Dial-In Instructions:

1. Dial 800-514-0835 and follow the voice prompts.
2. You will be greeted by an operator.
3. Give the operator your pass code 100405 and the last name of the person who registered for the audioconference.
4. The operator will then verify the name of your facility.
5. You will then be placed into the conference.

Technical Difficulties
1. If you experience any difficulties with the dial-in process, please call the Conference Center reservation line at 800-514-0837.
2. If you should need technical assistance during the audio portion of the program, please press the * key followed by the 0 key on your touch-tone phone and an operator will assist you. If you are disconnected during the conference, dial 800-514-0837.

Q&A Session
1. To enter the questioning queue during the Q&A session, callers need to push the star key followed by the 1 key on their touch-tone phones. Note: This portion of the program generally falls after the first hour of presentation. Please do not try to enter the queue before this portion of the program.
2. If you prefer not to ask your question on the air, you can fax your question to 877/865-4210 or 973/237-3904. (Please note: You can only fax your question during the program.)

Prior to the program
If you prefer not to ask your question on the air, you can send your questions via email to stierney@hcpro.com. Cutoff date and time for questions: 10/03/05 @ 5:30 PM EST. Please note that not all questions will be answered.

Program Evaluation Survey
In your materials on page 2, we have included a Program evaluation letter that has the URL link to our program survey. We would appreciate it if when you return to your office you could go to the link provided and complete the survey.

Continuing Education documentation
If CE’s are offered with this program a separate link containing important information will be provided along with the program materials. Please follow the instructions provided in the CE Documentation.
Program Evaluation

Dear Audioconference Participant,

Thank you for attending the HCPro audioconference today. We hope that you find the information provided valuable.

In our effort to ensure that our customers have a positive experience when taking part in our audioconferences we are requesting your feedback. We would also like to request that you forward the link to others in your facility that attended the audioconference.

We realize that your time is valuable, so we’ve limited the evaluation to a few brief questions. Please click on the link below.

http://www.zoomerang.com/survey.zgi?p=WEB224MTXYWCLU

The information provided from the evaluation is crucial towards our goal of delivering the best possible products and services. To insure that your completed form receives our attention, please return to us within six days from the date of this audioconference.

We appreciate your time and suggestions. We hope that you will continue to rely on HCPro audioconferences as an important resource for pertinent and timely information.

Sincerely,

Frank Morello
Director of Multimedia
HCPro, Inc.
presents . . .

Keys to Skilled Services: Best Practices to Increase Your Medicare Census

A 90-minute interactive audioconference

Tuesday, October 4, 2005

1:00 p.m.–2:30 p.m. (Eastern)
12:00 p.m.–1:30 p.m. (Central)
11:00 a.m.–12:30 p.m. (Mountain)
10:00 a.m.–11:30 a.m. (Pacific)
In our materials we strive to provide our audience with useful, timely information. The live audioconference will follow the enclosed agenda. Occasionally our speakers will refer to the materials enclosed. We have noticed that other non-HCPro audioconference materials follow the speaker’s presentation bullet-by-bullet, page-by-page. Because our presentations are less rigid and rely more on speaker interaction, we do not include each speaker's entire presentation. The materials contain helpful forms, crosswalks, policies, charts, and graphs. We hope that you find this information useful in the future.

HCPro is not affiliated in any way with the Joint Commission on Accreditation of Healthcare Organizations, which owns the JCAHO trademark.
The “Keys to Skilled Services: Best Practices to Increase Your Medicare Census” audioconference materials package is published by HCPro, 200 Hoods Lane, P.O. Box 1168, Marblehead, MA 01945.

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For more information, contact

HCPro, Inc.
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P.O. Box 1168
Marblehead, MA 01945
Phone: 800/650-6787
Fax: 781/639-0179
E-mail: customerservice@hcpro.com
Web site: www.hcpro.com
Dear colleague,

Thank you for participating in our “Keys to Skilled Services: Best Practices to Increase Your Medicare Census” audioconference with Terrie Gordon, RN, AANAC, and Kitt Wakeley, CNHA, MHA, MPA, moderated by Noelle Shough. We are excited about the opportunity to interact with you directly and encourage you to take advantage of the opportunity to ask our experts your questions during the audioconference. If you would like to submit a question before the audioconference, please send it to stierney@hcpro.com and provide the program date in the subject line. We cannot guarantee your question will be answered during the program, but we will do our best to take a good cross-section of questions.

If at any time you have comments, suggestions, or ideas about how we might improve our audioconferences, or if you have any questions about the audioconference itself, please do not hesitate to contact me. And if you would like any additional information about other products and services, please contact our Customer Service Department at 800/650-6787.

Along with these audioconference materials, we have enclosed a fax evaluation. We value your opinion. After the audioconference, please take a minute to complete the evaluation to let us know what you think.

Thanks again for working with us.

Best regards,

Shannon Tierney
Audioconference coordinator
 Fax: 781/639-2982
E-mail: stierney@hcpro.com
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   Physician Check Sheet for Skilled Nursing

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Agenda

I. Guidelines to skilling
   A. Overview: Get paid for what you do
   B. Basic guidelines
   C. Case examples
   D. Documentation advice
   E. Throw out the bad eggs

II. Medicare rules and regulations
   A. Pub 100-2
      1. Administrative presumption
      2. Management and evaluation of a care plan
      3. Observation and assessment of a resident's condition
      4. Teaching and training
      5. Questionable scenarios
   B. RAI User's Manual

III. Top 5 questions: When to skill
   A. Hospice care
   B. Psychiatric evaluation
   C. 60-day break in skilled services
   D. 30-day window
   E. Leaves of absence

IV. How to build your skilled unit
   A. The medical director
   B. The marketing director
   C. Marketing and operational strategies

V. Coding the MDS for Medicare
   A. Crucial sections of the MDS
   B. Top 5 questions: Coding the MDS and MDS accuracy

Live Q&A
Speaker profiles

Terrie Gordon, RN, AANAC

Terrie Gordon has been in the long-term care industry for 17 years. She has worked in many capacities and for the past five years has worked as a nurse consultant to many facilities in Oklahoma. She also has worked in the home health arena and has vast experience and training in wound management. She has established, implemented, and managed a state licensed training program for CNAs and CMAs. In one of her job capacities, she planned, developed, organized, and implemented a quality assurance and skin management and treatment protocol program to identify staff educational needs and correct customer service and regulatory compliance concerns. Results: 50% reduction in in-house occurrence of skin breakdowns and a 66% decrease in regulatory compliance issue during the first six months of the program across the state.

Gordon has vast knowledge of many areas of nursing and has been called as an expert witness for legal cases. She speaks across the state on a variety of topics and is best known for her extensive knowledge of Medicare and the PPS system.

She is currently the vice president of nurse consulting and financial services for Valir Health.

Kitt Wakeley, CNHA, MHA, MPA

Kitt Wakeley is the owner and cofounder of Valir Health, originally known as Pinnacle Health Care Group. Originally started as a Medicare billing, consulting, and cost report company in 1998, Valir evolved into a premier long-term care consulting company in the southwest portion of the United States. Wakeley’s role in Valir’s rapid growth has been as a Medicare expert and entrepreneur in healthcare ventures. Speaking during seminars and conventions and at universities and healthcare facilities nationwide, Wakeley has been recognized as a progressive expert in the healthcare industry. He has worked as a contributing author for HCPro, Inc., and produced a line of videos related to Medicare.

Noelle Shough, moderator

Noelle Shough is a senior managing editor in the long-term care group at HCPro, Inc. Besides manning the helm of the newsletter PPS Alert for Long-Term Care, she edits books, newsletters, and e-zines and manages quality for the group. In her four-and-a-half year stint at HCPro, she has also written and researched in the areas of credentialing, patient safety, nurse management, physician practices, and compliance.
Exhibit A

Presentation by Terrie Gordon, RN, AANAC, and Kitt Wakeley, CNHA, MHA, MPA
EXHIBIT A

rences We Care For

Being Afraid Of Documentation Is Not An Excuse For Not Skilling

If Other Facilities Can Do It, So Can You

Get Rid Of The Nay Sayers

MEDICARE RULES & REGS

Social Security Act
Federal Register
42 CFR (Code of Federal Regulations)
Manuals
Program Transmittals
Local Coverage Determinations
National Coverage Determinations
RAI User’s Manual
Court Cases
CMS Online Manuals

www.cms.hhs.gov/manuals/cmsindex.asp

Keys to Skilled Services: Best Practices to Increase Your Medicare Census
ONLINE CMS MANUAL

- Pub. 100-2, Benefit Policy Manual, Chapter 8 Section 10
  - A) Defining Basic Terms
  - B) What Is a SNF
  - C) What Is Required of a SNF
- Pub. 100-2, Benefit Policy Manual, Chapter 8, Section 20
  - What is allowed in your skilled unit?
    - A) Prior Hospitalization
    - B) All Avenues of the 30 Day Window
    - C) Payment Bans
- Pub. 100-2, Benefit Policy Manual, Chapter 8, Section 30
  - Defines A Skilled Patient

---

ONLINE CMS MANUAL

- Pub. 100-2, Benefit Policy Manual, Chapter 8 Section 30
  - Four factors that must be met in order to skill a patient
    1) A resident requires "skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel ..." and ordered by a physician. (These services must be related to services rendered in the hospital or that have arose due to the condition while in the hospital).
    2) The patient requires these skilled services on a daily basis.
ONLINE CMS MANUAL

➤ Pub. 100-2, Benefit Policy Manual, Chapter 8 Section 30

Four factors that must be met in order to skill a patient

3) As a practical matter, considering economy and efficiency, the daily skilled services must be provided on an inpatient basis only.

4) Services must be reasonable and necessary and consistent with the nature and severity of the individual's illness.

Breaking Down Section 30

➤ MDS = RUG (and the documentation must match)
➤ Who is a licensed professional and what is supervision?
➤ Defining skilled services more specifically, clarifying that a patient may not always need to be improving to be skilled.
➤ Development, management and evaluation of a patient care plan based on physicians orders with the expertise of a licensed professional, i.e. RN, LPN, PT, OT & SLP... 
➤ True definition of observation and breaking the myths behind such a rule.
➤ Teaching and training activities.
Breaking Down Section 30

- Questionable Situations
- Breaking down what is considered "skilled nursing duties"
- Defining the what is skillable therapy.
- What is not considered skilled services
- Defining "Daily Skilled Services"

KEY SECTIONS FOR MEDICARE REIMBURSEMENT

- Section B, Cognitive Patterns
- Section C, Communication
- Section E, Mood/Behavior Patterns
- Section G, Physical Functioning
- Section H, Continence In Last 14 Days
- Section I, Disease Diagnoses
- Section J, Health Conditions
- Section K, Oral/Nutritional Status
- Section M, Skin Condition
- Section N, Activity Pursuit Patterns
The resident is entitled to the benefit;
Advance Beneficiary Notice
MDS Accuracy Programs  ....i.e. CERT...
Difficult Physicians
Tie It All Together

TOP 5: When To Skill

➤ Hospice Care
➤ Psychiatric Evaluation
➤ 60-Day Break In Skilled Services
➤ 30-Day Window
➤ Leaves of Absence
How To Build Your Skilled Unit

- Medical Director
- Marketing Director
- 5PM on Friday
- Who Answers Your Telephone
- How Do Residents Look When They Leave the Facility
- Take Advantage of Your Local DME Company
- Newspaper & Television
- Walk, Talk, Act & Look Like A Hospital
- Bring The Community To You

Crucial Sections of the MDS

Section B - Cognitive Patterns
(financial impact $70-$95 per day)

- B1 – Comatose
- B2a – Short term memory
- B4 – Cognitive Skills for daily decision making
Section C – Communication/Hearing Patterns  
(financial impact $9 - $66 per day)

➢ C4 – making self understood

Section E – Mood and Behavior Patterns  
(Financial impact $4-$46 per day)

➢ E1 – indicators of depression & anxiety & sad mood (all 16 behaviors)
➢ E4 – Behavior system frequency
Section G – Physical Functioning and Structural Problems (Financial impact $15 - $80 per day)

- G1a – Bed mobility
- G1b – Transfers
- G1h – Eating
- G1i – Toilet Use

Section H – Continence in last 14 days ($111 - $146 per day)

- H3a – Any scheduled toileting plan
- H3b – Bladder retraining program
Section I – Disease Diagnosis
($111 - $217 per day)

- I1a – Diabetes Mellitus
- I1r – Aphasia
- I1s – Cerebral Palsy
- I1v – Hemiplegia and Hemiparesis
- I1w – Multiple Sclerosis
- I1z – Quadraplegia
- 12e – Pneumonia
- 12g – Septicemia

Section J – Health Conditions
($169 - $215 per day)

- J1c – Dehydrated, output exceeds input
- J1e – Delusions
- J1h – Fever
- J1i – Hallucinations
- J1j – Internal Bleeding
- J1o – Vomiting
Section K – Oral/Nutritional Status
($202 - $288 per day)

- K3a – Weight loss
- K5a – Peritoneal/intravenous (IV)
- K5b – Feeding Tube
- K6a,b – Parenteral or enteral intake

Section M – Skin Condition
($202 - $366 per day)

- M1 – ulcers
- M2a – Pressure Ulcer
- M4b – Burns
- M4c – Open lesions
- M4g – Surgical Wounds
- M5 – Skin treatment (all treatments with the exceptions of M5i & M5j)
- M6b – Infection of the foot
- M6c – open lesions of the foot
- M6f – application of dressing to foot
Section N – Activity Pursuit
Patterns ($111 - $135 per day)

➢ N1 – Time awake

Section O – Medications
($169 - $215 per day)

➢ O3 – injections

Section P – Special Treatments and Procedures ($171 - $366 per day)

➢ P1aa – Chemotherapy
➢ P1ab – Dialysis
➢ P1ac – Intravenous Meds
➢ P1ag – Oxygen Therapy
➢ P1ah – Radiation
➢ P1ai – Suctioning
➢ P1aj – Tracheostomy care
➢ P1ak – Transfusions
➢ P1al – Ventilator
➢ P1ba – Speech Therapy
➢ P1bb – Occupational Therapy
➢ P1bc – Physical Therapy
➢ P1bd – Respiratory Therapy
➢ P3 – Nursing Rehab
➢ P7 – Physician Visits
➢ P8 – Physician Orders
Section T – Therapy Supplement for Medicare PPS ($171 - $366)

- T1b – Ordered Therapies
- T1c – Therapy Days estimates
- T1d – Therapy Minutes Estimates

Top 5 Coding Errors: MDS

1. SECTION G: Physical Functioning and Structural Problems
2. SECTION I: Disease Diagnoses
3. SECTION J: Health Conditions
4. SECTION O: Medications
5. SECTION P: Special Treatments and Procedures
Top 5 MDS/PPS Questions:

1. WHAT IS AN OMRA?
2. DO I HAVE TO DO A 5 DAY IF THE RESIDENT DISCHARGES ON DAY 2?
3. HOW DO YOU PROJECT MINUTES?
4. AFTER I DO AN OMRA WHAT IS THE NEXT ASSESSMENT DUE?
5. ARE MEDICARE MEETINGS A REQUIREMENT?
Exhibit B

SNF Information Sheet (Billing Version)

### PRIMARY PATIENT INFORMATION

Last Name: ____________________________ First Name: ____________________________

Date of Birth: ________________________ Social Security #: ________________________

Medicare #: __________________________ A: ___ B: ___ Medicaid #: ________________________

Supplemental/Third Party Insurance Company: ____________________________

Policy #: ___________________________ Group #: ____________________________ FED/PEP: ____________________________

### QUALIFYING INFORMATION

This section is to be completed for "Part A" patients only:

1. Patient Admitted From What Hospital:
2. Date Patient Was Admitted To The Hospital
3. Date Patient Was Discharged From The Hospital
4. Date Patient Was Admitted To The Skilled Unit
5. Patient’s Physician:

### SECONDARY INFORMATION TO BE COMPLETED AFTER THE MDS

INSTRUCTIONS: This section may be omitted if the facility is supplying copies of the MDS for each patient. If not, complete this section for Diagnosis Codes and RUG Scores listed at the bottom of Section T after each MDS is completed. PLEASE SUBMIT THIS FORM EACH MONTH.

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>Principal Diagnosis</th>
<th>2nd Diagnosis</th>
<th>3rd Diagnosis</th>
<th>4th Diagnosis</th>
<th>5th Diagnosis</th>
<th>6th Diagnosis</th>
<th>7th Diagnosis</th>
<th>8th Diagnosis</th>
<th>9th Diagnosis</th>
<th>10th Diagnosis</th>
<th>11th Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUG Scores</td>
<td>Assessment</td>
<td>RUG Score</td>
<td>Assessment Date</td>
<td>MDS Locked?</td>
<td>Physician Orders?</td>
<td>(Billing Office Use Only) Days Used:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Day</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Day</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Day</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 Day</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90 Day</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BILLING OFFICE USE ONLY

| Statement Coverage Dates | From:________ Through:________ MCR Covered Days:________ Co-Ins. Days:________ Type of Bill:________ IF 211 or 214, Discharge Date:________ |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Charges                  | (Rev. 120) $    | (Rev. 250) $    | (Rev. 300) $    | (Rev. 320) $    | (Rev. 420) $    | (Rev. 430) $    | (Rev. 440) $    | (Rev. 449) $    | (Rev. 499) $    | Other $        |

Source: Valir Health. Used with permission.
Exhibit C

Physician Check Sheet for Skilled Nursing

## PHYSICIAN ORDER FOR CARE

Dear Physician,

Per federal regulations, CMS Manual Pub 100-2, Chapter 8, our facility is required to pursue a physician’s order for the following skilled nursing items indicated below which are rendered or supervised by licensed nursing staff. These services, treatments and care will be provided for:

<table>
<thead>
<tr>
<th>COGNITIVE CARE</th>
<th>AFTERCARE &amp; MONITORING</th>
<th>WEIGHT LOSS &amp; NUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comatose or Vegetative State</td>
<td>Chemotherapy</td>
<td>Parental/IV</td>
</tr>
<tr>
<td>Short Term Memory Problems</td>
<td>Radiation Treatments</td>
<td>Tube Feeding</td>
</tr>
<tr>
<td>Problems Making Self Understood</td>
<td>Dialysis</td>
<td>Enteral Feeding</td>
</tr>
<tr>
<td></td>
<td>Transfusions</td>
<td>Weight Loss Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATMENTS &amp; CARE</th>
<th>PHYSICAL FUNCTIONING</th>
<th>BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections</td>
<td>Bed Mobility</td>
<td>Wandering</td>
</tr>
<tr>
<td>IV Meds Administration</td>
<td>Transfer</td>
<td>Verbally Abusive</td>
</tr>
<tr>
<td>Oxygen Care &amp; Administration</td>
<td>Toilet Use</td>
<td>Physically Abusive</td>
</tr>
<tr>
<td>Suctioning</td>
<td>Eating</td>
<td>Socioemotional Inappropriate Behavior</td>
</tr>
<tr>
<td>Trash Care</td>
<td>Scheduled Toileting/Incontinence Care</td>
<td>Resisting Care</td>
</tr>
<tr>
<td>Ventilator Care</td>
<td>Bladder Retraining/Incontinence Care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOMS/CONDITION/DIAGNOSIS</th>
<th>DEPRESSION, ANXIETY &amp; SADNESS</th>
<th>SKIN TREATMENT &amp; CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aphasia</td>
<td>Negative Statements</td>
<td>Ulcers</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>Repetitive Questions</td>
<td>Pressure Ulcers</td>
</tr>
<tr>
<td>Hemiplegia/Hemiparesis</td>
<td>Repetitive Statements</td>
<td>Burns</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Persistent Anger</td>
<td>Open Lesions</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>Criticizing Themselves</td>
<td>Surgical Wounds</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Unrealistic Fears</td>
<td>Infections of the Foot</td>
</tr>
<tr>
<td>Septicemia</td>
<td>Repetitive Health Complaints</td>
<td>Open Lesions of the Foot</td>
</tr>
<tr>
<td>Dehydration Treatment</td>
<td>Repetitive Anxious Complaints</td>
<td>Dressings on the Foot</td>
</tr>
<tr>
<td>Delusions</td>
<td>Lack of Sleep</td>
<td>Other</td>
</tr>
<tr>
<td>Fever</td>
<td>Sad, Painful, Worryful Expressions</td>
<td></td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Crying and/or Tearfulness</td>
<td></td>
</tr>
<tr>
<td>Internal Bleeding</td>
<td>Pacing, Picking, Pre-Ocupied Sadness</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>Reduced Social Interaction</td>
<td></td>
</tr>
<tr>
<td>Time Awake</td>
<td>Withdrawal from Activities/Family/Staff</td>
<td></td>
</tr>
</tbody>
</table>

Physician Signature: __________________________ Date: __________________________
Physician’s Printed Name: __________________________ Fax #: __________________________
LPN/RN Name Printed: __________________________
LPN/RN Signature: __________________________

Source: Valir Health. Used with permission.
Resources
A resource to answer all of your skilling questions . . .

The Skilled Services Troubleshooter — an easy-to-read, 120-page reference guide and CD-ROM set by audioconference speaker Kitt Wakeley, CNHA, MHA, MPA — will bring you and your staff up-to-speed on when and how to skill residents. Never again will you miss out on the benefits and reimbursement you and your residents deserve because you were unsure about the proper Medicare rules and regulations.

Straight forward strategies to make skilling simple . . .

The Skilled Services Troubleshooter takes the mystery out of skilled services and explains exactly when to skill, when not to skill, and why. Author Kitt Wakeley:

- answers the most commonly asked skilling questions
- translates all of the official rules and regulations from the Code of Federal Regulations, SNF Benefit Manual, and RAI User's Manual into plain English, making them easy to understand and apply
- provides proven strategies for increasing your skilled census and improving your facility's reputation with the support of your entire staff

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a 90-minute audioconference on

October 4, 2005

Suzanne Perney
HCPro, Inc., 2005
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<tr>
<th>Month</th>
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<tr>
<td><strong>January</strong></td>
<td><strong>The Lodge at Rancho Mirage, Rancho Mirage, CA</strong></td>
<td>12th VPMA/CMO Retreat: Opportunities, constraints, and challenges of the VPMA/CMO role 13-14th Medical Executive Committee Institute: The essential training program for all medical staff leaders</td>
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<tr>
<td><strong>March</strong></td>
<td><strong>Pointe Hilton Tapatio Cliffs Resort, Phoenix, AZ</strong></td>
<td>10-11th Advanced Medical Staff Leadership Retreat: Where today’s leaders come to solve their toughest medical staff problems Credentialing and Privileging: What physician leaders and credentialing professionals must know today! Effective JCAHO Survey Preparation for the Medical Staff</td>
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<tr>
<td><strong>April</strong></td>
<td><strong>Naples Beach Hotel and Golf Club, Naples, FL</strong></td>
<td>6th The Problem Physician: How to assess and manage impaired, unethical, dys competent and disruptive physicians 7-8th Medical Staff Quality: Practical strategies for effective peer review, physician performance feedback, and hospital performance improvement</td>
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<tr>
<td><strong>May</strong></td>
<td><strong>The Westin on Michigan Avenue, Chicago, IL</strong></td>
<td>12-13th Legal Challenges for Hospital and Medical Staff Leaders: How to stay out of trouble, stay out of court, and improve physician relationships Medical Executive Committee Institute: The essential training program for all medical staff leaders Physicians and Patient Safety: Practical tools to help leaders change physician culture and behavior 13-14th Surgical Team Summit: Bringing together chiefs of surgery, chiefs of anesthesia, and surgical services leadership to tackle the toughest OR challenges</td>
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<tr>
<td><strong>June</strong></td>
<td><strong>Mandalay Bay Resort &amp; Casino, Las Vegas, NV</strong></td>
<td>2-3rd The 8th Annual Credentialing Resource Center Symposium A Practical Approach to JCAHO Survey Preparation</td>
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Winter/Spring Education Program Schedule 2005

**O c t o b e r**
*Hyatt Regency Embarcadero, San Francisco, CA*

6-7th
**Medical Executive Committee Institute:** The essential training program for all medical staff leaders
**Medical Staff Quality:** Practical strategies for effective peer review, physician performance feedback, and hospital performance improvement

7-8th
**Surgical Team Summit:** Bringing together chiefs of surgery, chiefs of anesthesia, and surgical services leadership to tackle the toughest OR challenges

**T H E M A R R I O T T W A R D M A N , W A S H I N G T O N , D C**

19th
**The Problem Physician**

20-21st
**Advanced Medical Staff Leadership Retreat:** Where today’s leaders come to solve their toughest medical staff problems

**Legal Challenges for Hospital and Medical Staff Leaders:** How to stay out of trouble, stay out of court, and improve physician relationships

**N o v e m b e r**
*Loews Philadelphia Hotel, Philadelphia, PA*

3-4th
**A Practical Approach to JCAHO Survey Preparation**
**Credentialing and Privileging:** What physician leaders and credentialing professionals must know today!

**Physicians and Patient Safety:** Practical tools to help leaders change physician culture and behavior


16th
**VPMA/CMO Retreat**

17-18th
**Effective JCAHO Survey Preparation for the Medical Staff**
**Medical Executive Committee Institute:** The essential training program for all medical staff leaders

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