

★ NEW ★  
COURSE!

MARCH 8-10, 2010



**TARGET AUDIENCE**

- Regional Reimbursement Corporate Consultants/Managers
- Administrators
- DONs
- Billing Staff
- MDS Coordinators
- RNs, LPNs, and other nurse managers involved in the MDS and Billing

**REGISTRATION/CANCELLATION**

**PLEASE REGISTER EARLY!**

*AANAC and/or Training Partners are not responsible for any fees incurred due to cancellations or postponements. We will make every effort to abide by our schedule.*

*Attendee cancellations MUST be received in writing. Refunds, minus a \$50 processing fee, will be given up to 7 business days prior to the workshop. Cancellations after that will be refunded half the registration fee only.*

**AANAC's MEDICARE UNIVERSITY**  
 March 8-10, 2010 | Albany, NY  
 For questions, call Kathy Taylor at:  
 518.449.2707, extension 126

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Fee:	AANAC Member	Non-Member
All 3 days	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
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<small>*Note: Prices may vary by program, location or length*</small>		
To become an AANAC member (\$110/year) and take advantage of the reduced rate, sign up at <a href="http://www.aanac.org">www.aanac.org</a> . You must provide an AANAC member number to receive the discounted rate. <i>You do not have to be an AANAC member to complete the program.</i>		
Workshop Handouts, continental breakfast and lunch will be provided on all days.		
Please do not staple or tape check to this form. Check should be made payable to: NYAHSa and mailed to:		
NYAHSa 150 State Street #301 Albany, NY 12207  fax: 518.449.8210		

 NYAHSa  
 New York Association of  
 Homes & Services for the Aging  
**150 State Street, # 301**  
**Albany, NY 12207**

Setting the Standard for Long-Term Care Nursing Education

★ 22.5 NURSING CEU'S  
 ★ 22 NAB CEU'S FOR ADMINISTRATORS

MARCH 8-10, 2010



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**March 8-10, 2010**



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**Hosted by:**

**Teresian House Center  
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 200 Washington Ave Ext.  
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Setting the Standard for Long-Term Care Nursing Education

## About the Medicare University Program

We proudly introduce “Medicare University,” a Three Day Intensive Seminar, designed to meet the needs of clinicians and anyone involved in billing who finds themselves mired in confusing, complex and ever-changing regulations and requirements. “Medicare University” is designed to give professionals the information, tools and confidence they need to successfully implement and manage a Medicare SNF PPS program in their organizations, while growing market share.

The 3-day “Medicare University” Program is designed to guide the interdisciplinary team through the Medicare maze, empowering them to return home with critical information and skills to ensure quality outcomes, regulatory compliance, profitability and a competitive edge. Each module generally consists of: regulatory requirements and source documents, instructor commentary, forms, tools, case studies, question and answer sessions, further resources, and best practice tips for optimizing reimbursement and compliance.

### Program Objectives

- Medicare Basics: Introduction to the Medicare Program, Different types of Medicare benefits in a Skilled Nursing Facility, understanding the SNF Benefit Period, Technical Eligibility, Skilled Coverage Requirements, Ensuring regulatory compliance with meeting the daily skilled need, Direct and indirect skilled services defined, SNF Beneficiary Notices Initiative.
- Managing Medicare A in a SNF, Pre-Admission, The Admissions Process, Making correct coverage decisions, Best practices for facility interdisciplinary responsibility in daily management of SNF program, Discharge Planning, Strategies for success in growing and keeping SNF market share, Understanding and proactively managing publicly reported data: 5 Star Rating and other Nursing Home Compare Data, How ‘culture change’ can benefit the post acute SNF.
- Managing the SNF documentation process: Examine reasons for consistent, sound documentation, consistently show SNF need, Discussion of Facility best practices, resource guides, charting guidelines for nursing, social services, dietary, and activities. Tips/tools for auditing daily/weekly/monthly/quarterly. Examine the PPS meeting as a management tool.
- Rehabilitation Therapy under PPS, Define what constitutes qualified therapy service, In-House vs. Outsourced therapy, Coordinating therapy disciplines and schedules, Therapy documentation requirements, RUGs Management. Examine and explain management of Part B therapy in a nursing facility.

- The PPS System of MDS assessment scheduling: Examine the concept of SNF ‘bundled services’ in the daily PPS rate, Explain the components of the daily rate, Discuss current CMS initiatives and their potential effect on the SNF PPS in the future, i.e. STRIVE, RUGs Refinement, MDS 3.0, Explain the PPS assessment schedule and payment periods for each type of assessment, Financial penalties for non-compliance with the PPS schedule, Strategically setting ARDs to appropriately capture the care and services given.
- Resource Utilization Groups - IV: Explain how the new RUGs-66 grouping system accounts for the “resident acuity” portion of the PPS daily rate. RUGs – IV is scheduled to be finalized on or about August 1, 2009. It is due to be implemented Oct 1, 2010. Learn how to compute the all-important ADL Score, Discuss Hierarchy vs. Case Mix Index Maximization, Discover what items on the MDS 3.0 comprise each RUG, per the Final Rule. (MDS 3.0 manual not due to be published until Oct 1, 2009.) Tactics for capturing all services provided on each PPS MDS assessment. This crucial element of the process cannot be left to MDS Coordinators and Rehab Directors. The entire PPS team must be able to recognize and react to daily events in the course of a beneficiary’s SNF stay that impact reimbursement, to ensure those services are reflected appropriately in the RUG. (If the final rule is delayed, or implementation of RUGs IV is in question, this workshop will teach RUGs-III in detail, and give a RUGs IV overview in a “CMS Planned Initiatives” module.)
- Consolidated Billing for the Facility Management Team, Recognize the major categories of consolidated billing, Know how to determine if a service is included or excluded from consolidated billing, Clarify the common CB issues that arise every day in a SNF. Identify strategies for ensuring that the SNF pays what it owes and does not pay if the service is excluded from consolidated billing.
- Medical Review/Additional Development Requests: Describe the Medicare Medical Review Process including types of review and outcomes, How to respond to Additional Development Requests, Provider appeal rights and the Medicare Appeals Process.



Attention: Course material is subject to revision due to regulatory changes. Timing of the individual modules is also subject to change due to new information released from regulatory agencies. The topics are scheduled on each day, but some topics may take more or less time to cover than what is published on the course agenda based on the latest regulatory releases.

## Program Agenda

### Day 1, Monday, March 8th:

- 8:00 – 8:30: Introduction to Course
- 8:30 – 10:00: Introduction to Medicare in a Skilled Nursing Facility
- 10:00 – 10:15: Break
- 10:15 – 12:00: Introduction to Medicare in a Skilled Nursing Facility, continued
- 12:00 – 1:00: Lunch
- 1:00 – 2:00: Introduction to Medicare in a Skilled Nursing Facility, finish
- 2:00 – 3:00: The Prospective Payment System in a Skilled Nursing Facility
- 3:00 – 3:15: Break
- 3:15 – 5:00: The Prospective Payment System in a Skilled Nursing Facility, continued

### Day 2, Tuesday, March 9th:

- 8:00 – 10:00: RUGs-III
- 10:00 – 10:15: Break
- 10:15 – 12:00: Part B Therapy in a SNF
- 12:00 – 1:00: Lunch
- 1:00 – 3:00: Medical Review
- 3:00 – 3:15: Break
- 3:15 – 5:00: Documentation to support Skilled Need in a Medical Review

### Day 3, Wednesday, March 10th:

- 8:00 – 10:00: SNF Management Strategies
- 10:00 – 10:15: Break
- 10:15 – 12:00: Consolidated Billing
- 12:00 – 1:00: Lunch
- 1:00 – 3:00: Consolidated Billing, BNI
- 3:00 – 3:15: Break
- 3:15 – 5:00: RUGs-IV and CMS Initiatives

### Contact Hours

The education activity for 22.5 contact hours is approved by the following: The American Association of Nurse Assessment Coordinators is an approved provider of continuing nursing education by the Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. AANAC’s provider number is AAN-1004. AANAC is located at 400 South Colorado Blvd, Suite 600, Denver, Colorado 80246.

## About the Speaker

### Jennifer Pettis, RN, RAC-MT

Jennifer is a Senior Policy Analyst for the New York Association of Homes & Services for the Aging and a consultant, specializing in services related to the RAI and the survey process, for NYAHS’s ProCare<sup>SM</sup> Consultants.

**AANAC**

# Register Online Now

## Spring Conference Las Vegas

# April 29-30 2010

- MDS 3.0
- RUGs IV
- Five Star
- Survey - QIS
- RAC
- QI/QMs
- P4P

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