SNF Comprehensive Billing & Compliance 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 have 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.

Training good for both new and seasoned staff to ensure accurate claims.

SNF Comprehensive Billing & Compliance Training Modules:

Modules vary from 2 to 3 hours with Nursing CECs

Module 1 – Medicare Review and CWF/HETS Basics

Understanding the basics of Medicare is imperative to minimize technical denials of claims. Without proper knowledge of Medicare benefits and eligibility criteria providers risk claim denials and audit take backs.

The course will cover:
- Review of the four parts of Medicare, A, B, C and D
- Technical Qualifications for Medicare Part A
- Review of benefit periods and spell of illness
- How to analyze the CWF/HETS
- Medicare Secondary Payer Requirements

Learning Objectives:
- Demonstrate understanding of each part of Medicare and the coverage criteria for each.
- Ability to interpret CWF information
- Be able to identify and determine red flags at time of admission

Module 2 – Consolidated Billing

The consolidated billing requirement mandates the SNF is the billing entity responsible for the entire package of care that beneficiaries receive during a covered Part A SNF stay. Consolidated billing rules will be reviewed including the 5 major categories and how to determine whether a service is an excluded service.

This course will cover:
- Review of consolidated billing rules
- Review what a SNF is responsible to provide and pay for vs. outside suppliers
- Review of the 5 major categories of Excluded Services
- Review Part B Ancillary Billing procedures and Vaccine billing
- Supply billing in the SNF
- Review how to identify CMS resources for consolidated billing including fee screens and LCDs

Learning Objectives:
- Understand which services SNF is responsible to pay for and which they are not
- Know how to determine liability for services performed on a Part A patient
- Know which supplies a SNF can bill for

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Module 3 – PDPM

Billing needs to understand the components of PDPM as they relate to billing. Understanding the basics of PDPM and how to calculate the expected payment rate for the determined PDPM HIPPS modifier is a must when claims do not pay as expected.

This course will cover:
- Review of six components of PDPM
- MDS requirements for PDPM
- Review the HIPPS modifiers
- Impact of the IPA and interrupted stay policy on billing
  - How to code the claim accordingly
- How ICD-10 coding will affect the claim

Learning Objectives:
- Understand PDPM as it relates to revenue and claims
- Be able to complete compliant PDPM claims for submission to Medicare
- Be able to demonstrate how to calculate payment under PDPM

Module 4 – Managed Care

Managed Care can drastically impact your revenue cycle. Understanding the systems needed for a successful relationship with managed care is imperative. Compliance with contract/provider terms is required and documentation must support services provided. The workflow from pre-admission to billing including needed authorizations, notices required, and compliant billing is a must.

This course will cover:
- Types of managed care programs
- Enrollment and Disenrollment criteria
- Contracting methods
- Systems needed for authorization and case management
- Knowing the billing terms to ensure timely payment
- Billing correctly to maintain compliance with CMS

Learning Objectives:
- Understand the different types of Medicare Managed Care plans
- Demonstrate understanding of how managed care contracts work
- Understand billing requirements for managed care

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Module 5 – UB-04 Review

The UB-04 is the required claim form for Institutional providers. The claim information submitted by the provider is used by various agencies to data mine for possible fraud and abuse. Incorrect coding and coding errors can also trigger unwanted audits. Billing staff must understand the components of the UB-04 and not rely on software generated claims to be accurate.

This course will cover:
- Review UB-04 Instructions
- Review Part B Procedure codes
- Part B Service Based vs. Time Based HCPC/Procedure codes.
- UB-04 Field Locator Review-How to complete the UB-04, Field-by-field review of claim form
- Examples of correct use of occurrence, condition, span and status codes to create the appropriate UB-04 claim for:
  - Medicare Part A
  - Medicare Part B

Learning Objectives:
- Understand what information is needed to complete a clean claim
- Identify UB-04 field locators
- Be able to complete a Part A or B UB-04 claim.

Module 6 – Atypical Claims Two Part Series

The billing process is vital to the financial success of the facility. Dealing with atypical claims such as LOA, demand bills, managed care, and medical predictability can be tricky. Understanding these types of claims and how to code them can prevent unwanted delays in payments and lessen the risk of non-payment due to billing errors or timely filing requirements.

This course will cover:
- Field-by-field review of UB-04 for Atypical Claims
- **Part 1**
  - No Pay/Benefit Exhaust claims
  - Supplemental Insurance - Tricare
  - Demand Billing
  - Ban on Admission Claims
  - Medical Predictability
  - Re-openings
  - ACO/Bundled Payments
- **Part 2**
  - Medicare Secondary Payer Claims
  - MSP Exercises

Learning Objectives:
- Information regarding billing requirements for atypical situations
- How to complete the UB-04 form for above claim types
- How to request a conditional payment when primary insurance does not pay timely

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Module 7 – Accounts Receivable Management

Without effective revenue cycle management, facilities can have a hard time keeping their doors open. Successful revenue cycle management is a must. Know the industry standards for skilled nursing collections and identify payment dollars in jeopardy.

This course will cover:
- Account Receivable management
  - Understanding the remittance Advice
  - CARC Codes
  - RARC Codes
  - Working the remittance advice
- AR Benchmarks
  - Acceptable A/R standards
  - Spotting the problems
- Aging Management
  - Analyze the Aging
  - MPPR
  - Sequester amounts
  - Value Based Purchasing
  - Contractual
  - Co-Insurance Billing
- Denial Management
  - Collection policies
  - Action Steps
  - Denial tracking

Learning Objectives:
- Understanding how revenue management impacts facility cash flow
- What is good A/R Management
- How to improve Revenue Management

Module 8 – Business Office Role in Corporate Compliance

Providers are required to have a formal compliance plan. What role does your business office play in compliance? Learn what steps should be taken to ensure compliance with Medicare regulations surrounding credit balance reports, bad debts and claim submission.

This course will cover:
- Business Office Month End processes
- Claim review and audit triggers
- How to implement an effective QA prior to billing
- Credit balance requirements
- Medicare Bad Debt and reporting requirements for cost reporting
- Business Office self-audits

Learning Objectives:
- Identify areas of business office compliance
- Demonstrate understanding of the credit balance and bad debt reporting requirements
- Implement Business self-audits for compliance

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Module 9 – Medicare Claims Problem Solving

If correction and resubmission of claims is necessary, do you understand the reason for the rejection? Can you successfully navigate the Medicare DDE system? If your new to billing or just need to brush up on claims correction and Medicare reason codes, this course is for you.

This course will cover:

- FISS Navigation
- DDE shortcuts and tips
- Step by step process for corrections, adjustments and cancelations of claims
- Explanation of common claim denial reason codes
- Timely filing rules

Learning Objectives:

- Ability to maneuver through the Medicare DDE system.
- Demonstrate understanding of how to correct, adjust and cancel claim.
- Understand Medicare timely filing rules and when they can be bypassed

Module 10 – Medicare Risk Management

In the current audit environment, it is important for providers to understand the different audit agencies and what they do. Protecting your claims against audit is vital if you want to save the revenue you are entitled to.

This course will cover:

- Overview of the Medicare Review Process
  - How to spot an ADR (Additional Development Request) before the notice is in the mail
  - Medicare Appeals Process
  - Audit triggers
- Types of Medicare Auditors
  - RAC   CERT   ZPIC

Learning Objectives:

- Understand the different types audit agencies and what they do
- Identify an ADR in the Medicare Direct Data Entry System
- Understand the 5 levels of the appeals process

Module 11- Group Exercises - What have you learned?
Available with in-person training.

This module will put to the test what you have learned throughout the 10 series workshop. Skill building exercises designed to reinforce principals learned during the workshop. Build the PDPM claim, MSP claim and others without the use of financial software and figure correct reimbursement of PDPM   and MSP claims.

Learning Objectives:

- What have you learned?
- Creating a UB-04 claim
- Analyze insurance remits and MSP remits
- Estimating MSP Medicare Payment
- Determining HIPPS modifier and payment

20 total Training hours for Nursing CECs available

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