

Monitor and Maintain



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Get ready for the October implementation date of the Patient Driven Payment Model (PDPM) with our informative series of articles authored by Leah Klusch, RN, BSN, FACHCA, founder and director of The Alliance Training Center. We'll prepare you for the new reimbursement model

with detailed insights in a step-by-step guide to PDPM success. You'll learn about everything from building staff competencies and improving your coding practices to the value of partners and how to enhance efficiencies. The series will conclude with a checklist to help you gauge your readiness.

Getting Ready for PDPM Success | by PharMerica

The industry is gearing up for October 1, when the Patient Driven Payment Model (PDPM) finally takes effect. And we'll all likely heave a sigh of relief on October 2. But the PDPM conversion isn't a one-and-done event. Facilities need to monitor and maintain operational control of the data formulation process during the entire transition phase, which includes completion of the Transitional IPA and its transmission into the federal database system. But that's not all.

Here are five important things to pay attention to during the transition period:

- 1 Training and education** remain important throughout and beyond the transition period. It should include current IDT members as well as any new professionals who join the facility staff.
- 2 If the Centers for Medicare & Medicaid Services (CMS)** releases any new guidance or manual instructions, it is critical that facilities comply with those instructions on CMS' time-line and communicate the guidance to the staff.
- 3 The role of the consultant pharmacist** is extremely important pretransition and thereafter to ensure any recommendations they made were acted upon and to provide-information with the required level of specificity regarding an elder's diagnostic connection to medications.
- 4 Make sure the consultant pharmacist,** attending physician and Medical Director at the facility understand the focus on data collection during the first seven days of the stay when the rate is established. Since all of the activity that used to occur during the entire stay is now compressed into the first seven days, intense conversations and follow up are required to make sure the documentation is correct.
- 5 A facility can reduce its risk** by making sure everyone understands the impact of the reproducibility of the data in the medical record which is what will be requested if there is any audit activity late September and early October to earlier in September to relieve the congestion in the schedule during the transition process.

Key Takeaway: Once you're past the October 1 transition the PDPM won't be all-consuming, but it will still require your attention. Ongoing maintenance is always the key to a smooth-running operation.

QUICK LINKS:

- [1 RAI Manual](#)
- [2 CMS PDPM website](#)
- [3 PDPM ICD 10 Mapping](#)
- [4 Updated CMS PDPM FAQ](#)