

MDS Mastermind

Insights for MDS Coding and
Reimbursement Accuracy



Enhanced systems and collaborative approaches for MDS precision impacting reimbursement, QMs, and survey outcomes

This 8-week webinar series emphasizes skill building for serving effectively as the MDS/RAI Coordinator. New or seasoned MDS staff will improve mastery of the MDS and detailed coding implications for ensuring proper reimbursement, accurate Quality Measures, and survey preparedness.

Sessions will offer a refresher of critical MDS 3.0 concepts for those new to MDS, as well as expanded content targeting:

- Overcoming common coding and documentation errors
- Avoiding the most prevalent PDPM and Case Mix Index (CMI) missed opportunities
- Preventing MDS related survey deficiencies and current medical review risks
- Effective Person-Centered Care Planning
- QM & SNF QRP Accuracy

What to Expect:

Gain insights that will drive reimbursement and QM improvement

Target Audience:

MDS/RAI staff, Nurse Leaders, Administrators, PT, OT, ST, QA/QAPI team members

Presented by:



Eleisha Wilkes RN, GERO-BC, RAC-CT, DNS-CT
Clinical Consultant

Eleisha is a Registered Nurse with over 20 years of long term care experience. She has significant experience as a Director of Nursing, Case Manager and Resident Assessment Coordinator with extensive responsibility and success in driving QA in the areas of person-centered assessment and care planning through effective systems, staff development, and interdisciplinary team collaboration. She was the lead instructor for the national PDPM Master Class and authors the McKnights LTC News monthly Reimbursement column. Eleisha serves as a clinical consultant providing auditing, clinical training, and project development services.

Questions?

Call: 812-471-7777 Email: kayla@proactivemedicalreview.com

When the webinars will take place:
Weekly on Wednesdays
12:30 pm EST



May 4 - Ruling MDS 3.0 Assessment and Completion

As step one of ensuring MDS 3.0 accuracy, differentiating between assessment types and completion requirements is key. As the introductory session, this webinar will provide an overview of MDS 3.0 Assessment types and scheduling requirements with special focus on the Significant Change in Status Assessment, Interim Payment Assessment and Interrupted Stay policy.

May 11 - Becoming an MDS Genius: Rooting out Common Coding Errors

Attendees will gain insight into common MDS 3.0 coding errors and areas of opportunity for increasing assessment accuracy for care planning and reimbursement. Best practices to enhance supportive documentation to reflect resident conditions and services will be emphasized. Auditing and monitoring activities will be reviewed with specific strategies for providers to drive program improvement.

May 18 - Masterly Assessment and Reporting of Self-Care and Mobility

This session will review MDS items in sections G and GG used to report functional, self-care, and mobility status and goals. The intent of and differences between these sections will be reviewed with emphasis on assessment processes and supporting documentation for Admission and Interim GG performance items which are used to determine the PT, OT, and Nursing Function Scores under PDPM.

May 25 - Becoming a CAA and Care Planning Maestro

Are your care plans comprehensive, timely, and person-centered? Who is involved in the care planning process? In this session, we'll review how to achieve effective care planning through an Interdisciplinary Team approach by bridging the gap between MDS Care Area Assessments and planning care around the resident's goals and preferences.

June 1 - Achieving PDPM Success (Part 1)

This session will provide part 1 of the Patient Driven Payment Model (PDPM) review. Attendees will be refreshed on the logistics of the PT, OT, and SLP components of the model as well as become better prepared to promote and ensure MDS and ICD.10 coding efficiency. Emphasis of this session will be understanding the payment model and the impact on interdisciplinary team operations with strategies to succeed.

June 8 - Achieving PDPM Success (Part 2)

This session will provide part 2 of the Patient Driven Payment Model (PDPM) review. Attendees will be refreshed on the logistics of the Nursing and NTA components of the model as well as become better prepared to promote and ensure MDS and ICD.10 coding efficiency. Emphasis of this session will be understanding the payment model and the impact on interdisciplinary team operations with strategies to succeed.

June 15 - Mastering Quality Measure Management

Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and systems that are associated with the ability to provide high-quality health care. This session will review Quality Measures, applicable definitions, and how each Five-Star MDS-based measure is calculated with a focus on ways in which facilities can monitor and improve their Five-Star rating through the Quality Measure domain.

June 22 - Surmounting Survey and Audit Preparedness

From accuracy of the assessment to effective care planning, RAI/MDS processes are guaranteed to be a focus of survey and auditing activities. This session will provide tips and strategies for successfully managing the survey process from the MDS perspective and suggestions for staying "audit ready" throughout the year.

Questions about webinars?

Contact Proactive at 812-471-7777 or email
kayla@proactivemedicalreview.com

Please contact your state association regarding registration and CEU approval.

