Quality, Documentation & Reimbursement
An Interactive Training Program

The United States healthcare system is undergoing transformation. This transformation centers around an increased focus on patient outcomes. These outcomes rapidly are becoming the linchpin of revenue cycles, cost, quality control, and other key functions in centers of care.

Quality outcomes and financial performance depends on the availability of quality data. Accurate, detailed, and timely reporting of key clinical elements is now the key function on which administrators, clinical management, healthcare information management (HIM) and medical informatics leaders are focusing to ensure sustainability and growth in this outcome-driven landscape.

The key to avoid the anxiety that this expectation might cause to providers is to take steps now to ensure proper documentation and accurate data collection.

This new learning series offers a popular module method of continued learning in four (4) areas spanning long-term and post-acute care (LTPAC) providers. Staff will understand how to accurately document data-required supporting outcomes. This training program can be used to teach and re-train the essential components associated with data captured. Whether documenting manually or via electronic charting, understanding how to document and having a solid grasp on the detail of coding is essential to ensure the accuracy of data captured to establish acuity, optimal resident care, favorable survey results, and appropriate reimbursement across Medicare, Case Mix and Managed Care models.

Four training modules have been developed to address the following:
- Documenting and Measuring Activities of Daily Living (ADLs)
- Documenting and Measuring Moods and Behaviors
- Key Performance Indicators for RUG IV Reimbursement Outcomes
- Resident Assistant Documentation in Assisted Living (includes Supporting Documentation Guidelines for Assisted Living Handout)

You can order your interactive training program today.

Fees:
This documentation training series includes four (4) modules with a combined total of 20 units of learning. Each unit is 15-20 minutes in length. This convenient package will allow you to train your entire team of employees for one low price. The price for this training package is as follows:

LeadingAge Wisconsin Members/Subscribers $460
Non-Members $560
Module 1: Documenting & Measuring ADLs - ADL Analytics™

ADLs are the key to your database accuracy and proper RUG payment. As such, you need to be aware of the documentation process in your facility that creates the scoring in MDS Section “G” for bed mobility, transfer, eating, and toilet use.

ADL coding is a complex process that involves many staff members, and has a significant impact on quality measures and reimbursement. But if you get ADLs right, accurate ADL coding will result in better Quality Measures, can improve the 5-Star ranking, and provides appropriate reimbursement for the care that is actually delivered.

**Intended Audience:** Care professionals, including Nurses, Nurse Assistants, MDS/Care Coordinators, Therapists, Staff Educators, Social Workers and Activities Staff will benefit from the guidelines and tips provided in these training modules.

**Presenter:** Tina Schrader-Berte, CEO / President, Reimbursement & Outcomes Services, Pro Ed Continuum LLC, New Berlin, Wisconsin

**Estimated length of each unit:** 15-20 minutes

**Learning Objectives:**
- Discuss the purpose of ADL documentation.
- Define the functional tasks of each ADL.
- Identify the key components of ADL documentation.
- Define key terms for ADL help.
- Accurately document ADL help.
- Appropriately score ADLs.

**What Is Included in Module 1?**
- Unit 1 – ADL Documentation for “Bed Mobility”
- Unit 2 – ADL Documentation for “Toileting”
- Unit 3 – ADL Documentation for “Transfer”
- Unit 4 – ADL Documentation for “Eating”
- Unit 5 – ADL Documentation for “Walk in Room” & “Walk in Corridor”
- Unit 6 – ADL Documentation for “Locomotion On and Off Unit”
- Unit 7 – ADL Documentation for “Dressing”
- Unit 8 – ADL Documentation for “Personal Hygiene”
- Unit 9 – ADL Documentation for “Bathing”
- Unit 10 – Coding for ADLs

Module 2: Documenting and Measuring Moods & Behaviors - Case Mix Analytics™

In RUG-IV, 26 RUG groups are affected by depression indicators. This compares with only six RUG groups under RUG-III (Clinically Complex). The average cost of missing a depression indicator end-split has increased. More specifically, under RUG-III rates, missing a depression end-split costs, on average, about $15 per day in lost reimbursement. Under RUG-IV, missing a depression end-split on a staff assessment will cost, on average, more than $52 per day, an increase of more than $37 per day.

Mood & Behavioral Symptom – Presence and Frequency, may seem relatively straightforward; however, some facilities continue to struggle to code these items correctly. The first step is to ensure facility staff know how to recognize mood and behavior symptoms and how to accurately document behaviors.
Presenter: Tina Schrader-Berte, CEO / President, Reimbursement & Outcomes Services, Pro Ed Continuum LLC, New Berlin, Wisconsin

Intended Audience: Care professionals, including Nurses, MDS / Care Coordinators, Staff Educators, and Social Workers will benefit from the guidelines and tips provided in these training modules.

Estimated length of each unit: 15-20 minutes

Learner Objectives:
• Discuss the intent of mood and behavior documentation.
• Define key terms for mood distress and behavior indicators.
• Identify signs and symptoms of mood distress.
• Identify instances of behavior actions.
• Accurately document and code mood distress and behavior indicators.

What Is Included in Module 2?
• Unit 1 – Documentation and Coding for MDS 3.0 Section D - Resident Mood Indicators
• Unit 2 – Documentation and Coding for MDS 3.0 Section E - Behavior Indicators

Module 3: Looking at Key Performance Indicators for PPS & Case Mix Reimbursement Outcomes - Case Mix Analytics™

It is imperative that you determine the efficiency of your data collection.

The regulatory and payment systems with which you work are dependent on the electronic data submitted through the MDS and billing process. Internal electronic systems need to be efficient, not only to document the data for MDS transmissions and billing, but also to create useful database reports to help managers and members of the interdisciplinary team to track the care provided, resource utilization, outcomes, and the payment process for each resident.

What kind of reports should you look at?

Your MDS and payment database feed into your total operations. Your MDS software vendor should be able to provide reports that relate to building operations, resident services, outcome tracking, and risk avoidance.

Presenter: Tina Schrader-Berte, CEO / President, Reimbursement & Outcomes Services, Pro Ed Continuum LLC, New Berlin, Wisconsin

Intended Audience: Health Leadership teams including Directors of Operations, Clinical Directors, Financial Directors, and Administrators will benefit from the strategies and tips provided in these training modules.

Estimated length of each unit: 15-20 minutes

Learner Objectives:
• Identify benchmarks for financial performance, and consider practical ways to monitor these indicators.
• Analyze facility key performance indicators in both the clinical and rehab departments, and identify the obstacles to meeting your revenue potential.
• Discuss how to use quantifiable metrics to monitor and manage performance.
What Is Included in Module 3?
- Unit 1 – Defining Performance Benchmarks
- Unit 2 – Establishing Key Performance Indicators
- Unit 3 – Making Sense of Performance Metrics

Module 4: Resident Assistant Documentation in Assisted Living

Requirements for documentation in the Assisted Living setting are less defined than the requirements for documentation in the skilled nursing setting; however, the documentation itself is no less important. The documentation that is done by both the licensed nursing staff and the direct care workers is essential in evaluating and demonstrating that we are effectively addressing and meeting the needs of the resident/tenant. Accurate and timely documentation helps to ensure that the resident or tenant is being cared for at the appropriate level and in the appropriate setting within regulatory guidelines. Effective documentation is a vital communication tool and provides the framework for quality assurance in assisted living.

Presenter: Amy Ruedinger, Founder & President, Pinnacle Innovative Health Care Solutions, LLC, Black Creek, Wisconsin

Intended Audience: Assisted Living Professionals, including Nurses, Caregivers, Social Workers, and Activity Directors will benefit from the guidelines and tips provided in these training modules.

Estimated length of each unit: 15-20 minutes

Learner Objectives:
- Discuss the purpose of documentation in the assisted living setting.
- Identify how accurate and timely documentation reflects the cares provided and supports appropriate level of care decisions.
- Discuss the required elements of documentation as defined in DHS 89 (administrative code for RCACs) and DHS 83 (administrative code for CBRFs).
- List professional standards and key components of documentation in assisted living.
- Discuss the necessary components of documentation related to ISPs or the tenant plan of care.
- Discuss guidelines for documentation related to resident health conditions or circumstances, including physical concerns/interventions, illness or injury, medication administration, and mood or behavioral concerns/interventions.
- List tips to facilitate ease of documentation related to family and physician contacts.
- Compare and contrast the resident medical record and the incident report focusing on the purpose, focus, and elements that are included in each report.
- List key tips and guidelines related to appropriately documenting in the medical report and the incident report.
- Define quality of care and quality assurance as these concepts relate to assisted living standards of care delivery.
- Identify data collection guidelines and recommendations.
- Discuss tips for effective data analysis.
- Explore ideas for quality assurance studies in assisted living settings.

What Is Included in Module 4?
- Unit 1 – Documentation: Purpose and Requirements
- Unit 2 – Documentation: Professional Standards and Key Components
- Unit 3 – Documentation: Resident/Tenant Conditions and Concerns
- Unit 4 – Documentation: The Resident Medical Record and Incident Report
- Unit 5 – Documentation and Quality Assurance
Presenters

Tina Schrader-Berte, CEO / President
Reimbursement & Outcomes Services
Pro Ed Continuum LLC
New Berlin, Wisconsin

Offering over 25 years of professional health industry experience, Tina has been instrumental in the design, development, implementation and roll out of Long Term Care and Therapy software systems, developed both internally and for commercial use, including development of the nation's first proactive clinical reimbursement and documentation technology, consistently resulting in an average of $20-$40 per patient day in additional Medicare revenue and an average of $10 of additional Medicaid revenue to provider bottom lines.

Tina's areas of expertise include RUGs-based Medicare and Medicaid Operational and Reimbursement Assessments, Strategies, Performance Improvement, and Revenue Cycle Management in nursing and sub-acute facilities. Mentored by a former Medicare Auditor for over 11 years of her career, she has extensive experience in evaluating facility processes, documentation systems, and developing performance improvement plans to improve efficiency and effectiveness of facility systems.

Amy Ruedinger, Founder & President
Pinnacle Innovative Health Care Solutions. LLC
Black Creek, Wisconsin

Amy Ruedinger, RN, has more than 23 years experience in caring for the elderly, starting as a nursing assistant in long term care. Amy has had the opportunity to work in the long term care setting as a floor nurse, agency nurse, care coordinator, and MDS Coordinator. More recently, Amy has had the pleasure of working in various RCACs and CBRFs with differing operating philosophies. While serving in the capacity of RN for these facilities, Amy supervised a staff of caregivers, completed tenant assessments, developed and implemented policies for care delivery and emergency situations, and provided ongoing education for the staff in areas such as the philosophy of assisted living, delegation and care delivery, and medication administration. Amy started her own health care consulting business in 2005 and currently provides audits, training, and education for assisted living facilities, helping to ensure regulatory compliance, safety in care delivery, and systems efficiency. Amy serves on the LeadingAge Wisconsin RCAC Quality Improvement Network and Task Force and the LeadingAge Wisconsin CBRF Quality Improvement Network and Task Force. Amy has presented seminars and provided training and education to groups of all sizes throughout the state and across the nation.

Facts about the Fee

This training series highlights the fact that quality documentation to enhance resident care and maximize reimbursement is a process. It is essential that your employees receive consistent, continuing, and quality training on proper documentation. This series provides this training for all your employees in fun, interactive, bit-size pieces that can fit into even the busiest schedule.

The fee is only $460 for LeadingAge Wisconsin members and subscribers ($560 for non-LeadingAge Wisconsin members/subscribers). That is as low as $115 per training module or $23 per unit.

The training modules are available as downloadable files from the Internet. Once you order this quality training series, you will have all the programming you will need to continuously train your entire team on the process and importance of proper documentation.
LeadingAge Wisconsin is a statewide membership organization of not-for-profit corporations principally serving seniors and persons with a disability. The association serves 505 not-for-profit long-term care, assisted living, senior housing, and other community-based providers principally serving elderly persons and individuals with a disability. LeadingAge Wisconsin members employ over 38,000 people who provide compassionate care and service to over 48,000 individuals each day.

LeadingAge Wisconsin enhances members’ dedication to excellence by providing programs and services to assist members in meeting the needs of elderly persons and individuals with a disability. LeadingAge Wisconsin demonstrates a caring commitment to the highest quality of life and greatest independence for each individual served.

LeadingAge Wisconsin’s Core Values

- LeadingAge Wisconsin is a mission driven, not-for-profit, member-supported, statewide association serving as a leader in advancing the field of long-term care and assisted living through advocacy, education, and the development of collaborative strategies for its members and the general public.
- LeadingAge Wisconsin strives to be a visionary force whose unified voice advocates within the political and regulatory process in order to advance the development of a comprehensive long-term care delivery system for the future.
- LeadingAge Wisconsin’s leadership encourages its members to achieve excellence in the delivery of services to elderly individuals and persons with a disability by adhering to the highest ethical standards of practice.
- LeadingAge Wisconsin acknowledges the broad range of individual needs and opinions and provides a forum to foster member empowerment and peer support.
- LeadingAge Wisconsin serves as a resource to its individual members, assists in problem resolution, and offers/develops services and programs to meet and exceed member needs.

50 Years of Experience

LeadingAge Wisconsin has a reputation for quality and a tradition of excellence. The difference between LeadingAge Wisconsin and other long-term care associations is that we have a 50+ year history to back up our commitment to quality for the entire spectrum of care and services. From home and community based services and independent living settings to assisted living and skilled nursing environments, LeadingAge Wisconsin is a recognized voice of leadership. We know who we are and we honor our members’ mission dedicated to the not-for-profit philosophy of care.

Goals of LeadingAge Wisconsin

LeadingAge Wisconsin is an association of not-for-profit organizations dedicated to expanding the world of possibilities for aging. We advance policies, promote practices, and conduct research that supports, enables, and empowers people to live fully as they age. Our goals: Serve. Inspire. Advocate.
Quality, Documentation & Reimbursement Training Series

Order Form

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I would like to purchase the Quality, Documentation & Reimbursement training program.

Purchase Price (please check one):
☐ I am a LeadingAge Wisconsin member or subscriber, and I understand the purchase price is $460.
☐ I am not a LeadingAge Wisconsin member/subscriber, and I understand the purchase price is $560.

Total Amount Enclosed: $ ________

Please make all checks payable to LeadingAge Wisconsin.

Complete and return this form to:
LeadingAge Wisconsin
204 South Hamilton Street, Madison, WI 53703
Phone: (608) 255-7060 Fax: (608) 255-7064
Email: info@LeadingAgeWI.org

Once LeadingAge Wisconsin receives your order and full payment, we assign you a username and password, and we will send you an email with complete instructions on how to access and download your training program.

For more information, please contact

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