Countdown to Oct 1:
PDPM coding tips for MDS and ICD-10
Purpose

• On Oct. 1, PDPM and the newest version of the MDS 3.0 Item Set both go into effect
• Accurate coding of the MDS, including ICD-10 identification and coding, will be paramount
• In this webinar, we’ll cover how to prepare for the upcoming changes
Participants will be able to:

• Explain why SNF/LTC facilities are changing from RUG-IV to PDPM
• Create an action plan for MDS coding changes
• Facilitate each discipline’s understanding of their role in the RAI process
• Find online resources in preparation for the October changes
• Implement an IPA strategy during the first week of October
Why the move from RUG-IV to PDPM?
RUG-IV and PDPM


• CMS, OIG and MedPac have these issues with RUG-IV:
  • Therapy payments have been based primarily on the amount of therapy VOLUME regardless of the resident’s unique characteristics, needs or goals.
  • SNF residents with significant differences in nursing needs and costs receive the same payment for nursing services.
  • 93% of all skilled days currently are paid at a therapy rate. RU ~ 63%; RV ~ 25.28%.
  • RUG-IV reduces everything about a resident to a single, volume-driven case mix group.
  • Over 90% of days billed under RUG-IV provide only 2 resident characteristics relevant for payment: resident’s functional status & how much therapy the resident received. These elements tell very little about the actual resident and more about the facility’s services.

• PDPM focuses on the unique, individualized needs, characteristics and goals of each resident.
Emphasis on Care

**RUG-IV**
SNF residents classified as being either therapy or non-therapy. This has caused a significant increase in SNF residents skilled only for a single aspect of care with facilities admitting fewer medically complex residents.

**PDPM**
All SNF residents are classified under each component of care, highlighting the importance, complexity and unique qualities of SNF care and SNF residents.
Another View of RUG-IV vs. PDPM
Figure 1: PDPM as Compared to RUGs IV

- **Per Diem Payment**: No Longer Drive Payment
- **Therapy Minutes**: Now Drive Payment
- **Patient Characteristics**: Now Drive Payment
- **Total Therapy Delivery**: Capped at 25% for Group and Concurrent
- **MDS Coding**: Now Drives Payment

Source: https://www.ahcanal.org/facility_operations/medicare/Pages/PDPM-Resource-Center.aspx
PDPM represents the **single largest change to the SNF PPS reimbursement system** since its inception, with impacts on resident classification, assessment burden, care planning and care design.
## Section A: Identification Information

### A0050. Type of Record

- Add new record: Continue to A0100, Facility Provider Numbers
- Modify existing record: Continue to A0100, Facility Provider Numbers
- Inactive existing record: Skip to A0150, Type of Provider

### A0100. Facility Provider Numbers

<table>
<thead>
<tr>
<th>National Provider Identifier (NPI):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>CMS Certification Number (CCN):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>State Provider Number:</th>
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<td></td>
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</tbody>
</table>

### A0200. Type of Provider

- Type of provider
  - Nursing home (SNF/NF)
  - Swing Bed

### A0300. Optional State Assessment

Complete only if A0200 = 1

<table>
<thead>
<tr>
<th>Is this assessment for state payment purposes only?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

### A0510. Type of Assessment

<table>
<thead>
<tr>
<th>Federal OBRA Reason for Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
</tr>
<tr>
<td>02</td>
</tr>
<tr>
<td>04</td>
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<tr>
<td>04</td>
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<tr>
<td>05</td>
</tr>
<tr>
<td>06</td>
</tr>
<tr>
<td>09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPS Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS Scheduled Assessment for a Medicare Part A Stay</td>
</tr>
<tr>
<td>PPS Unscheduled Assessment for a Medicare Part A Stay</td>
</tr>
<tr>
<td>PPS Assessment</td>
</tr>
<tr>
<td>00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this assessment the first assessment (CEPA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

### A0520. Entry/Discharge Reporting

<table>
<thead>
<tr>
<th>Entry/Discharge Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
</tr>
<tr>
<td>02</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>00</td>
</tr>
</tbody>
</table>

A0210 continued on next page
# RUG-IV Assessment Schedule

## Scheduled PPS assessments

<table>
<thead>
<tr>
<th>Medicare MDS assessment schedule type</th>
<th>Assessment reference date</th>
<th>Assessment reference date grace days</th>
<th>Applicable standard Medicare payment days</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-day</td>
<td>Days 1-5</td>
<td>6-8</td>
<td>1 through 14</td>
</tr>
<tr>
<td>14-day</td>
<td>Days 13-14</td>
<td>15-18</td>
<td>15 through 30</td>
</tr>
<tr>
<td>30-day</td>
<td>Days 27-29</td>
<td>30-33</td>
<td>31 through 60</td>
</tr>
<tr>
<td>60-day</td>
<td>Days 57-59</td>
<td>60-63</td>
<td>61 through 90</td>
</tr>
<tr>
<td>90-day</td>
<td>Days 87-89</td>
<td>90-93</td>
<td>91 through 100</td>
</tr>
</tbody>
</table>

## Unscheduled PPS assessments

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of Therapy OMRA</td>
<td>5-7 days after the start of therapy Date of the first day of therapy through the end of the standard payment period.</td>
</tr>
<tr>
<td>End of Therapy OMRA</td>
<td>1-3 days after all therapy has ended First non-therapy day through the end of the standard payment period.</td>
</tr>
<tr>
<td>Change of Therapy OMRA</td>
<td>Day 7 (last day) of the COT observation period The first day of the COT observation period until end of standard payment period, or until interrupted by the next COT-OMRA assessment or scheduled or unscheduled PPS Assessment.</td>
</tr>
<tr>
<td>Significant Change in Status Assessment</td>
<td>No later than 14 days after significant change identified ARD of Assessment through the end of the standard payment period.</td>
</tr>
</tbody>
</table>
# PDPM Assessment Schedule

<table>
<thead>
<tr>
<th>Medicare MDS assessment schedule type</th>
<th>Assessment reference date</th>
<th>Applicable standard Medicare payment days</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-day Scheduled PPS Assessment</td>
<td>Days 1-8</td>
<td>All covered Part A days until Part A discharge (unless an IPA is completed).</td>
</tr>
<tr>
<td>Interim Payment Assessment (IPA)</td>
<td>Optional Assessment</td>
<td>ARD of the assessment through Part A discharge (unless another IPA assessment is completed).</td>
</tr>
<tr>
<td>PPS Discharge Assessment</td>
<td>PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date</td>
<td>N/A.</td>
</tr>
</tbody>
</table>

New!
New Item Set - IPA

• Interim Payment Assessment
  • OPTIONAL
  • May be completed to report a change in PDPM classification
  • Does not impact variable per diem schedule
  • Payment changes on the IPA’s ARD and continues until end of Part A Stay or until another IPA is completed
  • Assessment period is last 3 days: ARD + 2 days prior
  • Must be completed 1st week of October...more on that later
New Item Set - OSA

• Optional State Assessment
  • ONLY use is for Medicaid-covered stays...case-mix
  • Each state will decide whether or not to use the OSA
  • OSA allows states using RUG-III or RUG-IV as the basis for Medicaid payment to continue to do so
  • OSA is a standalone assessment. It cannot be combined with any other type of assessment
  • Contact your state agency for use of this Item Set
New Policy – Interrupted Stay

RUG-IV

• Each time SNF resident discharges from covered Part A stay and returns to Part A stay, the PPS schedule restarts with a 5-day assessment.

PDPM

• Resident discharges from a covered Part A stay and returns to the same SNF no later than 11:59pm of the third consecutive calendar day (interruption window), the stay continues with continuation of the schedule and variable per diem (VPD) rate.
• IPA may be in order upon/after return – up to the provider if warranted.
• OBRA discharge assessment completed for interrupted stay.
## Active Diagnoses

**Primary reason for skilled admission**

<table>
<thead>
<tr>
<th>Section</th>
<th>Active Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I0020A.</td>
<td>Indicate the resident’s primary medical condition category that best describes the primary reason for admission</td>
</tr>
</tbody>
</table>

- Stroke
- Non-Traumatic Brain Dysfunction
- Traumatic Brain Dysfunction
- Non-Traumatic Spinal Cord Dysfunction
- Traumatic Spinal Cord Dysfunction
- Progressive Neurological Conditions
- Other Neurological Conditions
- Amputation
- Hip and Knee Replacement
- Fractures and Other Multiple Trauma
- Other Orthopedic Conditions
- Dementia, Cardiorespiratory Conditions
- Medically Complex Conditions

| I0020B. ICD Code |
Prior surgery Impacts PDPM classification

<table>
<thead>
<tr>
<th>J2000. Prior Surgery - Complete only if A0310B = 01</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter Code</strong></td>
</tr>
<tr>
<td>0. No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter Code</strong></td>
</tr>
<tr>
<td>0. No</td>
</tr>
</tbody>
</table>
### Health Conditions

**Section J: Health Conditions**

**Surgical Procedures** - Complete only if J2100 = 1

- Check all that apply

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2100. Knee Replacement</td>
<td>partial or total</td>
</tr>
<tr>
<td>J2210. Hip Replacement</td>
<td>partial or total</td>
</tr>
<tr>
<td>J2220. Ankle Replacement</td>
<td>partial or total</td>
</tr>
<tr>
<td>J2320. Shoulder Replacement</td>
<td>partial or total</td>
</tr>
</tbody>
</table>

**Spinal Surgery**

- J2400. Involving the spinal cord or major spinal nerves
- J2410. Involving fusion of spinal bones
- J2420. Involving laminas, discs, or facets
- J2499. Other major spinal surgery

**Other Orthopedic Surgery**

- J2300. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
- J2310. Repair fractures of the pelvis, hip, leg, knee, or ankle (but not foot)
- J2320. Repair but not replace joints
- J2350. Repair other bones (such as hand, foot, jaw)
- J2599. Other major orthopedic surgery

**Neurological Surgery**

- J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerve)
- J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
- J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
- J2699. Other major neurological surgery

**Cardiopulmonary Surgery**

- J2700. Involving the heart or major blood vessels - open or percutaneous procedures
- J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
- J2799. Other major cardiopulmonary surgery

**Genitourinary Surgery**

- J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
- J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes excision or removal of nephrostomies or ureterostomies)
- J2899. Other major genitourinary surgery

**Other Major Surgery**

- J2900. Involving tendons, ligaments, or muscles
- J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
- J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open
- J2930. Involving the breast
- J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
- J2990. Other major surgery not listed above

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**Impacts PDPM Classification**

[Logo: SimpleLTC]
Section GG and the IPA

### Section GG: Functional Abilities and Goals - Interim Payment Assessment

**GG0130. Self-Care (Assessment period is the last 3 days)**

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

**Coding:**
- **Safety and Quality of Performance:** Help is required when resident's performance is unsafe or poor quality, score according to amount of assistance provided.
- **Activities:** may be completed with or without assistance.
  - **06. Independent:** Resident completes the activity by himself/herself with no assistance from a helper.
  - **05. Setup or cleanup assistance:** Helper sets up or cleans up resident completes activity. Helper assists only prior to or following the activity.
  - **03. Partial assistance:** Helper provides verbal cues and/or touch/stepping and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
  - **02. Substantial/maximal assistance:** Helper provides LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **01. Dependent:** Helper does ALL the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helps is required for the resident to complete the activity.

If activity was not attempted, code reason:
- **07. Resident refused**
- **09. Not applicable:** Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **10. Not attempted due to environmental limitations:** e.g., lack of equipment, weather constraints.
- **11. Not attempted due to medical condition or safety concerns**

#### 5. Interim Performance

Enter Codes in Boxes ↓

**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable). The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with or without equipment.

**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

### Section GG: Functional Abilities and Goals - Interim Payment Assessment

**GG0178. Mobility (Assessment period is the last 3 days)**

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

**Coding:**
- **Safety and Quality of Performance:** Help is required when resident's performance is unsafe or poor quality, score according to amount of assistance provided.
- **Activities:** may be completed with or without assistance.
  - **06. Independent:** Resident completes the activity by himself/herself with no assistance from a helper.
  - **05. Setup or cleanup assistance:** Helper sets up or cleans up resident completes activity. Helper assists only prior to or following the activity.
  - **04. Supervision or touching assistance:** Helper provides verbal cues and/or touch/stepping and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
  - **03. Partial assistance:** Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **02. Substantial/maximal assistance:** Helper does MORE THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs and provides more than half the effort.
  - **01. Dependent:** Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helps is required for the resident to complete the activity.

If activity was not attempted, code reason:
- **07. Resident refused**
- **09. Not applicable:** Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **10. Not attempted due to environmental limitations:** e.g., lack of equipment, weather constraints.
- **11. Not attempted due to medical condition or safety concerns**

#### 5. Interim Performance

Enter Codes in Boxes ↓

**A. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.

**B. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of bed with feet flat on the floor, and with no back support.

**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

**E. Chair to bed transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).

**F. Toilet transfer:** The ability to get on and off a toilet or commode.

**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If ambulation performance is coded 07, 06, 05 or 04, Skip to MO010. Appliances.

**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.

**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
Learn more about 10/1/2019 MDS Changes

• Briggs Webinars/Handouts – March 2019

• CMS SNF QRP Training – May 7 & 8, 2019
Watch for Release of RAI Manual

• MDS 3.0 RAI Manual

• Briggs Healthcare blog
  • [https://briggshealthcare.blog/](https://briggshealthcare.blog/)
Why MDS is important

- PDPM reimbursement is established solely from the MDS Item Set (special 18% add-on to the nursing component of PDPM payment with entry of ICD-10-CM code B20 [AIDS] on the claim if your state does not allow you to code AIDS in Section I)
- State-specific Medicaid case mix also based on MDS Item Set
- SNF QRPs and QMs (with exception of claims-based measures)
- Survey
- Nursing Home Compare
Action Plan for Upcoming MDS Changes

✓ Participate in MDS training sessions and include members of your IDT.
✓ Obtain a copy of the October 2019 RAI User’s Manual as soon as it’s available (May 2019). Make a copy available for all staff that work with the MDS. Reinforce its use when encoding the MDS.
✓ Use the October 2019 RAI Manual to start training (chunk it down) your IDT now; reinforce as needed & often.
✓ Audit your MDS process now to identify areas where improvement is needed (accuracy, supporting documentation, etc.) Educate staff in areas identified. Audit again to ensure compliance. Repeat as needed.
Action Plan for MDS (continued)

✓ Review your current procedure for assessing/encoding Section GG Self-Care and Mobility during the 1st three days of the skilled stay. (Hint: Therapy and Nursing should work as a team.) Make sure you have a procedure for the last 3 days of the skilled stay for the NPE/Discharge from Part-A Stay. Also for the IPA.

✓ Provide practice scenarios for Section GG items.

✓ Remember the SNF QRP measures. Penalties affecting reimbursement for not providing data for 80% of the measures.
✓ Where are your ICD-10 coding references? Do you have plans to purchase the 2020 ICD-10-CM code books? You need to purchase a new ICD-10-CM coding reference for Oct. 1 of every year. Precise/accurate ICD-10 coding is imperative on the MDS as well as on the UB-04.

✓ Consider pre-admission screening to obtain more information on perspective residents. Screening can gather information needed for the baseline care plan, MDS encoding, comprehensive care planning, establishing relationship with resident & family, etc.
Additional Tips

• Change in assessment schedule for PDPM does NOT mean you need fewer MDS Coordinators or less FTEs. In most cases, we’ll do 2 PPS assessments: 5-day and NPE.

• You’ll likely need more hours devoted to MDS to closely watch indicators of resident condition change to determine if an IPA would be in order.

• Therapy should remain essentially the same...provision of services to meet the needs of your residents. Volume of therapy services won’t count as of 10/1/2019 but quality & medical necessity still do. CMS will be watching and so should you.
And...

• Audit and strengthen your discharge planning process. Effective discharge planning starts with initial contact with the resident – likely before the actual admission. Resident is the center of the care & services you provide. Resident voice must be heard & goals must be set accordingly.

• Properly done, good discharge planning goes a long way to preventing rehospitalization & poor resident outcomes.
Preparing for PDPM

- Start now. Attend webinars and invite other team members to do the same. Everyone needs to know what PDPM entails and their role in successful reimbursement for your facility.
- Keep focus as Oct. 1 nears.
- Learn which items on the MDS Item Set are used to calculate PDPM classification.
- Bookmark & utilize CMS/PDPM websites.
RUG-IV → PDPM: Hard Transition

• RUG-IV ends 11:59pm on Sept. 30, 2019.
• PDPM begins 12:00am on Oct. 1, 2019.
• Any skilled, Part A resident in-house at 12am Oct. 1 must have a PDPM HIPPS code to bill for services furnished on and after October 2019.
• **IPA must be completed for each skilled resident on Oct 1.** The ARD must be no later than Oct. 7, 2019. This IPA will establish classification & payment beginning 10/1/2019. Oct. 1 is Day 1 of the VPD for PDPM.
Caution: Late Transitional IPAs

Any transitional IPA with an ARD after Oct. 7, 2019 will be considered late.

Relevant penalty for late assessments will apply.
SNF Admissions Last Few Days of Sep. 2019

Which MDS to do?

• Current MDS (v1.16.1) 5-day with ARD on or prior to Sept. 30, 2019 in order to receive a RUG-IV HIPPS code.

• Still have the usual 14-day completion period + 14-day submission period.
SNF Admissions On/After Oct. 1, 2019

Which MDS to do?

• Current MDS (v1.17.1) 5-day with ARD of Oct. 1, 2019 in order to receive a PDPM HIPPS code
Transitional IPA Strategy


• Set up a schedule to conduct all transitional IPAs so you’re ready for Oct 1. Check the schedule again to make sure you don’t overlook anyone. **Reimbursement is at stake.**

• Complete & transmit in a timely manner...no change in those rules.
Online resources

• MDS RAI Manual

• MDS Item Sets & Other Technical Info

• PDPM
  • [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html)

• SNF QRP Program Measures & Technical Info

• SNF QRP Program Spotlights & Announcements
More online resources

• SNF QRP User’s Manual, v2.0

• SNF QRP Public Reporting

• SNF QRP FAQs

• BriggsNetNews Blog
  • https://briggshealthcare.blog/

• SimpleLTC Blog
  • https://www.simpleltc.com/blog/
SimpleLTC resources

On-demand webinars available

simpleltc.com/training

More coming this summer and fall!
SimpleAnalyzer™

Master PDPM with powerful, predictive analytics
Take charge of PDPM data

- Forecast PDPM reimbursement across facilities
- Gauge PDPM impact by facility and resident
- Create a PDPM-centric workflow
Optimize ICD-10 coding practices

- Identify active/billable diagnoses by resident
- Scan for valid primary diagnoses and comorbidities
- Proactively avoid audits
Scan data prior to MDS transmission

- Get pre-transmission insights to improve PDPM compliance
- Proactively spot and eliminate negative trends
- Customize scrubber rules by facility
Live poll
Mary Madison is a registered nurse with 45+ years of experience in the healthcare field and 40 years in the LTC industry. Mary has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary is a Certified Resident Assessment Coordinator (AANAC) and a Certified Dementia Practitioner (NCCDP). Mary has conducted numerous MDS trainings and other LTC educational sessions across the country in the past 2+ decades.
Q&A
Thank you for attending!

Recording and slides available at

simpleltc.com/pdpm