



## SNF Medicare Billing Compliance - Advanced

This 3-day workshop offers comprehensive SNF Advanced Billing training that will help you successfully submit and receive payment for **atypical claims** such as, Medicare Secondary Payer, Medicare Advantage, HMO, ACO, Bundled Payment, and Insurance.

Polaris Group, with over 30 years of hands-on experience, provides expert training and review of the atypical claims process. Polaris Group's LTC Training Institute – **SNF Medicare Billing Compliance - Advanced** workshop will cover numerous topics including creation of compliant claims for complex billing situations, problem solving for atypical claims, ICD-10-CM and the claim, PDPM overview for billers, and QA oversight of your Business Office. Sessions also include an overview of current MAC claim issues, and a look at the various government audit agencies and how to reduce your risk for audit and denials.

Attendees will receive a comprehensive training manual that can be used as a resource in your facility as well as a flash drive with forms and procedures which allows for customization to fit your operational needs.

We provide a unique “how to” approach to our training. Small class size enables all participants the chance to interact and to get answers to those questions surrounding the atypical claims process. The workshop will provide Billers with the tools they will need to ensure timely revenue and manage the complexities of Medicare compliance in the ever-changing billing environment.

### Who should attend?

- Business Office Manager
- Billers
- Billing Director
- Accounting Director
- CFO
- Reimbursement Specialist

**\*\*Attendees should have basic claims processing experience and desire further training on more difficult, atypical claims and denial concerns.**

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

- **Practical Experience** – Attendees leave with a comprehensive understanding and working knowledge of Medicare billing.
- **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.
- **Small class size** – With a smaller group, more interactive activities are provided with all questions answered to ensure optimal learning experience.
- **Program manual and USB** – 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 flash drive which can be implemented in your facility.
- **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.
- **Expert assistance with resolving “real” claim issues** – Hands-on assistance from one of our Medicare Billing Professionals with processing your “problem” claims. We will utilize our secure software to access FISS to help you solve up to 3 issues, or review 3 UB-04s that you are having difficulty getting resolved. We can help you get paid!
- **Polaris Group experience** – Polaris Group has been an established expert in Medicare compliance and billing with best practices for over 30 years.



## SNF Medicare Billing Compliance - Advanced: Institute Information

### Instructor:

**Kristy Brown, Senior Financial Health Care Consultant** for Polaris Group has over 35 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:

**March 19-21, 2019: Las Vegas, NV**

**May 21-23, 2019: Dallas, TX**

### Continuing Education Credits:

Administrators - 15 CECs

Nurses - 15 CECs

### Day of Training:

- Registrant to make own hotel reservations
- First two days - class times are 8:30 a.m. to 5:00 p.m. Third day lecture ends by 2 pm, followed by post lecture "real time claims processing"
- Coffee or soda provided. Meals are on your own.
- Fee includes: Three (3) days of training, training manual and USB.
- **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 (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 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.

### Testimonial

*"Training was very informative and helpful, it was the information I was looking for." Chicago, 2018*

*"Great training! Kristy is great at explaining and teaching. I will definitely be back for more training courses." Vegas 2017*

### 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!



## DAY 1

### **Module 1: Medicare Review**

- Technical Components of Medicare Admission
- Review of the Common Working File (CWF) for appropriate payment
  - Covered services
  - Benefit periods
- Identifying and determining plan types for:
  - Traditional Medicare
  - Medicare Advantage Care
  - Hospice
  - Medicare Secondary Payer (MSP)
    - MSP Questionnaire
    - MSP Rules
    - Coordination of Benefits

### **Module 2: Atypical claims – The In's and Out's**

- **Overview of the following payer types listed below; the claims process, examples, and discussion.**
- Field-by-field review of the UB-04 claim form for each payer type below:
  - Correct use of occurrence, condition, span and status codes to create the appropriate UB-04 for claims listed below
- Step-by-step review of filing process:
  - MSP Claims
    - Group health plans
    - Workers Comp
    - No Fault
    - Liability
  - Conditional Payment
    - Conditional payment
    - Billing for conditional payment
  - VA
  - Supplemental Insurance (such as TriCare for Life)
  - DPNA claims (Denial of Payments on new admissions)

## DAY 1, continued

- Medical Predictability
- Demand billing
- Alternative Payment Methods:
  - CMS Innovation Center
    - Alternative Options
  - ACOs
    - What is an ACO
    - ACO Programs
      - Next Generation
      - Pioneer ACO Model
    - 3 Day Waiver
    - Billing and payment methods
    - Common Questions and Answers
  - Bundled Payments
    - Bundled Payment Models
    - Episodes of Care
    - Billing and payment methods
  - Comprehensive Joint Replacement
    - Who is involved
    - What CJR covers
    - Billing and payment methods
  - PDPM
    - Understand the key points to PDPM
    - How PDPM differs from RUG IV
    - Review of reimbursement under PDPM

## DAY 2

### **Module 3 –Managed Care**

- Medicare Part C- Managed Care
- Managed Care Private Insurance plans
- Managed Care Contracts
- Changing from Managed Care to traditional Medicare
- Managed Care Claim Requirements

## DAY 2, continued

### **Module 4 – CONSOLIDATED BILLING**

- SNF Consolidated Billing guidelines
  - Major Categories Review
    - Vaccines
    - Supplies and (DME)
    - Ambulance Transportation
- CMS WEBSITE – Finding the answers

### **Module 5: Medicare Claims Problem Solving**

- Direct Data Entry (DDE) short cuts and tips
  - Roster billing
  - Corrections/Adjustments/Cancellations
    - When to cancel or adjust
  - Common FISS denial Reason Codes
    - Explanations of common FISS denial reason codes
- Justification for timely filing

### **Module 6 - Diagnosis Coding Myths and Facts**

- Overview of ICD-10
- ICD-10-CM - Part A and B claims - Proper sequencing -
- Care team communication with billing

## DAY 3

### **Module 7: Business Office Quality Oversight**

- Claims
  - Claim triggers: What should be reviewed?
- Aging Management -
  - Sequester, MPPR, Contractual amounts
  - Aging percentages – how well are you doing?
- Remittance Advice
- Implementing an effective QA prior to billing
- Triple check procedures and forms

### **Module 8: Medicare Risk Management**

- Credit balance/ overpayment
  - When to complete the credit balance report
  - What to do when you discover an overpayment
- Bad debt and your cost report
  - What is Medicare Bad Debt?
  - What can the provider claim as Medicare Bad Debt?
  - How to track and report Medicare Bad debt
- Medical Review (MR) Process:
  - Additional Development Requests (ADR)
  - How to spot an ADR
  - Medicare Appeals process
  - Responding to requests from your MAC
  - Reopening versus redetermination
  - What could trigger a review?
  - Common Reasons for denials
- Other auditors - RAC, CERT, ZPIC

## DAY 3, continued

### **Post Lecture: Real Time Claims Processing “Hands-on” assistance with problem claims.**

- Come prepared to log onto FISS with your facility specific information
- You will need your:
  - DDE log on and password (you will not share this information with others)
  - NPI
  - MAC jurisdiction info
  - Problem UB-04's - may include MSP, managed care, insurance
- PLEASE limit your issues to 3 due to time constraints.