

## February 6 PDPM Overview: Strategic Planning = Success

2:00-3:00 pm Registration

### **PDPM: Corporate Overview, Considerations and Strategies for Success**

3:00-5:00 pm (2.0 CEUs)  
This session will provide a comprehensive overview of PDPM structural mechanics, strategies and compliance concerns. Financial modeling will quantify the impact of care and ancillary contract management refinements critical for optimal performance. The program will also explore how PDPM will resonate through "local" healthcare markets - given the highly uneven penetration of Medicare Advantage/ISNP enrollment and market-specific dominance of upstream providers heavily vested in Alternative Payment Models - PDPM may cause market disruption that managers must understand early in the transition process. The session concludes with a review of "best practice" implementation timelines to facilitate a smooth transition to the new payment model.

5:00—6:30 pm Welcome Reception

## February 7 PDPM Beyond the Basics: A Deep Dive into PDPM Strategy, Tactics, and Tools

7:30-8:30 am Registration

8:30-9:30 am (1.0 CEU)  
**PDPM Beyond the Basics: Nursing Components**  
Overview of the nursing components related to PDPM.

9:30-9:45 am Break/Networking

### **PDPM Beyond the Basics: Nursing Components**

Medicare coverage and reimbursement management are shifted from therapists to the licensed care managers for whom our facilities are named. That said, PDPM management will require a dedicated team approach, with stakes and challenges far exceeding anything we've experienced under previous models.

9:45-11:45 am (2.0 CEUs)  
This session will review eligibility guidelines and long-neglected non-therapy MDS sections that will heavily impact two PDPM rate Components (Nursing RUGs and Non-Therapy Ancillaries). "Capture and Compliance" define these domains, forming the foundation of a new "clinical-reimbursement team" mentality.

Key Concepts include Medicare Benefit Policy Manual (Chapter 8) regarding SNF Part A "clinical eligibility" (an unchanged administrative requirement mostly ceded to the therapy department under RUG-IV), operational considerations from Admission through Discharge, including "Interrupted Stay Policy" requirements, nursing RUGs: a "deep dive" into qualifiers and compliance, preadmission screening processes and modeling considerations for PDPM. MDS Reference Date Planning: "Lookback Arbitrage" strategies that optimize compliant capture and cognitive status measures and associated reimbursement impact.

11:45 am-12:45 pm Lunch/Networking

12:45-1:45 pm (1.0 CEU)  
**PDPM Beyond the Basics: Therapy Components**  
Overview of the therapy components related to PDPM.

1:45-2:00 pm Break/Networking

### **PDPM Beyond the Basics: Therapy Components**

Consultants will address PT/OT & SLP PDPM components, including payment groupings, profile-specific treatment protocols, outcome measures, resource utilization and financial management.

2:00-4:00 pm (2.0 CEUs)  
Key Concepts include detailed mapping of PT/OT & SLP Component assignment, retrofitting treatment protocols to align with Clinical conditions and co-morbidities. Section GG coding and reimbursement implications (with focus on the inverse relationship to Nursing RUGs), speech Therapy clinical competencies, policies and procedures associated with capturing Component drivers, Compliant, appropriate integration of Concurrent/Group therapy allowances, assessing therapy department staffing needs/ratios based on Clinical profile array. Development of "Thera-Activities" to augment formal treatment protocols. Outsourced v. in-house model: Pricing and value-add service expectations from contracted providers and profit/Loss benchmarking and comparative expression per Clinical category.

4:00-4:15 pm Break/Networking

### **Wrap Up: Practicing Dynamic Performance Measures**

4:15-4:45 pm (.5 CEU)  
This session completes the accretive series, wherein team members from the same organizations work together on assessment-competencies and benefit period management execution drills — thus challenging each team is to capture the highest, compliant PDPM Composite Score based on contextual parameters specific to geographic regional market conditions.

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