



Medicaid Methodology: Reimbursement Changes for 2007

**Thursday, October 26, 2006
9:00am – 4:30pm**

Southern New York Association is a **Certified Sponsor** of professional continuing education with the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and certifies that this program meets NAB/NCERS guidelines and is approved for six (6) continuing education clock hours. State licensure boards, however, have final authority on the acceptance of individual courses." **APPROVAL NUMBER: PENDING**

About the Program

LaGuardia Marriott Hotel

102-05 Ditmars Blvd.
East Elmhurst, New York 11369

To provide long term care administrators and other health care personnel the most up to date information regarding Medicaid Eligibility. At the end of the conference, attendees will have received relevant information about the following topics:

*Review of the recently enacted 2006-2007 State Budget provisions related to Medicaid Reimbursement Methodology for Nursing Homes. The New York State Medicaid System for the first time in twenty years will be revised based on recommendations of the Joint Association Task Force recommendations and supported by SNYA. Topics to be addressed include the: Reimbursement impacts as of January 1, 2007, per diem adjustments, Freeze in Case-Mix Indices & PRI's and other items included in the reimbursement reform.

*Strategies for Capturing Appropriate Reimbursement. How to appropriately capture information from the MDS and PRI during the two year transition period of the Medicaid reimbursement system, to ensure your facility is maximizing reimbursement appropriately; Review of DAVE and the audit process.

*Medicaid Eligibility: A review of the federal and state initiatives to revise Medicaid eligibility and its impact on skilled nursing providers.

Who Should Attend this Conference?

LTC personnel, including Administrators, Accountants, Comptrollers, MDS staff and all other staff involved in the day-to-day operations related to Medicaid and facility operations.

Continuing Education Credits

6 CEU's have been requested by the **National Association Board of Examiners of LTC Administrators (NAB)**.

Presenters

Robert J. Murphy, Executive Vice President, Governmental Affairs,
New York State Health Facilities Association.


Peggy Greeley, RN, Director of Clinical Consulting

Patricia Tomaselli, RN, Senior Health Care Consulting
Loeb & Troper.



Agenda

Thursday, October 26, 2006

- 8:30-9:00am Registration and Coffee
- 9:00am Welcome and Introduction
Neil Heyman, President
Southern New York Association
- 9:00am-12:00am Review of the Revised Nursing Home Medicaid Methodology
Robert J. Murphy, Executive Vice President, Governmental Affairs
NYSHFA
- 11:00-11:15am BREAK
- 12:00-1:00pm LUNCH
- 1:00-3:00pm Strategies for Capturing Appropriate Reimbursement: How to appropriately capture information from the MDS and PRI; Review of DAVE and the audit process.
Peggy Greeley, RN, Director of Clinical Consulting
Patricia Tomaselli, RN, Senior Health Care Consultant
 **LOEB & TROPER**
- 3:00 –4:30pm Medicaid Eligibility: A review of the federal and state initiatives to revise Medicaid eligibility and its impact on skilled nursing providers.
Speaker to be announced
- 4:30 – 4:45pm Review of course sections
Questions and Answers
Neil Heyman

SOUTHERN NEW YORK ASSOCIATION, INC.



REGISTRATION FEES: (Made Payable to: Southern New York Association)
SNYA Member Facility Fee: \$65.00
Non-Membership Fee: \$150.00

PLEASE TYPE/PRINT CLEARLY (DUPLICATE FOR ADDITIONAL REGISTRANTS)

FACILITY:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE #:	

**SEMINAR TITLE: Medicaid Methodology:
Reimbursement Changes for 2007**

DATE: THURSDAY, OCTOBER 26, 2006
TIME: 8:30 A.M. – 4:30 P.M.
PLACE: LAGUARDIA MARRIOTT HOTEL
102-05 Ditmars Blvd.
East Elmhurst, New York 11369

REGISTRANTS: -PLEASE PROVIDE INFORMATION IF YOU HAVE A LICENSE IN MORE THAN ONE STATE.

FIRST NAME	LAST NAME	DISCIPLINE TITLE	ADMIN LICENSE & STATE	SPECIFY MEAL

SPECIAL NOTE:

IF THE REGISTRANT IS AN ADMINISTRATOR, PLEASE LIST THE STATE AND LICENSE NUMBER IN ORDER TO RECEIVE CREDITS. IF IT DOES NOT APPLY, PLEASE WRITE N/A.

IN THE MEAL COLUMN, PLEASE SPECIFY EITHER: *KOSHER (K)* OR *NON-KOSHER (NK)*. IF NO MEAL IS INDICATED, A NON-KOSHER MEAL WILL BE ORDERED.

Faxed registrations welcomed. Cancellations must be received for refund (less \$25.00, non-refundable fee), not later than 5 days before the seminar date. We request that reservations be received by Friday, October 20, 2006.

39 Broadway, Suite 1710 – New York, New York 10006
Phone: 212-425-5050 - Fax: 212-968-7710
VISIT US AT OUR WEBSITE: WWW.SNYA.ORG