



Patient Driven Payment Model (PDPM): Planning for a Successful Transition

Date: Wed, September 18, 2019
Time: 9:00 a.m. – 4:00 p.m.
Location: DoubleTree Hilton Hotel, Southcenter Mall [Directions](#)
Fees include: CEs, lunch, training materials and complimentary parking
LeadingAge WA member: \$109.00
Training attendee: \$149.00

Are you READY? Strategies for a Successful Transition to PDPM ~

Effective October 1, 2019, CMS will be replacing the Skilled Nursing Facility (SNF) Resource Utilization Group (RUG) payment system with a new model for Medicare Part A payment. This new payment methodology is called the Patient Driven Payment Model (PDPM). PDPM will have its opportunities, as well as its challenges for SNF providers. Successful implementation will rely on accurate coding of the MDS (i.e., ICD-10 diagnosis codes, functional assessment scores in section GG, cognitive status, evidence of swallowing dysfunction, etc.) and effectively managing length of stay and the types/amounts of therapy services.

As CMS moves toward systems that focus heavily on quality, the industry will move away from a reimbursement system that incentivizes the allocation of therapy minutes to a system that reimburses SNF's based on patient characteristics. Understanding how selecting and coding proper ICD-10 diagnosis will be a key factor in success with PDPM. This program will provide attendees with the knowledge and tools to prepare for successful transition to PDPM in your SNF.

Attendees will:

1. Describe the components of the PDPM, including differences between RUG IV and PDPM methodology.
2. Recognize the significance of ICD-10 coding related to the PDPM.
3. Understand how to prioritize and sequence ICD-10 codes in the MDS, in the clinical record and on the SNF claim.
4. Discuss the impact on nursing, MDS and therapy providers.
5. Understand the evolving role of the MDS coordinator in an environment focused on quality.
6. Understand how a per-diem rate is created using PDPM: a case study walk-through.
7. Develop an action plan to successfully transition your facility to PDPM.

NAB: Relevance

Nursing Home Administrators must ensure an operational system for compliance with billing, payments, medical necessity and quality of care is in place in their facilities. Understanding the Patient Driven Payment Model, its components and how leadership can effectively alter current operations to implement new practices is essential to sustain compliance with this new reimbursement system.



Sarah Ragone, MSPT, RAC-CT, QCP VP of Reimbursement & Education

Sarah is the Vice President of Clinical Reimbursement/Education & Training for Coretactics, Inc. Her 20 years' experience in healthcare has made her an expert in long term care reimbursement, rehabilitation program development, ICD 10 diagnostic criteria, appeals & insurance denials and regulatory compliance. Sarah is AANAC QCP and RAC-CT certified and uses this knowledge, in conjunction with her experience as a physical therapist, to provide guidance in MDS 3.0 completion and maximization of case mix, Medicare, Medicaid and managed care reimbursement.

Sarah's long-term care experience includes rehabilitation department management, corporate level oversight of multi-facility rehabilitation departments, program development, quality assurance, reimbursement and MDS completion. Sarah has also served as an Appeals Coordinator, working with facilities to address Medicare, Medicaid and insurance denials and has assisted facilities to develop programs for billing compliance. Her experience teaching at the college level allows her to utilize her passion for teaching and bring a supportive approach to effectively working with interdisciplinary teams to improve quality and reimbursement outcomes.



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