Effective 10/1/19, The Centers for Medicare and Medicaid (CMS) is switching to a new grouper methodology called the “Patient Directed Payment Model” (PDPM) for Medicare payments to Nursing Facilities. Currently, the Ohio Department of Medicaid (ODM) plans to continue its current payment methodology using the RUG IV grouper. ODM will continue to monitor the new payment methodology with its internal and external stakeholders to keep apprised of any new updates. Below are some frequently asked questions and corresponding answers.

What happens on 10/1/19?
Effective 10/1/19, Nursing Facility providers are required by CMS to submit their Medicare claims using the new HIPPS codes for PDPM. The new HIPPS codes are 5 alpha-numeric characters (same as RUGS IV) but the coding will be different. Please refer to this link regarding revised HIPPS coding: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MLN_Call_PDPM_Presentation_508.pdf

What will be different with provider’s claims submissions?
ODM does not anticipate any procedural changes to nursing facility Medicare cross over claims processing due to PDPM. The rationale for this is that the Medicare PDPM rate remains a per resident per day rate just as the Medicare rate is prior to PDPM. This Medicare per diem rate is compared to the Medicaid per diem rate for determining any cross over claims. Plans can use the same logic in place in accordance with http://codes.ohio.gov/orc/5165.155v1.

What if I have further questions about PDPM?
Please contact Terry Moore at 614-752-3638.