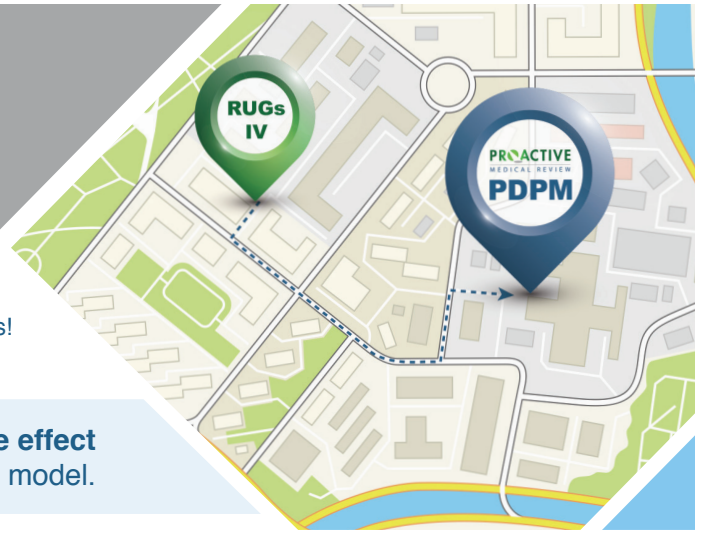


# Don't get lost on the road to **PDPM**

Proactive has the map to transition readiness.

Prepare confidently with Proactive's Clinical Reimbursement Experts!

The **Patient-Driven Payment Model (PDPM)** will take effect **October 1st, 2019**, replacing the current PPS RUG-IV model.



Need GPS to steer the way to success under the Patient Driven Payment Model? **Proactive knows the way!**

Proactive's budget friendly transition partnership drives readiness in a manageable monthly work plan format. You'll gain access to Proactive's training, toolkits, PDPM policies, and transition consultants knowledgeable in critical elements of MDS coding, SNF ICD.10-CM, interdisciplinary collaboration and reimbursement/billing transition success.

## Proactively Prepare for PDPM

- ✓ Transition readiness begins with a facility specific PDPM Impact Analysis to know where you stand compared to RUGs IV.
- ✓ Proactive reviews current coding and clinical systems to identify gaps and opportunities under the new reimbursement model. Our MDS experts offer the knowledge and support to help your team thrive from day one of the project through the October 2019 transition.
- ✓ Proactive is the proven source for PDPM transition education for your team with over 25 AHCA and LeadingAge state association engagements to train SNF providers in 2019 in content areas such as PDPM fundamentals, Supporting Non-rehab skilled stays, MDS Coding Updates for PDPM, GG and ICD.10-CM Training by Proactive's AHIMA approved ICD.10-CM Trainer.

## Reimbursement Under PDPM

- **PDPM completely replaces RUGs IV** and focuses on resident clinical characteristics versus the former focus on therapy service intensity to drive reimbursement.
- **Six components will be used to establish per diem rates:** PT, OT, SLP, Nursing, Non-Therapy Ancillary and Non-Case Mix.
- **ICD-10-CM coding accuracy will be essential** to determine each resident's PDPM clinical category.
- **Section GG replaces Section G** as the functional measure.
- **The 5-day and Discharge assessment are the only required PPS assessments.** Note: OBRA assessments continue and the new Interim Payment Assessment will be an optional assessment used to reset payment when certain criteria are met.






**PROACTIVE**  
MEDICAL REVIEW

As a Proactive partner, you'll have unlimited access to our transition tools, resources and templates plus one on one work days scheduled with your designated project consultant.

See the sample work plan on the following page! Contact Proactive to schedule your PDPM Transition Project Partnership today!






Please contact Proactive with questions (812) 471-7777 [amartin@proactivemedicalreview.com](mailto:amartin@proactivemedicalreview.com)

## Sample PDPM Action Plan Time Line

 <p><b>Month 1</b></p>	<ul style="list-style-type: none"> <li>❑ <b>RUGs IV to PDPM provider impact analysis FY2017 billing</b></li> <li>❑ <b>Current RUGs IV to PDPM analysis claims audit</b> <ul style="list-style-type: none"> <li>• 5-8 chart sample current claims with MDS coding and UB review</li> <li>• Clinical Category Mapping/Primary diagnosis review</li> </ul> </li> </ul>
 <p><b>Month 2</b></p>	<ul style="list-style-type: none"> <li>❑ <b>PDPM overview training</b></li> <li>❑ <b>Leadership team meeting with PDPM analysis review discussion</b> <ul style="list-style-type: none"> <li>• Identify opportunities</li> <li>• Establish PDPM transition team/champion</li> </ul> </li> <li>❑ <b>Facility specific action plan with timelines and responsibilities assigned</b></li> </ul>
 <p><b>Month 3</b></p>	<ul style="list-style-type: none"> <li>❑ <b>Facility Assessment Analysis</b> <ul style="list-style-type: none"> <li>• Current and potential resident population</li> <li>• Staffing Assessment/Competencies for clinically complex residents</li> <li>• Market feasibility analysis</li> </ul> </li> <li>❑ <b>Analyze current and historical diagnosis by LOS MDS data</b> <ul style="list-style-type: none"> <li>• Variable per diem and Interrupted Stay Impact Analysis</li> </ul> </li> <li>❑ <b>Meet with Admissions/Marketing</b></li> <li>❑ <b>Admission systems process and documentation review and policies</b></li> </ul>
 <p><b>Month 4</b></p>	<ul style="list-style-type: none"> <li>❑ <b>ICD.10-CM Training</b></li> <li>❑ <b>PDPM policy gaps analysis</b></li> <li>❑ <b>Clinical pathway development based on market feasibility assessment of month 3</b></li> <li>❑ <b>Medical Director PDPM information sheet and/or in-service</b></li> <li>❑ <b>Set appointments transition meetings:</b> <ul style="list-style-type: none"> <li>❑ Software Vendor</li> <li>❑ Therapy Vendor</li> <li>❑ Medical Director</li> <li>❑ Hospital Partners</li> </ul> </li> </ul>
 <p><b>Month 5</b></p>	<ul style="list-style-type: none"> <li>❑ <b>ICD.10-CM Coding Competency audits</b></li> <li>❑ <b>Begin MDS section by section webinars parts 1-3</b></li> <li>❑ <b>Introduce PDPM policies: Functional Measures Section GG, ICD.10-selecting primary diagnosis, Optional State Assessment</b></li> <li>❑ <b>Medicaid/Managed Care Systems Inquiries</b></li> <li>❑ <b>Clinical pathway development and implementation (cont.)</b></li> <li>❑ <b>Triple check process with meeting monitor/training</b></li> </ul>



## Sample PDPM Action Plan Time Line

 <p><b>Month 6</b></p>	<ul style="list-style-type: none"> <li>❑ Continue MDS section by section webinars parts 4-6</li> <li>❑ Introduce PDPM policies: IPA, Interrupted Stay, modes of therapy (group/concurrent limits), reporting therapy time DC assessment</li> <li>❑ Triple check process improvements <i>(cont.)</i></li> <li>❑ Follow up from transition meetings appointments</li> <li>❑ Clinical pathway implementation</li> </ul>
 <p><b>Month 7</b></p>	<ul style="list-style-type: none"> <li>❑ Rehab dept. focused PDPM systems (PT/OT/ST case mix categories)</li> <li>❑ Monitor clinical meetings (NTA, IPA triggers-changes in condition)</li> <li>❑ Functional Measures/Section GG systems review and accuracy audits</li> <li>❑ Baseline SNF level of care documentation audits (nursing, therapy)</li> <li>❑ Careplan audits/NTA core competencies review</li> </ul>
 <p><b>Month 8</b></p>	<ul style="list-style-type: none"> <li>❑ SNF level of care/IDT supportive documentation training for PDPM</li> <li>❑ MDS coding audits</li> <li>❑ MDS coaching session</li> <li>❑ Restorative Program Review</li> <li>❑ Follow up hospital/referral sources re: PDPM transition readiness</li> </ul>
 <p><b>Month 9</b></p>	<ul style="list-style-type: none"> <li>❑ Meet with Business office/billing department re: transition planning, UB-04 accuracy/HIPPS codes, finalize triple check</li> <li>❑ Follow up IDT supportive documentation audits (nursing, therapy)</li> <li>❑ MDS coding audits with coaching session</li> <li>❑ Follow up Restorative Program opportunities</li> <li>❑ Transition readiness</li> </ul>
 <p><b>Month 10</b></p>	<ul style="list-style-type: none"> <li>❑ Pre-submission MDS coding audits</li> <li>❑ RUGS IV to PDPM transition assistance MDS department             <ul style="list-style-type: none"> <li>• Transition IPA current Medicare A residents</li> </ul> </li> <li>❑ Meet with business office</li> <li>❑ Triple check monitor</li> </ul>

