HCPPro Revenue Integrity and Chargemaster Boot Camp®

Date: October 01, 2019  Time: 8:00 AM

Location:
Naperville
October 1-4, 2019
8:00 am to 4:30 pm

Registration:

**IHA Members:** $1,795 per person

**Discounted Rate:** $1,695 per person for two or more registrants from the same IHA-member organization

**Non-IHA Members:** $2,245 per person

**Discounted Rate:** $2,145 per person for two or more registrants from a non-IHA-member organization

Tuition includes all program materials, including a program book, as well as continental breakfast, lunch and refreshments each day. Participants are responsible for their own travel expenses.

Cancellations after July 26 will be charged 50% of the registration fee. Registrants who do not cancel and do not attend are liable for the entire fee.

As part of HCPPro’s nationally recognized Compliance and Regulatory Training Solutions, this rigorous four-day program will provide you with new tools and insights to achieve operational efficiencies and maintain revenue integrity within your organization.

Join colleagues from throughout Illinois for this comprehensive program on the chargemaster and revenue integrity. Expert faculty Valerie A. Rinkle, MPA, will help you maintain your organization’s chargemaster with revenue integrity processes. Doing so can avoid denials and improve clean claim rates for Medicare and other payers. Participants will gain a detailed understanding of the chargemaster’s role related to:

- Revenue cycle;
- Cost reporting; and
- Key operations such as coverage, clinical documentation, charge capture and coding.

Participants will benefit from:

- Access to HCPPro expert faculty
- The opportunity to ask questions and apply concepts to assist operations;
• Comprehensive and consistent messaging for your staff;
• Cost-effective and efficient training.

Continuing education credit is available for coders, health information management professionals, nurses, case managers, compliance professionals and CPAs. Please see the registration website for details.

AGENDA

You can print the agenda using our flyer.

Module 1: Revenue Integrity Overview and Resources

• Revenue integrity functions and principles, including how the chargemaster relates to revenue integrity functions
• Medicare revenue integrity and chargemaster resources
• Statutes, regulations, manuals, transmittals and other Medicare rules and guidelines

Module 2: Eligibility Principles

• Review major and different types of medical insurances
• Health insurance principles, eligibility and verification
• Coordination of Benefits & Subrogation
• Medicare Secondary Payer (MSP) concepts

Module 3: Benefits, Coverage and Medical Necessity

• Insurance benefit structures for hospital and other services
• Coverage, medical necessity and implied and specifically excluded benefits
• Medicare prohibition against unbundling for inpatient and outpatient services
• Pre-service coverage analysis and waiver/notice requirements
• Serious preventable events and risk management
• Investigational/experimental services and coverage implications

Module 4: Provider Types, Licensure, Enrollment and Privileges

• Types of facilities, providers, physicians, practitioners and suppliers
• Provider-based department requirements, including implications of Section 603 of the Bipartisan Budget Act of 2015
• Relationship of licensure, scope of practice and privileging to coverage
• Conditions of Participation, survey and certification and accreditation
• Importance of medical staff bylaws and regulations and relationship to conditions of payment
Module 5: Charge Description Master Structure and Charge Capture Principles

- Chargemaster definition, purpose and key fields
- CDM code concepts and relationship to HIM coding
- Principles of CPT-defined bundled services vs reporting packaged services and implications for separate charging of packaged services
- Strategies to address payer differences in the chargemaster
- The relationship of chargemaster to overall AR System
- Pricing services concepts
- Relationship of chargemaster, general ledger and cost reporting

Module 6: Claims Submission Fundamentals and Code Edits

- Key UB-04 fields for hospital services
- HIPAA transaction sets including ICD-10 and HCPCS codes
- Common claim edits including NCCI and MUEs
- Other transaction sets such as eligibility, payment, claim status and denial

Module 7: Special Medicare Billing Issues

- Billing requirements for outpatient repetitive, non-repetitive recurring and non-recurring services
- Three-day payment window and outpatient services billed on inpatient claims
- Billing non-covered inpatient and outpatient services
- Patient status and the billing of inpatient non-medically necessary services
- Exercises: CDM Structure, Claims and Billing Issues

Module 8: Strategies and Key Issues by Revenue Code: Routine Services and Observation

- Key concepts for accommodation codes and routine services, including outpatients in beds, specialty care units and observation services
- Coding and edit issues for revenue codes associated with routine services and observation
- Major coverage factors for these services
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations including pricing and charge capture

Module 9: Strategies and Key Issues by Revenue Code: Ancillary Services
- Key concepts for major ancillary service departments including perioperative, emergency, cardiology, diagnostic imaging, pharmacy and supplies
- Coding and edit issues for ancillary services revenue codes
- Major coverage factors
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations including pricing and charge capture

**Module 10: Strategies and Key Issues by Revenue Code: Other Departments**

- Key concepts for other common ancillary service including respiratory therapy, clinics, behavioral health and preventive services
- Coding and edit issues for revenue codes associated with other departments
- Major coverage factors
- Applicable inpatient and outpatient payment concepts
- General ledger and finance considerations including pricing and charge capture
- Exercises: Routine and Ancillary Services by Revenue Code

**Module 11: Introduction to Payment Systems**

- Inpatient payment systems including DRGs, APR-DRGs, Case Rates and Per Diems
- Hospital outpatient payment systems including OPPS & APCs, APGs, fee schedules and percent of charges
- Outpatient surgery payment methodologies such as ASC and ambulatory fee schedules
- Ambulatory service payment systems such as physician fee schedule (MPFS), DMEPOS, Clinical Lab Fee Schedule
- Emerging payment methodologies such as Bundled/Episode Payments (CJR) and Value-Based Purchasing

**Module 12: Outpatient Prospective Payment System (OPPS)**

- OPPS payable services and APC structure
- How to determine whether services are paid separately or packaged
- C-APCs and complexity adjustments
- Impact of inpatient deductible cap on beneficiary co-payments

**Module 13: Medicare Physician Fee Schedule (MPFS)**

- Resource-based relative value system
- Relative value unit (RVU) structure
- Site of service adjustments for facility and non-facility services
Global versus technical and professional components
Payment policy indicators
Exercise: Payment Systems

Module 14: Charge Description Master Management and Maintenance Strategies
- Annual chargemaster updates including pricing, HCPCS codes and charge items with no volume
- Strategies to work collaboratively with departments
- Patient account and charge reconciliation
- Tracking CDM changes for compliance
- Charge integrity monitoring and reducing unexplained claims variation

Module 15: Denial Management
- Principles of denial management
- Adjustment claims and automated provider reopening
- Initial and revised determinations and appeal rights
- Levels of appeal and timelines for filing
- Types of auditors including commercial plans’ external auditors

Module 16: Payer Contracting Strategies
- Concept and criteria for carve-out options
- Tracking administrative cost by payer and trending payer scorecards
- Contract negotiations and annual price increase limits/caps applicable to chargemaster
- Exercises: Strategies for CDM Management, Denials and Payer Contracting

The course outline and agenda are subject to change.

OBJECTIVES

At the conclusion of this program, participants will be able to:
- Equip hospitals, payers and other healthcare specialists with effective and efficient strategies to obtain and maintain revenue for both governmental and non-governmental payers.
- Gain a working understanding of revenue integrity principles associated with eligibility, coverage, coding, billing and payment using fee-for-service Medicare requirements as a framework.
- Explain standard charge description master (CDM) data elements, design and relationship to the general ledger, and revenue cycle processes of coding and billing.
• Review claim requirements and specific issues of CDM set-up and maintenance by revenue code with associated cost reporting principles.

• Exemplify outpatient and inpatient hospital prospective payment systems reimbursement and rate setting methodologies as well as appeal strategies to protect revenue.

• Apply appeal strategies to protect revenue.

WHO SHOULD ATTEND

• Revenue integrity and chargemaster management and staff
• Patient financial services management and staff
• Health information management leaders and staff
• Compliance office management and staff
• Revenue cycle staff

This course starts with Medicare fundamentals. Because of the fast-paced nature of the course, we recommend that participants have at least one year of experience working in a hospital.

SPEAKERS

Valerie A. Rinkle, MPA

Rinkle is a lead regulatory specialist with HCPro Revenue Integrity and Chargemaster Boot Camp®, as well as an instructor for HCPro Medicare Boot Camp®—Hospital and Utilization Review Versions. A former hospital revenue cycle director, Rinkle has over 30 years of experience in healthcare. For more than 12 years, she has consulted on effective operational solutions to achieve compliance with Medicare coverage, payment and coding regulations. Rinkle currently consults with hospitals, physicians and other healthcare providers and manufacturers on a wide range of revenue cycle and payment issues that government program auditors have identified as high-risk, including coverage, coding, setting and payment. Rinkle holds a Master of Public Administration and is a nationally recognized speaker on a variety of payment system and compliance topics. She is also an active member of the Healthcare Financial Management Association.