



Agenda

	Matrix Financial	Matrix Clinical
8:30 – 9:00 A.M.	Opening Session	
9:00 – 10:00 A.M.	Review of New Functionality <ul style="list-style-type: none"> • Enhancements in 2008-2009 • 2010 Release 6.3.2 • Potential Regulatory Items & Changes • Potential Enhancements for Future Releases 	Review of New Functionality <ul style="list-style-type: none"> • Global Updates • Resident Care Updates • RAI Updates • Point of Care Updates
10:00 – 10:30 A.M.		EHR Auditing & Survey Preparation <ul style="list-style-type: none"> • How to Audit the EHR • Facility Survey Preparation • Surveyor Access
10:30 – 11:00 A.M.		
11:00 – 11:30 A.M.	6.3.2 – Billing Co-Payers <ul style="list-style-type: none"> • Changes at the Payer Level • Changes at the Resident Level 	MDS 3.0 Functionality <ul style="list-style-type: none"> • New MDS Home Page Details • MDS Workflow • New Functionality • New Logic
11:30 A.M. – 12:30 P.M.	Lunch	
12:30 – 1:15 P.M.	Matrix and Complementary Solutions Demonstrations ... including REPS Leads, PowerCube, and much more!	
1:30 – 2:30 P.M.	6.3.2 – Billing Like Medicare A Payers <ul style="list-style-type: none"> • Capability to Customize Length of Benefit Periods and Assessment Schedules 	6.3.2 Release (May 2010) <ul style="list-style-type: none"> • Care Plan Frequencies • Observations & Events <ul style="list-style-type: none"> ○ Customize Your Library ○ Required Question Logic ○ Acuity Calculations ○ Images ○ Amending Functionality with Work History ○ New Reports • Order Functionality <ul style="list-style-type: none"> ○ Linking and Copying Orders ○ Order Route Improvement ○ Resident Administration Notes ○ Order Report by Category ○ Order Administration Overrides ○ Putting Orders on Hold
2:30 – 3:00 P.M.	Adjustments – How to Define and Bill Using Ancillaries	
3:00 – 4:00 P.M.	Reporting <ul style="list-style-type: none"> • New Occupancy Report • Adding Totals to the Census Daily Detail • Resident Document Mail Merge 	
		eMAR Prototype (Open to All Attendees)
		Q&A
4:30 – 5:30 P.M.	Cocktail Hour	



The workshops detailed on the following pages run concurrently
on the **Friday** of Directions



Continuing Education Session

Friday Morning	
8:30 – 11:30 A.M.	Meet the MDS 3.0
Purpose	<p>The final version of the MDS 3.0 and the accompanying software specifications were published on the website of the Centers for Medicare & Medicaid Services (CMS) at the end of October 2009. Key chapters of the new MDS 3.0 Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual were released just before Thanksgiving, with the remainder in December 2009. CMS plans a series of training opportunities in the spring and summer of 2010 for long term care providers to learn the specifics of coding the new instrument. The purpose of this three-hour session is to introduce the MDS 3.0 to session participants, comparing and contrasting it to the MDS 2.0. Highlights will include the most significant areas of transition, including changes in the data set itself, Care Area Triggers (CATs), assessments, and the new 66-grouper RUG-IV. The session will conclude with a discussion of strategies to prepare for the October 1, 2010, implementation date.</p>
Target Audience	<p>Designed to benefit both new and experienced long term care professionals, this seminar is intended for Nurses, MDS Coordinators, Care Plan Coordinators, Admission Coordinators, Social Workers, Administrators/Owners, Department Heads, and other members of the Interdisciplinary Team that participate in the assessment and care planning process.</p>
Objectives	<p>After completion of this seminar, the participant will be able to:</p> <ol style="list-style-type: none"> 1. Identify at least four areas in the MDS 3.0 data set that differ from the MDS 2.0 data set. 2. Name at least three similarities and/or differences between MDS 2.0 Resident Assessment Protocols (RAPs) and MDS 3.0 Care Area Assessment (CAA) resources. 3. Describe at least two features in RUG-IV which could impact a facility's revenue stream. 4. Discuss at least three ways a facility can prepare to meet the October 1, 2010, implementation deadline.
CE Credit	<p>0.33 CEU for RN/LPN (Iowa Board of Nursing Provider #318); 3.3 CEH for NHA (Meets criteria established by the Iowa Board of Examiners for Nursing Home Administrators); 3.3 CEH for Social Workers (Meets criteria established by the Iowa Board of Social Work Examiners); 3.3 educational hours for Dietary Managers, Activity Coordinators, other Department Heads.</p>
Education Policies	<p>Please refer to https://directions.mdiachieve.com/</p>



Continuing Education Session

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Faculty	<p>Mary Madison, RN, RAC-CT, CDP, has more than 34 years of clinical experience in acute and long term care, including positions of Director of Nursing and Reviewer with the Iowa Foundation for Medical Care (IFMC). Since 1998, Ms. Madison has worked directly with over half the long term care facilities in the state of Iowa as well as facilities in other states, providing help desk support to users of nationally recognized clinical software packages. She has developed continuing education programs for administrators, licensed nurses, social workers, and certified nursing assistants and has presented many education programs to long term care providers. Ms. Madison is a member of the American Association of Nurse Assessment Coordinators (AANAC) and is a Resident Assessment Coordinator, Certified. She is certified by the Iowa Department of Aging as a trainer of Iowa Dependent Adult Abuse for Mandatory Reporters. Ms. Madison is also a member of the National Council of Certified Dementia Practitioners and is a Certified Dementia Practitioner.</p>																
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Fees	<p>The fee for the 3-hour continuing education course is \$75.00 and includes all course materials, equipment used during the session, recording of attendance, and CEUs; also included is the entire two-day Directions session with breakfast and lunch on both days. Cancellations/Refunds: If a registrant cannot attend a Directions session, an alternate registrant may attend in his/her place or registrant may attend at a different location. Cancellations received more than 10 business days prior to program will receive a full refund. Cancellations received within 10 days of the session will receive a refund of 50% of registration fee. No shows will be charged the full registration fee.</p>																
Dates and Locations	<p>February 19, 2010 – Doubletree Hotel Orlando, 5780 Major Boulevard, Orlando FL March 19, 2010 – Embassy Suites Dallas-Frisco, 7600 John Q. Hammons Dr, Frisco TX April 16, 2010 – Doubletree Hotel Detroit/Dearborn, 5801 Southfield Expressway, Detroit MI May 21, 2010 – Doubletree Hotel San Francisco Airport, 835 Airport Blvd, San Francisco CA June 18, 2010 – Sheraton Colonial Hotel Boston North, 1 Audubon Road, Boston MA June 25, 2010 – Hilton St. Louis Frontenac, 1335 S. Lindbergh Blvd, St. Louis MO July 16, 2010 – Doubletree Hotel Chicago O’Hare Airport-Rosemont, 5460 N. River Rd, Chicago IL July 23, 2010 – Doubletree Hotel Minneapolis Park Place, 1500 Park Place Blvd, Mpls MN</p>																
Please Note	Ms. Madison will be participating in the CMS MDS 3.0 training in spring 2010.																



Agenda

Financial Focus	
7:30 – 8:30 A.M.	Continental Breakfast
8:30 –10:00 A.M.	<p>Have a Plan – Keys to Successful AR Management Aside from Clinical & Regulatory Compliance, Revenue Cycle Management is the most critical area of operations for a SNF provider. Session participants will be able to understand and describe the components of a strategic plan for management of the Accounts Receivable process for their facility/corporate business office. They will be able to describe the process of successful revenue cycle management tasks on a monthly basis. This will include compliance to regulatory participation programs such as Medicare, Medicaid, etc. as well as third party payer requirements. Participants should be able to:</p> <ol style="list-style-type: none"> 1. Describe at least 3 keys to a Successful AR Management Plan. 2. List at least 3 of the effective Admissions Strategies for AR Management including the initial inquiry process and insurance verification, costing out admissions, components of consolidated billing, managed care contracting, etc.. 3. Describe the Triple Check process for review and submission of claims to third party payer sources. 4. Describe the monthly cycle of revenue management tasks for business office staff, including key responsibilities for various staff members and accountability “checks and balances” that keep DSOs within acceptable guidelines of 40 days or less.
10:00 – 11:30 A.M.	<p>Understanding Compliance and the Recovery Audit Contractor (RAC) Program Participants will be able to...</p> <ul style="list-style-type: none"> • List and describe initiatives of the new Medicare Contracting Reform affecting SNFs: <ol style="list-style-type: none"> 1. Recovery Audit Contractors (RACs) 2. Medicare Administrative Contractors (MACs) 3. Office of Inspector General (OIG) 5. Comprehensive Error Rate Testing Contractors (CERTs) • Describe the components of the OIG Workplan and the False Claims Act as it relates to Skilled Nursing Facilities. They will be able to list at least three key target areas the OIG has identified as areas of concern for SNFs and at least two proactive strategies to address those targeted areas. • List and describe the most common trends for errors on billing claims, Medicare ADRs and Denials. • Describe the plans for the Recovery Audit Contractor (RAC) implementation nationwide including description of the RAC Audit process for both automated and complex reviews of post-payment claims. They will understand the information flow matrix for communications between the RAC and the SNF and be able to utilize tracking tools to manage documentation of communications, record requests, etc. They will be able to outline the process for response to negative findings including the discussion period and appeal process. • Participants will be able to describe the reasons why an internal billing audit should be part of the SNF Compliance Plan and list at least three components of a “charge to chart” audit plan including team design, criteria and evaluation.
11:30 A.M. – 12:30 P.M.	Lunch
<p>Our program concludes after lunch, but please feel free to stay and network with colleagues, ask questions and visit with MDI Achieve staff members.</p>	





About the Presenter

Jennifer Richter

Jennifer Richter, CPA is the founder and President of Richter & Associates. After a 20-year career that spanned both acute and continuing care, Jennifer launched her own accounting and consulting firm in 1999. The firm provides financial and consulting services to healthcare clients across the country, including acute care, post-acute, rehab, continuing care, physician, home health and hospice, pharmacy, etc. Jennifer has provided direct oversight of billing and consulting projects and has served as Controller/CFO for numerous clients. She is an accepted legal expert witness on accounts receivable valuation and reimbursement and has provided expert testimony in legal proceedings for healthcare clients. Named by Crain's Cleveland Business as one of the "Forty under 40" in 2008, Jennifer Richter is recognized by her Northeast Ohio peers as a premier provider of financial services to healthcare providers.