



Date: October 02, 2024

Time: 8:00 AM

October 2-3, 2024

8 a.m. - 4:30 p.m.

Participants may attend this program in person or via livestream. Options are as follows:

**IHA—Naperville Conference Center**

1151 East Warrenville Road

Naperville, IL 60563

**IHA—Springfield Conference Center**

(Videoconference)

700 South 2nd Street

Springfield, IL 62704

**Virtual/Livestream**

**IHA Member Registration Fees**

**Individual Rate:** \$1,725

**Group Discount:** \$1,625 per person for two to six registrants from one IHA-member hospital or health system office

**Volume Discount:** \$1,525 per person for seven or more registrants from one IHA-member hospital or health system office

*The above rates apply to an individual who practices at or is employed by an IHA-member hospital or health system.*

**Non-IHA Member Registration Fees**

**Individual Rate:** \$2,075

**Group Discount:** \$1,975 per person for two to six registrants from a hospital or health system office not affiliated with IHA

**Volume Discount:** \$1,875 per person for seven or more registrants a hospital or health system office not affiliated with IHA

*The above rates apply to an individual who does not practice at or is not employed at an IHA-member hospital or health system.*

Tuition covers program materials, including an extensive program workbook, as well as continental breakfast, lunch and refreshments each day for in-person attendees. Travel expenses are the responsibility of the registrant.

**Virtual attendees must register by Monday, September 16 to ensure receipt of program materials.**

Cancellations after August 19 will be charged 50% of the registration fee. Registrants who do not cancel and do not attend are

liable for the entire fee. The program will not be recorded.

Dive into the complex world of Medicare regulations during **HCPPro's popular Medicare Boot Camp—Utilization Review Version**. IHA is again offering the intensive two-day program, updated each year, that focuses on Medicare regulatory requirements for patient status and the role of the utilization review (UR) committee. The course's nationally recognized curriculum will provide you with a foundational understanding of Medicare regulations that are critical to proper compliance, correct reimbursement and stabilizing inpatient payments.

This expert-led program will expand your Medicare knowledge by:

- Teaching using the actual rules: You will learn how to find and apply CMS rules and guidelines to ensure Medicare beneficiaries are placed in the correct status and billed correctly for the services they receive;
- Supplying you with the resources and skills needed to navigate the Medicare website and to research and prioritize your Medicare questions long after the boot camp ends; and
- Examining case studies to help you understand the concepts and apply them to real-world situations.

You'll learn key competencies, including how to:

- Determine a patient's correct inpatient or outpatient status under Medicare fee-for-service guidelines;
- Conduct compliant utilization review of Medicare patients;
- Implement condition code 44 or self-denial processes correctly and compliantly; and
- Understand the role of a UR team in your organization and how it contributes to compliance and accurate reimbursement.

**New for 2024, the course will cover:**

- Medicare Advantage plan coverage determinations, prior authorizations and internal coverage policy rules; and
- New limited use Medicare Change of Status Form and related appeal regulations.

### **Module 1: Medicare Overview, Contractors and Resources**

- Overview of Medicare Part A, B, C and D
- Medicare contractors, including the MAC, RAC and QIO
- Medicare Coverage Center, including LCDs, NCDs and CED
- Prior authorization for specified outpatient procedures and services

### **Module 2: Outpatient Observation**

- Coverage of observation services
- The Medicare Outpatient Observation Notice (MOON)
- Advanced Beneficiary Notice (ABN) for non-covered observation
- Coding and billing of observation

- Payment for observation under the Observation Comprehensive APC (C-APC)
- Payment for observation at a Critical Access Hospital (CAH)

### **Module 3: Coverage of Inpatient Admissions**

- Inpatient order requirements
- Inpatient certification requirements, including 96-hour CAH certification
- Inpatient criteria and the Two-Midnight Benchmark
- Inpatient-only procedures
- Admission on a case-by-case basis
- Documentation and use of screening tools

### **Module 4: Inpatient 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 5: Medicare Payment Fundamentals and Patient Responsibility**

- 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
- Medicare Severity Diagnosis Related Groups (MS-DRGs)
- Payment for transfers and post-acute care transfers
- Inpatient deductible, coinsurance and lifetime reserve days (LRDs)

*Course outline/agenda is subject to change.*

At the conclusion of this educational activity, participants will be able to:

- Define observation coverage, billing, coding, and payment rules
- Discuss the appropriate application of ABNs for observation patients
- State the inpatient order and certification requirements

- Explain CMS' 2-midnight rule benchmark
  - 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
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- UR coordinators
  - UR committee members
  - UR physician advisors
  - Utilization management managers and directors
  - Case managers and care coordinators
  - Nurse managers
  - Nurse auditors
  - Compliance officers, auditors and staff
  - Revenue cycle staff
  - Revenue integrity staff

**Kimberly A. H. Baker, JD, CPC**

**Senior Regulatory Specialist at HCPro**

Baker is the lead instructor for HCPro's Medicare Boot Camp®—Hospital Version, Utilization Review Version and Provider-Based Department Version. She is also an instructor for HCPro's Medicare Boot Camp—Critical Access Hospital Version and Rural Health Clinic Version. A former hospital compliance officer and in-house legal counsel, Baker has over 25 years of healthcare experience. The majority of her career has been focused on teaching, speaking and writing about Medicare coverage, coding, and payment regulations and requirements.



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