

The countdown has begun. Your PDPM success starts with Real Time.

We have the expertise, the tools and the plan.



Patient-Driven Payment Model

CURRENT RUGS IV SYSTEM

Patient Services Driven:

Nursing services
Therapy minutes



Multiple assessments:
5, 14, 30, 60, 90, SC,
COT, OMRA



Reimbursement largely
driven by therapy minutes



Outcomes and LOS driven by
PT/OT portion of stay



PDPM SYSTEM

Patient Characteristics Driven:

5 case mix related components comprise rate:
(PT, OT, SLP, nursing and non-therapy ancillary,
non-case mix related costs)

Two assessments: Initial Assessment at
5-days and Interim Payment Assessment
(IPA) as warranted

Therapy still a component of reimbursement,
but now daily rate must look carefully at
non-therapy ancillaries to determine one of
the thousands of daily rate combinations

PT/OT reimbursement automatically
starts to decrease as LOS exceeds
20 days at a rate of 2% every 7 days

How important is it to choose the right technology for PDPM?

It's critical. Under PDPM, the potential for lost opportunities for reimbursement is exponentially greater than with therapy-driven reimbursement. Within the EHR, nursing notes, orders, and point-of-care information contain information that accurately represents the level of care. Without real time access to this information, reimbursement may fall short of the care provided.

Using Real Time, this data is always accessible and vital to classifying patients accurately based on the daily care they receive.

Auto populates all key areas for all PDPM assessments from your EHR



Identifies where key areas are located to ensure accurate assessment

Resident Name	Alert Message	Unit	Room	Date/Time of Alert	Suggested Interventions
Mary Adkins	Percentage eaten has decreased by 20% over the last 3 days (43%) compared to a 7-day average (48%).	1-1 2 South	205 - A	11/01/2018 7:22 AM	<input type="checkbox"/> Change to weekly weights <input type="checkbox"/> Offer 2 pm and 8 pm snacks <input type="checkbox"/> Add 2Cal supplement with med pass <input type="checkbox"/> Consult dietary for likes/dislikes and nutritional assessment <input type="checkbox"/> Consult OT/ST for self-feeding and swallowing changes <input type="checkbox"/> Notify MD, PA, NP with results <input type="checkbox"/> Update care plan and directives if appropriate
Linda Smith	Diagnosis of CHF with new cough and edema present.	1-1 2 South	205 - A	11/01/2018 7:22 AM	<input type="checkbox"/> Monitor Vital signs q4 for next 72 hours report changes <input type="checkbox"/> Check O2 saturation and CBS, report abnormal values to MD <input type="checkbox"/> Consider orders for -CXR, EKG, BNP, CBC and BMP <input type="checkbox"/> Consider initiating or increasing diuretic or Cardiovascular medications <input type="checkbox"/> Notify MD, PA, NP with results <input type="checkbox"/> Update care plan and directives if appropriate
Edward Backer	New diagnosis of dysphagia and diet downgrade to mechanical soft	1-4 2 South	205 - C	11/01/2018 7:22 AM	<input type="checkbox"/> Assess resident for Interim Payment Assessment (IPA)

How can Real Time help make sure you're being paid for all the care you're providing?

As Real Time scours the entire resident record, it captures all information needed to give the most complete Initial Assessment rate possible. The value of Real Time doesn't stop there. The software continues to monitor all areas of the resident record that impact the PDPM score and alert you to opportunities for an Interim Payment Assessments (IPA).

Using EHR data in real time ensures you capture all the reimbursement to accurately represent the care provided; both at admission, and throughout the entire resident stay.

Choose Real Time.
Choose to be prepared.
Choose confidence.

By choosing Real Time as a partner, you can be confident that you're working with the industry's leading provider of Interventional Analytics™ and the most complete tool for PDPM.