

Provider Consulting Solutions' Education

Educational Opportunities

5 Distinct Tracks:

- Coding
- Payment Systems
- Revenue Cycle
- Recovery Audit Contractors
- Transitioning to an Electronic Medical Record

Any courses from the five distinct tracks may be mixed and matched to fit your needs.

Additional education may also be requested in other topic areas.

Contact Us Today

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Watch your team improve with focused education.

PCS recognizes the importance of staying up-to-date with ever changing rules and regulations of healthcare. We also understand that educational needs can vary.

PCS is a leader in collaborative training for hospitals, physicians, HIM, clinicians and finance professionals. Our consulting staff provides education using live presentations, interactive workshops and webinars, and we are happy to tailor courses to fit your needs.

Coding

ICD-10	This session provides an overview of ICD-10-CM and ICD-10-PCS to provide a better understanding of potential transition issues. Topics include technical issues, documentation and data issues, training and productivity impact on revenue.
Interventional Radiology	Many hospitals and physician groups struggle with this complex area. This session includes a detailed discussion of the documentation, coding and billing of interventional radiology procedures.
Injections and Infusions	This in-depth educational session educates participants in the complexities of Medicare billing for both Chemotherapy and Non-Chemotherapy injections and infusions.

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Coding Continued...

Medical Terminology	Brush up on medical terminology, focusing on: prefixes; word roots (combining forms); suffixes; abbreviations and meanings; plus an introduction to cardiovascular and musculoskeletal anatomy and related terminology.
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Payment Systems

Overview of Payment Methodologies	This session provides an overview of payment methodologies in the context of value-based purchasing for Medicare. Payment systems covered include MS-DRGs, AP-DRGs, APR-DRGs, APGs, Inpatient Psychiatric PPS, APCs, and CRGs.
APR-DRGs	Review the NYS Medicaid APR-DRG payment methodology. APR-DRGs classify patients according to their reason for admission, severity of illness and risk of mortality. APR-DRGs use a 16 step methodology to assign a DRG. This session will provide an overview of the impact of APR -DRGs on clinical documentation, coding and billing.
APGs	This session provides an introduction to the New York State Medicaid Ambulatory Payment Group payment methodology. It also discusses the impact on HIM, clinical staff and hospital finance. The session details steps facilities should be taking related to APGs along with a discussion regarding the financial impact and coding implications associated with the new payment system.
ESRD	Review the End Stage Renal Disease Program, including scope of services, Medicare and Medicaid reimbursement with updates including payment methodology, the composite rate system, and issues related to separately billable services. There is a focus on compliance, new quality initiatives and Medicare/Medicaid reforms for ESRD including the new prospective payment system.
Outpatient Rehabilitation	Review the concepts of Outpatient Rehabilitation payment methodology and claims processing. This session will emphasize: coding, documentation, payer rules, billing, reimbursement changes and updates, regarding OT, PT and Speech Therapy.

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Payment Systems Continued...

Inpatient Rehabilitation	Review the basic concept of Medicare payment for Inpatient Rehabilitation Services; Medicare 75% Rule; rehabilitation 3-hour Rule; medical necessity; review of Patient Assessment Instrument (IRF-PAI); submission of IRF-PAI data; Case Mix Groups (CMGs) & comorbidity assignment; documentation & coding Issues; billing and reimbursement for outpatient rehabilitation services, with an emphasis on any significant 2010 changes.
Inpatient Psych	Review the basic concepts of Medicare payment for inpatient psychiatric services, facility-level adjustments, patient-level adjustments, payment calculation, documentation and coding issues, and a comparison of Medicare and Medicaid per diem methodologies with case studies and payment examples; billing and reimbursement for psychiatric services in outpatient clinics and partial hospitalization programs. This session will include discussion of changes and updates.

Revenue Cycle

Introduction to Medicare Remit	One of the most valuable files within a facility for historical analysis, it is often unavailable for a variety of reasons. This session provides an overview of the information contained with the X12 835 Medicare remit file and its potential importance to the revenue cycle, patient accounting, compliance and HIM communities. An introduction to 5010 is included, with discussion on its relevance to the ICD-10 transition.
Successful Rebilling	Hospitals, more than ever, need to keep an eye on outstanding opportunity for complete and accurate reimbursement. Let your revenue cycle initiatives fund compliance. Medicare allows an extended time period to rebill outpatient and correct discharge disposition. Attendees will understand the significant areas of opportunity for rebilling both Inpatient and Outpatient services and available data sources to start this initiative in consideration of individual state and payer guidelines.

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Recovery Audit Contractors (RAC)

Lessons Learned	Aimed at hospital management, medical staff and others, this session focuses on RAC background, regulations and compliance in the RAC process. Additionally learn how RAC affects providers operationally.
RAC Strategy I Facilitating a Team Approach	The need for a high performance team is critical to RAC management. Learn how to streamline processes and communication for quicker response time and less administrative burden. For facilities with no RAC team in place, this session can additionally address team development and support.
RAC Strategy II Assessing Risks and Mitigating Losses	During this segment providers will learn how analysis of Hospital inpatient and outpatient claims can catch both overpayments (risk) and underpayments (opportunity). Overview includes discussion of financial impact during the demonstration, known RAC targets, as well as potential future targets.
RAC Strategy III Reducing Future Denials	Denials can be the result of ineffective processes or deficiencies in documentation, utilization review/case management or coding. Learn how to develop and implement action plans to correct deficiencies and avoid future denials, avoiding many of the surprises encountered during the demonstration. Also learn about the RACTrac initiative: why participation in this industry-wide effort to collect information on RAC audits and denials is so important, the free tracking tool provided by AHA, as well as those provided by RACTrac compatible vendors.
Medicare Appeals	This session discusses how the success of RAC appeals is determined by a variety of factors, including the quality and availability of supporting documentation, merits of the denial (i.e., the strength of the RAC's rationale), and mitigating circumstances, such as age of the claim and specific clinical factors. The appeals process, including rules and timelines, will be discussed in-depth.



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Transitioning To An Electronic Medical Record System

Transition to EMR	This session discusses the transition to the EMR focusing on the process, potential issues and the impact on various aspects of the facility from both a clinical and financial aspect. Topics include choosing a system, implementing a new system, customizing the EMR for your practice, and common pitfalls during a transition.
CDI/Physician Query Role	This session covers the basics of Clinical Documentation Improvement (CDI). Discussion topics include how to show a return-on-investment for CDI, and how to implement an effective physician query program in a hybrid medical record environment.
Living in the Hybrid Medical Record Environment	For most facilities, the transition to an electronic medical record is a long process which can take years to complete. From the HIM perspective, this means continuing change to workflow, staffing patterns and departmental policies and procedures. This session discusses strategies to cope with change while maintaining a high level of customer service.
Defining Your Legal Medical Record	Your medical records are your facility's legal business records. Many facilities currently have a hybrid medical record which is part paper and part electronic. During this transition from paper to an electronic record, it can be difficult to identify what is considered your legal record. Is it the documentation created in a source system or the version of the information which now resides in your data repository? As information is updated, how do you manage versions of information in your various electronic systems? In this session we discuss strategies for clearly defining your legal medical record and maintaining an accurate definition during an extended period of transition.

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