

Medicare Program Integrity Manual Chapter 3

Essentials of Health Care Compliance provides you with the knowledge and skills necessary to understand how a formal compliance program is implemented at a health care facility. Managing several staff members and keeping a health care practice compliant with federal, state, and local statutes and regulations is a challenging job. Real-world examples and the author's hands-on approach will help you visualize yourself on-the-job, using the knowledge you have gained from this book to meet these challenges. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Observation services insight from the industry's top expert Here is the essential guide for understanding observation services and the most recent regulatory guidance for inpatient admission. Author Deborah K. Hale, CCS, CCDS, uses case studies and real-life examples to examine regulatory guidelines and fiscal management, and also explains how to manage multiple payers and find an easier way to achieve reimbursement for observation services. You will also learn about the roles of nurses and physicians in observation services and how to foster an effective team approach for compliance and appropriate reimbursement. With your copy of Observation Services, Third Edition, you'll learn how to: - Assign proper level of care using real-life case studies - Implement an effective and compliant policy in accordance with the Medicare rules for observation services and instruction - Implement a payer-specific policy in compliance with the multiple payers' rules for observation services and instruction - Determine improvement opportunities and understand how to use internal and external data - Decipher the dos and don'ts for Condition Code 44 What's new in the Third Edition? - CMS and American Hospital Association interaction regarding observation use - Updated guidelines on the process for use of Condition Code 44 and proper billing - The 2011 version of ST PEPPER - New and improved strategies for accurate billing - New examples of provider liable claims - New CMS instructions required for payment - New policy and procedure examples and case studies Topics covered include: - Determining the right level of care - The consequences of incorrect level of care determination - Correcting level of care determinations - Condition Code 44 - Using data to determine improvement opportunities - The role of the physician advisor - Strategies for achieving accurate reimbursement - The Medicare appeals process Downloadable tools include: - Appeal letter templates - Level of care decision-making flowchart - Revised PEPPER report example - Observation pocket card reference - UR physician documentation templates for Condition Code 44 - Transmittal 299 Condition Code 44 - MLN Matters Clarification Condition Code 44 SE0622 Here are just a few of the tools and forms you'll find in Observation Services, Third Edition. - Appeal letter templates and sample reports - Site of service decision-making flowchart - Non-physician review worksheet - Transmittal 299 Condition Code 44 - MLN Matters Clarification Condition Code 44 SE0622 - Top volume Medicare MS-DRGs You'll receive instructions to download these and all of the forms and tools so you can use them right away!

Completely revised, this fifth edition of Bailey's Head and Neck Surgery – Otolaryngology offers the most current and useful evidence-based information available for the practicing otolaryngologist and otolaryngology resident. Written to increase the reader's understanding, retention, and ability to successfully apply the information learned, this easy-to-read text contains concise, practical content on all areas of head and neck surgery in Otolaryngology. With 207 concise chapters, over 3,000 four-color illustrations, helpful summary tables, and supplemental video segments everything about this two-volume reference is designed to enhance the learning experience. There's even a Study Guide included to help the reader benchmark progress. This is the tablet version which does not include access to the supplemental content mentioned in the text.

If you have not been a patient in a hospital or nursing home recently, you may not be aware of what is really happening as to the care and costs of healthcare. No one bothers until they are presented with a bill they dont understand or receive care that is atrocious. It will only get worse unless we take a stand and learn how the government is usurping our rights for quality care when we are the most vulnerable. Documentation for Physical Therapist Practice: A Clinical Decision Making Approach provides the framework for successful documentation. It is synchronous with Medicare standards as well as the American Physical Therapy Association s recommendations for defensible documentation. It identifies documentation basics which can be readily applied to a broad spectrum of documentation formats including paper-based and electronic systems. This key resource skillfully explains how to document the interpretation of examination findings so that the medical record accurately reflects the evidence. In addition, the results of consultation with legal experts who specialize in physical therapy claims denials will be shared to provide current, meaningful documentation instruction."

Offering a comprehensive look at physical therapy science and practice, Guccione's Geriatric Physical Therapy, 4th Edition is a perfect resource for both students and practitioners alike. Year after year, this text is recommended as the primary preparatory resource for the Geriatric Physical Therapy Specialization exam. And this new fourth edition only gets better. Content is thoroughly revised to keep you up to date on the latest geriatric physical therapy protocols and conditions. Five new chapters are added to this edition to help you learn how to better manage common orthopedic, cardiopulmonary, and neurologic conditions; become familiar with functional outcomes and assessments; and better understand the psychosocial aspects of aging. In all, you can rely on Guccione's Geriatric Physical Therapy to help you effectively care for today's aging patient population. Comprehensive coverage of geriatric physical therapy prepares students and clinicians to provide thoughtful, evidence-based care for aging patients. Combination of foundational knowledge and clinically relevant information provides a meaningful background in how to effectively manage geriatric disorders Updated information reflects the most recent and relevant information on the Geriatric Clinical Specialty Exam. Standard APTA terminology prepares students for terms they will hear in practice. Expert authorship ensures all information is authoritative, current, and clinically accurate. NEW! Thoroughly revised and updated content across all chapters keeps students up to date with the latest geriatric physical therapy protocols and conditions. NEW! References located at the end of each chapter point students toward credible external sources for further information. NEW! Treatment chapters guide students in managing common conditions in orthopedics, cardiopulmonary, and neurology. NEW! Chapter on functional outcomes and assessment lists relevant scores for the most frequently used tests. NEW! Chapter on psychosocial aspects of aging provides a well-rounded view of the social and mental conditions commonly affecting geriatric patients. NEW! Chapter on frailty covers a wide variety of interventions to optimize treatment. NEW! Enhanced eBook version is included with print purchase, allowing students to access all of the text, figures, and references from the book on a variety of devices.

This book provides a road map for the efficient and successful management of atrial fibrillation (AF) in the short stay unit. It describes the problem, defines the measures of successful treatment, elucidates interventions, and supplies the tools for achieving quality care. Organized in four parts, it covers the impact of AF on patient populations; the presentation and management of AF; the transition to the outpatient environment; and systems management. Topics include the economic consequences of AF; cardioversion and cardiac implantable electronic devices in AF management; education of the AF patient and discharge planning; and quality metrics in AF. The book also provides order sheets and process criteria with which institutions can successfully manage the AF patient in the short stay unit, thus optimizing patient outcomes, patient satisfaction, and operational efficiencies. Short Stay Management of Atrial Fibrillation is a valuable resource for cardiologists, emergency medicine physicians, electrophysiologists, and other

healthcare professionals involved in AF management.

Recoup lost time and revenue with denials management and appeals know-how. Claim denials can sink a profit margin. And given the cost of appeals, roughly \$118 per claim, not all denials can be reworked. A practice submitting 50 claims a day at an average reimbursement rate of \$200 per claim should bring in \$10,000 in daily revenue. But if 10% of those claims are denied, and the practice can only appeal one, they lose \$800 per day—upwards of \$200K annually. Your medical claims are the lifeblood of operations. Don't compromise your financial health. Learn how to preempt denials with the Denials Management & Appeals Reference Guide. This vital resource will equip you to get ahead of payers by simplifying the leading causes of denials and showing you how to address insufficient documentation, failing to establish medical necessity, coding and billing errors, coverage stipulations, and untimely filing. Rely on AAPC to walk you through the appeal process. We'll help you establish protocols to avoid an appeals backlog and teach you how to identify and prioritize denials likely to win an appeal. What's more, you'll learn when a claim can be "reopened" to fix a problem. Collect the revenue your practice deserves with effective denials and appeals solutions: Know how to analyze your denials Defeat documentation and compliance issues for successful claims success Utilize payer policy for coverage clues Lock in revenue with face-to-face reimbursement guidance Refine efforts to avoid E/M claim denials Ace ICD-10 coding for optimum reimbursement Put an end to modifier confusion Stave off denials with CCI edits advice Navigate the appeals process like a pro And much more!

This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEClDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

The only comprehensive book on geriatric occupational therapy designed specifically for the COTA, Occupational Therapy with Elders: Strategies for the COTA, 3rd Edition provides in-depth coverage of each aspect of geriatric practice, from wellness and prevention to death and dying. A discussion of foundational concepts includes aging trends and strategies for elder care, and coverage of emerging areas includes low-vision rehabilitation, mobility issues including driving, and Alzheimer's disease and other forms of dementia. Expert authors René Padilla, Sue Byers-Connon, and Helene Lohman offer an unmatched discussion of diverse populations and the latest on geriatric policies and procedures in this fast-growing area of practice. Unique! A focus on the occupational therapy assistant highlights the importance of COTAs to the care of elder clients. Case studies illustrate principles and help you apply what you've learned to actual situations. Key terms, chapter objectives, and review questions highlight important content in each chapter. Use of the term "elder" reduces the stereotypical role of dependent patients and helps to dispel myths about aging. A multidisciplinary approach demonstrates how the OT and the COTA can collaborate effectively. Unique! Attention to diverse populations and cultures prepares you to respect and care for clients of different backgrounds. Unique! The companion Evolve website makes review easier with more learning activities, references linked to MEDLINE abstracts, and links to related OT sites. Unique! A discussion of elder abuse, battered women, and literacy includes information on how the COTA can address these often-overlooked issues. New information on alternative treatment settings for elders reflects new trends in OT care. Updated information on Medicare, Medicaid, and HIPAA regulations discusses the latest policies and how to incorporate the newest procedures into practice. Significant additions are made to the chapters on public policy, dementia, and oncology.

The How-To Manual for Rehab Documentation, Third Edition A Complete Guide to Increasing Reimbursement and Reducing Denials Rick Gawenda, PT Up-to-speed with Medicare documentation requirements for 2009 and beyond? Increase cash flow and reduce Medicare claim denials by using strategies provided in the Third Edition of "The How-To Manual for Rehab Documentation. " Written by national consultant Rick Gawenda, PT. Since our last edition, there have been significant changes to the rules and regulations surrounding documentation in therapy settings. And now that the RACs are underway it is even more important to have accurate and thorough documentation. Mistakes can lead to delayed payments and denials, so how do ensure that you are in compliance with the current guidelines? Make it easy. Order your copy of "The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials." Written by author and national consultant Rick Gawenda, PT, of Gawenda Seminars, this book and CD-ROM set""focuses on the clinical aspects of documentation and offers proven methods to strengthen documentation and decrease the frequency of denials. Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes. What's new in the third edition? Clarification of certification and re-certification requirements regarding how long they are valid for and how soon they need to be signed Explanation of delayed certification Tips to write function-based short- and long-term goals Updated examples of well-written goals Updated payer documentation

guidelines for evaluations, progress reports, daily notes, discharge reports, and re-evaluations "The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials" outlines proper documentation strategies starting from the moment a patient registers and receives treatment to billing for time and services. Gawenda encourages b documentation methods that have worked for him and help you conquer potentially tough concepts such as maintenance therapy and CPT codes. This comprehensive book and CD-ROM, helps you: Improve therapy billing through better documentation Prevent denials as a result of better documentation practices Maintain quality assurance through proper documentation Optimize your reimbursement from both Medicare and third-party payers Avoid audits and targeted medical reviews Document care in a more efficient way Take the critical steps to verify therapy benefit coverage prior to a patient's initial visit Support skilled therapy services with inclusion of required documentation Understand Medicare certification and recertification time frames and requirements for all therapy settings Understand and use the most commonly used CPT codes and modifiers in rehabilitation therapy Table of Contents: Chapter 1: The Role of the Registration Staff Registration Basics Benefit Verification Preregistering Chapter 2: Initial Documentation Evaluation Format Documentation Components Evaluation Process Objective Criteria Assessment Documentation Goals POC Documentation Creating a Solid Foundation Chapter 3: Certification and Recertification Physician Referrals Physician Referral Denials Outpatient Therapy Settings Certification and Recertification SNF Part A Therapy Services Reimbursed Under the Prospective Payment System (PPS) Home Health Agency Part A Therapy Services Chapter 4: Daily Documentation Daily Documentation Documentation Requirements Home Exercise Programs (HEPs) Plan Documentation Chapter 5: Progress Reports, Discharge Reports, and Reevaluations Progress Reports Discharges Reevaluations Chapter 6: Maintenance Therapy What is an FMP? Coverage Criteria Documentation Requirements Billing Cover All Your Bases Chapter 7: Wound Care Under Medicare Discharge Criteria Additional Pointers Appendix A: Navigating the CMS Web site Getting Started Final Word Make it easy to understand CMS' documentation guidelines No need to download and interpret the guidance from the CMS Web site yourself. Author Rick Gawenda, PT, has done the work for you. His documentation practices are sure to help you receive optimal compensation for the services you perform as a therapist. Nearly half of all rehab claim denials are STILL due to improper documentation. Ensure proper documentation for services provided and decrease the frequency of denials. Order "The How-To Manual for Rehab Documentation, Third Edition: A Complete Guide to Increasing Reimbursement and Reducing Denials" today!

Now more than ever, doctors are being targeted by government prosecutors and whistleblowers challenging the legality of their relationships with drug and device companies. With reputations at stake and the risk of civil and criminal liability, it is incumbent upon doctors to protect themselves. Managing Relationships with Industry: A Physician's Compliance Manual is an indispensable resource for doctors, professional societies, academic medical centers, community hospitals, and group practices struggling to understand the ever changing law and ethical standards on interactions with pharmaceutical and device companies. It is the first comprehensive summary of the law and ethics on physician relationships with industry written for the physician. Authored by a former state Attorney General, Harvard Medical School Professor, health care lawyer and professor of ethics, Managing Relationships approaches the topic from a balanced and reasoned perspective adding to the on-going national dialogue and debate on the proper limits to medicine's relationship with industry. The first complete and up-to-date summary and analysis of the law and ethics on physician-industry relationships Focuses on major enforcement actions and whistleblower lawsuits and the lessons learned for physicians Provides options and guidance for maintaining compliant relationships and avoiding traps for the unwary Covers both drug and device company relationships Summarizes the types of industry relationships that are necessary and productive and those that are harmful and abusive Details the law and ethics for each type of relationship including gifts, off-label uses and marketing, CME, speaker's bureaus, free samples, grants, consulting arrangements, etc. Includes sample contracts for permissible consulting and CME speaker engagements

Look no further for the book that provides the information essential for successful practice in the rapidly growing field of gerontological occupational therapy! Occupational Therapy with Aging Adults is a new, comprehensive text edited by OT and gerontological experts Karen Frank Barney and Margaret Perkinson that takes a unique interdisciplinary and collaborative approach in covering every major aspects of geriatric gerontological occupational therapy practice. With 30 chapters written by 70 eminent leaders in gerontology and OT, this book covers the entire continuum of care for the aging population along with special considerations for this rapidly growing demographic. This innovative text also covers topical issues spanning the areas of ethical approaches to treatment; nutrition and oral health concerns; pharmacological issues; low vision interventions; assistive technology supports; and more to ensure readers are well versed in every aspect of this key practice area. UNIQUE! Intraprofessional and interprofessional approach to intervention emphasizes working holistically and collaboratively in serving older adults. Case examples help you learn to apply new information to actual patient situations. Questions at the end of each chapter can be used for discussion or other learning applications. Chapter on evidence-based practice discusses how to incorporate evidence into the clinical setting. Chapter on ethics provides a deeper understanding of how to address challenging ethical dilemmas. UNIQUE! Chapter on the wide range of physiological changes among the aging patient population highlights related occupational performance issues. UNIQUE! Chapter on oral health explores the challenges faced by older adults.

This book provides a comprehensive and approachable overview of Medicare under the Affordable Care Act. The author illustrates how the ACA addresses the long-term fiscal and demographic challenges facing Medicare, as well as the potential for Medicare to become a single-payer system.

Handbook of Home Health Standards: Quality, Documentation, and Reimbursement includes everything the home care nurse needs to provide quality care and effectively document care based on accepted professional standards. This handbook offers detailed standards and documentation guidelines including ICD-9-CM (diagnostic) codes, OASIS considerations, service skills (including the skills of the multidisciplinary health care team), factors justifying homebound status, interdisciplinary goals and outcomes, reimbursement, and resources for practice and

education. The fifth edition of this “little red book has been updated to include new information from the most recently revised Federal Register Final Rule and up-to-date coding. All information in this handbook has been thoroughly reviewed, revised, and updated. Offers easy-to-access and easy-to-read format that guides users step by step through important home care standards and documentation guidelines Provides practical tips for effective documentation of diagnoses/clinical conditions commonly treated in the home, designed to positively influence reimbursement from third party payors. Lists ICD-9-CM diagnostic codes, needed for completing CMS billing forms, in each body system section, along with a complete alphabetical list of all codes included in the book in an appendix. Incorporates hospice care and documentation standards so providers can create effective hospice documentation. Emphasizes the provision of quality care by providing guidelines based on the most current approved standards of care. Includes the most current NANDA-approved nursing diagnoses so that providers have the most accurate and up-to-date information at their fingertips. Identifies skilled services, including services appropriate for the multidisciplinary team to perform. Offers discharge planning solutions to address specific concerns so providers can easily identify the plan of discharge that most effectively meets the patient’s needs. Lists the crucial parts of all standards that specific members of the multidisciplinary team (e.g., the nurse, social worker) must uphold to work effectively together to achieve optimum patient outcomes. Resources for care and practice direct providers to useful sources to improve patient care and/or enhance their professional practice. Each set of guidelines includes patient, family, and caregiver education so that health care providers can supply clients with necessary information for specific problems or concerns. Communication tips identify quantifiable data that assists in providing insurance case managers with information on which to make effective patient care decisions. Several useful sections make the handbook thorough and complete: medicare guidelines; home care definitions, roles, and abbreviations; NANDA-approved nursing diagnoses; guidelines for home medial equipment and supplies. Small size for convenient carrying in bag or pocket! Provides the most up-to-date information about the newest and predominant reimbursement mechanisms in home care: the Prospective Payment System (PPS) and Pay For Performance (P4P). Updated terminology, definitions, and language to reflect the federal agency change from Health Care Financing Administration (HCFA) to Centers for Medicare & Medicaid Services (CMS) and other industry changes. Includes the most recent NANDA diagnoses and OASIS form and documentation explanations. New interdisciplinary roles have been added, such as respiratory therapist and nutritionist./LI>

In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines, we include key Survey and Certification memos that CMS has issued to announced changes to the emergency preparedness final rule, fire and smoke door annual testing requirements, survey team composition and investigation of complaints, infection control screenings, and legionella risk reduction. Designed for both the healthcare management student and the health professional entering or navigating a career in this growing sector of the U.S. health system, The Well-Managed Ambulatory Practice is a comprehensive yet practical resource covering the essentials of management unique and specific to the ambulatory setting. Written by leaders in the field with featured contributions from expert ambulatory care administrators and practicing physicians, this textbook offers tools, cases, and other applications to arm students of health administration, public health, business, medicine, and other health professions with the knowledge and skills for the delivery of more efficient and effective patient care. As the singular reference to managing ambulatory care in outpatient clinics, medical practices, community health centers, and other settings, the textbook describes the evolution of ambulatory care as a significant source of health care services delivery, its continued expansion in the marketplace, and its prominence in population health management, telemedicine, and other service delivery strategies. This text provides the reader with a thorough review of core functional areas of healthcare management through the lens of managing an ambulatory practice, including strategy and leadership; organizational structure; quality, safety, and patient experience; operations; financial management; and human resources. Chapters provide complementary teaching tools and case studies to highlight real-world examples that students and professionals may encounter in practice. Cases investigate topics such as preventive health, healthcare leadership, quality measurement, disruptive physicians, patient flow, operating procedures and metrics, and lessons from COVID-19 among many more. Key Features: Describes the core areas of health management through the lens of leading an ambulatory network or managing an ambulatory practice — strategy and leadership; organizational structure; quality, safety, and experience; operations; financial management; and human resources Provides expert strategies and best practices for managing a diverse array of ambulatory care settings, including outpatient clinics, physician practices, community health centers, medical homes, and more Highlights real-world case studies that students and health professionals may encounter in practice Purchase includes full suite of instructor resources with Instructor’s Manual, PowerPoint slides, and test bank

The introduction of total joint arthroplasty throughout the world has contributed manifold benefits to patients who suffer from joint diseases. Concurrently, however, there has been an increase in revision surgery. Many orthopedic surgeons agree that durability of prostheses is an eternal problem. In particular, periprosthetic osteolysis recently has been identified as one of the serious problems affecting prosthetic dura bility. To improve durability, osteolysis and many other problems must be investi gated and solved both experim entally and clinically with respect to such aspects as prosthetic material, design, and biological and biomechanical behavior. This book comprises 37 papers that were presented by orthopedic surgeons and biomedical engineers at the 28th Annual Meeting of the Japanese Society for Replace ment Arthroplasty, held in March 1998 in Kanazawa, Japan. The volume is thus a compilation of the latest knowledge about the pathogenesis and reduction of osteolysis and wear, newly developed total hip prostheses, and other current topics of total knee arthroplasty. We earnestly hope that this book will be of benefit to clinicians and researchers, and that it will contribute to the creation of more durable total joint prostheses in the future. SHINICHI IMURA v Contents Preface "" V List of Contributors. XI Part 1 Wear and Pathogenesis of Osteolysis Friction and Wear of Artificial Joints: A Historical Review N. AKAMATSU , 3 Matrix Degradation in Osteoclastic Bone Resorption Under Pathological Conditions .

This comprehensive text helps readers develop the critical cognitive (knowledge base), psychomotor (skills), and affective (behaviors) competencies that entry-level medical assistants need to succeed. Now featuring a streamlined organization for greater effectiveness, the text maintains the easy-to-understand, proven format that has made it a perpetual favorite. The new edition includes the latest information on nutrition, the Affordable Care Act (ACA), and ICD-10, and content is aligned and mapped to current ABHES standards and newly approved 2015 CAAHEP standards. Electronic health records have been updated throughout the text, and expanded text highlights now include personal growth topics such as professionalism, teamwork, and time management. Up-to-date and innovative, the eighth edition of MEDICAL ASSISTING: ADMINISTRATIVE AND CLINICAL COMPETENCIES offers comprehensive coverage and multiple in-

text features to prepare readers for career success and give them a significant advantage in today's competitive marketplace. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

In the last 20 years, the need for a financial expert to act as a witness and consultant to litigating attorneys has grown even more than litigation itself. This handbook includes all aspects of litigation services, including current environments, the process itself, a wealth of cases, how to prove damages, and practical considerations of court appearances. It thoroughly covers the fine points of trial preparation and testimony presentation. Also, clear discussion is offered for understanding Sarbanes-Oxley rulings and fraud investigations. Accountants and attorneys working in litigation will benefit from this book.

A timely look at the healthcare valuation process in an era of dynamic healthcare reform, including theory, methodology, and professional standards In light of the dynamic nature of the healthcare industry sector, the analysis supporting business valuation engagements for healthcare enterprises, assets, and services must address the expected economic conditions and events resulting from the four pillars of the healthcare industry: Reimbursement, Regulation, Competition, and Technology. Healthcare Valuation presents specific attributes of each of these enterprises, assets, and services and how research needs and valuation processes differentiate depending on the subject of the appraisal, the environment the property interest exists, and the nature of the practices. Includes theory, methodology, and professional standards as well as requisite research, analytical, and reporting functions in delivering healthcare valuation services Provides useful process tools such as worksheets and checklists, relevant case studies, plus a website that will include comprehensive glossaries and topical bibliographies Read Healthcare Valuation for a comprehensive treatise of valuation issues in the healthcare field including trends of compensation and reimbursement, technology and intellectual property, and newly emerging healthcare entities.

Long-Term Care Skilled Services: Applying Medicare's Rules to Clinical Practice Avoid common mistakes that compromise compliance and payment Take the mystery out of skilled services and know when to skill a resident based on government regulations, Medicare updates, the MDS 3.0, and proven strategies. "Long-Term Care Skilled Services: Applying Medicare's Rules to Clinical Practice" illustrates the role played by nurses, therapists, and MDS coordinators in the application and documentation of resident care. Don't miss out on the benefits and reimbursement you deserve, as author Elizabeth Malzahn delivers clear, easy-to-understand examples and explanations of the right way to manage the skilled services process. This book will help you: Increase your skilled census and improve your facility's reputation with the support of your entire staff Avoid under- and overpayments from Medicare with easy-to-understand explanations of complex rules and regulations Provide necessary skilled services to each resident through a complete understanding of eligibility requirements Accurately document skilled services using proven, time-saving solutions Properly assess skilled services under the MDS 3.0 Improve communication to increase resident and family satisfaction Reduce audit risk and prove medical necessity through accurate documentation Table of Contents Rules and Regulations Original law - Social Security and Medicare Act CMS publications Manuals Transmittals MLN matters National and local coverage determinations "RAI User's Manual " Hierarchy of oversight CMS-MAC/FI, OIG, GAO, etc. Technical Eligibility for Skilled Services in LTC Eligibility basics Verification of current benefits How enrollment in other programs impacts coverage under traditional Medicare Hospice HMO/managed care/Medicare Advantage Medicaid/Medi-Cal Hospital stay requirement 30-Day transfer rule for hospital or SNF Understanding benefit periods Care continuation related to hospitalization How does a denial of payment for new admissions impact Medicare SNF admissions? Meeting the Regulatory Guidelines For "Skilled" Services Skilled services defined Regulatory citations and references Clinical skilled services Therapy skilled services Physician certifications and recertification Presumption of coverage Understanding "practical matter" criteria for nursing home placement Impact of a leave of absence on eligibility MDS 3.0 - Assessments, Sections and Selection... Oh My! Brief history of MDS 3.0 Types of MDS assessments The assessment schedule Items to consider Importance of timing Review of each care-related section of the MDS 3.0 Proper Communication During the Part A Stay Medicare meeting Timinng Agenda What to discuss for each resident Ending skilled services Notification requirements Discharging Other notification requirements and communication Other Important Things to Know Medicare myths Consolidated billing Medical review Audience Administrators, CFO/CEOs, directors of nursing, MDS coordinators, directors of rehab, therapy directors, PT/OT/ST, DONs.

Here's all the information you need to provide your clients with superior litigation support services. Get up to speed quickly, with the aid of top experts, on trial preparation and testimony presentation, deposition, direct examination, and cross-examination. Authoritative and highly practical, this is THE essential guide for any financial expert wanting to prosper in this lucrative new area, the lawyers who hire them, and litigants who benefit from their efforts. "This work of amazing breadth and depth covers the central issues that arise in financial expert testimony. It is an essential reference for counsel and practitioners in the field."—Joseph A. Grundfest, The William A. Franke Professor of Law and Business, Stanford Law School; former commissioner, United States Securities and Exchange Commission.

Statistics and Health Care Fraud: How to Save Billions helps the public to become more informed citizens through discussions of real world health care examples and fraud assessment applications. The author presents statistical and analytical methods used in health care fraud audits without requiring any mathematical background. The public suffers from health care overpayments either directly as patients or indirectly as taxpayers, and fraud analytics provides ways to handle the large size and complexity of these claims. The book starts with a brief overview of global healthcare systems such as U.S. Medicare. This is followed by a discussion of medical overpayments and assessment initiatives using a variety of real world examples. The book covers subjects as: • Description and visualization of medical claims data • Prediction of fraudulent transactions • Detection of excessive billings • Revealing new fraud patterns • Challenges and opportunities with health care fraud analytics Dr. Tahir Ekin is the Brandon Dee Roberts Associate Professor of Quantitative Methods in McCoy College of Business, Texas State University. His previous work experience includes a working as a statistician on health care fraud detection. His scholarly work on health care fraud has been published in a variety of academic journals including International Statistical Review, The American Statistician, and Applied Stochastic Models in Business and Industry. He is a recipient of the Texas State University 2018 Presidential Distinction Award in Scholar Activities and the ASA/NISS y-Bis 2016 Best Paper Awards. He has developed and taught courses in the areas of business statistics, optimization, data mining and analytics. Dr. Ekin also serves as Vice President of the International Society for Business and Industrial Statistics.

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The pressures are mounting for healthcare organizations to comply with a growing number of laws and regulations. With the passage of the Affordable Care Act, sophisticated compliance programs are now mandatory and the penalties for noncompliance are more severe. Increasingly, those who are trained in the fundamentals of healthcare laws and regulations and the complexities of designing and running compliance programs will be in high demand. *Managing Legal Compliance in the Health Care Industry* is a comprehensive resource that will prepare you to build and manage successful compliance programs for any healthcare service or industry. In three sections, this unique title first examines all the key laws and regulations with which healthcare organizations must comply. In section two, the author explores in detail the seven essential ingredients for a good compliance program. In the final section, the book explains how the compliance program must be adapted to the special needs of different types of healthcare organizations. Designed for administrators and legal counsel in health care organizations, as well graduate-level students in programs of public health, health administration, and law, *Managing Legal Compliance in the Health Care Industry* is filled with highly practical information about the ways that legal violations occur and how good compliance programs function. Key Features: -Examines in detail the current laws and regulations with which all types of healthcare organizations must comply -Explores the seven essential ingredients for a good compliance program -Looks at compliance programs within twelve different types of healthcare organizations -References real-world cases of fraud and abuse -Includes Study Questions and Learning Experiences in each chapter that are designed to encourage critical thinking -Accompanied by a Navigate Companion Website that offers an interactive glossary, a list of current compliance events, downloadable documents, and a reading list.

Find your next career with *COMPARATIVE HEALTH INFORMATION MANAGEMENT, 4e*. Updated for the fourth edition, this book explores a variety of professional settings where opportunities abound, including hospitals, ambulatory clinics and medical offices, veterinary practices, home health, long-term care, and correctional facilities, as well as emerging practice areas in consulting and cancer registry. Focused on the challenges of managing and protecting the flow of information across sites, chapters introduce the health care system today, and then delve into specifics of the many HIM roles available to you, enhancing discussions with key terms, self-test questions, web links, and more to add meaning to concepts. Additional features include realistic case studies to help you solve problems, and new "Professional Spotlight" vignettes for an inside view of actual professionals in their HIM careers. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Get the focused foundation you need to successfully work with older adults. *Occupational Therapy with Elders: Strategies for the COTA, 4th Edition* is the only comprehensive book on geriatric occupational therapy designed specifically for the certified occupational therapy assistant. It provides in-depth coverage of each aspect of geriatric practice — from wellness and prevention to death and dying. Expert authors Helene Lohman, Sue Byers-Connon, and René Padilla offer an unmatched discussion of diverse populations and the latest on geriatric policies and procedures in this fast-growing area of practice. You will come away with a strong foundation in aging trends and strategies for elder care in addition to having a deep understanding of emerging areas such as low-vision rehabilitation, driving and mobility issues, Alzheimer's disease and other forms of dementia, new technological advancements, health literacy, public policy, dignity therapy, and more. Plus, you will benefit from 20 additional evidence briefs and numerous case studies to help apply all the information you learn to real-life practice. It's the focused, evidence-based, and client-centered approach that every occupational therapy assistant needs to effectively care for today's elder patients. UNIQUE! Focus on the occupational therapy assistant highlights the importance of COTAs to the care of elder clients. Unique! Attention to diverse populations and cultures demonstrates how to respect and care for clients of different backgrounds. UNIQUE! Discussion of elder abuse, battered women, and literacy includes information on how the OTA can address these issues that are often overlooked. User resources on Evolve feature learning activities to help you review what you have learned and assess your comprehension. Case studies at the end of certain chapters illustrate principles and help you understand content as it relates to real-life situations. Multidisciplinary approach demonstrates the importance of collaboration between the OT and OTA by highlighting the OTA's role in caring for the elderly and how they work in conjunction with occupational therapists. Key terms, chapter objectives, and review questions are found in each chapter to help identify what information is most important. NEW! 20 Additional evidence briefs have been added to reinforce this book's evidence-based client-centered approach. NEW! Incorporation of EMR prevalence and telehealth as a diagnostic and monitoring tool have been added throughout this new edition. NEW! Expanded content on mild cognitive impairment, health literacy, and chronic conditions have been incorporated throughout the book to reflect topical issues commonly faced by OTs and OTAs today. NEW! Coverage of technological advancements has been incorporated in the chapter on sensory impairments. NEW! Other updated content spans public policy, HIPAA, power of attorney, advanced directives, alternative treatment settings, dignity therapy, and validation of the end of life. NEW! Merged chapters on vision and hearing impairments create one sensory chapter that offers a thorough background in both areas.

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