

What do I have to do to get my system ready for PDPM?

Setup the New MDS Questions for your Disciplines.

MDS – Utilities – Question Selection

Review all of the questions to be sure that the correct disciplines have access to the questions they will be responsible for. If you have questions on how to do this, give us a call.

Sections GG and O now have many questions. You will need to put your cursor on the right side of the window and then stretch it to be able to view all of the questions. If you have questions on how to do this, give us a call. Note, when you save it may take a minute or two – there are now thirteen different specifications with 24 revisions of the MDS!

Reminder, for any question that you do not automatically want to copy forward when creating new assessments, press F1 to turn the question number yellow. (F2 will also remove the yellow and allow it to copy forward in the future – so you can try and always reverse your decision later).

Setup your Insurance Database to know which Advantage plans are moving to PDPM and which are remaining as RUG-IV.

ADT – Utilities – Maintain Databases – Insurances

Please review documentation. You will need to set the PPS flags for all those that will be moving forward to PDPM. If you are not sure what your insurance will be doing, please contact them for information.

If tracking Section GG observations through Resident Observations, set your IPA dates for the transitional assessments.

Care Center

During the first week of October you will be creating transitional IPA assessments for all those who began a MedA stay prior to Oct 1 and are still in the stay on Oct 1. You will need interdisciplinary documentation for Section GG based on your October ARD and the prior 2 days. If you are using Resident Observations for that, you will need to set the alerts for your anticipated IPA so that the option is available. There is documentation available for you. If you have questions or need assistance, please let us know.

Reminder, in the past many of you said your third-party Advantage plan insurances did not want Section GG so you just put a dash in all of the fields. Keep in mind, if those insurances now are moving to PDPM, you need to track and document Section GG since it is a factor in computing the PDPM score.

Discharges for PDPM Insurances

The PDPM rules for an interrupted stay will automatically be applied. If the resident is gone less than 3 days, it will be assumed to be an interrupted stay and a continuation of the stay. Discharges for longer

periods of time will be a new stay and will require a new PDPM 5-day assessment. These new rules will also be applied to the PPS Scheduling Aid.

Prior to PDPM billing, you will need to set your new Medicare billing rates.

Accounts Receivable – Utilities – Maintain PPS PDPM Rates

Potentially each insurance could have a different scheme for billing rates. You will need to create a table for Medicare and *each* Advantage plan that will utilize the new PDPM. For any that are the same, you can copy from one to the other in order to minimize the burden. See separate documentation on managing your rate schedules.