



SNF Comprehensive Billing and Compliance Workshop

This 3-day workshop offers comprehensive SNF Billing and Compliance training that will help you successfully submit and receive payment for **all types of Medicare claims** such as, PDPM, Medicare Secondary Payer, Medicare Advantage, ACO, Bundled Payment, Insurance, and Medicare Informational Claims. This workshop will provide the necessary information to ensure accurate and compliant claims are being sent for payment and that the billing office has an established compliance plan that covers government regulations, payer requirements, office operations, and technology requirements. This is the perfect workshop for both seasoned and new billers.

Polaris Group, with over 30 years of hands-on experience, provides expert training and review of the Medicare/Managed Care claims process. Polaris Group's LTC Training Institute – **SNF Comprehensive Billing and Compliance** workshop will cover numerous topics including a review of Medicare Skilled Nursing Facility regulations for billing, the creation of compliant Part A and Part B claims for various billing situations and other aspects of Medicare billing often handled in the Business Office. Also covered will be the creation of compliant claims for complex billing situations, problem solving for atypical claims, MDS/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. There will be several hands on and how-to practicums to ensure understanding of the claims building process.

Attendees will receive a comprehensive training manual that can be used as a resource in your facility as well as a USB 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 billing 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 – Seasoned or new billers both are welcome
- Billing Director
- Accounting Director
- CFO
- Reimbursement Specialist

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 accurate 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 USB 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 Comprehensive Billing and Compliance: Institute Information

Instructor:

Kristy Brown, Senior Financial Health Care Consultant for Polaris Group has over 37 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 18-20, 2020: Houston, TX
May 19-21, 2020: Las Vegas, NV
August 18-20, 2020: Atlanta, GA
November 17-19, 2020: Tampa, FL

Continuing Education Credits:

Administrators: 19 CECs
Nurses: 19 CECs

Days of Training/Cost of Training:

- Registrant to make own hotel reservations
- 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 flash drive.

- **Course Fee: \$1,129/per person**

Discounts Options:

Early Bird discounted rate of 10% off per person (discount expires 30 days prior to date of workshop)

****OR****

Group Discount: Registering 3 or more from the same facility? Receive a \$50/per person discount. **To receive group discount, please call 800-275-6252 ext. 250**

****Discounts cannot be combined**

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!



DAY 1

Module 1: Medicare Review & CWF Basics

- Medicare Basics
 - Overview of Covered Services
- Types of Medicare
 - Medicare Beneficiary Identifier
 - QMB
 - Technical Qualifications for Part A
 - 3-day stay
 - Transfer Rules
 - MOON Form
 - Billing for skilled services
 - No Qualifying stay
 - Transfer criteria not met
- Part B of A
 - Therapy Thresholds
- Analyze the Common Working File (CWF) for appropriate payment
- How to identify and determine plan types for:
 - Traditional Medicare
 - Hospice
 - Home Health
 - Medicare Advantage Care
 - HMO
 - PPO
 - Medicare Secondary Payer (MSP)
 - MSP Questionnaire
 - Coordination of Benefits (COB)
 - How to resolve MSP admission issues

Module 2: Consolidated Billing

- SNF Consolidated Billing guidelines
 - Review of 5 Major Categories
 - Supplies and Durable Medical Equipment (DME)
 - Transportation – Ambulance Coverage
 - Vaccines
 - Diagnostic Tests (example INR)

DAY 1, continued

Module 2, continued

- CMS WEBSITE – Finding the answers
 - Locating Fee Screen Information
 - Medicare Administrative Contractors (MAC) Jurisdictions
 - Electronic Data Interchange (EDI)

Module 3: Patient-Driven Payment Model

- The 6 Classifications assigned all residents
 - Nursing
 - PT
 - OT
 - SLT
 - Non – Therapy Ancillary
 - Non-Case Mix
- Understand CMI and Case Mix group and effect on revenue
- How to calculate Function Scores for PT/OT and Nursing Categories
- Variable rates apply to PT, OT category and Non-Therapy
- Interim Payment Assessment criteria and best practices
- Interrupted Stay Policies
- HIPPS Modifiers
- Financial impact

DAY 2

Module 4: Managed Care

- Medicare Part C – Managed Care
- Managed Care Private Insurance plans
- Changing from Managed Care to Traditional Medicare
 - Enrollment criteria
 - Enrollment and disenrollment periods
 - Required policies and procedures
- Managed Care Contracts
 - Contract Elements
 - Payment options

DAY 2, continued

Module 4, continued

- Managed Care Admissions
 - Admission Process
 - Insurance Verification
 - Evidence of Coverage
- Managed Care Claim Requirements
- Managed Care Appeals

Module 5: UB-04 Review

- Completion of a clean claim
 - Field-by-field review of claim form
 - Correct use of occurrence, condition, span and status codes to create the appropriate UB-04 claim for:
 - Medicare Part A
 - Medicare Part B
 - Managed Care
- MDS relationship to claim
- MDS fields and claim location
- MDS ICD-10 and claim

Module 6: Atypical claims

- Overview of the following payer types listed below; the claims process, examples and discussion.
- No Pay and Benefits Exhaust claims
- Demand Bill vs. Billing for Denial
 - Request for Demand billing
 - When is it necessary?
 - Demand billing and ABNs
- Billing and SNF Notices
 - ABN and NOMNC
 - QIO and QIC Review
 - Timeliness
 - Billing Modifiers
- Medicare Informational claims
 - Medicare Secondary Payer
 - Managed Care

SNF Comprehensive Billing and Compliance: Course Outline



DAY 2, continued

Module 6, continued:

- Field-by-field review of claim form for each payer type below:
 - Correct use of occurrence, condition, span and status codes to create appropriate UB-04
 - Step-by-step review of filling process:
 - MSP Claims
 - Group health plans
 - Workers Comp
 - No Fault
 - Liability
 - Conditional Payment
 - When to ask for a conditional payment
 - Billing for conditional payment
 - Group Codes, CARC Codes & Remarks
 - Reading the EOB
 - Completing the CAS page
 - VA, Federal Programs
 - Tricare for Life
 - DPNA claims (Ban on new admissions)
 - Medical Predictability
 - Re-openings
- Alternative Payment Methods:
 - CMS Innovation Center
 - Alternative Options
 - ACOs
 - ACO Programs
 - Next Generation
 - 3-day Waiver
 - Billing and payment methods
 - Common Questions and Answers
 - Bundled Payments
 - Bundled Payment Models
 - Episodes of Care
 - Billing and payment methods

DAY 2, continued

Module 6, Continued:

- Comprehensive Joint Replacement
 - Who is involved?
 - What CJR covers
 - Billing and payment methods
 - 3-day Waiver
- Comprehensive Joint Replacement
 - Who is involved?
 - What CJR covers
 - Billing and payment methods
 - 3-day Waiver

DAY 3

Module 7: Accounts Receivable Management

- Medicare Explanation of Benefits (Remittance Advice)
 - Applying Payments
 - Understanding the remit advice
- AR Benchmarks
- Aging Management
 - Analyze the Aging
 - MPPR
 - Sequester amounts
 - Value Based Purchasing
 - Contractual
 - Co-insurance Billing

Module 8: Business Office Role

- Business Office and Month End Processes
 - Month End Processes
 - Census reconciliation
 - Validating MDS Transmission
- Claims
 - Claim triggers: What should be reviewed?
- Implementing an effective QA prior to billing
 - Triple check procedures and forms
- Compliance

DAY 3, continued

Module 8, Continued:

- Business Office
 - Self-Audits
 - Admission Audits
 - Delegation of Duties
 - Claims audits
 - External Audits
- HIPAA compliance
- Fraud and Abuse

Module 9: Medicare Claims Problem Solving

- FISS Navigation
- Direct Data Entry (DDE) shortcuts and tips
- Corrections/Adjustments/Cancellations
 - When to cancel or adjust
 - Common FISS denial Reason Codes
 - Explanation of common FISS denial reason codes and how to correct
- Roster Billing
- Timely Filing
 - Justification for timely filing

Module 10: Medicare Risk Management

- Saving the Revenue
 - OIG Findings
 - Improper payments
- Credit balance/overpayment
 - When to complete credit balance report
 - What to do when you discover and overpayment
- Bad debt and your cost report
 - What is Medicare Bad Debt?
 - What can provider claim as Medicare Bad Debt?
 - How to track and report Medicare Bad Debt



DAY 3, continued

Module 10, continued:

- Medical Review (MR) Process:
 - TPE Audits
 - Additional Development Requests (ADR)
 - How to spot and track an ADR
 - Medicare Appeals process
 - Responding to requests from your MAC
 - Reopening versus redetermination
- Other auditors – RAC, CERT, ZPIC

Module 11: Group Exercises – Hands on Practice

- What have you learned?

Module 12: What's Coming?

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 claims due to time constraints

Testimonials

"Kristy was incredibly informative and willing to explain in detail when asked to elaborate." Dallas, 2019

"Learned a lot and took away tasks to meet with departments to streamline and improve our processes." Dallas, 2019

"This is one of the best organized and well put together trainings I have ever attended. Kristy is great, I learned so much." Chicago, 2019