



Managed Care Schedule

6-part webinar series (June-November) 60 min each

What to do When You Get a Contract

June 5th 8:00 a.m. and
June 20th Noon

Description:

So you got that contract signed and you're ready to go. Don't just file the contract away!! This session will walk you through the process of educating your financial and clinical teams on the terms of the contract so your facility can maximize on the reimbursement and provisions of the contract.

Objectives:

1. The participant will be able to assess the terms of a managed care contract to educate staff members.
2. The participant will be able to identify three items in a managed care contract that apply to the financial aspects of the organization.
3. The participant will be able to identify three items in a managed care contract that can be impacted by the organization's clinical operations.
4. The participant will recognize the importance of marketing to local hospitals when the organization secures a managed care contract to increase referrals.



What to do When You Get a Referral

July 9th 8:00 a.m. and
July 25th Noon

Description:

The insurance company or hospital has called stating they have a referral for your facility. This session will cover what steps to go through when you get that referral, both in network and out of network. The initial assessments will ensure the proper level of care which under some contracts is tied to reimbursement. Don't refuse those out of network referral either, there are ways to handle them.

Objectives:

1. The participant will be able to understand the importance of doing an assessment of every new referral to determine service levels versus accepting the payor's assigned level.
2. The participant will understand the importance of confirming the referral's health plan with the payor to ensure the information from the referral source is correct to avoid claims denials.
3. The participant will understand to bill for services according to the payors billing policies and procedures and how to get that information.

Using Your Cost Report for More Than a Cost Report

August 13th 8:00 a.m. and
August 21st 12:30 p.m.

Description:

The accounting firm has completed your Medicaid or Medicare cost report and you have submitted it for compliance purposes. Don't file it away!! There is valuable information in those reports that can help you determine your cost as you decide whether to accept that value-based contract or enter the hospital ACO.

Objectives:

1. The participant will understand how to use the information in the Medicaid and Medicare cost report as a basis for determining facility costs.
2. The participant will understand which schedules to review in the cost reports to help determine facility costs.
3. The participant will understand the importance and value of developing a charge master.



Understanding Medicare Advantage Flexibility

September 10th 8:00 a.m. and
September 25th Noon p.m.

Description:

In April of 2018, CMS approved a rule that allows Medicare Advantage plans to pay for services such as assisted living, adult day care, non-medical transportation. This session will review these provisions so you can expand services to those you serve.

Objectives:

1. The participant will understand the concepts of the Medicare Advantage Flexibility rule.
2. The participant will identify at least three services that could be applied to the Medicare Advantage Flexibility rule.
3. The participant will be able to develop alternative reimbursement models to fit within the Medicare Advantage Flexibility rule.

Assess Your Quality and Using it to Show Value and Make Service Delivery Changes

October 2nd 8:00 a.m. and
October 24th Noon

Description:

As managed care becomes more of your payor-mix, making sure you are tracking on your quality and looking for quality improvement opportunities is imperative. The session will give you ideas of how to track on your quality and make those improvements

Objectives:

1. The participant will understand the importance of using quality data to show value to payors and hospital partners.
2. The participant will be able to identify sources of quality data in their facility such as the EMR, MDS data, NNHQIC data and others.
3. The participant will understand how to use facility quality data to make service delivery model changes to improve overall quality.



Value-based Contracting and I-SNPs

November 12th 8:00 a.m. and
November 21st Noon

Description:

Moving to value-based contracting will require more attention to quality and cost. This session will help you understand the concepts of value-based contracting and the I-SNP programs being offered by payors.

Objectives:

1. The participant will understand the concepts of value-based contracts and I-SNPs and opportunity to increase revenues.
2. The participant will understand the importance of knowing the costs and quality of the facility when entering into a value-based contract.
3. The Participant will understand the services that need to be enhanced to effectively operate an I-SNP.



Registration questions?
Contact Cassi at cmeritt@LeadingAgeWA.org
www.LeadngAgeWA.org