



Presented by  
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# Patient Driven Payment Model (PDPM) – Prepare for Success

**August 21-22, 2019**

**Little Rock Marriott Grand Ballroom (2nd Level)**

**3 Statehouse Plaza, Little Rock, AR 72201**

**Members \$125, Non-Members \$625**

**Materials and Lunch Included (Day 1 Only)**

*(Please inform AHCA if you require a special meal. Additional fees may apply.)*

## Patient Driven Payment Model (PDPM)

The Patient Driven Payment Model (PDPM) will overhaul SNF Medicare reimbursement starting October 1, 2019 and represents the largest change to Medicare reimbursement in 20 years. PDPM will replace the current Resource Utilization Groups (RUGs)-based system. This transition will impact each employee at your organization, so it is critical that SNFs develop a PDPM preparation plan to ease the transition burden and facilitate future financial health. This session will provide information to participants regarding:

- The components of PDPM (PT, OT, SLP, Nursing and Non-Therapy Ancillary (NTA))
- The importance of proper ICD-10 coding and tools available to assist providers.
- The importance of capturing all clinical conditions, and services on MDS assessments
- Variance in payments for PT, OT and NTA
- Section GG: From ADL scoring to functional scores
- Therapy service models
- Therapy and nursing communication
- Medicare Management (LOS, patient types, outcome management)
- Staff education assessment
- Care paths
- Billing challenges and strategies
- Strategies for Success

## Presenters:

**Chris Murphy, CPA & Partner**

**Lori Brunholtz, CPA & Managing Director**

**Sherri Robbins, CLNC**

## Agenda Day 1:

**8:00** Registration

**9:00-9:30** PDPM overview (Murphy)

**9:30-10:30** Clinical Components/MDS changes (Robbins)

10:30-10:45 Break

**10:45-Noon** Clinical Components/MDS changes (Robbins)

Noon-1:00 Lunch

**1:00-2:30** Reimbursement/Billing (Robbins)

2:30-2:45 Break

**2:45-3:15** Therapy considerations (Murphy)

**3:15-4:00** Strategies for success and Q&A

## Agenda Day 2:

**9:00-10:30** ICD-10

10:30-10:45 Break

**10:45-Noon** Case studies using actual MDS assessments for payment determinations

**For more information, please contact the Association at 501-374-4422 or  
registration@arhealthcare.com.**

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**To register, send this completed form to:**  
**Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com.**  
The information contained herein, together with all attached documents, will be regarded as property of AHCA.

\_\_\_\_\_  
First Name M. Last Name Last 4 digits of SSN

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Cell Phone Email Address (Confirmation and class materials will be sent to this address)

\_\_\_\_\_  
Employer Current Title

\_\_\_\_\_  
Employer's Address City State Zip

\_\_\_\_\_  
License Number (if applicable) Dates of Employment

\_\_\_\_\_  
Attendee's Signature Date

PAYMENT TOTAL: \$ \_\_\_\_\_

Check #: \_\_\_\_\_  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.**  
**PAYMENT DUE BY FIRST DAY OF CLASS.**  
**CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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