

# 10 Questions for Projecting Revenue at Admission Under PDPM

Use this questionnaire to get an idea of revenue and expenses for a Medicare Part A resident admitted under the Patient Driven Payment Model (PDPM), which will be used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) effective October 1, 2019.

- 1 Does the resident meet the skilled coverage criteria for a Medicare Part A covered stay?
- 2 Has the resident used any days in the current benefit period? Is the resident in coinsurance days (>20 days used)?
  - Will the PT/OT or NTA rate adjustment factors be in effect upon admission?
- 3 Will the resident be a short-term or long-term resident?
- 4 Does the resident have a secondary insurance?
  - Should staff assist the resident with starting a Medicaid application?
- 5 What skilled services will the resident need (i.e., nursing, PT, OT and/or SLP)?

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### What is a ballpark estimate of the daily reimbursement rate for the resident?

- Add each of the following FY20 minimum rate component amounts according to the resident's characteristics and needs.

*Note: This is just a ballpark estimate. The PT, OT, SLP, Nursing and NTA rate components may be case-mix adjusted to higher amounts based on the resident's characteristics. See CMS Grouper Tool for a more precise projection).*

Rural SNF	Urban SNF
PT = \$67.63	PT = \$59.33
OT = \$62.11	OT = \$55.23
SLP = \$27.90	SLP = \$22.15
Nursing = \$98.83	Nursing = \$103.46
NTA = \$74.56	NTA = \$78.05
Non-Case Mix = \$94.34	Non-Case Mix = \$92.63

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Are there any resident risk factors that may impact utilization and length of stay or discharge (i.e., history of noncompliance, uncontrolled behaviors, failure to thrive, homelessness)?

8

Are there any costly drugs prescribed that are subject to consolidated billing?

- [HCPCS table](#) clarifies which drugs are subject to consolidated billing
- Consult with contracted pharmacy to obtain costs of drugs.

9

Will the resident have multiple appointments with external physicians/specialists for ongoing services or treatment during their Medicare Part A stay that are subject to consolidated billing (i.e., nephrologist, endocrinologist, orthopedist, wound care specialist, oncologist)?

- Where will the appointments take place (i.e., inpatient hospital, ambulatory surgery center, physician office)?

*Note: Dialysis/chemotherapy not subject to consolidated billing (not Part A expenses) as long as they are provided in specialized dialysis/ chemotherapy facilities. Appointments that require visits to any facility other than an inpatient hospital (or a specialized dialysis/chemotherapy facility) may be subject to consolidated billing.*

- What ongoing services or treatments will be needed from external physicians/specialists (i.e., dialysis, chemotherapy, hyperbaric chamber therapy, sleep studies, swallowing studies, transfusions)?
- [HCPCS table](#) clarifies which services and treatments are subject to consolidated billing.
- [Help File](#) provides the Medicare allowable amounts according to the Physician Fee Schedule to precisely project costs of services and treatments.

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What type of equipment will the resident need (i.e., bariatric bed, special wheelchair, wound vac, CPM, CPAP/BiPAP)?

- Does the facility have the equipment or will it need to be purchased/rented?
- Equipment purchase or rental costs should be included in the ballpark estimate.

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