Patient Driven Payment Model (PDPM) Information Guide

gainwell

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VERSION HISTORY

Date	Version	Change Description
08.15.2025	1.0	Production version

Contents

1. OVERVIEW

Effective October, 1, 2025 the Rhode Island Office of Health and Human Services will be adopting the Centers for Medicare and Medicaid (CMS) new standard for nursing home and hospice patient assessment, Patient Driven Payment Model (PDPM). Payment for services will be based on Minimum Data Set (MDS) v3.10.1 or the most current version. As with the Resource Utilization Group (RUG) assessment, nursing homes will be required to complete assessments and submit them to CMS.

The MDS assessment is a clinical tool used to identify all residents' strengths, weaknesses, preferences, and needs in key areas of functioning. PDPM Consists of 5 major components: Physical Therapy, Occupational Therapy, Speech-Language Pathology, Non-therapy Ancillary assessment, and Nursing Care.

The purpose of this document is to provide nursing home and hospice facilities, and their vendors, guidance in implementing PDPM requirements for successful MDS processing by Gainwell Technologies (Gainwell).

GLOSSARY OF TERMS

The following terms and acronyms referenced throughout this document are identified below:

Term	Description
ARD	Assessment Reference Date
CMS	Centers for Medicare and Medicaid
DOB	Date of Birth
DOH	Department of Health
DOS	Dates of Service
EOB	Explanation of Benefits
Gainwell	Gainwell Technologies
MDS	Minimum Data Set
MMIS	Medicaid Management Information System
OHHS	Office of Health and Human Services
PDPM	Patient Driven Payment Model
RI	State of Rhode Island
RUG	Resource Utilization Group
SSN	Social Security Number

2. IMPLEMENTATION

PDPM will apply to nursing home or hospice stays with Dates of Service (DOS) on or after October 1, 2025. The first claims will be processed with the nursing home room and board financial cycle in November 2025.

Nursing home providers will continue to conduct assessments and submit them to CMS as Minimum Data Set (MDS) records per CMS guidelines. After reviewing the MDS record submissions, CMS will continue to forward the MDS records to the State of Rhode Island (RI) Department of Health (DOH). On Mondays, RIDOH will send all MDS records received from CMS during the previous week to Gainwell and are processed and loaded to the Medicaid Management Information System (MMIS) as part of overnight batch processing.

MDS records will not be processed by a Grouper to determine the PDPM code (MDCR_HIPPS_TXT / Z0100A). Instead, the provider calculated PDPM code on the MDS record will be used by MMIS. MDS records with no PDPM code will be processed as the base weight, "ZZZZZ".

Claims with a From Date of Service on or after October 1, 2025 will be processed using PDPM weights. Claims with a From Date of Service before October 1, 2025 will be processed using RUG weights.

MDS assessments, which contain PDPM information, have continually been received by MMIS. It is recommended for providers to submit an MDS record by 10.01.2025 to ensure that all recipients have at least one PDPM score on file so the October claims will be properly paid on November 6, 2025, lessening risk to providers. If a recipient has a PDPM score on file already, that score will continue to be used until a new assessment is submitted.

RECORD TYPE REQUIREMENTS

RI will be accepting the following record types (MDS_ITM_SBST_CD / 200):

MDS Record Type	MDS Record Description	MDS_ITM_SBST_CD Sort Value
NT	Entry / Tracking	09
NC	Nursing Comprehensive	01
NQ	Nursing Quarterly	02
ND	Nursing Discharge	08
IPA	Interim Payment Assessment	20
NP	Nursing PPS Assessment	03
NPE	Nursing PPS Discharge	10
XX	Inactivation Request	19

Beginning October 1, 2025, Optional State Assessment (OSA) MDS records (MDS_ITM_SBST_CD = 21) will not be required for PDPM assessments. OSAs will only be required for retro-active RUG assessments with Assessment Reference Date (ARD) before October 1, 2025.

Swing bed assessments (MDS record types SD, SP, or ST) will not be processed.

The Social Security Number (SSN) (SSN_NUM / A0600A) and recipient Date of Birth (DOB) (BIRTH_DT / A0900) on the MDS record will be used to identify a matching recipient in MMIS. Therefore, these fields must be completed for every MDS record submitted.

Under RUG processing guidelines, certain RUG records may be submitted without an SSN or DOB. However, with changes in processing for PDPM, MMIS will require both the SSN and DOB in order to process all MDS records.

The order MMIS will process a recipient's MDS records will be determined by the Submit Date on the record (SUBMSN_DT / SUBMISSION_DATE), from oldest to most recent.

GENERAL REQUIREMENTS

The following requirements need to be met to successfully process MDS records:

- The current National Provider Identifier (NPI) (NPI_NUM / A0100A) should be used for all MDS records.

- If the MDS record is not a correction or inactivation record, the Transaction Type Indicator (TRANS_TYP_CD / A0050) must be a "1".

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.

  If the SSN and DOB on the MDS record does not match a recipient in MMIS, no PDPM record will be created in MMIS for that MDS record. This will result in an unexpected or no pricing for a claim. Extreme caution should be exercised to avoid typos in these fields.

  Under RUG processing guidelines, certain RUG records may be submitted without an SSN or DOB. However, with changes in processing for PDPM, MMIS will require both the SSN and DOB in order to process all MDS records.

- MMIS will use the ARD (ASMT_RFRNC_DT / A2300) as the unique key for each recipient's MDS record history. When the Transaction Type Indicator (TRANS_TYP_CD / A0050) is a 1,

the ARD field (ASMT_RFRNC_DT / A2300) will be used as the effective Begin Date for a PDPM record in MMIS. If the ARD field is not blank or "^" filled, then it must be formatted "YYYYMMDD".

If the ARD field is blank on an Entry / Tracking (NT) MDS record, then the Entry Date field (ENTRY_DT / A1600) will be used as the Begin Date of the PDPM record in MMIS.

If an MDS assessment has an ARD which overlaps with the End Date of another PDPM record in MMIS, the previous PDPM record will be end dated one day before the new PDPM record.

If an MDS assessment has an ARD which matches another record for the same recipient and the Transaction Type Indicator (TRANS_TYP_CD / A0050) is not a 2 or 3, indicating that the MDS record is a correction or inactivation record, then the MDS record will not be processed.

- If the Entry Date field (ENTRY_DT) / A1600) is not blank or "^" filled, then it must be formatted "YYYYMMDD". Any other format or an invalid date will cause MMIS to not process the record.

- Any date field that is not blank or "^" field must be formatted "YYYYMMDD" or the MDS record will not be processed.

- The effective End Date of a PDPM record will be "End of Time" (December 31, 2382). When a new MDS assessment is received with a new ARD (ASMT_RFRNC_DT / A2300) or Entry Date (ENTRY_DT / A1600), then the previous PDPM record will be end dated the day before the new ARD. MMIS will allow retroactive MDS assessments to be submitted and processed, and will accommodate the effective Begin and End dates according to the newly received according to the new assessment.

Example 1: MMIS has the following MDS records for a recipient:

Note: Dates in the example are given in MM.DD.YYYY format for readability only.

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.12.2025
NQ	EFGH	11.13.2025	12.31.2382

A new Comprehensive Assessment (NC) MDS record is received with an ARD (ASMT_RFRNC_DT / A2300) of 12.15.2025. The recipient's MDS records will be updated:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.12.2025
NQ	EFGH	11.13.2025	12.14.2025
NC	IJKL	12.15.2025	12.31.2382

Example 2: MMIS has the following MDS records for a recipient:

Note: Dates in the example are given in MM.DD.YYYY format for readability only.

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.12.2025
NQ	EFGH	11.13.2025	12.31.2382

A new Interim Payment (IPA) MDS record is received with an ARD (ASMT_RFRNC_DT / A2300) of 11.01.2025 and PDPM code (MDCR_HIPPS_TXT / Z0100A) of ABCD. The recipient's MDS records will be updated:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	10.31.2025
IPA	ABCD	11.01.2025	11.12.2025
NQ	EFGH	11.13.2025	12.31.2382

- PDPM processing will require separate Entry / Tracking (NT) and Discharge (ND) assessments. Therefore, if a recipient enters a facility and is subsequently discharged, MMIS will require separate Entry / Tracking (NT) and Discharge (ND) MDS records.

  Under RUG processing guidelines, a singular assessment could be submitted to record a recipient's entry into a facility and subsequent discharge.

ENTRY / TRACKING (NT) RECORD REQUIREMENTS

The following requirements need to be met to successfully process Entry Tracking (NT) records:

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.
- If the ARD field (ASMT_RFRNC_DT / A2300) is blank, then the Entry Date field (ENTRY_DT / A1600) will be used as the effective Begin Date of the PDPM record in MMIS.

  If the ARD field is not blank, then MMIS requires it to be formatted "YYYYMMDD" or the record will not process.
- The Entry Date field (ENTRY_DT / A1600) must be formatted "YYYYMMDD" or the record will not process.
- If the PDPM Code field (MDCR_HIPPS_TXT / Z0100A) is blank, then MMIS will populate the field with "ZZZZZ".

  If the PDPM Code field is blank and the Entry Code (ENTRY_TYPE_CD / A1700) is a "2" to designate the record as a reentry, MMIS will use the most recent active PDPM Code on file for the NT record.

DISCHARGE (ND, NPE) RECORD REQUIREMENTS

Even though both MDS record types ND and NPE are designated as Discharge record types, only the ND record type indicates that the recipient has physically left the facility. The NPE record type is used to indicate that the recipient's Medicare Part A has been exhausted. Because of this, the ND record type and the NPE record type will be processed differently by MMIS.

The following requirements need to be met to successfully process the ND record type:

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.
- The ARD field (ASMT_RFRNC_DT/ A2300) must be populated with a valid, non-blank, date, or the MDS record will not be processed. The ARD will be used as the Begin Date and the Discharge Date field (DSCHRG_DT / A2000) will be used as the End Date of the record in MMIS.
- If the PDPM Code field (MDCR_HIPPS_TXT / Z0100A) field is blank, then MMIS will populate the field with the PDPM Code from the PDPM record with the next earliest ARD (ASMT_RFRNC_DT/ A2300).
- The Discharge Date (DSCHRG_DT / A2000) will only be processed on ND record types when the Transaction Type Indicator (TRANS_TYP_CD / A0050) is a "1". The Discharge Date will be used to end date the PDPM record in MMIS.
    - If the Discharge Date field on an ND MDS record type is blank, improperly formatted, or is an invalid date, the MDS record will not be processed.

Example: MMIS has the following MDS records for a recipient:

Note: Dates in the example are given in MM.DD.YYYY format for readability only.

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.12.2025
NQ	EFGH	11.13.2025	12.31.2382

Discharge (ND) MDS record is received with an ARD of 12.01.2025 and Discharge Date (DSCHRG_DT / A2000) of 12.16.2025, but without a PDPM code. The recipient's MDS records will be updated:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.12.2025
NQ	EFGH	11.13.2025	11.30.2025
ND	EFGH	12.01.2025	12.15.2025

The following requirements need to be met to successfully process the NPE record type:

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.

- The ARD field (ASMT_RFRNC_DT/ A2300) must be populated with a valid, non-blank, date, or the MDS record will not be processed. The ARD will be used as the Begin Date.

- If the PDPM Code field (MDCR_HIPPS_TXT / Z0100A) is blank, then MMIS will populate the field with the PDPM Code from the PDPM record with the next earliest ARD (ASMT_RFRNC_DT/ A2300).

Since the NPE record type indicates an end to a recipient's Medicare Part A stay and not a physical discharge from a facility, the Discharge Date field (DSCHRG_DT / A2000) will not be used by MMIS. However, if the Discharge Date is not blank, MMIS will validate that the Discharge Date is a valid value formatted YYYMMDD.

Example : MMIS has the following MDS records for a recipient:

Note: Dates in the example are given in MM.DD.YYYY format for readability only.

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	11.30.2025
NQ	EFGH	12.01.2025	12.31.2382

A Nursing PPS Discharge (NPE) MDS record is received with an ARD of 11.01.2025, but without a PDPM code. The recipient's MDS records will be updated:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NC	ABCD	10.02.2025	10.31.2025
NPE	ABCD	11.01.2025	11.30.2025
NQ	EFGH	12.01.2025	12.31.2382

INACTIVATION (XX) RECORD REQUIREMENTS

The following requirements need to be met to successfully process Inactivation (XX) records:

- The Transaction Type Indicator (TRANS_TYP_CD / A0050) must be a "3".

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.

- The ARD field (ASMT_RFRNC_DT/ A2300) must have the ARD of the record to be inactivated. MMIS will use the ARD on the Inactivation record to identify the MDS record of the recipient to be inactivated.

The Inactivation (XX) record and the record to be inactivated must be created on different days with different Submit Dates (SUBMSN_DT / SUBMISSION_DATE). This will increase the likelihood that the matching ARD of the record to be inactivated is in MMIS and the inactivation is successfully processed.

CORRECTION RECORD REQUIREMENTS

The following requirements need to be met to successfully process records with corrections:

- The Transaction Type Indicator (TRANS_TYP_CD / A0050) must be a "2".

- The recipient SSN (SSN_NUM / A0600A) and DOB (BIRTH_DT / A0900) fields must be completed for every MDS record or the MDS record will not be processed. MMIS requires these fields to match the MDS record to a recipient.

- The Correction ARD field (CRCTN_ASMT_RFRNC_DT / X0700A) must have the ARD of the record to be corrected. MMIS will use the Correction ARD on the correction record to identify the MDS record of the recipient to be corrected. The ARD field (ASMT_RFRNC_DT/ A2300) will be used as the replacement value.

- The following data can be corrected in MMIS using a Correction record:

  - Discharge Date (DSCHRG_DT / A2000): A correction to a Discharge Date will only be processed for Discharge record type ND.

    In addition to the SSN field (SSN_NUM / A0600A), DOB field (BIRTH_DT / A0900), and Correction ARD field (CRCTN_ASMT_RFRNC_DT / X0700A), enter the new Discharge Date in the Correction Discharge Date field (CRCTN_DSCHRG_DT / X0700B).

  - PDPM Code (MDCR_HIPPS_TXT / Z0100A): In addition to the SSN field (SSN_NUM / A0600A), DOB field (BIRTH_DT / A0900), and Correction ARD field (CRCTN_ASMT_RFRNC_DT / X0700A), enter the new PDPM code in the PDPM code field.

  - SSN (SSN_NUM / A0600A). If an MDS record was received where the recipient's SSN did not match an existing recipient in MMIS, or where the combination of SSN and DOB (BIRTH_DT / A0900) did not match an existing recipient in MMIS, then a correction record can be sent. This will update the previously sent record and it will then be processed.

  - DOB (BIRTH_DT / A0900). If an MDS record was received where the recipient's SSN did not match an existing recipient in MMIS, or where the combination of DOB and

SSN (SSN_NUM / A0600A) did not match an existing recipient in MMIS, then a correction record can be sent. This will update the previously sent record and it will then be processed.

- For corrections to any other field or to correct an SSN or DOB on an already processed MDS record, an Inactivation record must be submitted and a replacement record must be submitted with the correct data.

The Correction record and the record to be corrected must be created on different days with different Submit Dates (SUBMSN_DT / SUBMISSION_DATE). This will increase the likelihood that the matching ARD of the record to be corrected is in MMIS and the correction is successfully processed.

3.   CLAIM PAYMENTS

CLAIMS PAYMENT PROCESSING

Claims payment processing for claims using PDPM weight will reflect current standards and rules as those claims processed for payment using a RUG weight. As with RUG, all PDPM weights are determined by the RI Office of Health and Human Services (OHHS).

- Claims whose recipient has an assessment with a ZZZZZ PDPM code for any day during the claim's Dates of Service (DOS) will be paid with the ZZZZZ weight.

  For example, a claim is submitted with the Dates of Service 11.01.2024 – 11.30.2024. The recipient has the following PDPM codes on file in MMIS:

  - AJKL for 10.28.2024 – 11.12.2024
  - ZZZZZ for 11.13.2024 – 11.14.2024
  - AJKL for 11.15.2024 – 11.30.2024

  Because the recipient had an assessment of ZZZZZ for the dates 11.13.2024 through 11.14.2024, the entire claim will process at the ZZZZZ, which is the "default rate" or "base rate".

- Claims whose recipient has multiple assessments with different PDPM codes over the span of the claim will be paid using the PDPM weight on file on the 15th of the calendar month. The exception is if the recipient has an assessment with a ZZZZZ PDPM code at any point during the claim's DOS, then claims payment processing calculation will use the ZZZZZ weight in the claim's payment.

  For example, a claim is submitted with the Dates of Service 11.01.2024 – 11.30.2024. The recipient has the following PDPM codes on file in MMIS:

  - AJKL for 10.28.2024 – 11.12.2024
  - BCDE for 11.13.2024 – 11.16.2024
  - QRST for 11.17.2024 – 11.30.2024

  Because the recipient had an assessment of BCDE for 11.15.2024, the entire claim will process at BCDE, which is the PDPM code on the 15th of the month.

- If the DOS on a claim do not span the 15th of the month, then the PDPM code on file for the To Date of Service on the claim will be used for claim's payment processing, unless there exists a PDPM code of ZZZZZ on file for any date within the DOS on the claim.

Example 1: A claim is submitted with the Dates of Service 11.18.2024 – 11.30.2024. The recipient has the following PDPM codes on file in MMIS:

- AJKL for 11.18.2024 – 11.22.2024
- BCDE for 11.23.2024 – 11.27.2024
- QRST for 11.28.2024 – 11.30.2024

Because the recipient does not have an assessment for the 15th of the month, the entire claim will process at the QRST rate, which is the To Date of Service on the claim.

Example 2: A claim is submitted with the Dates of Service 11.01.2024 – 11.14.2024. The recipient has the following PDPM codes on file in MMIS:

- AJKL for 10.28.2024 – 11.12.2024
- BCDE for 11.13.2024 – 11.14.2024

Because the recipient does not have an assessment for the 15th of the month, the entire claim will process at the BCDE rate, which is the To Date of Service on the claim.

- If a claim is received that has no PDPM record for the DOS on the claim, the claim will be suspended and held for 30 calendar days. If an updated MDS record is received within the 30 calendar days, the claim will re-process automatically. If no MDS record is received, the claim will deny, requiring the provider submit an MDS record and then resubmit the claim for processing.
- Applied incomes will continue to be deducted as they are today.

BASE PAYMENT WEIGHT

The PDPM code "ZZZZZ" is the base payment weight for claims paid using PDPM weights.

If the PDPM Code ZZZZZ appears for any date within the DOS on a claim, the entire claim will be paid at the ZZZZZ weight.

REMITTANCE ADVICE

The PDPM code used to determine the weight at which a claim was paid, along with the total amount of the claim payment, will be available on the Remittance Advice. If a claim is paid using PDPM weights, the PDPM code will display where the RUG code normally appears. For a claim paid using RUG weights, the RUG code will display in its normal location.

The Remittance Advice will continue to show the edit or Explanation of Benefits (EOB) for all claims which did not pay.

Claims which are suspended will show one of the following:

- Edit 252: PDPM / Rug Code Missing or invalid (ZZZZZ/AAA)
  - This edit will stamp when there is no PDPM code on file or PDPM code ZZZZZ is determined. This indicates there is no active assessment for the dates of service, or the assessment record contained a ZZZZZ or blank PDPM code.
- Edit 263: PDPM/RUG Provider Rate not on file
  - This edit will stamp when there is no rate for the provider on file that is active.

Claims which are denied will show one of the following:

- EOB 916: PDPM/RUG code cannot be determined
  - This EOB will stamp on the denied claim when there is no PDPM code on file or the PDPM code ZZZZZ is found for any date in the DOS billed.
- EOB 918: PDPM/RUG Provider Rate not on file
  - This EOB will stamp on the denied claim when there is no provider rate on file.

REIMBURSEMENT

Claims paid using the ZZZZZ base weight can be reimbursed.

If the ZZZZZ base weight was used to pay the claim was due to an Entry / Tracking assessment (NT), then an MDS record type that is not Entry / Tracking (NT) or Discharge assessment (ND) must be submitted with a PDPM code that is not ZZZZZ with an ARD (ASMT_RFRNC_DT / A2300) after the Entry Date (ENTRY_DT / A1600) on the Entry / Tracking (NT) record. The provider may then submit an electronic replacement to reprocess the claim using the higher weight.

If the ZZZZZ base weight was used to pay the claim was due to a Discharge (ND) assessment, then an MDS record type that is not Entry / Tracking (NT) or Discharge assessment (ND) must be submitted with a PDPM code that is not ZZZZZ with an ARD (ASMT_RFRNC_DT / A2300) before the ARD on the Discharge (ND) record. The provider may then submit an electronic replacement to reprocess the claim using the higher weight.

For all other record types, submit a correction assessment (where TRANS_TYPE_CD / A0050 = "2"), and enter the new PDPM code in the PDPM code field (MDCR_HIPPS_TXT / Z0100A). The provider may then submit an electronic replacement to reprocess the claim using the higher weight.

If there is a change to a PDPM that would change the way the claim originally processed, the provider should submit an electronic replacement for that paid claim if the DOS is within the timely filing limit of 365 days from the DOS. If the DOS is greater than 365 days, but allowable under timely filing rules, the provider should submit a single claim adjustment request to have the claim reprocessed. Gainwell will not process these automatically.

QUESTIONS?

If the PDPM Code used to process payment on a claim is not what you were expecting, please contact the Customer Service Help Desk (401-784-8100) to inquire on the current PDPM Code for the dates of service in question.

4. CASE SCENARIOS

The case scenarios are meant to provide illustrative examples of how PDPM records will be updated in MMIS.

CASE SCENARIO 1: UPDATING PDPM CODE ON ENTRY TRACKING RECORD

A recipient is admitted to a nursing home, and an MDS Record with the following data is submitted to CMS and processed in MMIS:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ZZZZZ	10.02.2025	12.31.2382

(1) The PDPM Code on the next MDS record for the recipient will update the PDPM Code for the NT record in MMIS. If the next MDS record received is an NC record with a PDPM Code of ABCD with a Begin Date of 12.01.2025, the recipient's PDPM records will be updated:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.30.2025
NC	ABCD	12.01.2025	12.31.2382

(2) If a Discharge (ND) record with a Discharge Date (DSCHRG_DT / A2000) of 11.10.2025 is the next record for the recipient and it does not contain a PDPM Code, then the Entry Tracking (NT) record will remain at the base weight (ZZZZZ), and it will be end dated with the Discharge Date:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ZZZZZ	10.02.2025	11.10.2025

(3) However, if the Discharge (ND) record contains a PDPM Code (for example: EFGH), then the Entry Tracking (NT) will be updated accordingly:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	EFGH	10.02.2025	11.10.2025

CASE SCENARIO 2: UPDATING PDPM CODE ON A REENTRY RECORD

A recipient was previously discharged from a nursing home and has the following PDPM record history in MMIS:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.10.2025
NC	ABCD	11.11.2025	02.16.2026
NQ	EFGH	02.17.2026	03.09.2026

(1) The recipient returns to the nursing home within 30 calendar days. Therefore, an Entry Tracking (NT) record is submitted as a reentry (ENTRY_TYPE_CD / A1700 = 2). Because the NT record is a reentry, if the PDPM code on the NT record is blank the PDPM code from the previous PDPM record will be assigned to the NT record:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.10.2025
NC	ABCD	11.11.2025	02.16.2026
NQ	EFGH	02.17.2026	03.09.2026
NT	EFGH	03.30.2026	12.31.2382

If the PDPM Code is not blank (for example: IJKL) on the reentry record, then the PDPM Code on the reentry record will be assigned to the NT record in MMIS:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.10.2025
NC	ABCD	11.11.2025	02.16.2026
NQ	EFGH	02.17.2026	03.09.2026
NT	IJKL	03.30.2026	12.31.2382

(2) The recipient returns to the nursing home within 30 calendar days but the NT record is submitted as an admission (ENTRY_TYPE_CD / A1700 = 1). If the PDPM Code is blank on the NT record, "ZZZZZ" will be recorded as the PDPM Code:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NQ	EFGH	02.17.2026	03.09.2026
NT	ZZZZZ	03.30.2026	12.31.2382

CASE SCENARIO 3: INACTIVATING A RECORD

A recipient has the following PDPM record history in MMIS:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.10.2025
IPA	ABCD	11.11.2025	11.20.2025
NC	EFGH	11.21.2025	12.31.2382

(1) An Inactivation (XX) record is submitted with the Assessment Reference Date (ARD) (ASMT_RFRNC_DT/ A2300) of 11.11.2025, inactivating the Interim Payment Assessment (IPA) Record:

MDS Assessment Type	PDPM Code	Begin Date (ARD)	End Date
NT	ABCD	10.02.2025	11.20.2025
NC	EFGH	11.21.2025	12.31.2382

The End Date on the NT record was updated to 11.20.2025, preventing any gaps in the recipient's PDPM record history. However, the PDPM Code on the NT record did not change due to the inactivation of the IPA record. To update the PDPM Code on the NT record, a Correction record must be submitted.

5. FREQUENTLY ASKED QUESTIONS (FAQS)

This section is set aside to answer questions commonly received about MDS Assessment records or MMIS processing of MDS Assessment records.

1. **What provider base rate is used for my facility?**

   Please reach out to EOHHS for your facility's specific base rate or see the EOHHS website.

2. **How do I find out what the rate is for a specific PDPM code?**

   Please reach out to EOHHS for all PDPM rate information or see the EOHHS website.

3. **What MDS component is being used to calculate the PDPM score?**

   Currently, the third character of the PDPM code, the Nursing Home component, is used in the calculation.

4. **If a resident is on a Medicare A stay beginning 9/1/25 and has a 5 day assessment with a HIPPS of ABCD1, and the resident switches to Medicaid on 10/15/25 – can we use the ABCD to drive their Medicaid billing, or would they need to complete a new assessment to generate a new score for Medicaid billing?**

   The responsibility is on the provider to follow CMS and State of Rhode Island regulations regarding when assessments should be submitted.

5. **Is MMIS going to apply IPA assessment records to Medicaid recipients?**

   There is no related validation in the CMS specifications, there is an error code in the iQIES MDS Error Message Reference Guide that may apply:

   "Error ID -1018 Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one."

   MMIS is not replicating CMS's IQIES system edits. The edits that MMIS validates are outlined in the PDPM Information Guide.

   It is incumbent on the provider to submit the correct MDS Assessment record types within the timeframe outlined by CMS. MMIS checks if there is a PDPM Code for the recipient for each Date of Service on the claim. MMIS will accept the MDS Record Types listed in Section 2 under Record Type Requirements.

6. **How is a claim payment calculated during claim processing?**

The same calculation that has been used previously for RUG will be used to calculate the claim payment, substituting the PDPM Weight for the RUG Weight. The calculation is based on the following variables:

- *Direct Care Rate*: This is a base reimbursement rate provided by EOHHS.
- *Patient Acuity Factor*: This is a measure of patient specific acuity and is applied as an adjustment factor to the direct care rate. The patient acuity factor is measured and calculated using the PDPM weight.
- *Provider Base Rate*: This provider specific multiplier provided by EOHHS is based on property taxes, fair rental value and also includes the standard other direct care and indirect care rates.
- *Provider Assessment Rate*: This weight provided by EOHHS is based on tax assessments.
- *Units*: This is the number of days on the claim.
- *Patient Liability*: This is the portion of the claim for which the recipient is financially responsible.

The claim is calculated as:

Direct Care Rate X Patient Acuity Factor = $XXX.XX + Provider Base Rate / Provider Assessment Rate = $XXX.XX x Units = $XXXX.XX – Patient Liability = Paid Amount

7. **Can we report the recipient's HIPPS code or multiple HIPPS on the same claim?**

MMIS does not use HIPPS codes submitted with claims. MMIS uses the HIPPS code on file from MDS assessment submissions to CMS.