



Medicare & PPS Compliance for SNFs

This 3-day workshop offers the comprehensive training needed to successfully implement or manage a Medicare program that achieves ongoing and consistent compliance with both Medicare and PPS/MDS requirements, as well as accurate revenue, and timely payments. This 3 day workshop offers the comprehensive training needed to successfully implement or manage a Medicare program that achieves ongoing and consistent compliance with both Medicare and PPS/MDS requirements, as well as accurate revenue, and timely payments.

Polaris Group, with over 27 years of hands-on experience, provides more than just regulations and theory. Polaris Group's LTC Training Institute – **Medicare & PPS Compliance Institute for SNFs** workshop covers numerous topics including a full day on PPS/MDS/RUGs management; a full day on Medicare requirements including eligibility rules, skilled coverage criteria, documentation requirements, Notices of Non-coverage, Part B programming, and ICD-10-CM coding and sequencing on claim. Review strategies to build compliance into your operations and prepare for ACOs. The third day is an overview of Part A and Part B billing, medical reviews, strategies to prevent denials & process appeals, and how to implement final QA of your Medicare claims. Polaris Group provides comparative utilization statistics from over 1700 facilities using our Key Indicator Trend (KIT) database.

Attendees will receive a comprehensive training manual which can be used as a resource in your facility plus multiple forms and procedures provided on CD which allow customization to fit your operational needs.

We provide a unique “how to implement” approach to our training which includes skill building and management oversight for compliance.

Who should attend?

- Administrators / Executive Directors
- MDSC/Rehab Staff
- DON/Quality Assurance/Reimbursement Directors
- Business Office/Billing Staff

This workshop is comprehensive, and some knowledge of Medicare/MDS/PPS rules is helpful to benefit from all aspects of the workshop. This workshop is taught on an intermediate level, but we can respond to questions at all levels.

Why THIS training is one of the best investments you can make this year!!

- **Intensive learning format** – After reviewing the regulations, we then provide interpretation of those rules and provide detailed, step-by-step methods for implementation including needed procedures/forms that ensure compliance or optimal revenue.
- **Program manual and CD** – Each attendee receives a **comprehensive** training manual with over 1000 pages that includes all training materials, small group activities, and sample procedures and forms. In addition, various forms and procedures will also be provided on CD which can be implemented in your facility.
- **Small class size** – With a smaller group, more interactive activities are provided with all questions answered to ensure optimal learning experience.
- **Create your own personal “to do” list** – For each covered area, we will work together to identify areas for improvement needed in your SNF. You can then create a priority “to do” list to take back to your facility to implement.
- **Polaris Group experience** – Polaris Group has been an established expert in Medicare compliance and best practices for over 27 years.

Institute Questions: 1-800-275-6252 ext. 250

Click here to register: www.polaris-group.com



Medicare & PPS Compliance for SNFs: Institute Information

Instructors:

Marty Pachciarz, RN, Vice President of Clinical Services for Polaris Group for the past 19 years, worked as a DON early in her career, then as a consultant, educator, and author focused on Survey Compliance, Risk Management, Quality Improvement, and MDS/PPS/Medicare Reimbursement. With 45 years of experience in long term care, Marty has worked at the State and Federal level to address quality standards and managed statewide improvement projects.

Kristy Brown, Senior Financial Health Care Consultant for Polaris Group has over 29 years of experience in the Long Term Care industry. She has worked in the health care finance field at multiple corporate levels as well as owning her own Long Term Care facility. She held the positions of Director of Operations, Regional Financial Consultant, Nursing Home Administrator, and Assisted Living Director.

Dates & Locations/Continuing Education Credits:

May 16 – 18: Orlando, FL
July 18 – 20: Las Vegas, NV

Continuing Education Credits:

Administrators: 20 CECs
Nurses: 20 CECs

Day of Training:

- Registrant to make own hotel reservations.
- All class times are 8:30 a.m. to 5:00 p.m.
- Coffee or soda provided. Meals are on your own.
- Fee includes: Three (3) days of training, training manual and CD.
- **Course Fee:** \$979/per person
 - 10% discount/per person, if registered 30 days in advance
 - **Group Discount:** First registrant pay the usual fee; any additional registrants (2nd, 3rd, 4th, etc.) from the same facility has a \$50 discount applied. To receive the discount, please call 800-275-6252 ext. 250 and discount will be applied
- **Refund/Cancellation Policy:** All refund requests required in writing. Please refer to our website for complete refund policy information.

Interested in a Group Training!?

We can bring the Institute to you!

You will have the benefit of having your staff all hear the information at the same time; and access to our experts speakers and materials.
Call 800-275-6252 ext. 237, Sales Department
to learn more about our specialized group training!

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DAY 1

Module 1 - Overview of Medicare Programs

- Review each type of Medicare program
- Covered services and co-pays
- General eligibility requirements for Medicare
- Certified Distinct Parts (CDP)

Module 2 - SNF Part A Eligibility and Coverage Requirements

- Part A eligibility and coverage requirements
- Benefit periods / spell of illness
- Overview of 5 steps for success
 - Inquiry & Admission Process
 - Part A eligibility
 - Prior stay information
 - Pre-admission process
 - Medicare Secondary Payer requirements (MSP)
 - Certification and Re-Certification
 - Medical predictability
 - Certification and recertification rules
 - Delayed certifications
 - Certification tracking log
 - Continued Stay Requirements & Documentation
 - Review skilled coverage qualifiers for skilled nursing
 - Skilled coverage criteria for rehabilitation services
 - Strategies for documenting nursing skilled services
 - Ideas for improving skilled nursing documentation
 - Case studies
 - Expedited Review /Advanced Beneficiary Notices - Part A
 - SNFABN notices
 - NOMNC/Generic/Expedited Review Notice

DAY 1, continued

- Expedited Review /Advanced Beneficiary Notices - Part A
 - Managed Care Notices
 - Tracking systems
 - Quality Assurance
 - QA tracking forms/audit tools

Module 3 - Part B Therapy Documentation

- Strategies to ensure Part B program meets resident needs
- Certification requirements
- Methods to obtain referrals for Part B therapy
- Nursing documentation supporting need for Part B services
- ABN and NOMNC/Generic Notices - Part B
- Therapy caps/exception/threshold process
- Manual Medical Review process updates

Module 4 - Diagnosis Coding

- ICD-10-CM coding rules and tips
- ICD-10-CM diagnosis sequencing on both Part A and B claims
- Care team communication with billing

Day 2

Module 5 - RUG Categories and Qualifiers

- Overview of RUG rate methodology
- Understanding CMI and rates
- Review of each RUG category in detail
- Review MDS coding strategies
- Three therapy delivery methods
 - Individual
 - Concurrent
 - Group
- ADL scoring and impact on reimbursement
 - ADL data gathering

DAY 2, continued

Module 6 - Medicare MDS Management

- Medicare MDS and ARD management
- Review of Assessment Indicators
- Medicare entry and discharge dates/ new PPS Discharge Assessment.
- Therapy Start / End Dates
- Review of COT, EOT, EOT-R, and SOT rules
 - Best practices ARD management
 - Combination MDS / impact on ARD choice
 - ARD Resource tools
 - Multiple scenarios
 - Tracking tools
 - Review Significant Change in Status Assessment (SCSA) impact
- Short Stay Designation
 - Multiple scenarios and case studies
- Impact of late and missing MDS on billing
- MDS and Medicare Advantage Organizations
- New Section GG and Quality Measures IMPACT

Module 7 – Compliance Management

- Build compliance oversight into your daily / weekly PPS/Medicare meetings
- How to use PEPPER Reports for compliance reviews.
- QIES Reports to manage MDS Function.
- RUG distribution, ADL end-splits, and Length of Stay national trends.
- Future Trends - ACOs and Bundled Payments



DAY 3

Module 8 - SNF Medicare Billing: Overview Part A and Part B

- Beginning Steps to Medicare Billing
 - MAC Jurisdictions
 - Software requirements
 - Who do I contact?
- Preparing to Bill Part A
 - Understanding the Common Working File (CWF)
 - Overview of accurate Part A UB-04 coding
 - UB-04 form locators
 - Revenue code form
 - Assessment Indicators and claim
 - Sample Part A UB-04s
 - Use of validation reports
 - Coding of Specialty claims
 - Leave of Absence (LOA)
 - No Pay / Benefits Exhaust
 - Medicare Secondary Payer (MSP)
 - Managed care
 - Consolidated Billing
 - Exclusions / inclusions
 - CMS consolidated billing website
 - Physician fee screen
- Medicare Part B compliant billing
 - Billing outpatient therapy in SNF
 - Multiple Procedure Payment Reduction (MPPR)
 - Part B UB-04 components
 - Completing UB-04
 - Therapy caps/exceptions claims/G-Codes
- Part B ancillary billing
 - Covered supplies
 - Vaccines

DAY 3, continued

Module 9 – Revenue Cycle Management

- Managing Claims
 - Determining insurance eligibility
 - Collecting Co insurance and deductibles
 - Understanding the remittance advice
 - Co-Insurance Billing
 - Supplemental vs. secondary insurance
 - Crossover claims
- A/R Management
 - A/R review
 - Managing balances over 90 days

Module 10- Business Office QA

- Challenges-closing books at end of month
 - Census reconciliation
 - Business office calendar
 - COT and EOT-R's effects on billing
- Business Office Compliance

Module 11 - Medicare Risk Management

- Implementing an effective QA prior to billing
 - Triple Check procedures and forms
- Medical Review (MR) Process
- Additional Development Requests (ADR)
- Responding to requests from your MAC
- Medicare appeals process
- Checklists and QA tracking
- Other auditors – RAC, CERT, ZPIC
- Audit triggers
- Common reasons for denials

Testimonials

“Marty and Kristy have great knowledge of their respective topics presented and used good, relevant, actual examples. They kept audience engaged throughout the day.” Orlando, 2016

“Very helpful, and go out of their way to get you an answer. Definitely looking forward to attending another class.” Orlando, 2016