HCPro Medicare Boot Camp®
Utilization Review Version - April 24-25

Date: April 24, 2019   Time: 8:00 AM

Location:
April 24-25
IHA Springfield
700 South 2nd Street
Springfield, IL 62704

Registration:
IHA Members: $1,379
*Discounted rate for two or more registrants from one IHA member organization: $1,279 per person*

Non-Members: $1,739
*Discounted rate for two or more non-member registrants: $1,639 per person*

Tuition includes all program materials, including an extensive program notebook, as well as continental breakfast, lunch and refreshments each day. Travel expenses are the responsibility of the registrant.

Cancellations after the deadlines below will be charged 50% of the registration fee. Registrants who do not cancel and do not attend are liable for the entire fee.

Springfield Deadline: March 22, 2019
Naperville Deadline: September 6, 2019

Dive into the complex world of Medicare regulations with peers, expert faculty and a nationally recognized curriculum. In this two-day program, you will learn how to maintain
regulatory compliance by understanding complex federal rules and appropriately managing patient status. Through a combination of lectures, class discussions and hands-on exercises, this course will examine patient status and the role of the UR committee within the larger context of Medicare rules for coverage, billing, coding and payment. You will also learn how to obtain correct Medicare reimbursement.

AGENDA

See brochure.

OBJECTIVES

- Define observation coverage, billing, coding, and payment rules.
- Discuss the appropriate application of ABNs for observation patients.
- State the new/revised inpatient order and certification requirements.
- Explain CMS’ 2-midnight rule benchmark.
- Describe the effect of hospital practice patterns on the 2-midnight presumption.
- Recognize exceptions to the 2-midnight benchmark.
- Describe the impact of LCD/NCD/CED criteria on inpatient coverage.
- State the rules for “inpatient-only” procedure billing and reimbursement.
- Describe the differences between condition codes 44 and W2.
- Use appropriate billing codes for full Part B payment for inpatient cases, including for “self-denials.”
- Differentiate inpatient and outpatient deductibles and co-payments.

WHO SHOULD ATTEND

- UR coordinators, managers, directors, committee members and physician advisors
- Case managers, care coordinators and nurse managers
- Compliance officers, auditors and staff
- Revenue cycle staff
- CNOs

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*Director, Medicare and Compliance, HCPro*

A former hospital compliance officer and in-house legal counsel, Kimberly has over 25 years of healthcare experience, including 10 years of teaching, speaking and writing about Medicare coverage, payment and coding regulations and requirements. She is a lead regulatory specialist for HCPro's Revenue Cycle Advisor and lead instructor for HCPro's Medicare Boot Camp—Hospital Version and Utilization Review Version.