

Mississippi Health Care Association

presents

PDPM: Understanding Patient Driven Payment Model and Developing Your Facility Action Plan

February 13, 2019

Registration - 8:00 a.m. to 8:30 a.m.

Training – 8:30 a.m. to 3:30 p.m.

Join speaker **Elisha Wilkes, RN, RAC-CT** as she explains the fundamentals of PDPM and developing a facility action plan. Attendees will review the fundamentals of the PDPM which will become effective October 1, 2019, for SNF Part A reimbursement. The main emphasis of this session will be understanding the payment model and its impact on interdisciplinary team operations with strategies for developing a “step wise,” facility action plan to guide a successful transition.

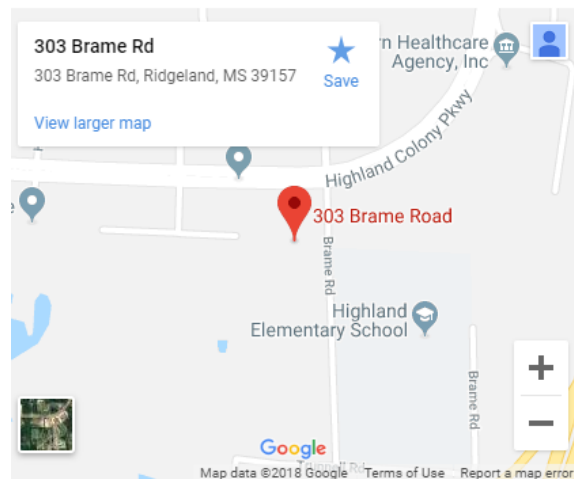
HIGHLIGHTS OF THIS PROGRAM INCLUDE:

- **Patient Driven Payment Model Fundamentals**
 - a. PDPM Components
 - b. Key MDS Changes
- **Facility Action Planning**
 - a. Key Operational Considerations
 - b. Risk Assessment and Audit Plan
 - c. Training Plan
- **Transitioning from RUG IV to PDPM on 10/01/19**
- **Assessments, Policies and Best Practices for Success**
 - a. Interim Payment Assessment
 - b. Interrupted Stay
 - c. Discharge Assessment and therapy provision
 - d. Accurate and timely data collection
 - e. Billing accuracy

Target Audience: *Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Medical Records, MDS staff, Therapy staff*

Location:
Mississippi Healthcare Association
303 Brame Road
Ridgeland, MS 39157
(601) 898-8320

Applied for 6.0
NHA Hours



Note: If you need special aids for services identified under the Americans with Disabilities Act, please call MHCA at (601) 898-8320. MHCA Educational policies can be found on the MHCA website at www.mshca.com

PDPM: Understanding Patient Driven Payment Model and Developing Your Facility Action Plan

February 13, 2019

Registration - 8:00 a.m. to 8:30 a.m.

Training – 8:30 a.m. to 3:30 p.m.

Name of Attendees:	1. _____	Email:	_____
	2. _____		_____
	3. _____		_____
	4. _____		_____

SEASON TICKETS ACCEPTED! *(Please note that Email address necessary for receipt of handouts)*

MHCA MEMBERS \$100 PER ATTENDEE

NON-MEMBERS - \$300 PER ATTENDEE

Facility: _____

Address

City State Zip

Phone: _____ **TOTAL AMOUNT PAYING:** \$ _____

Payment Method: Check # _____ Season Ticket Visa MasterCard

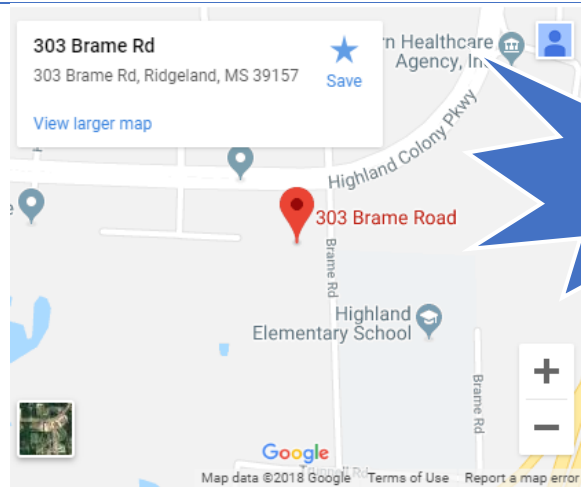
Card # _____ - _____ - _____ **Exp Date:** _____ **V-Code:** _____

Credit Card Billing Address:

City State Zip

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED For questions call (601) 898-8320

Location:
Mississippi Healthcare
Association
303 Brame Road
Ridgeland, MS 39157
(601) 898-8320



Mail registration & payment to:
MHCA
303 Brame Rd
Ridgeland, MS 39157

Fax registration with credit card payment to (601) 898-8341
(PLEASE CALL TO VERIFY RECEIPT OF FAX).
Scan/Email registration with credit card payment to: businessoffice@mshca.com

Note: If you need special aids for services identified under the Americans with Disabilities Act, please call MHCA at (601) 898-8320. MHCA Educational policies can be found on the MHCA website at www.mshca.com

Note: If you need special aids for services identified under the Americans with Disabilities Act, please call MHCA at (601) 898-8320. MHCA Educational policies can be found on the MHCA website at www.mshca.com