



PDPM Checklist

# Stage 5: Operationalize

This is it! The final stretch of your journey to PDPM. If all has gone well, in stage 5 the focus is on maintaining the gains made through the changes implemented in previous stages. The most important part though, is making sure you can scale these changes across your organization. The work you've done so far needs to carry you beyond October 1st, and help keep you prepared for future changes.



Transition successfully to PDPM (Prior to 10/1)	Notes	Completed
Develop plan for MDS RUGS to PDPM transition assessment completion and claims submission		
Review resources needed for financial and clinical during the transition		
Educate families and residents about PDPM and the transition process		
Audit and update all diagnosis lists for primary diagnosis mapped to clinical category and update for missed NTA		
Complete IPA on all Medicare A residents with ARD between October 1 and 7		

Monitor and audit MDS and claims process with the new PDPM rules (10/1 and after)	Notes	Completed
Ensure transitions resources are in place		
Track progress to make sure all Med A residents have the required payment assessment completed		
Continue MDS Audits with new rules and data sets in place		
Review triple check process to make sure it is still catching the right edits		
Ensure physicians are following practices to support optimal primary diagnosis selection for resource use		
Track CMS Notices during and after transition (lessons learned, outages to submission software planned, or otherwise)		
Monitor care delivery (ongoing)	Notes	Completed
Monitor care delivery to confirm standard protocols are being followed and to identify gaps		
Conduct care plan audits for emphasis on medical condition and capture presence of non-therapy ancillaries for care		
Provide ongoing training where necessary to ensure operationalization of workflows		

Ensure you can survive an audit without claw backs (ongoing)	Notes	Completed
Continue support-documentation audits to make sure staff are continuing to document and capture all care and services so that risk on audit is reduced		
Monitor therapy usage for pre and post-changes in utilization		
Ensure that therapy caps on group and concurrent minutes are being observed		
Scale approaches for all payers	Notes	Completed
Audit for disruption to processes for other payers		
Audit for revenue/payer		
Adjust case mix as necessary		
Plan for upcoming payer changes		

We're here to help answer any questions you might have.

**YES, I HAVE A PDPM QUESTION.**