



# Medicare Compliance:

Getting Your Ducks in a Row This Fall



## 2-PART WEBINAR SERIES · OCTOBER 18 & NOVEMBER 1

# The 11 Home Health Regulations That the NEW CoPs Force Your Staff to Absolutely Know

#### THURSDAY, OCTOBER 18 • 11:00 AM - 12:30 PM CDT

While leadership and management deal with results of target audit probes such as the Centers for Medicare & Medicaid Services (CMS) probes, ZPIC/UPIC (Zone Program Integrity Contractor/Unified Program Integrity Contractor) audits, and Recovery Audit Contractor (RAC) reviews, the battle for Medicare coverage is won or lost at the clinician level. "If it wasn't charted, it wasn't done" is the old adage, but "If it was charted wrong, it won't be paid" is the new version in the Medical Review world of home health. This presentation combines 11 key Medicare rules and regulations your staff need to know, need to document, and need to follow so that any medical review does not take back the visits and cause financial hardships for your agency. Even experienced staff need to have a clear and present knowledge and integrate these requirements into their charting. How these requirements or lack of these show up in denial explanation letters is also used to demonstrate the importance of charting these right the first time. Addressing these as part of agency culture is an investment in prevention.

#### Presented By Laura Page-Greifinger, RN, BSN, MPA

Laura Page-Greifinger, RN, BSN, MPA, has more than 30 years of experience in senior-level health care management, including developing multiple new programs and provisioning a variety of services and programs resulting in positive client outcomes. Laura's focus is post-acute organizational structure, the education and support of staff needed to succeed in this structure, key indicator development, quality outcomes for patients within the structure, project management, financial analysis, and profitability. Laura is a principal of QIRT (Quality In Real Time) and has served on multiple boards and as faculty for community health programs a the various levels. She is proving education and quality cycle management assessment to corporate entities to lay the foundation for industry success.

# Writing Winning Appeals in the NEW ALJ Environment

#### THURSDAY, NOVEMBER 1 • 11:00 AM - 12:30 PM CDT

Recent statistics show that something has changed at the Administrative Law Judge (ALJ) level. The overturn rate has drastically fallen over the past year. If you receive a denial of your claim, how do you know what to do to meet the higher, more difficult standard that is being set now? Now, more than ever, dealing with the Medicare appeals process can be confusing and frustrating. Gleaned from thousands of appeals and hundreds of hearings, we will address the appeal process, preparation, and presentation tips for ALJ hearings to push you towards success, including laying the groundwork during the entire Medicare appeals process to build toward a winning presentation. This also includes guidance on writing lower level appeals that both support payment at earlier levels of appeal and build a strong foundation for the hearing. For the ALJ hearing, it introduces procedural documents, administrative tasks prior to the hearing, how to prepare for the hearing, and presentation pointers to maximize the chance for a successful outcome. The appeals process is not an experience we wish to have, but home health agencies can put a positive spin on it as a staff development and learning opportunity.

### Presented By Joseph Osentoski, BAS, RN-BC

Joseph Osentoski, BAS, RN-BC, is Reimbursement Recovery & Appeals Director at QIRT (Quality In Real Time). He has been a registered nurse for more than 25 years in home health and hospice. Joe specializes in handling ADRs and appeals, completing over 5,000 since 1997. His specialty is clinical consulting, including quality assurance and regulatory compliance with a focus on Medicare audits (ZPIC, UPIC, RAC, OIG), probes (TPE), and all levels of appeals, including ALJ hearings with all OMHA offices.

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