



## Surviving MAC, RAC and ZPIC Audits

This 2-day workshop will provide strategies for managing the people, records, and process for responding to auditors, and appealing denials. Aspects of the various roles each person plays during this process includes coordination, preparation, documentation, and tracking. Preventing denials in the first place is part of a comprehensive compliance program as internal QA functions are a must. Each area will be covered providing specific, practical approaches to deal with the challenges in the appeals process.

The process for responding to an Additional Documentation Request (ADR) is the critical first step in preventing denials. This skill-building workshop will provide attendees with skills and the knowledge necessary for a solid response to any auditing entity that decreases risk of a denial. Further, it will educate attendees on the Appeals process, and the additional opportunities to getting a denial overturned.

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

### Who should attend?

- Administrators
- Regional Staff
- DONs
- MDS Coordinators
- Medical Records Personnel
- Business Office Personnel
- Therapy Directors

This workshop is designed to provide you with the information and knowledge needed for responding to, and preparing for, pre and post payment audits of your Medicare claims. Content is designed to address the audit process while also providing you with the tools necessary for successful claim approvals.

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

- **Interactive learning format** – This workshop is designed to combine didactic instruction and open discussion to facilitate connection between the topic and real-world application of principles and practices. Participants are encouraged to actively engage in the learning process.
- **Small class size** – With a smaller group, more interactive activities are provided with all questions answered to ensure optimal learning experience.
- **Program manual and CD** – Each attendee receives a comprehensive training manual which includes all training materials, small group activities, and sample procedures and forms. In addition, forms and procedures are provided on CD which can be implemented in your facility.
- **Polaris Group experience** – Polaris Group has been an established expert in Medicare compliance and billing with best practices for over 27 years.



## Surviving MAC, RAC and ZPIC Audits: Institute Information

### Instructor:

**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:

**February 8 – 9: Las Vegas, NV**  
**November 8 – 9: Orlando, FL**

### Continuing Education Credits:

Administrators - 12 CECs  
Nurses - 12 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: Two (2) days of training, training manual and CD.
- **Course Fee:** \$799/per person
  - 10% discount/per person, if registered 30 days in advance
  - Group Discount: First registrant pays the usual fee; any additional registrants (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.) from the same facility received a \$25 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!

*“Kristy did a wonderful job, I am glad to have attended this workshop. I walked away with so much knowledge and tools to better our ADR process.” Nashville, 2016*

*“Excellent is the one word I would use to describe this workshop and Kristy.” Nashville, 2016*

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

**Click here to register: [www.polaris-group.com](http://www.polaris-group.com)**

# Surviving MAC, RAC and ZPIC Audits: Course Outline



## DAY 1

### Module 1

- Medicare Overview
  - Coverage Guidelines
  - Technical Requirements for Coverage
  - Documentation Requirements
    - Physician
    - Nursing
    - Therapy
    - Financial
  - National Coverage Determinations
  - Local Coverage Determinations

### Module 2

- Current Audit Environment
  - CMS Viewpoint
  - Contractor's viewpoint
  - Low hanging fruit
- CMS Contracting Entities or Referral Agencies
  - MAC           • MIC           • DOJ
  - RAC           • MFCU       • OIG
  - CERT       • HCFAC      • HEAT
  - ZPIC       • SMP
- Audits
  - Outside Agency
    - Predictive Modeling
    - Medical Review
      - Probe
      - Progressive Corrective Action
    - Manual Medical Review
    - PEPPER
  - Internal
    - Components of overall Compliance Program
    - Investigations
    - Self-Referral, or not
  - Types
    - Automated
    - Complex

## DAY 1, continued

### Module 2, continued

- Extrapolation
- Investigations
  - Qui Tam trigger
  - OIG
  - DOJ
  - ZPIC

### Module 3

- Additional Development Requests (ADR)
  - How notified
    - FISS
    - Letter
  - How to respond
    - Packet
    - Review
    - Cover Letter
  - Internal process
  - Tracking
  - Responding Time Frames

### Module 4

- Appeals Process
  - The 5 Levels of Appeals
    - Redetermination
    - Reconsideration
    - Administrative Law Judge
    - Medicare Appeals Council
    - Federal District Court
  - Opportunities of each
  - Process
- Common Reasons for Denials
- Writing an Effective Appeal Letter

### Module 5

- Preparing for your ALJ Hearing
  - Coordinator's Role
    - Key Issues
    - Build defense of case

## DAY 2:

### Module 5, continued

- Position Paper
- Affidavits
- Supporting Documents
- CMS Participation
- Discovery

### Module 6

- Effective Prevention
  - Triple Check
    - Who should attend
    - How often
    - What is reviewed
    - Outcome of review
  - Avoiding Technical Denials
  - Assessing your Documentation
    - Review Nursing Documentation and what to look for
    - Review Therapy Documentation
    - Affecting Change

### Module 7

- Writing an Appeal Letter
  - Review Appeal Letters
  - Review Actual Clinical Record
  - Practice writing an Appeal letter

### Module 8

- Compliance Programs Place in LTC
  - Review of Affordable Care Act requirements for Compliance Program
  - How Internal and External Audits fit into Compliance Program
  - Cost vs. Savings
  - Value and Benefits
  - Code of Conduct
  - Compliance Officer's Role
  - Compliance Committee
  - Legal Obligations