



AMERICAN  
**HEALTH LAWYERS**  
ASSOCIATION

# INSTITUTE ON MEDICARE AND MEDICAID PAYMENT ISSUES

March 31-April 2, 2004

Baltimore Marriott

Waterfront Hotel

Baltimore, MD



# PROGRAM AGENDA

## Tuesday, March 30, 2004

7:00–8:30 pm

**Registration and Information**

## Wednesday, March 31, 2004

7:00 am–6:30 pm

**Registration and Information**

### CONCURRENT SESSIONS

8:00–9:30 am

#### I. Medicare Part A and Part B

*Thomas W. Coons*

*J.D. Epstein*

- Program overview - Medicare basics, private contracts, excluded services, beneficiary cost sharing, the Secondary Payor Rule, other areas subsidized by Medicare
- Program administration - HHS, CMS, intermediaries vs. carriers, QIOs, OIG, PRRB, DAB and ALJ
- Sources of Medicare law
- Reimbursement principles - Eligibility, coverage, certification, payment, assignment, reassignment and appeals
- Payment systems (Part A and B) - The prospective payment system (PPS), cost-based reimbursement, and the resource-based relative value scale (RBRVS) fee schedule, payment rate adjustments
- Overview of Medicare Part B - Eligibility, coverage, payment and appeals
- MedicareSpeak - Commonly-used phrases, acronyms, abbreviations and designations
- Finding Medicare information on the Internet
- Changes resulting from Medicare Modernization Act (MMA)

#### II. CMS Open Door Hospital Outreach Meeting (not repeated)

9:30–9:40 am

**Break**

9:40–11:10 am

#### I. Medicare Part A and Part B (continued)

#### III. CMS Open Door Physician Outreach Meeting (not repeated)

11:10–11:25 am

**Coffee Break**

### GENERAL SESSION

11:25–11:40 am

#### Welcome and Introduction

*Richard G. Cowart*

*AHLA President-Elect*

*Dennis M. Barry*

*Program Chair*

11:40 am–12:25 pm

#### Keynote Address

12:25–1:45 pm

#### Lunch on your own or attend the Regulation, Accreditation and Payment Practice Group Lunch and Presentation

(all attendees are welcome to register, limited attendance \$37 additional; pre-registration required – please see p. 23)

#### The Future of Managed Care in the Medicare Program

*Bruce M. Fried, Esq.*

*Sonnenschein Nath & Rosenthal*

*Washington, DC*

### CONCURRENT SESSIONS

1:45–3:15 pm (extended sessions)

#### A. Medicaid Fundamentals (not repeated)

*Charlene Brown (invited)*

*Lynn Shapiro Snyder*

- Overview of Medicaid laws
- Recent organization chart within CMS
- Medicaid coverage
- Medicaid payment
- Medicaid DSH
- Medicaid drug rebates
- Medicaid dual eligibles

#### B. BIPA § 522 Review of Medicare Coverage Policy Determinations (not repeated)

*Timothy P. Blanchard*

*Vadim Lubarsky*

*Marion T. Silva*

*Misty D. Whitaker*

- Review of the Final Rule
- Appeals of national coverage determinations
- Appeals of local coverage determinations
- Departmental Appeals Board review

# PROGRAM AGENDA

- Implementation, issues and interpretations
- Implications for beneficiaries and providers

## C. Hospital Outpatient PPS

*Elizabeth Richter*

*Valerie Rinkle*

- Recent changes due to the enactment of the MMA
- The complexities of billing and coding outpatient claims for correct OPSS payment
- Payment issues of major importance to hospitals such as injections, devices, and drugs will be reviewed with regard to confusing and/or contradictory instructions from CMS that impact payment
- Audit/internal controls and monitoring to identify and prevent OPSS payment problems
- Significant changes for 2004 OPSS

## D. Advanced Stark

*Joan P. Dailey*

*S. Craig Holden*

*Vicki L. Robinson (invited)*

- Stark Phase II regulations (if published)
- Specialty hospital moratorium
- False Claims Act cases under Stark
- Current compliance issues

## E. Medicare DSH Adjustments

*John R. Hellow*

*John R. Sasaki*

- DSH reimbursement from a consultant's perspective
- Commentary on recent developments regarding DSH reimbursement
- Practical consideration for providers and consultants
- Medicare DSH reimbursement – a look ahead

## F. When, Whether and How to Make Repayments and Disclosures

*Gregory M. Luce*

*Richard P. Ward*

- When do you disclose a Medicare overpayment and to whom?
- When may overpayments be waived?
- When is limitations with liability applicable to overpayments?
- How far back do you investigate possible overpayments?

3:30-4:30 pm

## G. RAP Practice Group Leadership's Overview of Significant Provisions in the Medicare Prescription Drug, Improvement and Modernization Act of 2003: Part A and Related Provisions (not repeated)

*Andrew Ruskin*

*Eric P. Zimmerman*

- Rural provisions
- Changes affecting hospital inpatient services payment
- Changes to the OPSS
- Changes to other providers under Part A, including SNFs, HHAs, and hospices
- Changes to graduate medical education payment
- Chronic care improvement

## H. Coding Primer (not repeated)

*Terence Johnson*

- History and usage of medical coding
- The basics of CPT coding
- The basics of ICD-9-CM coding
- Governmental coding guidelines

## J. Hospitals Practices in Collecting from Self-Pay Patients (not repeated)

*KB Forbes*

*Melinda Reid Hatton*

- Discussion of AHA's Principles & Guidelines on Hospital Billing and Collection Practices
- Discussion of AHA's Legal Analysis of Federal Regulatory Challenges to Altering Billing and Collections Practices for the Working Poor
- A review of pricing strategies that led to the "compact with the uninsured"
- Pricing by medical providers and the rights of patients
- A review of hospitals' reactions to price differentials
- An outline of action and cooperation to help hospitals and the uninsured

## K. Medicare Litigation Update

*Lawrence J. Harder*

*Christopher L. Keough*

- Prospective payment
- Disproportionate share hospital
- Medical education
- Reasonable cost reimbursement
- Cost limits and exceptions
- Jurisdiction

# PROGRAM AGENDA

## L. Non-Physician Practitioner Issues

*Dennis K. Grindle*

*Regina Walker-Wren*

- “Incident to” billing issues
- Employment/contractual relationships
- Location of where services can be provided
- E&M shared physician and NPP services
- Reimbursement and provider number considerations
- New reassignment developments

## M. Advanced Beneficiary Notices: Recent Developments

*Thomas E. Bartrum*

*Denis M. Garrison*

- Consolidation of ABN Instruction in the MCPM Chapter 30, Financial Liability Protections
- ABNs, HHABNs, SNFABNs, HABNs, and NEMBs
- The application of ABN standards; improper modifications of ABNs
- MMA 2003 implications for ABNs

4:45–5:45 pm

## N. RAP Practice Group Leadership’s Overview of Significant Provisions in the Medicare Prescription Drug, Improvement and Modernization Act of 2003: Part B, Administrative Reform and Related Provisions (not repeated)

*Dinetia M. Newman*

*Lester J. Perling*

- Part B drug payment reform (AWP, average sales price and competitive bidding)
- Physician payment reforms for drug administration and other physician payment and coverage reforms
- DME competitive bidding and related reforms
- Overpayment recoveries and appeals
- Regulatory reforms, national and local coverage determinations and reassignment

## O. Medicare Secondary Payer (MSP) Issues – Regulatory and Litigation Update

(not repeated)

*Tina Merritt*

*Robert L. Roth*

- Brief overview of issues relating to coordination of benefits, the MSP program, and credit balances
- The significant MSP provisions in MMA which affect hospital MSP reporting

obligations for reference labs and liability insurance

- Recent developments on the interaction between the MSP provisions and the False Claims Act Litigation Update, including the latest on *OSF v. Thompson and Thompson v. Goetzmann*
- Update of the status MSP collection activities under the Debt Collection Improvement Act of 1996
- Prepayment MSP: CMS’s collection of information about insurance that beneficiaries have that may be primary to Medicare

## P. PRRB Appeals and Administrator’s Review (not repeated)

*Lloyd A. Bookman*

*Suzanne Cochran*

*Jacqueline R. Vaughn*

## Q. Fraud and Abuse Issues for Hospitals and Physicians

*Gary W. Eiland*

*Lewis Morris*

- Ongoing enforcement initiatives and the OIG’s Work Plan issues
- Recent developments in fraud and abuse law regarding physician relocation agreements, purchase of physician practices, equipment leasing arrangements, joint ventures and other contractual matters
- The use and interpretation of the False Claims Act as an enforcement tool by the US Department of Justice
- Emerging areas of investigation and enforcement including medically unnecessary procedures, excessive charges and hospital billing to the uninsured
- Important reforms in MMA
- Recent enforcement activity by the US Department of Justice
- Targeted areas for review by the OIG in FY 2004

## R. Charges – Medicare Rules on Uniformity of Charges, Charge Levels, and Discounts

*Dennis M. Barry*

- Reimbursement implications of furnishing free or discounted services to uninsured patients, including Medicare allowable bad debt policies, and Medicare outlier payments

# PROGRAM AGENDA

- What does “uniformity of charges” requirement really mean?
- Discussion of CMS letters on financial assistance policies for the uninsured
- Compliance issues and the implications of OIG’s proposed rule on charges “substantially in excess” of usual charges
- Effect of discounting charges for international patients, cosmetic surgery patients, and other “patients liable for payment on a charge basis”
- Matters that should be addressed in a financial assistance policy

## S. Evaluation and Management (E/M) Coding Issues Relating to Medicare Claims for Hospital and Physician Services

*Hugh E. Aaron*

- When is an E/M service separately reportable with the –25 or –27 modifier?
- Issues relating to the selection of appropriate E/M levels
- Recent Medicare changes relating to E/M services
- Similarities and differences between the CPT E/M Guidelines and the Medicare E/M Guidelines
- Differences between hospital and physician E/M reporting
- Dealing with ambiguity in the Medicare E/M Guidelines
- E/M auditing and documentation issues
- Researching Medicare E/M issues

6:45–9:30 pm

**Reception at the Port Discovery Museum in Baltimore** (attendees, faculty, children, and registered spouses and guests are welcome; the Museum is located walking distance from the hotel, however, transportation will be provided)

## Thursday, April 1, 2004

7:00 am–5:15 pm

### Registration and Information

7:00–8:15 am

**Breakfast** (attendees, faculty, children, and registered spouses and guests are welcome)

7:15–8:00 am

### CMS Outreach Meeting on Quality Disclosure Initiatives

*Donna Z. Eden*

*Trent Haywood*

*This session is being hosted by the AHLA Public Interest Committee*

8:15–9:45 am (extended sessions)

### T. Fraud and Abuse Primer (not repeated)

*John T. Brennan, Jr.*

- False Claims Act
- Antikickback Statute
- Physician self-referral Stark Law
- Administrative sanctions

### U. Current and Future Medicare Payment for Pharmaceuticals

*Maya Birmingham*

*Wendy L. Krasner*

### V. CMS’s Implementation Agenda for Medicare Reform

*Leslie V. Norwalk*

*Lynn Shapiro Synder*

### C. Hospital Outpatient PPS (repeat)

### D. Advanced Stark (repeat)

### E. Medicare DSH Adjustments (repeat)

10:00–11:00 am

### W. Finding Answers to Medicare and Medicaid Questions (not repeated)

*Karie L. Kozak*

- The research tools available to search for background and primary source materials
- New Medicare electronic manuals and CMS databases
- Tips for more effective and efficient research
- Research plans for finding answers to coverage, participation, billing and repayment questions

### X. Medicare Advantage Program and the Part D Rx Benefit

*Mark S. Joffe*

*Candace Schaller*

- Overview of the payment and bidding process under the new Medicare Advantage program in 2006
- New types of Medicare Advantage plans eligible to contract with CMS

# PROGRAM AGENDA

- MMA provisions allowing Medicare Advantage plans to integrate the Part D drug benefit with the provision of Part A and B services
- Implications on providers of the Medicare Advantage program, including marketplace impact, provider payment obligations and contracting responsibilities

## Y. Special Cost Reporting Issues for Cost-Based Providers (not repeated)

*Susan T. Nicholson*

*Chris Rossman*

- Capital costs, including loss on disposition
- New provider exemption for SNFs
- Bad debts
- Cost apportionment
- Non-reimbursement costs

## Z. Home Healthcare PPS and Hospice Developments (not repeated)

*William A. Dombi*

- The impact of MMA on the Medicare home health prospective payment system (HHPPS)
- Risk areas in HHPPS currently under study, evaluation, and oversight by CMS, its contractors, and the OIG
- Anticipated new developments in the regulation and administration of the Medicare home health benefit
- The impact of MMA on the Medicare hospice benefit
- New regulatory actions expected in 2004 regarding the hospice benefit

## AA. Coverage, Billing and Documentation Issues

*Thomas W. Coons*

*Angela Brice-Smith*

- Overview of enforcement authorities
- Areas of recent enforcement focus
- Provider billing issues (e.g. transfers; GME; one-day stays)
- Physician billing and documentation issues
- Hot issues (e.g. charge levels)

## S. Evaluation and Management (E/M) Coding Issues Relating to Medicare Claims for Hospital and Physician Services (repeat)

11:15 am–12:15 pm

## BB. Alternative Theories of Liability for Debts to the Medicare Program (not repeated)

*Daniel S. Reinberg*

*Judith A. Waltz*

- Exceptions for the Board of Directors
- Piercing the corporate veil to assert liability against individuals
- Corporate structure issues (sister subsidiaries)
- Successor liability for debts incurred by a predecessor
- Asset forfeitures

## CC. Developments in Administrative Simplification (not repeated)

*Lawrence Hughes*

*Edward F. Shay*

- Goals and implementation of Administrative Simplification
  - Goals—standardization, cost savings and efficiency
  - Development of the rules
  - Readiness and the CMS contingency plan approach
- Where are we today?
  - Ad/simp in free fall – the current status and challenges for the provider community
  - Industry advocacy and the need for grassroots support
- Critical legal relationships
  - Vendor agreements
  - Clearinghouse user agreements
  - Payor trading partner agreements
  - State prompt pay laws

## DD. Seller Beware: Exclusions and the Provider and Plan (Payor) (not repeated)

*Cynthia F. Wisner*

- Exclusion facts: number of persons and companies excluded, for how long, and why
- The scope and term of an exclusion
- The extended impact of an exclusion or threatened exclusion on programs other than government programs, accreditation and licensure
- Practical problems for the provider of exclusion—required contract language, defective screenings and retroactive exclusions

# PROGRAM AGENDA

- Observations about the impact on business of the government's mandatory and discretionary exclusion authority
- Brief review of waivers, exceptions and limited exclusions

## EE. Part A and Part B Claims Appeals

*James P. Kelly*

*Kenneth E. Stewart*

- Fundamental processes
  - Carrier and intermediary appeals
  - M+C organization appeals
  - ALJ appeals
  - Medicare Appeals Council
- New Regulations and 2003 Medicare Act Amendments
  - New ways to challenge coverage decisions
  - Phase-in of new appeal procedures and ALJ organization
- Advanced techniques
  - Controlling venue, timing and discovery
  - Overcoming adverse CMS and contractor interpretations and policies
  - Tips from the ALJ

## FF. PRRB Wage Index Appeal Update

*Dale Baker*

*Carel T. Hedlund*

- Out Migration Wage Index Adjustments
- One-time three-year appeals under the Prescription Drug Act
- Census changes and wage index geographic areas
- Occupational mix

## GG. The Medicare Inpatient Psychiatric Hospital PPS

*Theodore N. Giovanis*

*Janet J. Samen*

- At present private psychiatric hospitals and distinct part units of acute hospitals are paid on a cost basis subject to per discharge limits under TEFRA.
- The new PPS will be implemented over a transition period impacting hospitals/units for their 2005 fiscal years
- Providers will be paid based on both systems (new PPS and TEFRA) for the transition period
- The new system will significantly alter present incentives for affected providers
- Under the new system, providers will be paid based on a tiered per diem with adjustments including: rural status, teaching

activity, area wage differences, case mix, and comorbid conditions

- Providers will need to adapt to the documenting, billing, and coding aspects in order to be properly paid under the new system

12:15–1:35 pm

## Lunch on your own or attend the Antitrust Practice Group Lunch and Presentation

(all attendees are welcome to register, limited attendance \$37 additional; pre-registration required – please see p. 23)

## Antitrust Issues in Hospital System Contracting Practices

*Arthur N. Lerner, Esq.*

*Crowell & Moring*

*Washington, DC*

1:45–2:45 pm

## HH. Case Study: Practical Tips for Dealing with Carriers/Fiscal Intermediaries on Claims Overpayments (not repeated)

*Carrie Valiant*

*Stephen M. Walker*

- Interacting with a Medicare contractor in an audit situation
- Difference between the contractor entities and options available
- Contractor-identified overpayments versus a self-identified overpayment
- The handling of potential underpayments
- Analyzing the merits of overpayment determinations/recoupment/cost report adjustments
- Progressive corrective action and the significance of non-favorable audit findings

## JJ. The Medicare Act and the Bankruptcy Code (not repeated)

*John Aloysius Cogan*

*Rodney A. Johnson*

- Analysis of MMA provisions affecting healthcare bankruptcy practice
- Overview of bankruptcy issues critical to CMS, Medicare providers, suppliers, lenders, beneficiaries and attorneys
- Bankruptcy code jurisdiction to resolve Medicare disputes
- Applicability of bankruptcy code's automatic stay provisions to administrative actions taken by government before, during and after bankruptcy filing

# PROGRAM AGENDA

- False Claims Act and criminal fraud recoveries during bankruptcy
- HIPAA issues for healthcare providers and the bankruptcy code

## **KK. Medicare Certified Transplant Centers: Reimbursement and Risks** (not repeated)

*Tae G. Lee*

*Karen Simon*

- Statutory and regulatory background on Medicare-certified transplant centers
- Unique Medicare reimbursement methodology (organ acquisition services, transplant procedure, post-transplant care)
- Proper allocation of organ acquisition costs
- Physician arrangements and risks under Medicare rules and compliance laws
- Review of recent government enforcement actions
- Other issues and risks pertaining to transplant centers (proper Medicare reimbursement, outside vendors/suppliers, volume of transplants conducted at hospitals)

## **LL. Form 855 Requirements and New Initiatives**

*Thomas D. Vaughn*

- Overview of new CMS 855 Enrollment Form (effective November 2001)
- Proposed rule to require all existing Medicare providers to file CMS 855 forms every 3 years
- New Medicare enrollment procedures
- Discussion of specific questions and instructions in CMS 855 forms
- Pros and cons of a buyer accepting a seller's Medicare provider agreements, including discussion of recent case law

## **MM. Medical Necessity Denials, Policy Determinations and Appeals**

*Peter M. Kazon*

*Peggye A. Wilkerson*

- The meaning of "medical necessity"
- What sources or other guidance is available to determine whether a service is "medically necessary"
- How does Medicare define medical necessity today, through the use of national coverage decisions and local medical review policies

- What process does Medicare use in determining "medical necessity" when making payment decisions, and what recourse is available to the provider if it disagrees with Medicare's determination
- Review of new regulations that permit the appeal of local and national coverage determinations
- How may the coverage process change as a result of the passage of MMA

## **NN. Medicare Payments with an Education Label**

*Karen Fisher*

*Rebecca Hirshorn*

- Overview of Medicare IME and DGME payments
- Summary of MMA provisions affecting IME and DGME payments
  - Community support principles associated with DGME and IME payments
  - DGME and IME payments associated with off-site resident rotations

3:00–4:00 pm

## **OO. Long Term Care Hospital Development and Payment Issues** (not repeated)

*Irwin Cohen*

*Stephen M. Sullivan*

- LTCH overview development options: acute care PPS hospital vs. inpatient rehabilitation facility
- The final LTCH PPS rule fiscal year 2004
- The January 30, 2004 NPRM LTCH PPS fiscal year 2005
- Regulatory issues impacting qualification, operation and payment for LTCHs, hospitals within hospitals, satellite facilities and other provider-based entities
- OIG audits of LTCHs, MedPac studies

## **PP. Medicaid Litigation Update** (not repeated)

*Mark H. Gallant*

*Jane Perkins*

- Latest developments in suits against the states under the equal access provision of section (a) (30) (A)
- Review of current status of suits by providers and beneficiaries to enforce Medicaid payment provisions under Section 1983 and 11th Amendment jurisprudence

# PROGRAM AGENDA

- Review of the past year's cases involving challenges to rate and coverage reductions under Title XIX

## **QQ. Cost Report Audit Expectations**

(not repeated)

*Charlotte Benson*

*Michael W. Harty*

- Medicare audit priorities
- Contractor review
- CMS Pub. 100-6, Financial Management – Chapters 8 & 9
- Audit expectations

## **RR. Provider Based vs. Freestanding Entity**

*Thomas E. Dowdell*

- Review of 2003 changes to the EMTALA provisions applicable to provider-based entities and the effect of those changes
- Deciding whether or not to seek a formal provider-based status determination
- Requirements and obligations that apply to provider-based entities
- Pitfalls in completing the provider-based status attestation form Practice pointers for handling provider-based issues

## **SS. Payment and Compliance Issues in Clinical Trials**

*Eve M. Brunts*

- Medicare coverage and reimbursement for services provided in clinical trials
- General principles for Medicaid and other third party payor coverage for clinical trial services
- Reimbursement issues raised in negotiating clinical trial agreements
- Fraud and abuse and other compliance issues implicated by clinical trials billing

## **TT. Medical Billing and Payment Issues for Physicians (Advanced)**

*Alice G. Gosfield*

- Hotspots and pitfalls according to the OIG
- Diagnostic testing conundra and metaphysics
- Incident to and NPP billing
- Stark implications in payment structuring and operations
- Developing challenges

4:15–5:15 pm

## **UU. Short Stay Admission: The Past, Present & Future** (not repeated)

*David H. Robbins*

*Ashley Thompson*

- What are short stay admissions?
- Why are they denied?
- Current Medicare program on billing for medically necessary services furnished during a denied inpatient short stay
- Inconsistent interpretations by fiscal intermediaries of current Medicare program policy
- Proposed and pending CMS revisions to Medicare program policy

## **VV. Medicare and Medicaid Payment Issues for Nursing Facilities** (not repeated)

*Kimber L. Latscha*

*Laurence Wilson*

## **WW. Medicare Reassignment Prohibition**

(not repeated)

*David M. Walczak*

*Ronald L. Wisor*

- What is the prohibition against reassignment?
- Applicable statutes, regulations
- Current issues/hot topics/changes in Medicare legislation affecting reassignment
- The statutory, regulatory and programmatic restrictions relating to reassignment
- The various exceptions to the reassignment rule and their application to healthcare business transactions
- The scope and significance of the new statutory exception for contractual arrangements
- Government interpretations and enforcement actions involving the reassignment rule in the wake of the National Century collapse and other recent developments

## **XX. Medicare DSH, UPL and Other Supplemental Payments** (not repeated)

*Barbara D. A. Eyman*

*Charles A. Luband*

- Federal law, regulations and guidance
- Medicaid DSH
- Medicaid upper payment limits
- Intergovernmental transfers and certification of funds

# PROGRAM AGENDA

- Federal policy interests
- Federal oversight litigation

## **YY. Medicare Approved Drug Discount Card and Transitional Assistance** (not repeated)

*Teresa DeCaro*

*Jessica Lind*

*Judy Rosenberg*

- Section 1860D-31 of the Social Security Act, as added by Title I of MMA, Pub. L. 108-173.
- Regulations published in the December 15, 2003 Federal Register
- Beneficiary eligibility for the drug card and/or transitional assistance
- Standards for approving drug discount cards
- Oversight and enforcement

## **Q. Fraud and Abuse Issues for Hospitals and Physicians** (repeat)

5:15–6:30 pm

**Reception at Baltimore Marriott**

**Waterfront Hotel** (attendees, faculty, children and registered spouses and guests welcome)

## **Friday, April 2, 2004**

7:00 am–3:45 pm

**Registration and Information**

7:00–8:15 am

**Breakfast** (attendees, faculty, children, and registered spouses and guests are welcome)

7:00–8:00 am

## **ZZ. Legal Ethics**

*Michael L. Sihol*

*Robert A. Wade*

8:15–9:45 am (extended sessions)

## **AAA. Special Payment Issues for Rural Providers** (not repeated)

*John R. Cooper*

*Leslye Hermann*

*John Sheehan*

- Rural hospital current developments under MMA and summary of reimbursement options and strategies for: critical access hospital (CAH); sole community hospital; medicare dependent hospital; and rural referral center

- Current developments on rural health clinics including the December 24, 2003 Final Rule
- Compliance issues confronting rural entities, such as CAH lab billing and provider-based issues; OIG areas of interest such as cardiac rehabilitation programs and CAH home office costs; and rural health clinic issues raised by new Final Rule

## **BBB. New Technology Coverage** (not repeated)

*Isabel Paula Dunst*

*Marcel Salive*

- Basic requirements for Medicare reimbursement
- Medicare national and local coverage process
- Payment decisions as coverage decisions
- Evidence-based medicine and strategies for obtaining coverage
- Changes in the coverage process from the Medicare Modernization Act
- New coverage limitations in recent decisions
- Future coverage decisions

## **CCC. EMTALA** (not repeated)

*Constance H. Baker*

*Thomas R. Barker*

*Sandra Sands*

- Physician on-call coverage
- Where EMTALA applies on and off campus
- Application to in-patients
- Ambulance issues
- Enforcement and compliance strategies

## **F. When, Whether and How to Make Repayments and Disclosures** (repeat)

## **U. Current and Future Medicare Payment for Pharmaceuticals** (repeat)

## **V. CMS's Implementation Agenda for Medicare Reform** (repeat)

10:00–11:00 am

## **DDD. Payment and Compliance Issues Applicable to Mergers and Acquisitions** (not repeated)

*Thomas S. Crane*

*Carin J. Sigel*

- Medicare payment implications
- Change in ownership
- Merger of provider entities (provider-based criteria)
- Successor liability
- Special issues in valuing assets

# PROGRAM AGENDA

- Due diligence issues
- Post-closing identification of wrong-doing

## EEE. Workshop on PRRB Practice Issues

(not repeated)

*Paul Crofton*

*Jon P. Neustadter*

*Bernard M. Talbert*

- New and continuing jurisdictional and procedural disputes
- Procedural guidelines, trends and strategies
- Impact of CMS and intermediary focus on speals and PRRB's stricter approach to hearing dates
- Streamlining the process: mediation and prehearing conferences for documentation issues

## FFF. Payment Issues for DME, Orthotics and Prosthetics (not repeated)

*Jesse A. Witten*

- Description of Medicare coverage, billing and payment rules for durable medical equipment, orthotics and prosthetics
- Prescription drug act provisions regarding DME
- Competitive bidding
- Fraud enforcement activity

## GGG. Defending Against Allegation of Cost Report Fraud – Lessons Learned

(not repeated)

*Roger S. Goldman*

*John R. Hellow*

*J. Steve Hinkle*

- Civil and criminal standards of liability
- Government theories of civil recoupment versus exclusive administrative remedies
- Dealing with the context of the allegations - civil FCA, criminal FCA and OIG investigations
- Areas of government and relator concerns
- Discovery options
- Constructing an appropriate response

## HHH. Hospital Inpatient PPS Update

*James Hart*

*Larry A. Oday*

- Wage index issues
- DSH and other special adjustments
- Updates to standardized amounts
- Other legislative changes from MMA

## TT. Medicare Billing and Payment Issues for Physicians (Advanced) (repeat)

11:15 am–12:15 pm

### JJJ. Rehab PPS (not repeated)

*Robert C. Kuhl*

*Ellen V. Weissman*

- Final rule FY 2004
- Changes to 75% rule on IRF classification
- What's next?

## KKK. Reimbursement and Other Issues Facing Competitive Medical Practices (not repeated)

*Carol M. McCarthy*

*D. McCarty Thornton*

- Diversification strategies
- "Incident to" billing
- Ordering and purchasing diagnostic tests
- Medicare reassignment
- Physician compensation arrangements
- Networks (IPAs/PHOs) for revenue enhancement

## LLL. Truth About the Intermediary & Carrier Contracts (not repeated)

*William A. Breskin*

*Gregory G. Carson*

- Contracting reform: "Medicare administrative contractors" will replace carriers and fiscal intermediaries. A full and open competition process will be implemented, beginning in 2005.
- Contracting reform
- Medicare contract with carriers and fiscal intermediaries
- Medicare administrative contractors
- Federal acquisition regulations

## L. Non-Physician Practitioner Issues (repeat)

## X. Medicare Advantage Program and the Part D Rx Benefit (repeat)

## MM. Medical Necessity Denials and Policy Determinations (repeat)

12:15–1:30 pm

## Lunch on your own or attend the In-House Counsel Practice Group Lunch and Presentation

(all attendees are welcome to register, limited attendance \$37 additional; pre-registration required – please see p. 23)

# PROGRAM AGENDA

## **Minimizing Medical Errors: Legal Issues in the Debate on Improving Patient Safety**

*Douglas A. Hastings, Esq.  
Epstein Becker & Green  
Washington, DC*

1:30–2:30 pm

## **R. Charges—Medicare Rules on Uniformity of Charges, Charge Levels and Discounts (repeat)**

## **AA. Coverage, Billing and Documentation Issues (repeat)**

## **EE. Part A and Part B Claims Appeals (repeat)**

## **GG. The Medicare Inpatient Psychiatric Hospital PPS (repeat)**

## **SS. Payment and Compliance Issues in Clinical Trials (repeat)**

## **HHH. Hospital Inpatient PPS Update (repeat)**

2:45–3:45 pm

## **K. Medicare Litigation Update (repeat)**

## **M. Advanced Beneficiary Notices (repeat)**

## **FF. PRRB Wage Index Appeal Update (repeat)**

## **LL. Form 855 Requirements and New Initiatives (repeat)**

## **VV. Medicare Payments with an Education Label (repeat)**

## **ZZ. Legal Ethics (repeat)**

## **Adjournment**

# FACULTY

## **Planning Committee**

### **Dennis M. Barry, Esq.**

*Program Chair*  
Vinson & Elkins LLP  
Washington, DC

### **Timothy P. Blanchard, Esq.**

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# PROGRAM AT A GLANCE

Wednesday, March 31, 2004

7:00 am– 6:30 pm	<b>Registration and Information</b>					
8:00– 9:30 am	<b>I. Medicare Part A and B</b>  <i>Coons Epstein</i>			<b>II. CMS Open Door Hospital Outreach Meeting</b> (not repeated)		
9:30– 9:40 am	<b>Coffee Break</b>					
9:40– 11:10 am	<b>I. Medicare Part A and B continued</b>  <i>Coons Epstein</i>			<b>III. CMS Open Door Physician Outreach Meeting</b> (not repeated)		
11:10– 11:25 am	<b>Coffee Break</b>					
11:25 am– 12:25 pm	<b>GENERAL SESSION</b>  <b>Welcome and Introduction</b> <i>Cowart, Barry</i>  <b>Keynote Address</b>					
12:25– 1:45 pm	<b>Lunch on your own or attend the Regulation, Accreditation and Payment Practice Group Lunch</b> ( <i>\$37 additional; limited attendance; pre-registration required – please see page 23</i> )					
1:45– 3:15 pm extended sessions	<b>A. Medicaid Fundamentals</b> (not repeated)  <i>Brown (invited) Snyder</i>	<b>B. BIPA §522 Review of Medicare Coverage Policy Determinations</b> (not repeated)  <i>Blanchard Lubarsky Silva Whitaker</i>	<b>C. Hospital Outpatient PPS</b>  <i>Richter Rinkle</i>	<b>D. Advanced Stark</b>  <i>Dailey Holden Robinson</i>	<b>E. Medicare DSH Adjustments</b>  <i>Hellow Sasaki</i>	<b>F. When, Whether and How to Make Repayments and Disclosures</b>  <i>Luce Ward</i>
3:30– 4:30 pm	<b>G. Significant Provisions in MMA 2003: Part A and Related Provisions</b> (not repeated)  <i>Ruskin Zimmerman</i>	<b>H. Coding Primer</b> (not repeated)  <i>Johnson</i>	<b>J. Hospitals Practices in Collecting from Self-Pay Patients</b> (not repeated)  <i>Forbes Hatton</i>	<b>K. Medicare Litigation Update</b>  <i>Harder Keough</i>	<b>L. Non-Physician Practitioner Issues</b>  <i>Grindle Walker-Wren</i>	<b>M. Advanced Beneficiary Notices: Recent Developments</b>  <i>Bartrum Garrison</i>

# PROGRAM AT A GLANCE

## Wednesday, March 31, 2004 (continued)

4:45– 5:45 pm	<b>N. Significant Provisions in MMA 2003: Part B, Administrative Reform and Related Provisions</b> (not repeated)  <i>Newman Perling</i>	<b>O. Medicare Secondary Payer Issues – Regulatory and Litigation Update</b> (not repeated)  <i>Merritt Roth</i>	<b>P. PRRB Appeals and Administrator’s Review</b> (not repeated)  <i>Bookman Cochran J. Vaughn</i>	<b>Q. Fraud and Abuse Issues for Hospitals and Physicians</b>  <i>Eiland Morris</i>	<b>R. Charges – Medicare Rules on Uniformity of Charges, Charge Levels, and Discounts</b>  <i>Barry</i>	<b>S. E/M Coding Issues Relating to Medicare Claims for Hospital and Physician Services</b>  <i>Aaron</i>
6:45– 9:30 pm	<b>Reception at Port Discovery Museum</b> (attendees, faculty, children and registered spouses and guests welcome)					

## Thursday, April 1, 2004

7:00 am– 5:15 pm	<b>Registration and Information</b>					
7:00 – 8:15 am	<b>Continental Breakfast</b> (attendees, faculty, children, and registered spouses and guests welcome)  7:15-8:00 am <b>CMS Outreach Meeting on Quality Disclosure Initiatives</b> <i>Eden, Haywood</i>					
8:15– 9:45 am extended sessions	<b>T. Fraud and Abuse Primer</b> (not repeated)  <i>Brennan</i>	<b>U. Current and Future Medicare Payment for Pharmaceuticals</b>  <i>Birmingham Krasner</i>	<b>V. CMS’s Implementation Agenda for Medicare Reform</b>  <i>Norwalk Snyder</i>	<b>C. Hospital Outpatient PPS</b> (repeat)  <i>Richter Rinkle</i>	<b>D. Advanced Stark</b> (repeat)  <i>Dailey Holden Robinson</i>	<b>E. Medicare DSH Adjustment</b> (repeat)  <i>Hellow Sasaki</i>
10:00– 11:00 am	<b>W. Finding Answers to Medicare and Medicaid Questions</b> (not repeated)  <i>Kozak</i>	<b>X. Medicare Advantage Program and the Part D Rx Benefit</b>  <i>Joffe Schaller</i>	<b>Y. Special Cost Reporting Issues for Cost-Based Providers</b> (not repeated)  <i>Nicholson Rossman</i>	<b>Z. Home Healthcare PPS and Hospice Developments</b> (not repeated)  <i>Dombi</i>	<b>AA. Coverage, Billing and Documentation Issues</b>  <i>Coons Brice-Smith</i>	<b>S. E/M Coding Issues Relating to Medicare Claims for Hospital and Physician Services</b> (repeat)  <i>Aaron</i>

# PROGRAM AGENDA

Thursday, April 1, 2004 (continued)

11:15 am– 12:15 pm	<b>BB. Alternative Theories of Liability for Debts to the Medicare Program</b> (not repeated)  <i>Reinberg Waltz</i>	<b>CC. Developments in Administrative Simplification</b> (not repeated)  <i>Hughes Shay</i>	<b>DD. Seller Beware: Exclusions and the Provider and Plan</b> (not repeated)  <i>Wisner</i>	<b>EE. Part A and Part B Claims Appeals</b>  <i>Kelly Stewart</i>	<b>FF. PRRB Wage Index Appeal Update</b>  <i>D. Baker Hedlund</i>	<b>GG. The Medicare Inpatient Psychiatric Hospital PPS</b>  <i>Giovanis Samen</i>
12:15– 1:35 pm	<b>Lunch on your own or attend the Antitrust Practice Group Luncheon</b> ((\$37 additional; limited attendance; pre-registration required – please see p. 23))					
1:45– 2:45 pm	<b>HH. Case Study: Practical Tips for Dealing with Carriers/ Fls on Claims Overpayments</b> (not repeated)  <i>Valiant Walker</i>	<b>JJ. The Medicare Act and the Bankruptcy Code</b> (not repeated)  <i>Cogan Johnson</i>	<b>KK. Medicare Certified Transplant Centers: Reimbursement and Risks</b> (not repeated)  <i>Lee Simon</i>	<b>LL. Form 855 Requirements and New Initiatives</b>  <i>T. Vaughn</i>	<b>MM. Medical Necessity Denials, Policy Determinations and Appeals</b>  <i>Kazon Wilkerson</i>	<b>NN. Medicare Payments with an Education Label</b>  <i>Fisher Hirshorn</i>
3:00– 4:00 pm	<b>OO. Long Term Care Hospital Development and Payment Issues</b> (not repeated)  <i>Cohen Sullivan</i>	<b>PP. Medicaid Litigation Update</b> (not repeated)  <i>Gallant Perkins</i>	<b>QQ. Cost Report Audit Expectations</b> (not repeated)  <i>Benson Harty</i>	<b>RR. Provider Based vs. Freestanding Entity</b> (not repeated)  <i>Dowdell</i>	<b>SS. Payment and Compliance Issues in Clinical Trials</b>  <i>Brunts</i>	<b>TT. Medical Billing and Payment Issues for Physicians</b> (advanced)  <i>Gosfield</i>
4:15– 5:15 pm	<b>UU. Short Stay Admissions: The Past, Present &amp; Future</b> (not repeated)  <i>Robbins Thompson</i>	<b>VV. Medicare and Medicaid Payment Issues for Nursing Facilities</b> (not repeated)  <i>Latsha Wilson</i>	<b>WW. Medicare Reassignment Prohibition</b> (not repeated)  <i>Walczak Wisor</i>	<b>XX. Medicaid DSH, UPL and Other Supplemental Payments</b> (not repeated)  <i>Eyman Luband</i>	<b>YY. Medicare Approved Drug Discount Card and Transitional Assistance</b> (not repeated)  <i>DeCaro Lind Rosenberg</i>	<b>Q. Fraud and Abuse Issues for Hospitals and Physicians</b> (repeat)  <i>Eiland Morris</i>
5:15– 6:30 pm	<b>Reception at Baltimore Marriott Waterfront Hotel</b> (attendees, faculty, children and registered spouses and guests welcome)					

# PROGRAM AT A GLANCE

Friday, April 2, 2004

7:00 am– 3:45 pm	<b>Registration and Information</b>					
7:00– 8:15 am	<b>Continental Breakfast</b> (attendees, faculty, children and registered spouses and guest welcome)  7:00–8:00 am <b>ZZ. Legal Ethics</b> <i>Silhol, Wade</i>					
8:15– 9:45 am extended sessions	<b>AAA. Special Payment Issues for Rural Providers</b>  (not repeated)  <i>Cooper Hermann Sheehan</i>	<b>BBB. New Technology Coverage</b>  (not repeated)  <i>Dunst Salive</i>	<b>CCC. EMTALA</b>  (not repeated)  <i>C. Baker Barker Sands</i>	<b>F. When, Whether and How to Make Repayments and Disclosures</b>  (repeat)  <i>Luce Ward</i>	<b>U. Current and Future Medicare Payment for Pharma- ceuticals</b>  (repeat)  <i>Birmingham Krasner</i>	<b>V. CMS's Implemen- tation Agenda for Medicare Reform</b>  (repeat)  <i>Norwalk Snyder</i>
10:00– 11:00 am	<b>DDD. Payment and Compliance Issues Applicable to Mergers and Acquisitions</b>  (not repeated)  <i>Crane Sigel</i>	<b>EEE. Workshop on PRRB Practice Issues</b>  (not repeated)  <i>Crofton Neustadter Talbert</i>	<b>FFF. Payment Issues for DME, Orthotics and Prosthetics</b>  (not repeated)  <i>Witten</i>	<b>GGG. Defending against Allegations of Cost Report Fraud – Lessons Learned</b>  (not repeated)  <i>Goldman Hellow Hinkle</i>	<b>HHH. Hospital Inpatient PPS Update</b>   <i>Hart Oday</i>	<b>TT. Medical Billing and Payment Issues for Physicians</b>  (advanced) (repeat)  <i>Gosfield</i>
11:15 am– 12:15 pm	<b>JJJ. Rehab PPS</b>  (not repeated)  <i>Kuhl Weissman</i>	<b>KKK. Reimburse- ment and Other Issues Facing Competitive Medical Practices</b>  (not repeated)  <i>McCarthy Thornton</i>	<b>LLL. Truth about the Intermediary &amp; Carrier Contracts</b>  (not repeated)  <i>Breskin Carson</i>	<b>L. Non- Physician Practitioner Issues</b>  (repeat)  <i>Grindle Walker-Wren</i>	<b>X. Medicare Advantage Program and the Part D Rx Benefit</b>  (repeat)  <i>Joffe Schaller</i>	<b>MM. Medical Necessity Denials and Policy Determin- ations</b>  (repeat)  <i>Kazon Wilkinson</i>
12:15– 1:30 pm	<b>Lunch on your own or attend the In-House Counsel Practice Group Luncheon</b> (\$37 additional; limited attendance; pre-registration required – please see page 23)					

# PROGRAM AGENDA

Friday, April 2, 2004 (continued)

1:30– 2:30 pm	<b>R. Charges - Medicare Rules on Uniformity of Charges, Charge Levels, and Discounts</b> (repeat)  <i>Barry</i>	<b>AA. Coverage, Billing and Documentation Issues</b> (repeat)  <i>Coons Brice-Smith</i>	<b>EE. Part A and Part B Claims Appeals</b> (repeat)  <i>Kelly Stewart</i>	<b>GG. The Medicare Inpatient Psychiatric Hospital PPS</b> (repeat)  <i>Giovanis Samen</i>	<b>SS. Payment and Compliance Issues in Clinical Trials</b> (repeat)  <i>Brunts</i>	<b>HHH. Hospital Inpatient PPS Update</b> (repeat)  <i>Hart Oday</i>
2:45– 3:45 pm	<b>K. Medicare Litigation Update</b> (repeat)  <i>Harder Keough</i>	<b>M. Advanced Beneficiary Notices</b> (repeat)  <i>Bartrum Garrison</i>	<b>FF. PRRB Wage Index Appeal Update</b> (repeat)  <i>D. Baker Hedlund</i>	<b>LL. Form 855 Requirements and New Initiatives</b> (repeat)  <i>T. Vaughn</i>	<b>NN. Medicare Payments with an Education Label</b> (repeat)  <i>Fisher Hirshorn</i>	<b>ZZ. Legal Ethics</b> (repeat)  <i>Silhol Wade</i>



# PROGRAM INFORMATION

**Dates:** March 31-April 2, 2004  
**Place:** Baltimore Marriott Waterfront Hotel  
700 Aliceanna Street  
Baltimore, MD 21202  
**Phone:** (410) 385-3000 **Fax:** (410) 895-1900

## Registration Fees:

### Postmarked and paid by March 10:

\$805 For the first Health Lawyers Member  
\$730 For each additional Member  
\$980 Non-Members

### Postmarked and paid on or after March 11:

\$880 For the first Health Lawyers Member  
\$805 For each additional Member  
\$1,055 Non-Members

If you have indicated an incorrect amount due to errors in addition or not being eligible for a specific rate, AHLA will charge the correct amount to the credit card you have supplied.

**Discounted Registration Fees:** When a Health Lawyers member registers for a program, each additional Health Lawyers member registering from his/her organization at the same time is eligible for a discounted registration fee. Government employees, in-house counsel, academicians and students: please call for special discounted registration fees.

**Spouse/Guest Fee:** For an additional \$75 spouses and adult guests can register to attend the receptions on Wednesday and Thursday evenings and the breakfasts on Wednesday, Thursday and Friday mornings. Please sign up on the registration form. *(Children are welcome to attend these events at no additional charge.)*

**Continuing Education:** Participants will be given continuing education forms at the program. Forms must be completed and returned to Health Lawyers staff to receive credit. AHLA is an approved sponsor of continuing legal education credits in most states. This seminar will be worth approximately 20 continuing education credits based on a 60-minute hour and 24 credits based on a 50-minute hour.

AHLA 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 addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Nashville, TN 37219-2417. Web site: [www.nasba.org](http://www.nasba.org). Telephone 615-880-4200. This seminar will be worth approximately 24 CPE credits. There are no prerequisites required to register for this program.

**Hotel Reservations:** Hotel accommodations are not included in the registration fee. Call the Baltimore Marriott Waterfront Hotel at (410) 385-3000 or use the reservation form found on page 21. *If calling, please indicate that you are attending the Health Lawyers program. Rooms at the group rate are limited and may sell out.*

**Membership:** Attorney dues are \$150 for those admitted to the Bar less than four years ago; \$275 for those admitted four to eight years ago; and \$325 for those admitted eight or more years ago. Dues are \$315 for health professionals; \$150 for government employees and full-time academicians; \$20 for full-time law school students to receive benefits electronically. Include the applicable membership fee with your registration form and take advantage of the program registration fee for members.

**Cancellations/Substitutions:** Cancellations must be received in writing *no later than March 22, 2004*. Refunds will not be issued for cancellations received after this date. Registration fees, less a \$125 administrative fee, will be refunded approximately 3-4 weeks following the program. If you wish to send a substitute, please call the Member Service Center at (202) 833-0766. Please note that registration fees are based on the Health Lawyers membership status of the individual who actually attends the program.

**Special Needs:** If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please call the Member Service Center at (202) 833-0766.

**Airline Reservations:** ASSOCIATION TRAVEL CONCEPTS (ATC) has been selected as Health Lawyers' official travel agency. ATC has negotiated discounts with United, Continental, US Airways and Alamo Rental Car to bring you special airfares and car rental rates lower than those available to the public. For tickets purchased less than 60 days prior, the discounts will be 5% to 10% off of the lowest available fares. Some restrictions may apply and a service fee may apply. ATC will also search for the lowest available fare on **any** airline.

**ASSOCIATION TRAVEL CONCEPTS**  
1-800-458-9383  
email: [reservations@atcmeetings.com](mailto:reservations@atcmeetings.com)  
[www.atcmeetings.com](http://www.atcmeetings.com)  
Fax: (858) 362-3153

ATC is available for reservations from 9:00 am until 7:30 pm Eastern, Monday through Friday.

# REGISTRATION FORM: MEDICARE AND MEDICAID PAYMENT ISSUES

**To register:** Remit payment and completed registration form by mail to the American Health Lawyers Association • P.O. Box 79340 • Baltimore, MD 21279-0340 or fax with credit card information to (202) 775-2482. To register by phone call (202) 833-0766. If any program is over-subscribed, only Health Lawyers members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

First Name for Badge (if different than above): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+ 4: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_

**Early Registration Fees (faxed/postmarked and paid on or before March 10, 2004):**

AHLA Members:  \$805                      Non-Members:  \$980  
 \$730 each additional AHLA member registering from same organization at same time

**Registration Fees (faxed/postmarked and paid on or after March 11):**

AHLA Members:  \$880                      Non-Members:  \$1,055  
 \$805 each additional AHLA member registering from same organization at same time

**PAYMENT INFORMATION**

Please fill in applicable amount: (Sorry! Registrations cannot be processed unless accompanied by payment.)

\$ \_\_\_\_\_ Registration Fee

\$ \_\_\_\_\_ RAP Practice Group Luncheon (\$37; Wednesday, March 31, 2004)

\$ \_\_\_\_\_ Antitrust Practice Group Luncheon (\$37; Thursday, April 1, 2004)

\$ \_\_\_\_\_ In-House Counsel Practice Group Luncheon (\$37; Friday, April 2, 2004)

\$ \_\_\_\_\_ Spouse/Guest Fee (\$75)

\$ \_\_\_\_\_ Membership Dues (Date admitted to the bar: //)

\$ \_\_\_\_\_ Total Enclosed

**I can't attend the program but I would like to purchase the program materials**

Medicare and Medicaid Payment Issues, Item #VMMC04-00000

Members \$395/Non-Members \$545 \$ \_\_\_\_\_ (shipping and handling will be added; 6% tax will be added for PA residents; 5.75% tax will be added for WDC residents)

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card:      

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

ZIP Code of Cardholder's Billing Address \_\_\_\_\_

Please Note: Should your credit card total be miscalculated, AHLA will charge your credit card for the correct amount. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by March 22, 2004. Please see p. 22 of this brochure for AHLA's full refund policy.



1025 Connecticut Avenue, NW  
Suite 600  
Washington, DC 20036-5405

# INSTITUTE ON MEDICARE MEDICAID PAYMENT ISSUES

March 31-April 2, 2004  
Baltimore Marriott Waterfront Hotel  
Baltimore, MD

**Register by March 10  
and save!**

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First-Class Mail

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