HCPMedicare Boot Camp® Utilization Review Version
- Oct. 29-30

Date: October 29, 2019          Time: 8:00 AM

Location:
October 29-30
IHA Naperville
1151 East Warrenville Road
Naperville, IL 60563

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

For a printable version of the agenda, see our flyer.

Module 1: Medicare Overview and Contractors Module

- Medicare Part A, B, C and D overview
- Medicare contractors, including the Medicare administrative contractor (MAC), recovery audit contractor (RAC) and quality improvement organization (QIO)
Module 2: Medicare Research and Resources

- Finding Medicare source laws, including statutes, regulations and final rules
- Locating Medicare sub-regulatory guidance, including manuals and transmittals
- Medicare Coverage Center, including Local Coverage Determinations (LCDs), National Coverage Determinations (NCDs), Coverage with Evidence Development (CED) and Lab Coverage Manual
- Limitations of liability and notice requirements for non-covered services
- Links to Medicare information and resources for staying current

Module 3: Outpatient Observation

- Coverage of observation services
- Medicare Outpatient Observation Notice (MOON)
- Advanced Beneficiary Notice (ABN) for non-covered observation
- Observation coding and billing
- Payment for observation under the Observation Comprehensive Ambulatory Payment Classification

Module 4: Coverage of Inpatient Admissions

- Inpatient order and certification requirements
- Inpatient criteria and the Two-Midnight Rule
- Inpatient-only procedures
- Admission on a case-by-case basis
- Documentation and use of screening tools
- QIO short stay audits

Module 5: Utilization Review and Notices

- Utilization review requirements and self-denials
- Concurrent review and billing with condition code 44
- Inpatient Part B payment and billing with condition code W2
- Important Message from Medicare (IM)
- Detailed Notice of Discharge (DN)
- Hospital Issued Notice of Non-Coverage (HINN) for non-covered inpatient services

Module 6: Part B Payment and Coinsurance for Inpatient and Outpatient Services

- Basics of the Outpatient Prospective Payment System (OPPS)
- Patient coinsurance under Part B
- Basics of the Inpatient Prospective Payment System (IPPS)
- Three-day payment window and pre-admission services
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
- CFOs

SPEAKERS

Gina M. Reese, Esq., RN
Instructor, HCPro

An expert in Medicare rules and regulations, Gina is an instructor for HCPro’s Medicare Boot Camp—Hospital Version and Utilization Review Version. She spent a number of years in private law practice representing hospitals and other healthcare clients, in addition to serving as in-house legal counsel, prior to beginning her current legal/consulting practice. Reese is also a certified mediator, as well as an adjunct assistant professor at the Glendale University College of Law, where she teaches courses in legal writing.

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