



Date: May 09, 2024

Time: 10:00 AM

Webinar - 10-11 a.m.

This program is complimentary for IHA-member hospitals and health systems.

The webinar will be recorded and made available to all registrants following the program.

The Centers for Medicare & Medicaid Services (CMS) continuously modifies the hospital wage index program, and this year is no exception. By adopting new census designations, CMS effectively changed the urban/rural status of eight Illinois counties. Recent regulatory changes and court cases have resulted in additional policy changes, presenting new opportunities for hospitals to maximize their Medicare reimbursement through submission of timely and accurate data. This webinar will walk IHA members through the wage index development process, the impact of recent court cases and policy changes, and the opportunities before Illinois hospitals and health systems.

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

- Understand the wage index development process with a focus on the areas Medicare Advisory Contractors consider most when auditing wage index data;
- Evaluate how recent reclassifications and redesignations, including changes to the rural floor policy, impact Illinois hospitals; and
- Analyze projected wage index data for federal Fiscal Year 2025.

This webinar is designed for:

- Chief Financial Officers
- Vice Presidents of Finance
- Directors of Finance
- Staff in Strategic Reimbursement, Revenue Cycle and Reimbursement

Joe Krause, Attorney, CPA

Hall, Render, Killian, Heath & Lyman, P.C.

Krause's practice focuses on corporate and regulatory work for healthcare clients including hospitals, health systems, physician practices, rural health clinics, independent diagnostic testing facilities and ambulatory surgical centers. This work encompasses government reimbursement, billing and payment matters; healthcare licensing and certification; corporate structure and reorganizations; and obtaining and maintaining tax exemption. Krause's work also includes provider-based status and payment issues, wage index reclassification matters, urban to rural reclassification issues, and obtaining and maintaining special provider status (e.g., sole community hospitals, rural referral centers, Medicare-dependent small rural hospitals, Critical Access Hospitals and rural health clinics).

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