



Cahaba GBA 2014 Medicare Expo



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GOVERNMENT
BENEFIT
ADMINISTRATORS, LLC

Date: August 6 – 7, 2014
Where: The Chattanooga Hotel
1201 Broad Street
Chattanooga, TN 37402



Cahaba Government Benefit Administrators®, LLC is pleased to present “Cahaba GBA 2014 Medicare Expo”. Come join us for this in-person educational event open to Part A and Part B providers, office staff, software vendors, billing services and clearinghouses. Participants will have the ability to interact with over 350 colleagues for one-on-one networking opportunities and enjoy the pleasures of being surrounded by the views of downtown Chattanooga.

Register On Line at

<https://cahabagba2014expo.eventbrite.com>

Sponsors



Exhibitors



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AGENDA

Cahaba GBA 2014 Medicare Expo

August 6, 2014

- 7:00 a.m. – 7:45 a.m. Registration and Continental Breakfast
- 7:45 a.m. – 8:00 a.m. Introduction
- 8:00 a.m. – 9:00 a.m. General Session (Provider Enrollment)
- 9:10 a.m. – 10:10 a.m. (Part A) Sessions
Claim Overlaps
The Anatomy of the Medicare Appeals Process
Cost Reporting
- (Part B) Sessions
Medical Review (MR) – Accurate Documentation
Electronic Data Interchange (EDI)
Medicare Secondary Payer (MSP) Basics
- 10:10 a.m. - 10:25 a.m. Break - Sponsored by Tennessee Medical Association (TMA)
- 10:25 a.m. – 11:25 a.m. (Part A) Sessions
InSite
Preventive Services
Reimbursements
- (Part B) Sessions
Refunds/Overpayments
Avoiding Ordering and Referring Denials
InSite
- 11:25 a.m. - 12:30 p.m. Lunch
- 12:30 p.m. - 1:30 p.m. (Part A) Sessions
Preventive Services
Part A to Part B Rebilling of Denied Inpatient Hospital Claims
Cost Reporting



“Charting Our Course Through Education For A Stronger Medicare Community”

12:30 p.m. – 1:30 p.m.	(Part B) Sessions Comprehensive Error Rate Testing (CERT) and E/M Errors PC-ACE Pro32™, Medicare’s Free Billing Software Appeals
1:30 p.m. to 1:45 p.m.	Break - Sponsored by Ability Network
1:45 p.m. - 2:45 p.m.	General Session (Recovery Auditor)
2:55 p.m. - 3:55 p.m.	General Session (Two Midnight Rule) (Part A) InSite (Part B) Electronic Data Interchange

*Agenda is subject to change due to unseen circumstances before the date of the event.

AGENDA

Cahaba GBA 2014 Medicare Expo

August 7, 2014

- 7:00 a.m. – 7:45 a.m. Registration and Continental Breakfast
- 7:45 a.m. – 8:00 a.m. Introduction
- 8:00 a.m. – 9:00 a.m. General Session (Provider Contact Center)
- 9:10 a.m. – 10:10 a.m. (Part A) Sessions
Inpatient Rehabilitation
Medicare Appeals Process versus Clerical Errors
Electronic Data Interchange (EDI)
- (Part B) Sessions
Claim Submission Errors/Duplicate Claims
Appeals
Comprehensive Error Rate Testing (CERT) and
Laboratory Service Errors
- 10:10 a.m. - 10:25 a.m. Break – Sponsored by Practice Insight
- 10:25 a.m. – 11:25 a.m. (Part A) Sessions
InSite
Claim Overlaps
Reimbursements
- (Part B) Sessions
ICD-10
Billing Medicare Secondary Payer (MSP) Electronically
InSite
- 11:25 a.m. - 12:30 p.m. Lunch
- 12:30 p.m. - 1:30 p.m. (Part A) Sessions
Medicare Secondary Payer (MSP) Basics
Two Midnight Rule
Electronic Data Interchange (EDI)



“Charting Our Course Through Education For A Stronger Medicare Community”

12:30 p.m. – 1:30 p.m.	(Part B) Sessions Paper versus Electronic Claim Submission Mastering the Medicare Physician Fee Schedule (MPFS) Coverage Determination
1:30 p.m. - 1:45 p.m.	Break – Sponsored by Freemedicalclaims
1:45 p.m. - 2:45 p.m.	General Session (Exhibitors Spotlight)
2:55 p.m. – 3:55 p.m.	General Session (Chatting With Medical Review) Kiosk Closing Remarks

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COURSE DESCRIPTIONS

**Part A Sessions
August 6, 2014**

Provider Enrollment

Learn more about the Medicare Provider Enrollment process. Processing a Medicare enrollment application requires extensive research to insure all information provided is accurate and all appropriate attachments are supplied.

Learning Objectives:

- Identify requirement for Revalidation
- Discuss the top reasons for application development
- Tips to help in the completion of the Medicare enrollment applications

CPE Credits: Specialized Knowledge 1 hour

Claim Overlaps

During this session we will take a look at several issues that cause claims to reject for overlapping issues.

Learning Objectives:

- Determine what is separately billable to Medicare
- Identify overlap issues before Medicare claims are submitted
- Familiarization with Patient Status Codes

CPE Credits: Specialized Knowledge 1 hour

The Anatomy of the Medicare Appeals Process

During this session the various levels of Provider Medicare Appeal rights will be discussed.

Learning Objectives:

- Identify the five appeal levels
- Submit an appeal request correctly

•Locate educational resources and quick reference tools to assist in submitting an appeal

CPE Credits: Specialized Knowledge 1 hour

Cost Reporting

During this session we will focus on the preparation of the Medicare Cost Report.

Learning Objectives:

- Identify and generate reports with the Provider Statistical and Reimbursement Reports System
- Prepare bad debt listings
- Identify requirements and changes for Disproportionate Share Hospital

CPE Credits: Specialized Knowledge 1 hour

InSite

InSite is a free and secure Web-based application that offers providers a convenient option to check Medicare beneficiary eligibility and claim status.

Learning Objectives:

- Define the role of the Local Security Officer (LSO)
- Outline features of this newly offered system
- Explain the registration process

CPE Credits: Specialized Knowledge 1 hour

Preventive Services

Medicare covers certain preventive services for the purpose of prevention and early detection of disease. This session will provide a brief overview of the preventive services covered by Medicare and guidance on billing for these services.

Learning Objectives:

- Identify what services are covered under the preventive service benefit

“Charting Our Course Through Education For A Stronger Medicare Community”

- Identify associated HCPC codes for preventive services
- Identify preventive screenings where deductible and coinsurance is waived

CPE Credits: Specialized Knowledge 1 hour

Provider Audit and Reimbursements

The Part A Reimbursement Claims Overpayment department is responsible for the collection of excess amounts paid in error to providers and beneficiaries, be it voluntary or demanded. We also process payables where the reverse happens. We process immediate recoupment requests, issue demand letters and provide remittance advice assistance.

Learning Objectives:

- Discuss Recovery Audit (RA) related processes
- Identify remittance advice codes and definitions
- Explain the immediate recoupment process

CPE Credits: Specialized Knowledge 1 hour

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Part A to Part B Rebilling of Denied Inpatient Hospital Claims

This session discusses the Fiscal Year 2014 Inpatient Prospective Payment System (IPPS) Final Rule.

Learning Objectives:

- Identify the difference between the interim process and the final rule
- Identify who the ruling applies to
- Explain how to bill a Part B inpatient claim after the Part A inpatient has been denied due to medical necessity

CPE Credits: Specialized Knowledge 1 hour

Recovery Auditor

During this session, attendees will have the opportunity to hear directly from Connolly, the Recovery Audit Expert.

Learning Objectives:

- Identify scope of Recovery Auditor Review
- Explain Recovery Audit vs. MAC Appeal
- Identify new audit areas

CPE Credits: Specialized Knowledge 1 hour



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Two Midnight Rule

During this session we will discuss the Two Midnight Rule. The rule aims at improving value and quality in hospital care and provides clarification about when a patient should be admitted to the hospital and responds to recent concerns about extended Medicare beneficiary stays in the hospital outpatient department.

Learning Objective:

- Define the Medical Review Program
- Provide required elements necessary for inpatient admission
- Identify updates to the rule

CPE Credits: Specialized Knowledge 1 hour

Part A Sessions August 7, 2014

Provider Contact Center

The Provider Contact Center is designed to assist providers in obtaining answers to numerous issues. During this general session, attendees will have the opportunity to have face time with representatives from Cahaba’s customer service department.

Learning Objectives:

- Review the Centers for Medicare & Medicaid Services (CMS) provider requirements
- Discuss the most common inquiries received from Medicare providers
- Provide tips to help providers obtain information

CPE Credits: Specialized Knowledge 1 hour

Inpatient Rehabilitation

This session will address the most frequent billing errors identified for patients receiving therapy services in the Inpatient Rehabilitation Facility setting.

Learning Objectives:

- Identify billing errors
- Outline required elements for therapy service
- Discuss compliance recommendations

CPE Credits: Specialized Knowledge 1 hour

Medicare Appeals Process vs. Clerical Errors

During this session we will provide a basic overview of the Medicare Appeals process and take an in-depth look into the Clerical Error Reopening process to correct minor errors and identify when to submit hardcopy adjustments.

Learning Objectives:

- Determine the difference between a clerical error opening and an appeal request
- Review the Clerical Error Reopening process
- Identify when to submit hardcopy adjustment requests

CPE Credits: Specialized Knowledge 1 hour



Electronic Data Interchange (EDI)

Electronic Data Interchange, or EDI, is the computer-to-computer exchange of business documents in a standardized format. Become an EDI Pro.

Learning Objectives:

- Interpret EDI acknowledgement files (999's and 277CA's)
- Review methods to prevent EDI rejections
- Identify errors made during the EDI Enrollment process

CPE Credits: Specialized Knowledge 1 hour

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- Discuss Recovery Audit (RA) related processes
- Identify remittance advice codes and definitions
- Explain the immediate recoupment process

CPE Credits: Specialized Knowledge 1 hour

Medicare Secondary Payer (MSP) Basics

This session will provide an overview of Medicare Secondary Payer (MSP). The course is designed to provide Medicare Part A providers with an understanding of the requirements for submitting MSP claims.

Learning Objectives:

- Discuss how to determine when Medicare is primary or secondary
- Discuss ways to check beneficiary eligibility
- Understand conditional payments

CPE Credits: Specialized Knowledge 1 hour

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Learning Objective:

- Define the Medical Review Program
- Provide required elements necessary for inpatient admission
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Chatting with Medical Review

The goal of the MR Program is to reduce the contractor's payment error rate by identifying patterns of inappropriate billing through data analysis, performing medical review of claims and developing local policies to address program vulnerabilities. In an effort to accomplish this goal, MR reviews specific data findings, peer comparison reports, trend analysis reports, national comparison reports, over utilization reports, and Comprehensive Error Rate Testing (CERT) reports.

Learning Objectives:

- Identify potential problem areas
- Review data analysis
- Review Progressive Corrective Action

CPE Credits: Specialized Knowledge 1 hour





TNHFMA recommends a maximum of 13.0 hours for the 2014 Medicare Expo. The Tennessee Chapter HFMA is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.

For complaints regarding this or other educational programs provided by TN HFMA, please contact our Programs and Education Chairman, Buffy Loveday, at loveday@emdeon.com.

Program Level: Basic
Prerequisites: None
Advanced Preparation: None
Delivery Method: Group live



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