



NEBRASKA'S MEDICAID – MAKING IT WORK

February 13, 2012

Embassy Suites – Downtown Lincoln
1040 P Street Lincoln, Nebraska 68508
Phone 402-474-1111

OVERVIEW

Nebraska's Medicaid system changed to a RUGs system in July 2010. This education program will present key background information on the Medicaid program in Nebraska, including Medicaid RUGs III 34 Group, Levels of Care, Index Codes and Case Mix Index (CMI) Values and Care level reports. In addition, the MDS 2.0 crosswalk to MDS 3.0 will be discussed in relation to driving RUGs III and CMI; OBRA assessments impact will be reviewed; clarifications as noted in Nebraska Department of Health and Human Services (DHHS) Provider Bulletins will be reviewed; and the MDS elements that drive payment including therapy and restorative nursing will be discussed.

OBJECTIVES

Participants completing this program will be able to:

1. Explain Care Level Reports,
2. Discuss the OBRA Assessments and Medicaid,
3. Describe the MDS 2.0 elements that impact Medicaid reimbursement using the Crosswalk from MDS 3.0,
4. Review DHHS Provider Bulletins on Medicaid in the nursing facility,
5. Discuss clinical decisions and nursing documentation needed to support coding critical MDS elements that drive payment,
6. Clarify the role of special programs to case mix enhancement including therapy and restorative nursing programs,
7. Describe the importance of the ADR timing of assessment,
8. Examine Program Integrity Contractors (MIPs) responsibilities vs. Medicaid Recovery Audit Contractors (RACs).

WHO SHOULD ATTEND

Executives, administrators, nursing, billing, social service in a nursing facility.

SCHEDULE

FEBRUARY 13:

8:30 am	Registration
9:00 am - 10:30 am	Program
10:30 am - 10:45 am	Break
10:45 am - 12:00 pm	Program
12:00 noon - 1:00 pm	Lunch
1:00 pm - 2:30 pm	Program
2:30 pm - 2:45 pm	Break
2:45 pm - 4:30 pm	Program
4:30 pm	End

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SPEAKER

Mary Marshall, PhD., President of Management and Planning Services, Inc., in Fernandina Beach, Fla. She has over 25 years experience in health care and is a nationally recognized expert and presenter on Medicare and Medicaid.

CONTINUING EDUCATION CREDIT

This education program meets the continuing competency requirements of 6 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 an approved continuing education program for social work. This program meets the criteria of a peer approved continuing education program of 6 hours for nurses.

Participants must stay in the program the entire time to receive full credit.

TAPING – CELLULAR PHONES – PAGERS

Material presented at this education program is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, taping of the program is not allowed. Cellular phones and pagers should be turned off during education programs.

TAX DEDUCTION FOR EDUCATION EXPENSE: Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and 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.

REGISTRATION INFORMATION

PRE-REGISTRATION is encouraged. Registration at the door will be accepted only if space permits.

Registrants are billed as soon as a registration is received by NHCA/NALA. If an invoice is not received within three business days, please call 402-435-3551 to confirm that the registration was received by the NHCA/NALA office.

SUBSTITUTIONS are accepted until the event begins. Substitutions are not possible once the event has started.

CANCELLATIONS – There will be NO REFUNDS for cancellations received in the NHCA/NALA office after February 8 for the February 13 program, except in the case of a death in the registrant's immediate family – mother, father, husband, wife, brother, sister, or child.

REFUNDS – Registration fees will be credited/refunded minus a \$15 per person SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation date.

If attendance at an education event is interrupted by a State survey or inspection, a registration refund can be issued for the unused portion of the event. If you are unable to attend an event because of survey or inspection, a full refund can be issued. Written requests for refunds due to survey/inspection and written proof of the survey/inspection are required within 30 days of the education event's start date.

All NHCA/NALA Personal Associate Members, Student Members and Business Associate Members; NHPCA members; LPNAN members; and non-members – fees must be paid in advance and must accompany the registration form.

To register by mail or fax, use the attached registration form

To register online, go to www.nehca.org

HOTEL ROOM BLOCK

Ask for the Nebraska Health Care Association Room Block!

EMBASSY SUITES

1040 P Street, Lincoln, Nebraska 68508
Phone 402-474-1111

Rate: \$89/night single and double

Release date: January 22, 2012

REGISTER EARLY TO SAVE!

REGISTRATION FEES

Member*	\$97.00
Member* after January 29	\$122.00
Non-member	\$194.00
Non-member after January 29	\$219.00
Student	\$48.50
Student after January 29	\$73.50

Registration includes lunch, breaks, handouts, and resource manual.

*Member rates apply to NHCA, NALA, LPNAN, and NHPCA members.

REGISTRATION FORM — Nebraska's Medicaid – Making it Work

February 13, 2012 • Register by Mail, Fax, Phone, or Online

NHCA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037 • Fax 402-475-6289 • Phone 402-435-3551 • www.nehca.org

Facility _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Please Print or Type Clearly.

If you are registering more than two people, please duplicate this form as necessary.

Name _____ Title _____ Fee \$ _____

E-mail _____


Name _____ Title _____ Fee \$ _____

E-mail _____

Total Registration Fees \$ _____

Membership Status: Member Non-Member

Billing Information: Check Enclosed Cash
 Credit Card Bill

 If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.

 nebraska health care association

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Cardholder's Name (PRINT) _____
Credit Card # _____
Security Code # on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____

Cardholder's E-mail _____
Signature _____
Your signature on the line above will authorize this transaction. ↑

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