Question 2: Is there a CMS webpage that provides information on the IMPACT of PDPM on my facility as well as how to calculate the PDPM rates for individual residents?**

**Answer 2:** CMS Patient Driven Payment Model Webpage

The Centers for Medicare and Medicaid Services (CMS) provides a web page that contains links to several files and documents that were developed to help SNF providers better understand the potential payment impact of changing from the RUG-IV payment model to the PDPM payment model on individual providers if care delivery patterns do not change, and other files to help providers better understand the MDS and claims data elements required under PDPM and what the base PDPM payment rate would be prior to the variable per-diem payment adjustments for PT, OT, and NTAS services as the length of stay progresses.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html

There are multiple updated versions of the same file on that page that are sometimes difficult to navigate. Below are links within that page that are most relevant to the question:

**1 - SNF PDPM Provider-Specific Impact File**

To assist stakeholders in understanding the potential impacts of the proposed PDPM, CMS posted a provider-specific impact analysis file, which details the estimated impact of the PDPM model discussed in the FY 2019 SNF PPS NPRM on Medicare Part A payments to each SNF in the country. CMS notes that, as discussed in the file and in the proposed rule, the provider and resident data is for fiscal year 2017 and represents estimated payments under PDPM, assuming no changes in provider behavior or resident case-mix. Due to patient privacy laws, some data for providers with very low Medicare patient volumes is not included in the EXCEL file. The CMS link is to a zip file that contains multiple files. Please open the EXCEL workbook file and not the comma separated files. The "Database_Main' tab contains the facility-specific PDPM impacts summary data. You can best identify your SNF by the 6-digit billing or claim control number listed in column B. The "Total Payment" comparisons between RUG-IV and PDPM are listed in columns "S" and "W".

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Enhanced_Provider_Specific_File_508.zip

**2 - SNF PDPM Classification Logic**

To assist stakeholders in understanding the process by which SNF residents would be classified into PDPM payment groups, CMS provided several files.

2a - The first file "**SNF PDPM Classification Walkthrough (Version 2)**" tool is a PDF document of a new Section of the MDS manual that will be updated for FY 2020 that provides a narrative step-by-step walkthrough of how to enter the necessary MDS items that would allow stakeholders to manually determine a resident's PDPM classification based on the data from an MDS assessment.
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MDS_Manual_Ch6_PDPM_508_corrected.pdf

2b - The second file is a spreadsheet-based grouper tool "**SNF PDPM Grouper Tool (Version 3)**" which can be used to test certain combinations of MDS items used to classify residents under the PDPM and observe their impact on the resident's PDPM classification. Please pay attention to the dropdown menu options indicated to the right of many of the MDS item data entry fields. Also, you may wish to refer to the "**SNF PDPM Classification Walkthrough (Version 2)**" PDF document tool listed above to be sure you are entering the correct information.

2c - The third file is a mapping, referenced in the narrative walkthrough file, between ICD-10-CM codes and the comorbidities used for resident classification under the NTA component called "**SNF PDPM NTA Comorbidity Mapping (Version 2)**". As like above, this is a zip file and you only need to open the EXCEL workbook file and not the comma separated files.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_NTA_Comorbidity_ICD_10_Mapping_corrected.zip

2d - In the final relevant file, also referenced in the narrative walkthrough file, is a mapping of SNF PDPM ICD-10 diagnosis codes permissible in order to classify SNF residents into one of ten PDPM Clinical Categories applicable to the PT, OT, and SLP components in "**SNF PDPM Clinical Category Mapping**". As like above, this is a zip file and you only need to open the EXCEL workbook file and not the comma separated files. Please note that if the ICD-10-CM code is identified as "Return to Provider", that code is not acceptable for PDPM and the SNF should select a more specific ICD-10-CM code that is identified as acceptable for mapping to one of the ten PDPM clinical categories. Also note that in the final rule, CMS decided that the specific ICD-10-PC surgical procedure code will not be required as CMA will be developing new MDS items under J2000 to reflect whether the patient had 1) major joint/spinal surgery, 2) other orthopedic surgery, or 3) non-orthopedic surgery in the hospitalization immediately prior to the SNF admission.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Clinical_Category_Mapping.zip

**Question 3: For the PDPM PT, OT, and NTA components – How much will the per-diem rate be reduced during the stay, and at what intervals?**

**Answer 3:** Please see the following tables from the FY 2019 SNF PPS Final Rule located at https://www.federalregister.gov/documents/2018/08/08/2018-16570/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities. These factors are applied to the PDPM Unadjusted Federal Urban or Rural per-diem rates for the respective PT, OT, and NTA components before any SNF quality reporting program (QRP) or value-based purchasing (VBP) program adjustments are applied.

TABLE 30—VARIABLE PER-DIEM ADJUSTMENT FACTORS AND SCHEDULE—PT AND OT Medicare payment days Adjustment factor

1–20 .................................... 1.00

21–27 .................................. 0.98

28–34 .................................. 0.96

35–41 .................................. 0.94

42–48 .................................. 0.92

49–55 .................................. 0.90

56–62 .................................. 0.88

63–69 .................................. 0.86

70–76 .................................. 0.84

77–83 .................................. 0.82

84–90 .................................. 0.80

91–97 .................................. 0.78

98–100 ................................ 0.76

TABLE 31—VARIABLE PER-DIEM ADJUSTMENT FACTORS AND SCHEDULE—NTA Medicare payment days Adjustment factor

1–3 ...................................... 3.0

4–100 .................................. 1.0

**Question 4: Can you please tell me whether SNF facility will continue to use the HIPPS codes when they submit the SNF services under the PDPM?**

**Answer 4 (Updated 10/19/18):** The HIPPS code is a Skilled Nursing Facility (SNF) Part A billing code and is composed of a five-position code representing the SNF Prospective Payment System (PPS) group code, plus a two-position assessment type indicator. CMS has stated that they intend to continue the use of HIPPS codes on claims to report the resident case-mix that determines per-diem case-mix payment rates.

However, unlike the RUG-IV payment model that required one HIPPS group code per day to report one of the 66 hierarchical case-mix groups (CMGs), PDPM will use different case-mix index codes for the PT/OT, SLP, Nursing and NTA components which are independently determined and then summed-up to create the first five characters of the PDPM HIPPS group code. As reflected in tables 21, 23, 26, and 28 below extracted from the FY 2019 SNF PPS Final Rule, under PDPM the characters TA through TP are assigned to the 16 PT and OT component CMGs, SA through SL are assigned to the twelve SLP component CMGs, ES3 through PA1 are assigned to the 25 nursing component CMGs, and NA through NF are assigned to NTA component CMGs.

Typically, the SNF PPS grouper software will calculate this based upon the data specifications established by CMS. The HIPPS code will then be entered into the Minimum Data Set (MDS) field Z0100A, as well as on the claim. Details about how to complete Section Z of the MDS is located in Chapter 3 of the MDS Resident Assessment Instrument (MDS-RAI) manual https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf. If the value for Z0100A is not automatically calculated by the software data entry product, providers can refer to Chapter 6 of the MDS-RAI manual, for a step-by-step worksheet for manually determining the PDPM HIPPS code and a table that defines the assessment type indicator.

However, CMS has not yet published how these PDPM component CMG codes will be converted into PDPM HIPPS Codes. We anticipate that CMS will be releasing this information in late December 2018 or in January 2019 when they release the draft update to the SNF MDS-RAI manual and related MDS software specifications that will be effective October 1, 2019. AHCA will update members related to the appropriate HIPPS codes for billing under PDPM as soon as that information becomes available.

TABLE 21—PT AND OT CASE-MIX CLASSIFICATION GROUPS

| Clinical category | Section GG function score | PT OT case-mix group | PT case-mix index | OT case-mix index |
|---|---|---|---|---|
| Major Joint Replacement or Spinal Surgery | 0–5 | TA | 1.53 | 1.49 |
| Major Joint Replacement or Spinal Surgery | 6–9 | TB | 1.69 | 1.63 |
| Major Joint Replacement or Spinal Surgery | 10–23 | TC | 1.88 | 1.68 |
| Major Joint Replacement or Spinal Surgery | 24 | TD | 1.92 | 1.53 |
| Other Orthopedic | 0–5 | TE | 1.42 | 1.41 |
| Other Orthopedic | 6–9 | TF | 1.61 | 1.59 |
| Other Orthopedic | 10–23 | TG | 1.67 | 1.64 |
| Other Orthopedic | 24 | TH | 1.16 | 1.15 |
| Medical Management | 0–5 | TI | 1.13 | 1.17 |
| Medical Management | 6–9 | TJ | 1.42 | 1.44 |
| Medical Management | 10–23 | TK | 1.52 | 1.54 |
| Medical Management | 24 | TL | 1.09 | 1.11 |
| Non-Orthopedic Surgery and Acute Neurologic | 0–5 | TM | 1.27 | 1.30 |
| Non-Orthopedic Surgery and Acute Neurologic | 6–9 | TN | 1.48 | 1.49 |
| Non-Orthopedic Surgery and Acute Neurologic | 10–23 | TO | 1.55 | 1.55 |
| Non-Orthopedic Surgery and Acute Neurologic | 24 | TP | 1.08 | 1.09 |

TABLE 23—SLP CASE-MIX CLASSIFICATION GROUPS

| Presence of acute neurologic condition, SLP-related comorbidity, or cognitive impairment | Mechanically altered diet or swallowing disorder | SLP case-mix group | SLP case-mix index |
|---|---|---|---|
| None | Neither | SA | 0.68 |
| None | Either | SB | 1.82 |
| None | Both | SC | 2.66 |
| Any one | Neither | SD | 1.46 |
| Any one | Either | SE | 2.33 |
| Any one | Both | SF | 2.97 |
| Any two | Neither | SG | 2.04 |
| Any two | Either | SH | 2.85 |
| Any two | Both | SI | 3.51 |
| All three | Neither | SJ | 2.98 |
| All three | Either | SK | 3.69 |
| All three | Both | SL | 4.19 |

TABLE 26—NURSING INDEXES UNDER PDPM CLASSIFICATION MODEL

| RUG–IV nursing RUG | Extensive services | Clinical conditions | Depression | Number of restorative nursing services | GG-based function score | PDPM nursing case-mix group | Nursing case-mix index |
|---|---|---|---|---|---|---|---|
| ES3 | Tracheostomy & Ventilator. | | | | 0–14 | ES3 | 4.04 |
| ES2 | Tracheostomy or Ventilator. | | | | 0–14 | ES2 | 3.06 |
| ES1 | Infection | | | | 0–14 | ES1 | 2.91 |
| HE2/HD2 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | Yes | | 0–5 | HDE2 | 2.39 |
| HE1/HD1 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | No | | 0–5 | HDE1 | 1.99 |
| HC2/HB2 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | Yes | | 6–14 | HBC2 | 2.23 |
| HC1/HB1 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | No | | 6–14 | HBC1 | 1.85 |
| LE2/LD2 | | Serious medical conditions e.g. radiation therapy or dialysis. | Yes | | 0–5 | LDE2 | 2.07 |
| LE1/LD1 | | Serious medical conditions e.g. radiation therapy or dialysis. | No | | 0–5 | LDE1 | 1.72 |
| LC2/LB2 | | Serious medical conditions e.g. radiation therapy or dialysis. | Yes | | 6–14 | LBC2 | 1.71 |
| LC1/LB1 | | Serious medical conditions e.g. radiation therapy or dialysis. | No | | 6–14 | LBC1 | 1.43 |
| CE2/CD2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 0–5 | CDE2 | 1.86 |
| CE1/CD1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 0–5 | CDE1 | 1.62 |
| CC2/CB2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 6–14 | CBC2 | 1.54 |
| CA2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 15–16 | CA2 | 1.08 |
| CC1/CB1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 6–14 | CBC1 | 1.34 |
| CA1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 15–16 | CA1 | 0.94 |
| BB2/BA2 | | Behavioral or cognitive symptoms | | 2 or more | 11–16 | BAB2 | 1.04 |
| BB1/BA1 | | Behavioral or cognitive symptoms | | 0–1 | 11–16 | BAB1 | 0.99 |
| PE2/PD2 | | Assistance with daily living and general supervision | | 2 or more | 0–5 | PDE2 | 1.57 |
| PE1/PD1 | | Assistance with daily living and general supervision | | 0–1 | 0–5 | PDE1 | 1.47 |
| PC2/PB2 | | Assistance with daily living and general supervision | | 2 or more | 6–14 | PBC2 | 1.21 |
| PA2 | | Assistance with daily living and general supervision | | 2 or more | 15–16 | PA2 | 0.70 |
| PC1/PB1 | | Assistance with daily living and general supervision | | 0–1 | 6–14 | PBC1 | 1.13 |
| PA1 | | Assistance with daily living and general supervision | | 0–1 | 15–16 | PA1 | 0.66 |

TABLE 28—NTA CASE-MIX CLASSIFICATION GROUPS

| NTA score range | NTA case-mix group | NTA case-mix index |
|---|---|---|
| 12+ | NA | 3.25 |
| 9–11 | NB | 2.53 |
| 6–8 | NC | 1.85 |
| 3–5 | ND | 1.34 |
| 1–2 | NE | 0.96 |
| 0 | NF | 0.72 |

**Question 5: I attended the four hour PDPM Intensive session (Sunday or Wednesday) at the recent AHCA/NCAL convention in San Diego and heard from the presenters that attendees would receive information about where to access and download the PDPM Readiness Toolkit documents discussed during the presentation from the AHCA website. I cannot find the documents. Could you tell me how I can access these?**

**Answer 5 (10/19/18):** Thank you for attending convention and the PDPM Intensive program. We are in the process of readying the tools for launch and aim to have them ready very soon. At that time, all providers who attended one of the sessions will receive an email with information on how to access the tools. We appreciate your patience as we work to make interaction with the tools a positive one.

**Question 6: I was not able to attend the four hour PDPM Intensive program at the recent AHCA/NCAL convention in San Diego. Will members that were not able to attend the convention be able to access the presentation and the PDPM Readiness Toolkit that was discussed at the convention?**

**Answer 6 (10/19/18):** AHCA recorded the four hour PDPM intensive that was provided on Wednesday, October 10 which is currently being edited and will become available to all members on our website soon. At that time we will be providing information to all members on how to access the recorded session and the tools.

**Question 7: I understand the clinical importance of Restorative Nursing. How will Restorative Nursing be impacted under the PDPM payment methodology?**

**Answer 7 (10/22/18):** The Patient-Driven Payment Model (PDPM) will not impact the basic Medicare Part A Skilled Nursing Facility (SNF) coverage requirements. Under PDPM, a resident will continue to require at a minimum daily skilled nursing care for seven days-per-week and/or daily skilled rehabilitation therapy services (PT, OT, and/or SLP), defined as at least 5 days-per-week. Restorative nursing for the purposes of skilled maintenance or supplementing rehabilitation therapies for functional improvement remain covered under PDPM. The SNF prospective payment system (SNF PPS) under the Resource Utilization Groups (RUG) case-mix PPS model included a positive case-mix adjustment (higher per-diem payment) for two separate restorative nursing services furnished at least six days per week, but only if the resident fell into the Rehab Low case-mix group in cases where there were only 3-4 days of therapy provided per week, or did not fall into any of the other Rehab RUGs where therapy was furnished at least five days per week. Under PDPM, a resident can receive a similar positive Nursing Component case-mix adjustment in certain nursing clinical groups if the resident received two or more restorative nursing services during at least of six of the prior seven days during the assessment period, regardless of how many days of therapy the resident receives per week. Table 26 from the FY 2019 SNF PPS Final Rule below indicates the PDPM Nursing Component case-mix groups (near the bottom) that would receive additional per-diem payments for restorative nursing services.

TABLE 26—NURSING INDEXES UNDER PDPM CLASSIFICATION MODEL

| RUG–IV nursing RUG | Extensive services | Clinical conditions | Depression | Number of restorative nursing services | GG-based function score | PDPM nursing case-mix group | Nursing case-mix index |
|---|---|---|---|---|---|---|---|
| ES3 | Tracheostomy & Ventilator. | | | | 0–14 | ES3 | 4.04 |
| ES2 | Tracheostomy or Ventilator. | | | | 0–14 | ES2 | 3.06 |
| ES1 | Infection | | | | 0–14 | ES1 | 2.91 |
| HE2/HD2 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | Yes | | 0–5 | HDE2 | 2.39 |
| HE1/HD1 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | No | | 0–5 | HDE1 | 1.99 |
| HC2/HB2 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | Yes | | 6–14 | HBC2 | 2.23 |
| HC1/HB1 | | Serious medical conditions e.g. comatose, septicemia, respiratory therapy. | No | | 6–14 | HBC1 | 1.85 |
| LE2/LD2 | | Serious medical conditions e.g. radiation therapy or dialysis. | Yes | | 0–5 | LDE2 | 2.07 |
| LE1/LD1 | | Serious medical conditions e.g. radiation therapy or dialysis. | No | | 0–5 | LDE1 | 1.72 |
| LC2/LB2 | | Serious medical conditions e.g. radiation therapy or dialysis. | Yes | | 6–14 | LBC2 | 1.71 |
| LC1/LB1 | | Serious medical conditions e.g. radiation therapy or dialysis. | No | | 6–14 | LBC1 | 1.43 |
| CE2/CD2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 0–5 | CDE2 | 1.86 |
| CE1/CD1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 0–5 | CDE1 | 1.62 |
| CC2/CB2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 6–14 | CBC2 | 1.54 |
| CA2 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | Yes | | 15–16 | CA2 | 1.08 |
| CC1/CB1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 6–14 | CBC1 | 1.34 |
| CA1 | | Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns. | No | | 15–16 | CA1 | 0.94 |
| BB2/BA2 | | Behavioral or cognitive symptoms | | 2 or more | 11–16 | BAB2 | 1.04 |
| BB1/BA1 | | Behavioral or cognitive symptoms | | 0–1 | 11–16 | BAB1 | 0.99 |
| PE2/PD2 | | Assistance with daily living and general supervision | | 2 or more | 0–5 | PDE2 | 1.57 |
| PE1/PD1 | | Assistance with daily living and general supervision | | 0–1 | 0–5 | PDE1 | 1.47 |
| PC2/PB2 | | Assistance with daily living and general supervision | | 2 or more | 6–14 | PBC2 | 1.21 |
| PA2 | | Assistance with daily living and general supervision | | 2 or more | 15–16 | PA2 | 0.70 |
| PC1/PB1 | | Assistance with daily living and general supervision | | 0–1 | 6–14 | PBC1 | 1.13 |
| PA1 | | Assistance with daily living and general supervision | | 0–1 | 15–16 | PA1 | 0.66 |

**Question 8: I'm trying to find out there the AHCA PDPM resources announced at the convention in San Diego are located. Could you direct me to the location on the AHCA website?**

**Answer 8 (12/17/18):** Thank you for your interest in the AHCA developed tools and resources we are developing. We are rolling out the materials you indicated after the new year as part of our AHCA PDPM Academy which includes a variety of in-person and online educational opportunities and toolkits. You can check with your state association for information about when we will be offering in partnership with the state association our PDPM Academy workshops in your area. Our online resources will be available at our website at www.ahca.org. Once on the home page, please click on the "PDPM Academy" radio button just below the scrolling banner.

**Question 9: At the AHCA conference in San Diego it was mentioned that AHCA was partnering with a company to offer its members ICD 10 training and certification at a reduced price.  Does AHCA have any updates on when this will be available?**

**Answer 9 (12/17/18):** At this point we anticipate releasing the online SNF-specific ICD-10 training related to PDPM requirements in late January 2019.  Please look out for upcoming announcements related to the official release date and pricing at the AHCA PDPM Academy webpage which is located at www.ahca.org. Once on the home page, please click on the "PDPM Academy" radio button just below the scrolling banner.

**Question 10: Is there a new MDS form being updated that will be utilized under PDPM? If so, when will it be finalized to review?**

**Answer 10 (1/9/19):** CMS just released yesterday the draft MDS form updates that will be effective for PDPM on October 1, 2018.

- Here is the link to the page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html
- Scroll down to the “Downloads” section and the topmost link takes you to a zip file that contains the draft version of the new MDS items. CMS does not publish the final version until late summer.

**Question 11: Will there be new RUG categories, or will the same RUG levels be used? If so, when will the RUG list be published?**

**Answer 11 (1/9/19):** RUG categories will be eliminated 9/30/19 and will be replaced on 10/1/19 by new separate PT/OT, SLP, Nursing, and NTA PDPM Case-Mix groups that are combined into new PDPM HIPPS billing codes.

- This will be explained in detail in the draft updated to the MDS RAI manual – which should be published sometime this month – when it is published it will be located in the “Downloads” section at the bottom of this page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html
- Until then you can learn more about the PDPM classification categories via the recently published CMS fact sheets and Q&As on this page: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

**Question 12: I'm looking to get some training on the BILLING process for the new PDPM model. Everything I've attended thus far have been clinical in nature and I've scoured the internet for training on billing. Would you know of any seminars/training for SNF Billing under the PDPM model?**

**Answer 12 (1/16/19):** We believe the reason you haven't seen any billing-specific training yet is because 1) CMS has not released the Draft SNF MDS RAI Manual which includes specific assessment type coding instructions in Chapter 2 and the revised SNF PPS classification information in Chapter 6 (expected sometime in January), and 2) CMS has not provided updates to include the SNF PPS billing instructions related to PDPM implementation in Chapter 6 of the Medicare Claims Processing Manual (release date unknown).

You can piece together some of the parts for PDPM billing by reviewing the various documents, presentations, and FAQs that address parts of the billing process changes that are posted on the CMS PDPM webpage at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

Once the official sources are posted, you probably will see more educational opportunities available. The AHCA PDPM Academy will also provide PDPM billing-related tools and resources as CMS releases official instructions at: https://educate.ahcancal.org/pdpmacademy

**Question 13: On the PDPM resources page, the "AHCA PDPM Case-Mix Grouper Simulator Tool" is listed as something that will be available early 2019. Can you please provide more info as to what this simulator tool is, and when it may be released?**

**Answer 13 (1/22/19):** We are waiting for the Centers for Medicare and Medicaid Services to release the technical specifications document that would enable us to finalize the development of our PDPM case-mix simulator. Typically CMS releases these in January, and we anticipate releasing our tool within 6-8 weeks afterwards after testing.

The tool will be an excel-based file that would permit a user to enter PDPM-related MDS items (and one claim diagnosis item) information required for PDPM case-mix adjustment purposes for current residents so that providers would be able to identify the appropriate resident PDPM case mix groups for the PT, OT, SLP, Nursing and NTA components. Additionally the tool would estimate total per-diem rates, including the impacts of the variable per-diem payment rates for the PT, OT, and NTA components to permit simulation of the impacts on payment rates as compared to the current RUG-IV model.

Additional details of the functionality will be issued as we get closer to the release date. Until then members are encouraged to review the AHCA PDPM Academy resources on ahcancalED under the "AHCA PDPM MDS Accuracy Toolkit – Resident Classification" heading for tools you can use to manually determine a resident's PDPM calculation and simulated payment rates.

**Question 14: If we code the SNF PPS PDPM 5-day assessment wrong are we still able to complete a modification and rebill at the appropriate rate?**

**Answer 14 (1/22/19):** To date, CMS has verbally stated the implementation of PDPM does not impact the policies related to Significant Corrections of comprehensive assessments as described in Chapter 2 of the MDS-RAI Manual. However, CMS has not yet released the draft update to the MDS-RAI manual that includes details about PDPM assessments that would be effective on October 1, 2019. CMS has indicated they intend to release the draft manual in January 2019. At that time, we anticipate that the Chapter 2 language will include revisions that will provide clarity as to how and when Significant Corrections of SNF PPS PDPM assessments may be submitted.

**Question 15: Why we don't seek approval for other licensure categories?**

**Answer 15 (3/25/19)**: Continuing education for other licensure groups: AHCA is a NAB approved CE provider and has sought and received NAB approval for the state sponsored and virtual PDPM trainings. Due to the varying state-by-state requirements, AHCA has not sought approval for continuing education for nurses, therapy professionals, social workers, etc. The AHCA team will be happy to provide any supporting documentation to those professionals who wish to self-submit to their credentialing board for credit approval. Please contact Teresa Eyet (teyet@ahca.org) with a list of documentation needed.