

MED-W

NEBRASKA HEALTH CARE LEARNING CENTER
NEBRASKA HEALTH CARE ASSOCIATION
3900 NW 12th St Ste 100
Lincoln NE 68521-3037

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ADDRESS SERVICE REQUESTED

MEDICARE MAKES A DIFFERENCE

START UP—UNDERSTANDING—COMPLIANCE—MANAGEMENT

July 19, 20, and 21, 2010

Kearney, Nebraska — Holiday Inn, 110 2nd Avenue

Phone: (308) 237-5971

Sponsored by Health Care Information Systems & Medi-Bill Systems

*A training program for the
Nebraska Health Care Association
offered through the
Nebraska Health Care
Learning Center*

NHC-LC



The Nebraska Health Care Learning Center (NHC-LC)

An Affiliate of the Nebraska Health Care Association

Serving Those Who Serve

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PROGRAM SCHEDULE

(For each day, a one-hour lunch, a morning break, and an afternoon break is included.)

This is an outline of the content to be covered during the three-day program. The day-to-day flow may vary based on attendees knowledge and questions. Therefore, we are unable to definitively identify what will be covered on which day. Questions will be addressed throughout the workshop and at the end of each section.

MONDAY, JULY 19

8:00 am - 8:30 am Registration

8:30 am - 4:00 pm Program

4:00 pm - 5:00 pm

Additional Session: THE CERTIFICATION PROCESS FOR MEDICARE—START-UP

- A. Application and Approval Process
 - 1. CMS 855A Form
 - 2. Application Forms
 - 3. Medicare Administrative Contractor (WPS)
 - 4. Survey
 - 5. CMS Approval/Assignment of Medicare Number
 - 6. MAC "Tie-In" and Start of Billing
 - 7. OCR Packet
- B. Plan of Action

REVIEW THE RESOURCE MANUAL

BACKGROUND

- I. Medicare
 - A. The Medicare Entitlement Program
 - B. Benefits—Parts A, B, C, and D
 - C. 30-Day and 60-Day Rules
 - D. Eligibility—Parts A and B
 - E. Medicare Card
 - F. Common Working File
 - G. Midnight Rule/LOA/Discharge
 - H. Physician Certifications and Recertifications
 - I. Web Site Resources

MEDICARE PART A IN THE SKILLED NURSING FACILITY (SNF)

- II. Prospective Payment System
 - A. Changes
 - 1. MDS 3.0
 - 2. RUGs IV
 - B. RUGs III Crosswalk—What Drives the RUG Level. 53 RUGs
 - C. RUGs IV—Introduction—Grouper Tree. 66 RUGs
 - D. Minimum Data Set (MDS)
 - 1. Drives Payment Based on 108 Specific Elements
 - 2. Critical MDS 2.0 Areas—Now and with the Transition to MDS 3.0
 - a) Cognitive Performance Scale (B and C)
 - b) Mood and Behavior Patterns (E)
 - c) Physical Functioning—ADLs (G)
 - d) Disease Diagnosis (J)
 - e) Health Problems (J)
 - f) Skin Conditions (M)
 - g) Activity (N)
 - 3. Assessments
 - a) Basic Assessment Schedule for Medicare Includes Assessment Reference Dates (ARDs), Grace Days, and Modifiers
 - b) Significant Change in Status Assessment (SCSA)
 - c) Other Medicare Required Assessment (OMRA) and Changes Under RUGs IV
 - d) Significant Correction of Prior Assessment (SCPA)
 - E. Payment Periods and Billing Periods
 - F. Payment Rates—Kearney, Lincoln, Omaha, and Rural Nebraska
 - G. Excluded Services Including Ambulance

TUESDAY, JULY 20

8:30 am - 4:30 pm Program

- III. Liability Notices
 - A. Expedited Review
 - 1. "Generic" Notice
 - 2. "Detailed" Notice
 - B. Advance Beneficiary Notice (ABN)
 - 1. Part A
 - 2. Part B
 - C. Demand Bills
- IV. Program Integrity—Medical Review
 - A. Additional Development Request (ADR)
 - B. Probe Review
 - C. Recovery Audit Contractor (RAC)
 - D. Comprehensive Error Rate Testing (CERT)
 - E. Zone Program Integrity Contractor (ZPIC)
 - F. Appeals

BILLING AND COLLECTIONS FOR PARTS A AND B

- V. Claims Completion—The UB-04
 - A. Billing Process
 - B. Completing the UB-04 Part A
 - C. Completing the UB-04 Part B
 - D. Medicare Advantage Plans/HMO (Formerly Medicare + Choice)
- VI. Other Billing Responsibilities
 - A. MDS Validation Noted
 - B. "Benefits Exhausted" and "No-Pay" Claims
 - C. MSP Conditional Payment
 - D. Medicare Bad Debt and Maintaining a Log
 - E. Adjustment Bills
 - F. Credit Balance Reports
 - G. Same Day Transfer
 - H. "Work Around"
 - I. Resources

MANAGING

- VII. Admission—Part A
 - A. Preadmission
 - 1. Reason(s) in Hospital
 - 2. Hospital Stay Dates and Number of Days Available
 - 3. Payer Verification
 - 4. Reasons for Coverage—Clinical Review
 - 5. Approval
 - B. Admission
 - 1. Physician's Orders to Admit to Medicare
 - 2. Medicare Predictability Order, If Appropriate
 - 3. Copies of Medicare Card and Other Payer Cards
 - 4. Assignment of Benefits, Authorization to Bill, and Release of Information
 - 5. Physician Certification
 - 6. Privacy Act Notice/HIPAA Information (All admissions)
 - 7. Medicare Secondary Payer (MSP)
 - 8. Practical Matter Documentation
 - 9. Coding and Proper Sequence

WEDNESDAY, JULY 21

8:00 am - 4:00 pm Program

- 10. Prior Level of Function
 - 11. Current Level of Function
 - C. Non-Medicare Admission
- NOTE: This list does not include all documents that are required for the admission of the resident to a skilled nursing facility.

- VIII. Nursing
 - A. Presumption of Coverage
 - B. Local and National Coverage Determinations
 - C. Coverage Decisions
 - D. Documentation to Support the MDS
- IX. Therapy Problem Issues
 - A. Categories of Problematic Cases
 - B. Issues Identified by Medical Review
 - C. Recommendations for Change
 - D. RUGs IV and MDS 3.0
 - 1. Delivery Models and Must Prepare
 - 2. Reporting Minutes on the MDS 3.0
 - 3. Projecting RUGs
 - 4. Section 0, 00400 Therapies
- X. Medicare Meeting—Pulls It All Together

MEDICARE PART B—THERAPY AND INTRODUCTION TO OTHER COVERED SERVICES

- XI. Covered Services (Billing Instructions are not included)
 - A. Enteral Nutrition (PEN)
 - B. Surgical Dressing—Wound Care
 - C. Medical Supplies—Ostomy, Trach, Urologicals
 - D. Laboratory
 - E. Radiology
 - F. Vaccines
 - G. Glucose Monitoring—**Caution**
 - H. Physical Therapy, Occupational Therapy, Speech Language Pathology
- XII. Therapy
 - A. Therapy Caps
 - 1. Regulations
 - 2. Notice of Exclusions from Medicare Benefits (NEMB)
 - 3. "Automatic" Exceptions and the KX Modifier
 - B. CCI Edits
- XIII. Cautions—Do not Forget for Part B
 - A. Medicare Secondary Payer
 - B. Authorization to Bill
 - C. Additional Development Requests (ADR)
 - D. Expedited Review—"Generic" and "Detailed" Notices
 - E. Advanced Beneficiary Notice (ABN)

Q&A WRAP-UP



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MEDICARE MAKES A DIFFERENCE

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PROGRAM CONTENT

The 21 hour (2.1 credit hour) training for nursing facilities is on the management of the Medicare program. The focus will be on Medicare Part A; however, an introduction to the opportunities under Medicare Part B will be included. This program will include the process of Skilled Nursing Facility Medicare Participation, elements that impact reimbursement, and admission requirements for compliance with the program. This program will discuss critical issues such as recertification, expedited review, HIPAA, and coverage determinations. Discussion will cover qualifying services and nursing care and services that support Medicare supplied services. Team communication and data documentation relative to Medicare will be explored. Medicare therapy caps and billing including covered services and supplies will be described. Program Integrity/Medical Review and the implementation process from CMS will be introduced.

PROGRAM OBJECTIVES

Upon completion of the program, the participant will be able to:

1. Describe the applications process for SNF Medicare participation;
2. Identify MDS elements that impact Medicare reimbursement;
3. Identify admissions requirements for Medicare compliance;
4. Provide Medicare qualifying services to residents in a SNF;
5. Describe current critical issues and compliance including expedited review, ABNs, coverage determinations, physician certs/recerts, Medicare Advantage Plans, and HIPAA;
6. Facilitate communication among departments relative to Medicare;
7. Describe nursing care and services that support Medicare supplied services;
8. Identify data needed to support the therapy program;
9. Describe the current therapy caps, exception process, and CCI edits;
10. Complete the UB-04 billing form including additional billing responsibilities;
11. Describe covered supplies and services under Medicare Part B; and
12. Explain Program Integrity/Medical Review and the implementation process from CMS.

AUDIENCE

This education program is appropriate for nursing home administrators, owners, directors of nursing, Medicare nurses, social service, MDS coordinators, and office/billing personnel in nursing facilities.

CONTINUING EDUCATION CREDIT

This education program meets the continuing competency requirements of 20.5 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program meets the criteria of a peer approved continuing education program of 20.5 hours for nurses. This program meets the criteria of an approved continuing education program for social work.

COLLEGE CREDIT

Training may be taken as credit or non-credit. The Nebraska Health Care Learning Center will award 2.1 hours of college credit upon successful completion of 20.5 hours of classroom instruction. See the Nebraska Health Care Learning Center Catalog (Date published: May 2010) for credit requirements. View and/or print this catalog from the Nebraska Health Care Association Web site.

NHCA Web site: www.nehca.org/nhclc

SPEAKER: Mary Marshall, Ph.D.

Mary Marshall, Ph.D., is the president of Management and Planning Services, Inc., in Fernandina Beach, Florida. She has over 25 years experience in health care and is a nationally recognized expert and presenter on Medicare.



ALL PARTICIPANTS:

***Bring a 2½-inch to 3-inch
3-ring binder for handouts!***

HANDOUTS

All handouts including policies, procedures, guidelines, and sample forms will be in the form of a Medicare Resource Notebook for each participant.

***Please bring a sweater or jacket to ensure
your comfort at the education program.***

HOTEL ROOM BLOCK

A block of sleeping rooms is available for the nights of July 18, 19, and 20, 2010, at the

**Holiday Inn, I-80 Exit #272, 110 2nd Avenue
Kearney, Nebraska**

Phone: (308) 237-5971

Rate per Night: \$79.95 (1-4 people)

Release Date: June 21, 2010

Ask for the Nebraska Health Care Association group rate.

NEBRASKA HEALTH CARE LEARNING CENTER POLICIES

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, and refunds are located in the Nebraska Health Care Learning Center Catalog (Date published: May 2010). View and/or print this catalog from the Nebraska Health Care Association Web site.

NHCA Web site: www.nehca.org/nhclc

REGISTRATION INFORMATION

Online Registration is Available!

www.nehca.org

WRITTEN PRE-REGISTRATION IS REQUIRED. Register by mail, fax, or online. No phone registrations will be accepted. Payment for tuition and fees must be included with the registration/enrollment form.

REFUND POLICIES

Students who withdraw from courses may receive a prorated tuition refund. Refunds shall be mailed within 30 days of official request. If the official request occurs within 72 hours of registration/enrollment, a full refund is appropriate. The request must be in writing and be postmarked within 72 hours of registration/enrollment. If official request occurs after 72 hours of registration/enrollment but before classes have begun, a \$150 registration fee is NOT refundable and all remaining tuition and fees will be refunded. After classes have begun, a \$150 registration fee is NOT refundable and remaining tuition and fees will be refunded as follows:

Day 1—50% refund of tuition and fees over \$150

Day 2—25% refund of tuition and fees over \$150

Day 3—no refund of tuition and fees

After classes have begun, costs associated with course materials are nonrefundable.

ABSENTEE/MAKE-UP POLICY

In order to receive credit, participants must attend all three days of the training. If a day is missed, it must be made up by attending that day the next time the training is offered. It is the responsibility of the participant to make registration arrangements for make-up days. There will be a \$45 charge for each make-up day.

TUITION AND FEES for the 3-Day Training Program

Members of NHCA, and LPNAN—For All 3 Days:

Tuition (member): \$109

Fees (member): \$211

Total Member Tuition and Fees

per person\$320

Make-up Day, Member \$45.00 per day

Non-members—For All 3 Days:

Tuition (non-member): ... \$109

Fees (non-member):..... \$445

Total Non-member Tuition and Fees

per person\$554

Make-up Day, Non-member \$45.00 per day

⇒ **Payment for tuition and fees must be included with the registration/enrollment form.**

⇒ **The tuition and fees payment includes lunch, breaks, and handouts for all three days.**

If a registrant wishes a vegetarian meal or has other dietary restrictions, make a notation on the registration form.

⇒ **Rates apply whether or not the participant elects college credit.**

⇒ **Refer to the Absentee/Make-up Policy.**



If a registrant has a disability that requires special needs, attach a written description of the needs to the registration form.

TAPING - CELLULAR PHONES - PAGERS

Material presented at this training is the property of the speakers or Nebraska Health Care Association. Therefore, taping of the training is not allowed. We ask that all cellular phones and pagers be turned off during training sessions.

TAX DEDUCTION FOR EDUCATIONAL EXPENSES

A tax deduction for educational expenses is permitted for registration fees, cost of travel, meals, and lodging undertaken to (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.



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Nebraska Health Care Learning Center

Registration/Enrollment Form — Medicare Makes a Difference

Date: July 19, 20, and 21, 2010 Location: Kearney, Nebraska

Payment for tuition and fees must be included with this registration/enrollment form. Make a copy of this form for your records.

To register/enroll by mail: Complete this registration/enrollment form, include payment (use any of the payment methods listed below), and mail to: Nebraska Health Care Learning Center, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037.

To register/enroll by fax: You must pay by credit card in order to register/enroll by fax. Complete this registration/enrollment form, check "Credit Card" as payment method, complete credit card information, and fax the completed form to (402) 475-6289.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

Social Security Number: _____
 Student Name (Last): _____ (First): _____ (MI): _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Phone (Day): _____ (Evening): _____
 E-mail Address: _____

Birth Date: ____/____/____ Gender: M F

Race (used for statistical purposes only):
 Asian/Pacific Island Black/African American Hispanic/Latino
 Native American White/Non-Hispanic Other

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: 111 Course Title: Medicare Makes a Difference
Credit: 2.1 Quarter Credits Tuition and Fees: Member-\$320 Non-member-\$554
 Make-Up Day(s) — \$45/Day — Circle Day(s): 1 2 3

If paying "Member" tuition and fees through a facility membership, provide facility name and city:
 Facility Name: _____ City: _____

Check One Box (For Credit or Not For Credit):
 For Credit (If requesting credit hours, must have high school transcript or equivalent on file with the Learning Center)
 Not For Credit

Billing Information: Check Cash Credit Card Money Order

**Payment must be included.
 We are unable to bill.**

If payment is by credit card, complete the credit card information in this box: ↓

Make checks and money orders payable to:

Nebraska Health Care Learning Center
 3900 Northwest 12th Street, Suite 100
 Lincoln, Nebraska 68521-3037
 Phone: (402) 435-3551
 Fax: (402) 475-6289

Cardholder's Name (PRINT): _____ Credit Card #: _____ Security Code on Card Back: _____ Expiration Date: _____ Cardholder's Billing Address, City State, Zip: _____ _____ Signature: _____ ↑ Your signature on the line above will authorize this transaction.
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Submission of this form indicates that I understand the following: My registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed. Should I officially drop, withdraw, or cancel, any refund in tuition will be determined by the date I submit my request to the Learning Center. Failure to attend does not constitute an official drop/withdrawal. The personal information is correct as shown; changes in the personal information must include the appropriate documentation. Students enrolling in courses through the Nebraska Health Care Learning Center consent to being photographed and videotaped during educational sessions for the possible inclusion in educational materials published by the Learning Center, NHCF, NHCA, and NALA. It is the policy of the Nebraska Health Care Learning Center to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, gender, religion, national origin, or disability. Inquiries concerning the Nebraska Health Care Learning Center policies on equal opportunity and nondiscrimination should be directed to the Director of LTCWIN, 3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521, Phone: (402) 435-3551, Fax: (402) 475-6289, or E-mail: septembers@nehca.org.

Signature: _____ Date: _____