



**The
Proof is
in
the ~~Pudding~~
CODING**
*How to be successful
with PDPM*

*Effective October 1, 2019, a new case-mix classification model -
the Patient-Driven Payment Model (PDPM) -
will be used for classifying nursing center patients in a Part A stay.*

What does this mean for nurses???

EVERYTHING!!!

PDPM It is a system that is driven by patient characteristics rather than therapy minutes and ADLs. Instead, it will rely on over 180 MDS item fields. Failing to accurately code patient needs from the outset will have a significant impact on reimbursement.

Join us for a nurse-focused PDPM training by Nelia Adaci of The CHARTS Group that will take a comprehensive look at practical strategies to promote your center's success through positive clinical and financial outcomes.

Tuesday, March 12, 2019

9 a.m. - 4 p.m.

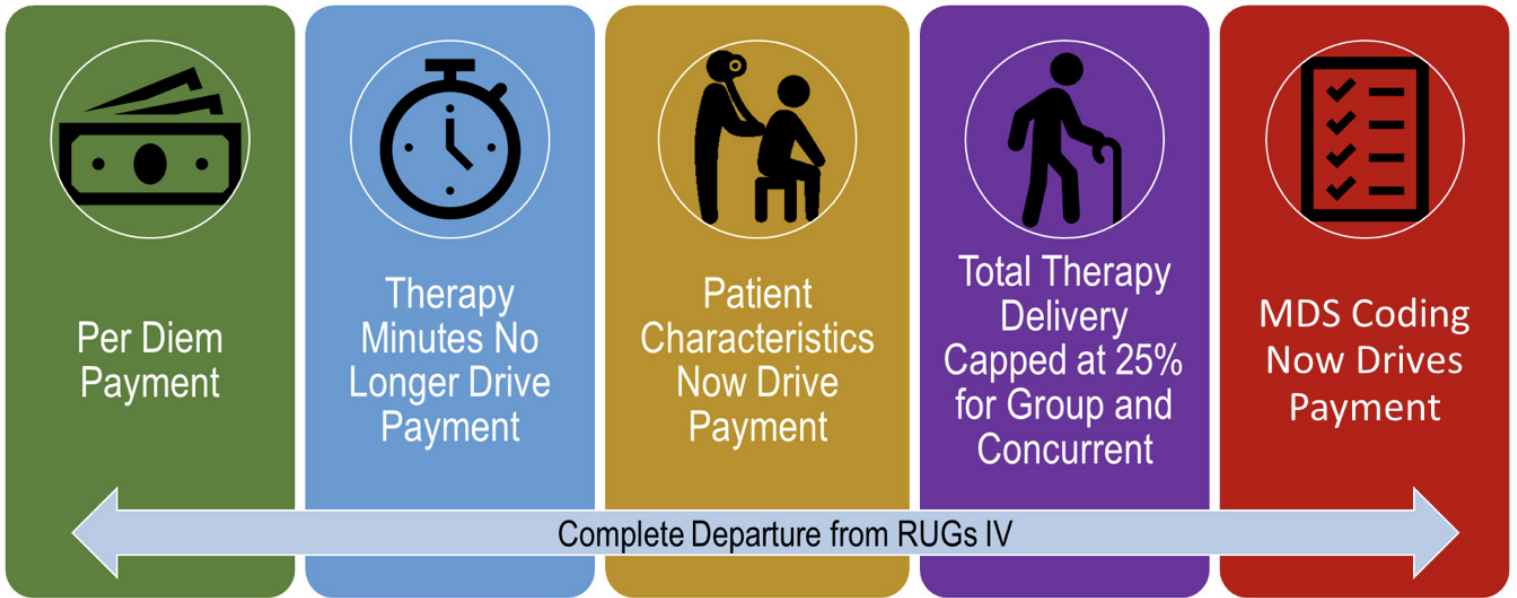
Hilton Garden Inn Hamilton, 800 US Highway 130, Hamilton, NJ



REGISTER EARLY! 110 Attendee maximum (only three per center)

6 Nurse Contact Hours

Two 15-minute breaks and a 30-minute lunch break



REGISTRATION

Registration fee per person: HCANJ Members \$250 / Non-members \$350

Cancellation policy: HCANJ regrets that we are unable to offer refunds for canceled registrations or no-shows.

Questions? contact Michelle at (609) 890-8700 or michelle@hcanj.org

REGISTRATION METHODS

FAX: Fax completed form and credit card information to (609) 584-1047.

ONLINE: Visit our website at www.hcanj.org and click on the **Events & Education** tab to find the event

BY MAIL: Mail completed form along with your check or credit card information to:

Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, NJ 08691-1813
(If mailing a check, please forward registration form in advance, noting that a check will follow.)

Center Name: _____

Center Phone Number: _____ Primary Contact Email: _____

Registrant # 1 _____ Title: _____ Kosher? _____

Registrant # 2 _____ Title: _____ Kosher? _____

Registrant # 3 _____ Title: _____ Kosher? _____

HCANJ member registration # attending _____ x \$250.00 = _____ total due **PAYMENT IN FULL DUE AT**

Non-member registration # attending _____ x \$350.00 = _____ total due **TIME OF REGISTRATION**

Kosher meals _____

Payment Method: Check enclosed OR Charge my card for \$ _____ MasterCard Visa AMEX

Cardholder Name: _____ Cardholder email: _____

Credit Card No. _____ CV2 # _____ Card Exp. Date _____

Cardholder Address _____

Street address
City
State/Zip

Cardholder Signature _____



This activity has been submitted to Rutgers Biomedical and Health Sciences. Rutgers Biomedical and Health Sciences is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for the healthcare team.



The nurse planner and speakers have been cleared that there is no presence of conflict of interest for this event. There is no sponsorship received for this event. For more information regarding contact hours please contact Michelle Palko at 609.890.8700