



SNF PPS Update FY2011...

FY2011 rates, new case mix index (CMI), MDS 3.0, RUG IV implementation and more...
This is a time of significant change... Are you managing these changes appropriately?

RUG IV includes 66 payment categories, several new end splits, and is considerably different than RUG III. Beginning October 1 CMS will make payments under RUG IV. In the absence of further legislation, CMS will build a Hybrid RUG III (HR-III) to accommodate provisions of the Patient Protection and Affordable Care Act, and will retroactively adjust payments until RUG IV is fully implemented. The introduction of MDS 3.0 presents new methods for tracking and capturing skilled services, and payment weights (CMI) have been significantly revised. *This program will clarify CMS changes to SNF PPS in FY2011, which begins October 1, 2010.*

Are you capturing the RUG qualifiers in your documentation? How does the new case mix index (CMI) impact your payment for nursing and therapy services? How does the new MDS 3.0 capture therapy services? With the changes in look back periods and exclusion of most hospital services on MDS 3.0, are you setting the ARD appropriately? How can we best work within this new system to provide the highest level of care for our residents and receive adequate payment for services rendered?

Administrators, Nurses (including MDS Coordinators), Therapists, Business Office Personnel and Admissions will benefit from attending this comprehensive overview of recent SNF PPS changes. Attendees will receive clarification on Medicare issues impacting facility nursing, therapy and business office departments.

Tuesday, November 9, 2010

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What You Will Learn:

- Summary of FY2011 rate changes effective Oct. 1, 2010.
- Overview of RUG IV payment categories and end splits.
- The implications of a hybrid RUG III (HR-III if necessary).
- How RUG case mix weights impact payment for nursing & therapy services.
- How the new MDS 3.0 captures therapy, and how this differs significantly from 2.0.
- MDS 3.0 assessment types and time frames for PPS.
- Presumption of coverage.
- Considerations for determining appropriate ARD on MDS 3.0.
- Understanding when completion of the SOT OMRA may and may not be appropriate.
- What *hasn't* changed... meeting technical and administrative requirements.
- Are you appropriately distributing Medicare required notices (denial letter, SNF ABN, expedited determination / generic notice)?
- Documentation considerations for nursing and therapy.
- Why communication between therapy, nursing and billing is critical under MDS 3.0/RUG IV.
- Current CMS initiatives impacting SNF PPS.

Presented By
Judy Wilhide Brandt, RN, BA, RAC-MT, C-NE

Ms. Wilhide Brandt is a MDS/Medicare Consultant specializing in the MDS/RUGS process. She is a Master Teacher for AANAC MDS 3.0 certification, and author of a 3 day Medicare course also provided by AANAC. Previously a state surveyor and RAI trainer for the Commonwealth of VA, Judy was responsible for training surveyors in all aspects of the RAI process. Judy also has over a decade of experience in LTC facilities at various positions including: Unit Manager, MDS Coordinator and Director of Nursing. Judy is a widely sought after presenter on MDS 3.0 and Medicare compliance.

Program Schedule

Registration/Continental Breakfast: 8:00 – 8:30 am
Presentation: 8:30 – 4:00 pm
Lunch Provided: Noon – 1pm

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Registration Information

1. Choose Your Session:

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Discounted Fee: (Payment mailed by 10/26) **\$179/pp**
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With the implementation of MDS 3.0 and RUG IV, SNF PPS has been significantly revised. How can we best work within this new system to provide the highest level of care for our residents and receive adequate payment for services rendered?

This program provides clarification on recent changes so you can manage Medicare admissions appropriately.

**SNF PPS Update FY2011...
Significant changes and clarifications**

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Items may not be presented in same order as they appear.

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