

# Medicare Compliance Skill Building Workshop



## Have interest in a private Virtual or Live training?

We can bring the workshop to you virtually or in-person. You will have the benefit of having your staff all hear the information at the same time; and access to our expert speakers and materials. Based on your training needs, we can combine models from different workshops to create your perfect training. Call **813-318-2243**, Sales Department to learn more about our private group trainings.

**Great workshop for staff new to Medicare or anyone seeking a refresher course to ensure risk for denials is minimized.**

**Most modules 1.5 to 2 training hours Total: 14 Training hours for Nursing CECs**

### **Module 1 - Medicare technical Requirements Basics**

**With turnover of key staff and new hires, understanding Medicare basics is imperative to minimize Part A technical denials.**

#### **The course will cover:**

- Detailed review of Medicare Part A benefits and coverage.
- Review eligibility requirements
- Understanding Spell of Illness and Medical Predictability
- Review continued stay requirements and practical matter
- Physician Certifications requirements.
- Medicare as Secondary Payer rules.
- Administrative Presumption of coverage
- Overview of what is skilled and not skilled
- Brief review of notification requirements upon admission, continued stay and exhaustion of benefits.
- Overview of Part A Systems needed for success

#### **Learning Objectives:**

- Understand basics of compliance with Medicare regulations.
- Be able to confirm systems are in place.

### **Module 2 - Part A Notices of Non-coverage**

**Be sure your team is up-to-date and in compliance with CMS required Notices.**

#### **The course will cover:**

- Review of Expedited (NOMNC) Notice requirements
- Includes all current and proposed rules and best practices for Part A
- Review how to complete NOMNC form correctly
- Review requirements for SNFABNs for Part A
- Review methods to complete forms and when to issue to resident.
- Understand Quality Improvement Organizations (QIO) role and oversight
- QIO modifiers when apply
- Review notices for Medicare Advantage program

#### **Learning Objectives:**

- Purpose for giving the notices.
- Understand when and how to give the notices.

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## **Module 3 - Medicare Skilled Nursing Documentation**

**Are you satisfied with your Medicare Skilled Nursing Documentation? With PDPM, there could be greater scrutiny of nursing documentation to support skilled service.**

### **This course will cover:**

- Review of practical matter, medical necessity, and spell of illness.
- Describes, in detail, skilled level of care criteria under PDPM.
- Provides examples of objective documentation to support skilled services.
- Outlines documentation criteria for each type of skilled services with focus on key areas to address.
- Includes basic charting tips for documentation to support MDS coding for PDPM.
- Risks under PDPM with tips for front-line nurses.
- Example case studies.

### **Learning Objectives:**

- Understand skilled level of care documentation requirements.
- Be able to audit and training frontline staff to improve charting skills.

## **Module 4 – Part B Compliance**

**Increasing Part B census can be challenge if the entire care team is not involved in identifying resident changes. This session reviews regulatory requirements for documentation, certifications, and Notices for Part B therapy services.**

### **This course will cover:**

- Regulatory requirements and physician certifications
- Methods for increasing referrals from nursing
- Ideas for finding residents with declines who may benefit from therapy
- How to use all staff to identify residents with changes
- Nursing documentation to support Part B therapy is essential
- Strategies for Part B programming
- Part B cap rules
- Challenges to increasing Part B census
- Procedures for issuing ABNs and Expedited Review Notices.

### **Learning Objectives:**

- Be able to enhance current systems related to identifying residents for Part B therapy.
- Ensure regulatory compliance.

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## Module 5 – Admissions Process for Success

Does your facility know what it means to have a successful admission? The admission process is much more than getting the patient in the door. Do you know that 12 to 20% of admissions result in lost revenue? Admissions is not a person but a team. Train your key staff to this important process.

### The course will cover:

- Determining the Admission team
- Conducting a successful tour
- Inquiry and Admission Process
- MOON form and tips related to coverage
- Medicare – Confirming coverage
- Insurance Verification – determining payer source
- Managed Care, Medicaid and private pay
- Required Admission Paperwork
- Best practices after the Admission

### Learning Objectives:

- Gain an understanding of the Admission Process
- Understand steps to ensure revenue is assured

## Module 6 – Medicare Communication Systems for Compliance

This training is to help SNFs implement effective communication systems by reviewing how their daily Stand-up Meeting, daily PDPM Huddle, weekly Medicare Meetings, and Triple Check, Medicare Meetings, and monthly PDPM Triple Check reviews are essential for communication success.

### This course will cover:

- Various Roles and responsibilities
- Review process and agenda for Stand-up meetings
- Review process and agenda for daily PDPM Huddle
- Review process and agenda for weekly Medicare meetings
  - Discuss role of nursing, billing, and therapy at weekly Medicare meetings
  - Methods to ensure ongoing coverage
- Who brings what to each meeting?
- Key components of Claim related to Medicare
- Review process and roles for PDPM Triple Check meeting
- Who runs PDPM Triple Check and how to perform the “PDPM triple check” to ensure accurate billing?

### Learning Objectives:

- Be able to evaluate current systems.
- Be able to implement an effective weekly Medicare meeting.
- Be able to implement an effective Triple Check QA prior billing.

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## Module 7 – Auditors and Responding to Requests for Records

With the implementation of PDPM, preparing for and responding to Additional Development Requests, due to increased scrutiny, is of greatest importance. Review the Medical Review process, know the types of auditors, best practices for responding to requests and utilizing the facilities QA process to identify and prevent ADRs.

### The course will cover:

- 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

### Learning Objectives:

- Be able to provide complete information when request is made for a review
- Identify high risk areas for reviews