Team MDS!

Insights & Coaching for Quality Coding and PDPM Success

This 12-part monthly webinar and coaching series is designed to strengthen facility MDS teams with practical, hands-on lessons in coding accuracy, documentation, and PDPM proficiency. Each session tackles a high-impact topic—ranging from mastering GG and self-care/mobility items, rooting out common coding errors, ICD-10 sequencing, and care planning, to understanding the financial impact of MDS on reimbursement, quality measures, and survey readiness. Move your clinical reimbursement squad toward next level performance--join us for Team MDS!

Target Audience

MDS Coordinators, Nursing Leadership, Interdisciplinary Team, Nursing Home Administrators, QA/ QAPI team members

CEUs

One (1) contact hour each session; NAB approved through Proactive LTC Consulting. Approved for Nursing and Social Workers.

COST:
Member Full Series - $675
Non-Member Full Series - $1,350
Member Single Webinar - $60 Each
Non-Member Single Webinar - $120 Each

Presented By:

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PROACTIVE
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North Dakota
Long Term Care
ASSOCIATION

January 27 - PDPM Precision (Part 1)

This session emphasizes in depth insights into the payment model, its impact on interdisciplinary team operations, and strategies for success.

February 24 - PDPM Precision (Part 2)

In continuation of part 1, in this session, attendees will learn how to align clinical practices with reimbursement drivers to drive accurate, optimal reimbursement while maintaining compliance.

March 24 - Ruling MDS 3.0 Assessment and Completion

Participants will review regulatory updates, documentation best practices, and real-world coding examples to strengthen compliance, accuracy, and PDPM reimbursement outcomes.

April 28 - Rooting Out Common Coding Errors

This session is designed to assist the IDT members in improving MDS coding accuracy. Participants will gain insight and learn strategies to avoid errors and enhance the facility's coding integrity and financial performance.

May 26 – Mastering Assessment and Reporting of Self-Care and Mobilit/Coding in Section O & GG

This session provides a deep dive into MDS 3.0 Section GG and Section O coding requirements for the assessment and reporting of self-care and mobility. Gain insights into overcoming obstacles to team success in these areas.

June 23 - Clarifying CAAs and Care Planning

Achieve effective care planning through an Interdisciplinary Team approach by bridging the gap between MDS Care Area Assessments and planning care around the resident's goals and preferences.

July 28 - MDS & Reimbursement Impact

Gain clarity on how MDS 3.0 coding accuracy directly drives reimbursement outcomes across Medicare Part A PDPM, Managed Care, and Medicaid Case Mix methodologies.

August 25 - Expert Quality Measure Management

This session will provide attendees with strategies to lead quality initiatives that elevate care, enhance outcomes and position the facility for success.

September 22 - Ongoing Survey and Audit Preparedness

This session will delve into proven strategies for maintaining compliance and excellence, with practical insights for anticipating and managing survey scrutiny from an MDS perspective.

October 27 - Meetings, Reports & QAPI: Leveraging the IDT Process for MDS, PDPM, and Quality Success

Participants will learn how to structure and lead productive MDS, Medicare, and QAPI meetings that use real-time data and reports to strengthen communication, identify trends, and support compliance.

November 24 – ICD.10 Coding and Sequencing Under PDPM

Attendees will learn how to consistently select the correct primary diagnosis, apply sequencing rules and avoid coding pitfalls that can lead to inaccurate reimbursement and/or claims denials.

December 22 - Optimizing IDT Systems & Collaboration

This session focuses on IDT collaboration, documentation and best practices to support MDS coding and resident outcomes.

Click Here to Register!