

# Institute on Medicare and Medicaid Payment Issues

March 25-27, 2009

---

## Operationalizing Stark: From Complexity to Reality

March 24, 2009



Baltimore Marriott Waterfront Hotel  
Baltimore, MD

# Institute on Medicare and Medicaid Payment Issues—March 25-27, 2009

The American Health Lawyers Association is pleased to once again offer the Institute on Medicare and Medicaid Payment Issues program. This program is the most comprehensive program available on legal issues related to reimbursement.

## Program Materials

In response to many requests from our members, AHLA is going green. We are trying to reduce the amount of paper we use at our programs. This is both an effort at responsible environmental conservation, and an effort to increase the timeliness of the materials provided to our attendees. We will not automatically be printing binders for everyone. *All materials will be available on a website prior to the program and handed out on CD at the program. For those who still do want the binders, they will be available for an additional fee; please order on the registration form.*

## Continuing Education

Participants will be given continuing education forms at the program. Forms must be completed and returned to AHLA staff to receive credits in most states. The seminar is worth approximately 19.6 continuing education credits (including 1.0 ethics credit) based on a 60-minute hour and 23.6 credits (including 1.2 ethics credit) based on a 50-minute hour.

This seminar will be worth approximately 23.0 CPE credits. 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, Suite 700, Nashville, TN 37219-2417. NASBA's web site is located at <http://www.nasba.org/>.

This program is designed to be an update on developments in the area of reimbursement. There are no prerequisites or advanced preparations required to register for this group live program. Those seeking accounting credits should be familiar with the basic concepts of law and terminology associated with this area in order to obtain the full educational benefit of this program.

## Exhibitors/Sponsors

AHLA would like to thank the following companies for their support of the Medicare and Medicaid program and encourage attendees to visit their exhibit booths:

- \* BNA, Inc.
- \* Coding Compliance Solutions Inc., *sponsor of Totebags and Afternoon Cookie Break*
- \* Government Data Services LLC
- \* Health Information Partners
- \* HealthCare Appraisers, Inc.
- \* Hooper Cornell PLLC
- \* HORNE, LLP
- \* Principle Valuation, LLC, *sponsor of Lanyards*
- \* Wolters Kluwer Law & Business

## Hotel Reservations

Baltimore Marriott Waterfront Hotel  
700 Aliceanna Street  
Baltimore, MD

Hotel accommodations are not included in the registration fee. AHLA has reserved a block of rooms at the Baltimore Marriott Waterfront Hotel at a discounted rate of \$225 per night. To make reservations, please call the Marriott at (800) 228-9290. The room block expires **February 25, 2009**. Please make your reservations early. The room block may sell out prior to the hotel cutoff.

For **travel discounts** and car rental special offers go online to [www.healthlawyers.org/MM09](http://www.healthlawyers.org/MM09).

## Special Needs

If you have needs requiring special assistance or accommodations, including special dietary needs, or have questions about accessibility issues at the program, contact our special needs coordinator, Valerie Eshleman at (202) 833-0784 or [veshleman@healthlawyers.org](mailto:veshleman@healthlawyers.org).

## Planning Committee:

Timothy P. Blanchard, Esq., Chair  
Joanne B. Erde, MPH, JD  
Mark H. Gallant, Esq.  
Mark D. Polston, JD  
Robert L. Roth, Esq.

# Institute on Medicare and Medicaid Payment Issues Agenda

## Tuesday, March 24, 2009

9:30 am–5:00 pm

### **Operationalizing Stark: From Complexity to Reality A One-Day Program Using Case Studies to Analyze Recent Changes in the Physician Self-Referral Law**

(See the full agenda on page 23; separate registration required)

6:30–8:30 pm

### **Registration and Information for the Medicare and Medicaid Program**

## Wednesday, March 25, 2009

7:00 am–5:45 pm

### **Registration and Information**

8:00–10:50 am

### **I. Fundamentals of Medicare Parts A-D**

(not repeated)

*Barry D. Alexander*

*James F. Flynn*

*Christine C. Rinn*

*Lena Robins*

- \* Medicare “101”: Key concepts and terms
- \* Part A provider types and payment systems
- \* Part B suppliers and payment systems
- \* Medicare Part C - Medicare Advantage: Program structure, payment mechanisms and key implementation issues
- \* Part D—the Drug Benefit: Structure of program; eligibility, benefits, financing and regulatory challenges

8:00–9:20 am

### **II. CMS Outreach Session on Hospital and Physician Issues** (not repeated)

*Amy Bassano*

*Laurence Wilson*

Have questions? Submit them in advance by emailing [lgarvey@healthlawyers.org](mailto:lgarvey@healthlawyers.org).

9:20–9:30 am

### **Coffee Break**

9:30–10:50 am

### **III. 2008: The RAP Practice Group’s Year in Review** (not repeated)

*Thomas E. Bartrum*

*Jolee H. Bollinger*

*Kenneth R. Marcus*

*Claire F. Miley*

*Andrew D. Ruskin*

10:50–11:00 am

### **Coffee Break**

### **GENERAL SESSION**

11:00–11:10 am

#### **Welcome and Introduction**

*Timothy P. Blanchard, Program Chair*

*Elizabeth Carder-Thompson,*

*AHLA President-Elect*

11:10 am–12:25 pm

#### **Keynote Address:**

#### **Medicare Meets Mephistopheles – Revisited**

*David A. Hyman*

Have questions? Submit them in advance by emailing [lgarvey@healthlawyers.org](mailto:lgarvey@healthlawyers.org).

12:25–1:45 pm

### **Lunch on your own or attend the In-House Counsel Practice Group Luncheon**

(additional fee; limited attendance; pre-registration required; see page 21-22)

### **We’re Here for the Money: Medicare Overpayment Issues and Disputes**

*Scott McBride, Esq.*

*Baker & Hostetler LLP, Houston, TX*

### **CONCURRENT SESSIONS**

1:45–3:15 pm Extended Sessions

#### **A. Fraud and Abuse Basics** (not repeated)

*Joan P. Dailey*

*John R. Washlick*

- \* Federal Anti-Kickback Statute (AKS)
- \* Federal Physician Self Referral Law (Stark)
- \* Distinctions between AKS and Stark
- \* Federal False Claims Act
- \* Exclusion and Civil Money Penalty Provisions
- \* Other Criminal and Civil Statutes
- \* Healthcare fraud enforcement entities

#### **B. Getting Ready for the National RAC Rollout**

*Rochelle Archaleta*

*Connie Leonard*

*Stewart M. Presser*

- \* Lessons learned from New York Hospitals
- \* What’s new in the national roll out that helps providers

# Institute on Medicare and Medicaid Payment Issues Agenda

## C. Recent Developments in DGME and IME

*Thomas W. Coons*

*Tim Johnson*

*Elizabeth Truong*

- \* Basics of GME and IME
- \* Non-hospital agreements
- \* New teaching hospitals
- \* Closed hospitals and programs
- \* Research and didactic time
- \* Recurring/new issues for CMS

## D. Medicare DSH Adjustments

*John R. Jacob (Moderator)*

*Christopher L. Keough*

*Mark D. Polston*

*Tiffany Swygert*

- \* SSI litigation update
- \* 1115 Waiver days developments
- \* Charity Care days decision
- \* Medicare Advantage days

## E. The Anti-Markup Payment Limitation: Understanding CMS' Latest Regulatory Revisions

*Kristen M. Bohl*

*Lisa M. Ohrin*

- \* Supervision requirements under the anti-markup rules: Can pod labs make a comeback?
- \* In-depth discussion of the anti-markup rules in 42 C.F.R. 414.50, revised by CMS in the CY 2009 Physician Fee Schedule final rule
- \* The evolution of the anti-markup payment limitation regulations

- \* The practical application of the revised rules through extensive hypotheticals
- \* Compliance tips to ensure proper billing and claims submission under the anti-markup provisions

## F. Repayments and Disclosures: Legal Requirements and Hard Choices

*Thomas S. Crane*

*Robert L. Roth*

- \* Repayment authorities under Medicare and Medicaid
- \* When disclosure is not voluntary, including the new government contracting disclosure requirements
- \* Which agency do you report a voluntary disclosure/repayment to and what do you report
- \* How far back do you go/how far back can the government go – administrative finality vs. government recovery rights
- \* The OIG Self-Disclosure Protocol

3:30–4:30 pm

## G. Primer on Coding Issues for Payment Lawyers (not repeated)

*Robert A. Pelaia*

- \* The basics of procedural (CPT) coding and diagnosis (ICD) coding
- \* How to use the CPT, ICD and HCPCS manuals
- \* OIG-suggested coding best practices

## H. Medicare Secondary Payor Issues (not repeated)

*Janice H. Ziegler*

## J. Hospital Patient Status: Payment and Compliance Implications

*Timothy P. Blanchard*

*Kimberly Hoy*

- \* Medicare rules for inpatient, observation and outpatient status
- \* Condition Code 44 and special implications
- \* Hospital utilization review responsibilities

## K. Provider-Based Status and “Under Arrangements”

*Thomas E. Dowdell*

*Catherine T. Dunlay*

- \* Provider-based status requirements, “under arrangements” principles, and coverage requirements for hospital services
- \* Hospital furnishing clinical services “under arrangements” to its patients, and intersection of provider-based requirements, “under arrangements” principles, Stark law and coverage conditions
- \* Recent developments, including revision of the Stark regulations, clarification of the Medicare physician direct supervision requirement, and revision of the Medicaid coverage conditions for outpatient services
- \* Options for restructuring “under arrangements” relationships with physicians

## L. Medicare and Medicaid Coverage and Reimbursement of Off-Label Use of Drugs and Devices

*Andrew D. Ruskin*

*James C. Stansel*

- \* Medicare and Medicaid coverage of drugs and devices

# Institute on Medicare and Medicaid Payment Issues Agenda

- \* Medicare rules specifically relating to off-label uses of drugs and devices
- \* Special consideration relating to clinical trials involving off-label uses of drugs and devices
- \* History of False Claims Act litigation relating to off-label uses of approved drugs

## M. Medicare Bad Debt (advanced)

*Joanne B. Erde*

- \* CMS current position on bad debts
- \* Impact on providers and their options
- \* Sale of bad debts

4:45–5:45 pm

## N. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques (not repeated)

*Lawrence W. Vernaglia*

- \* Research source materials
- \* Update on CMS website redesign, increased search capabilities and utility of both
- \* Update on electronic research materials using AHLA Health Law Archive, other AHLA materials and commercial sources
- \* Development of a research plan for coverage, enrollment/participation, reimbursement/payment and repayment issues
- \* Practical tips for more effective, efficient research

## O. Medicaid Managed Care (not repeated)

*Mark H. Gallant*

- \* Federal and state laws governing in and out-of-network coverage of services and provider network requirements

- \* Federal actions to enforce managed care, access and and waiver provisions of Title XIX
- \* State law actions pertaining to out-of-network provider reimbursement claims for emergency and elective medical services
- \* False Claims Act and fraud developments involving Medicaid managed care

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

*John T. Brennan, Jr.  
Gregory Demske*

- \* Emerging trends in fraud and abuse prosecutions, including use of the False Claims Act
- \* OIG enforcement initiatives

## Q. Medicare Diagnostic Testing Update: New Anti-Markup Restrictions for Physicians and Performance Standards for IDTFs

*Thomas W. Greeson  
Daniel H. Melvin*

- \* Update on significant new regulatory developments in non-hospital diagnostic imaging
- \* New IDTF performance standards
- \* New anti-markup restrictions on ordering physician group testing services
- \* Technical Component arrangements
- \* Professional Component arrangements
- \* Stark/Anti-Kickback issues

## R. Recent Developments Affecting Clinical Laboratory Testing

*Peter M. Kazon*

- \* The impact of the growth of “personalized medicine” on laboratories and laboratory testing

- \* Basic regulatory and reimbursement issues, including CLIA and payment under the Clinical Laboratory Fee Schedule
- \* The latest actions from the FDA affecting laboratory testing, such as Laboratory Developed Tests or “home brews” and the In Vitro Diagnostic Multivariate Index Assays (IVDMIA) Guidance from the FDA
- \* The growth of new types of pathology arrangements, including POD laboratories, TC-PC splits, and the impact of the new anti-markup rules on pathology in particular
- \* Recent enforcement activities affecting laboratories

## S. Gainsharing: Structuring Incentive Payment and Shared Savings Programs

*Ellen Weissman  
Mark Wynn*

- \* Gainsharing Demonstration Projects
- \* Background/previous efforts
- \* Current demonstrations
- \* Structuring permissible arrangements
- \* Current law/regulations/OIG Advisory Opinions
- \* Proposed exception to Stark regulations
- \* Design features likely to reduce risk

6:45–9:30 pm

## Reception at the B & O Railroad

(attendees, faculty, children, and registered spouses and guests welcome; transportation provided)

# Institute on Medicare and Medicaid Payment Issues Agenda

**Thursday, March 26, 2009**

7:00 am–5:45 pm

## **Registration and Information**

7:00–8:15 am

## **Continental Breakfast**

(attendees, faculty, children, and registered spouses and guests welcome)

7:15–8:00 am

## **Public Interest Session: SCHIP – Reauthorization, the Bill and Medicaid Payment**

*Robert Hall*

## **CONCURRENT SESSIONS**

8:15–9:45 am Extended Sessions

6 **T. Medicaid Litigation Update** (not repeated)

*Alan S. Dorn*

*Byron J. Gross*

*Jane Perkins*

- \* State of the law regarding Section 1983 actions to enforce Medicaid Act provisions
- \* Developing case law on use of federal pre-emption to enforce Medicaid Act
- \* Important substantive decisions on Medicaid services, rate-setting, and eligibility
- \* Disputes regarding payment by Medicaid MCOs for emergency and post-stabilization services provided by non-contracted providers

## **U. Advanced Stark**

*S. Craig Holden*

*David E. Matyas*

- \* CMS's interpretation of entities furnishing designated health services and those that are "under arrangements"

- \* Permissible compensation methodologies under Stark
- \* Recruitment and retention
- \* Preparing for the roll-out of the Disclosure of Financial Relationships Report
- \* Voluntarily disclosing a Stark violation

## **V. Update on Quality Initiatives and Value Based Purchasing in Medicare**

*Janice Anderson*

*Jason E. Bring*

- \* Update on the government's three pronged approach to drive quality of care - payment reform, public reporting and enforcement
- \* The government's approach to reducing adverse events and improving patient safety
- \* CMS' "Roadmap to Value Based Purchasing" highlights changes to come
- \* What providers should be doing now to prepare for up-coming changes

## **W. Hospital Outpatient PPS** (advanced)

*Carrie Bullock*

*Rebecca Cole*

*Valerie Rinkle*

## **B. Getting ready for the National RAC Rollout** (repeat)

## **F. Repayments and Disclosures: Legal Requirements and Hard Choices** (repeat)

10:00–11:00 am

## **X. Fundamentals Medicare Claims of Appeals** (not repeated)

*Michael P. Crochunis*

*Thomas E. Herrmann*

## **Y. Homecare and Hospice: Reimbursement Trends and Regulatory Challenges** (not repeated)

*William A. Dombi*

*Deborah A. Randall*

- \* Highlights of the new Conditions of Participation for hospices
- \* Current fraud and abuse concerns in hospice and homecare
- \* Developing telehealth in hospice and homecare
- \* Reimbursement, MedPac and other issues

## **Z. Target-at-Law: Legal Ethics when the Lawyer Is under Investigation**

*William W. Horton*

- \* Why lawyers become targets: Red flags, danger zones and harrowing tales from real life
- \* Ethical responsibilities and personal risks for the lawyer with multiple roles
- \* Professional obligations to the client when the lawyer is a subject of the investigation
- \* Self-protection vs. effective representation: Is there a line (and when is it crossed)?

## **AA. The Brave New World of Provider Enrollment: Perspectives from CMS and Industry**

*James M. Bossenmeyer*

*Louise M. Joy*

# Institute on Medicare and Medicaid Payment Issues Agenda

**K. Provider-Based Status and “Under Arrangements”** (repeat)

**Q. Medicare Diagnostic Testing Update: New Anti-Markup Restrictions for Physicians and Performance Standards for IDTFs** (repeat)

11:15 am–12:15 pm

**BB. Medicaid: Present and Future** (not repeated)  
*Craig H. Smith*

- \* The evolution of Medicaid and key program components
- \* Recent reforms (lessons of Florida and other experiments)
- \* The future of Medicaid

**CC. PRRB Appeals** (not repeated)  
*Lloyd A. Bookman*  
*Susan Cochran*

**DD. Ambulatory Surgery Center Payment and Regulatory Update**  
*Eric Zimmerman*

- \* Updates to Medicare’s payment system
- \* Changes to the conditions for coverage and program participation requirements
- \* Anticipated legislation and regulatory developments

**EE. Healthcare Transactions and Medicare’s Change of Ownership (“CHOW”) Rules**  
*Thomas E. Bartrum*

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

**R. Recent Developments Affecting Clinical Laboratory Testing** (repeat)

12:15–1:35 pm

**Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group Luncheon** (additional fee; limited attendance; pre-registration required; see page 21-22)

**Demystifying the CMS Regulatory Process: How HHS and the Executive Branch work together to Implement CMS Policy**

*Thomas R. Barker, Esq.*  
*Foley Hoag LLP*  
*Washington, DC and Boston, MA*

## CONCURRENT SESSIONS

1:45–2:45 pm

**FF. PRRB Jurisdiction** (not repeated)  
*Michael W. Harty*  
*Kenneth R. Marcus*

- \* Primer on PRRB governing Authority, procedure, jurisdiction and practice
- \* Frequently recurring jurisdiction issues
- \* Significant recent jurisdiction decisions

**GG. A Beginner’s Primer on the Ins and Outs of Part A and B Billing Medicare Billing** (not repeated)  
*Georgeann Edford*

- \* The fields on the UB-04 and 1500 place providers at risk for a false claim
- \* Which form goes to which provider and what services?
- \* Codes, codes and more codes: What is the role of each

- \* Identification of problematic areas that lead to misrepresentation of the services performed

**HH. Quality – A Payment Issue and an Emerging Compliance Issue**  
*Dennis M. Barry*

**JJ. Medicare Litigation Update**  
*Robert Balderston*  
*John R. Hellow*

**KK. New Developments for DME, Prosthetics, Orthotics and Supplies**  
*Donald H. Romano*  
*Laurence Wilson*

**AA. The Brave New World of Provider Enrollment: Perspectives from CMS and Industry** (repeat)

3:00-4:00 pm

**LL. Current Hot Topics Relating to Coding and Billing for Facility Component E/M Services Furnished to Medicare Beneficiaries**

(not repeated)

*Hugh E. Aaron*

- \* On-campus versus off-campus – does it matter anymore?
- \* Physician supervision – who qualifies as a physician and what does “direct supervision” really mean?
- \* Triage-only emergency department visits – are they covered by Medicare?
- \* Bundling issues – when can an E/M service be billed in addition to a surgical procedure?

# Institute on Medicare and Medicaid Payment Issues Agenda

- \* Distinguishing between “new” versus “established” patients – what are implications of CMS’s recently revised definitions?

## **MM. Medicare Wage Index Update**

(not repeated)

*Julia DiFrancesco*

*Leslie D. Goldsmith*

*Valerie A. Miller*

*Brian Slater*

- \* FY 2010 wage index development process
- \* Appeal issues
- \* Hot topics

## **NN. Medicare and Medicaid Payment Issues for Nursing Facilities**

*Melissa Hulbert*

*Alan G. Rosenbloom*

## **OO. CMS’ Stark Law Audits Are Here: Preparing to Respond to the Government’s “Disclosure of Financial Relationships Report”**

*Michael W. Paddock*

- \* Analyze the multitude of recent changes to the Stark Law regulations, including changes to the “stand in the shoes” doctrine, the definition of “DHS Entity,” and other concepts.
- \* Practical guidance on how counsel can and should conduct an internal review of financial relationships for Stark Law compliance,
- \* How to correct and resolve any identified compliance failures
- \* How to best prepare for a government investigation

## **L. Medicare and Medicaid Coverage and Reimbursement of Off-Label Use of Drugs and Devices (repeat)**

## **DD. Ambulatory Surgery Center Payment and Regulatory Update (repeat)**

4:15–5:45 pm Extended Sessions

### **PP. Medicare Claims Appeals Advanced**

**Workshop** (not repeated)

*James P. Kelly*

*Lester J. Perling*

*Andrew D. Wachler*

- \* Remedies for RAC claim denials
- \* Appeal strategies
- \* Evidence and hearing presentation techniques
- \* Special defenses: invalidating statistical extrapolations, untimely reopening, stay of recoupment, “without fault,” waiver of liability, “administrative regularity,” treating physicians rule, burden of proof, CMS assistance, and judicial challenges

### **QQ. Hospital Inpatient PPS Update**

*Taimyra Jones*

*Miechal Lefkowitz*

*Larry A. Oday*

*Michael Treitel*

- \* Area wage index issues
- \* Disproportionate share adjustment
- \* DRG weights and recalibration
- \* Update to standardized amount
- \* New technology
- \* Regulatory update

## **RR. Medicaid Supplemental Payments and Financing Issues**

*James E. Gjerset*

*Charles A. Luband*

*Megan Tinker*

- \* Medicaid disproportionate share hospital (DSH) payments
- \* Other supplemental payments and the upper payment limits
- \* Medicaid financing (IGTs, CPEs, and provider taxes)
- \* Recent Medicaid regulations and federal oversight
- \* Impact of health reform and other current legislative efforts

## **D. Medicare DSH Adjustments (repeat)**

## **E. The Anti-Markup Payment Limitation: Understanding CMS’ Latest Regulatory Revisions (repeat)**

## **V. Update on Quality Initiatives and Value Based Purchasing in Medicare (repeat)**

5:45–6:45 pm

**Reception at the Baltimore Marriott**

**Waterfront Hotel**

(attendees, faculty, children, and registered spouses and guests welcome)

# Institute on Medicare and Medicaid Payment Issues Agenda

**Friday, March 27, 2009**

7:00 am–3:35 pm

## Registration and Information

**7:00-8:00 am**

### Continental Breakfast

(attendees, faculty, children and registered spouses and guests welcome)

## CONCURRENT SESSIONS

8:00–9:30 am Extended Sessions

### SS. Workshop on PRRB Practice Issues

(not repeated)

*Keith D. Barber*

*Paul Crofton*

*Charles F. MacKelvie*

*Bernard M. Talbert*

- \* Perspectives of a veteran
- \* Changes in the day-to-day interaction with the PRRB since the new rules
- \* Legalistic problems created by the new rules, including discovery, subpoenas, and adding issues
- \* How to prevail at the PRRB under the new rules

### C. Recent Developments in DGME and IME

(repeat)

### U. Advanced Stark (repeat)

### W. Hospital Outpatient PPS (advanced) (repeat)

### RR. Medicaid Supplemental Payments and Financing Issues (repeat)

### QQ. Hospital Inpatient PPS Update (repeat)

9:45–10:45 am

### TT. Medicaid Integrity Program (not repeated)

*David Frank*

- \* CMS has begun implementing the Medicaid Integrity Program: Various aspects of the program
- \* Provider audit program: Important operational issues surrounding this program
- \* CMS' plans to conduct audits in all states and territories

### UU. Clinical Trial Billing: Still Confused? Know All about the NCD But How Do We Operationalize that Knowledge?

(not repeated)

*Holley T. Lutz*

*F. Lisa Murtha*

- \* Disecting a clinical trial protocol
- \* Determining billable and non-billable services
- \* Creating a billing grid
- \* Applying modifiers
- \* Giving examples of workable research related injury contract language

### VV. Government Investigations and Enforcement Update

*Gary W. Eiland*

### WW. Medicare Physician Reimbursement Issues (advanced)

*Alice G. Gosfield*

- \* Specific points of understanding Medicare physician reimbursement issues which are essential to Stark analyses
- \* Incident to - what's in; what's out, the new CMS positions and productivity
- \* Where are we on the diagnostic testing issues? – Contrasting general rules with Stark rules for DHS
- \* Where are we on anti-markup?
- \* In office ancillary services supervision - Who can supervise and who goes on the claim?

### J. Hospital Patient Status: Payment and Compliance Implications (repeat)

### EE. Healthcare Transactions and Medicare's Change of Ownership ("CHOW") Rules (repeat)

11:00 am–12:00 noon

### XX. Exclusions: Why Imposed? Screenings and Employer Liability (not repeated)

*Robin Schneider*

*Cynthia F. Wisner*

- \* Why is an exclusion imposed?
- \* Are only individuals excluded and what is a proposed exclusion?
- \* What is the relationship between licensure, provider number and exclusion?
- \* Can you employ an excluded individual for any purpose?

# Institute on Medicare and Medicaid Payment Issues Agenda

- \* Can you bill for the service if you didn't know that the physician who ordered the test was excluded?
- \* What is the latest in the courts regarding exclusions?

**YY. Medical Necessity: From the QIC Perspective** (not repeated)  
*David Sheridan*

**Z. Target-at-Law: Legal Ethics when the Lawyer Is under Investigation** (repeat)

**NN. Medicare and Medicaid Payment Issues for Nursing Facilities** (repeat)

**WW. Medicare Physician Reimbursement Issues** (advanced) (repeat)

12:00 noon–1:00 pm  
**Lunch on your own**

## CONCURRENT SESSIONS

1:00–2:00 pm

**M. Medicare Bad Debt** (advanced) (repeat)

**S. Gainsharing: Structuring Incentive Payment and Shared Savings Programs** (repeat)

**HH. Quality – A Payment Issue and an Emerging Compliance Issue** (repeat)

**JJ. Medicare Litigation Update** (repeat)

2:15–3:15 pm

**KK. New Developments for DME, Prosthetics, Orthotics and Supplies** (repeat)

**OO. CMS' Stark Law Audits are Here: Preparing to Respond to the Government's "Disclosure of Financial Relationships Report"** (repeat)

**VV. Government Investigations and Enforcement Update** (repeat)

**Adjournment**

# Institute on Medicare and Medicaid Payment Issues Faculty

## Planning Committee

**Timothy P. Blanchard, Esq.**, *Program Chair*  
McDermott Will & Emery LLP  
Los Angeles, CA

**Joanne B. Erde, Esq.**  
Duane Morris LLP  
Miami, FL

**Mark H. Gallant, Esq.**  
Cozen O'Connor PC  
Philadelphia, PA

**Mark D. Polston, JD**  
Deputy Associate General Counsel for Litigation  
Office of the General Counsel  
US Department of Health and Human Services  
Washington, DC

**Robert L. Roth, Esq.**  
Crowell & Moring LLP  
Washington, DC

---

**Hugh E. Aaron, Esq.**  
HCPro, Inc.  
Mechanicsville, VA

**Barry D. Alexander, Esq.**  
Nelson Mullins Riley & Scarborough LLP  
Raleigh, NC

**Janice Anderson, Esq.**  
Foley & Lardner LLP  
Chicago, IL

**Rochelle Archuleta**  
Senior Associate Director, Policy  
American Hospital Association  
Washington, DC

**Robert Balderston, Esq.**  
Office of the General Counsel  
US Department of Health and Human Services  
Washington, DC

**Keith D. Barber, Esq.**  
Hall Render Killian Heath & Lyman PC  
Indianapolis, IN

**Dennis M. Barry, Esq.**  
King & Spalding LLP  
Washington, DC

**Thomas Bartrum, Esq.**  
Baker Donelson Bearman Caldwell & Berkowitz PC  
Nashville, TN

**Amy Bassano**  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Kristen M. Bohl**  
Division of Technical Payment Policy  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Jolee H. Bollinger, Esq.**  
General Counsel  
Franciscan Missionaries of Our Lady Health  
System  
Baton Rouge, LA

**Lloyd A. Bookman, Esq.**  
Hooper Lundy & Bookman, Inc.  
Los Angeles, CA

**James M. Bossenmeyer**  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**John T. Brennan, Jr., Esq.**  
Crowell & Moring LLP  
Washington, DC

**Jason E. Bring, Esq.**  
Arnall Golden Gregory LLP  
Atlanta, GA

**Carrie Bullock**  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Susan Cochran**  
Chairman of the Board  
Provider Reimbursement Review Board  
Baltimore, MD

**Rebecca Cole**  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Thomas W. Coons, Esq.**  
OBER | KALER  
Baltimore, MD

**Thomas S. Crane, Esq.**  
Mintz Levin Cohn Ferris Glovsky & Popeo PC  
Boston, MA and Washington, DC

# Institute on Medicare and Medicaid Payment Issues Faculty

**Michael P. Crochunis**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Paul Crofton**

Director, Division of Hearing and Decisions  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Joan P. Dailey, Esq.**

Senior Attorney  
Office of the General Counsel  
US Department of Health and Human Services  
Washington, DC

**Gregory Demske Esq.**

Office of the General Counsel  
US Department of Health and Human Services  
Washington, DC

**Julia DiFrancesco**

Ernst & Young LLP  
Akron, OH

**William A. Dombi, Esq.**

Vice President for Law  
National Association for Homecare  
Washington, DC

**Alan S. Dorn, Esq.**

Acting Chief Counsel  
Office of the General Counsel  
Department of Health and Human Services  
Chicago, IL

**Thomas E. Dowdell, Esq.**

Fulbright & Jaworski LLP  
Washington, DC

**Catherine T. Dunlay, Esq.**

Schottenstein Zox & Dunn Co LPA  
Columbus, OH

**Georgeann Edford, Esq.**

Coding Compliance Solutions, Inc.  
Birmingham, AL

**Gary W. Eiland, Esq.**

King & Spalding LLP  
Houston, TX

**James F. Flynn, Esq.**

Bricker & Eckler LLP  
Columbus, OH

**David Frank**

Director, Medicare Integrity Group  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Baltimore, MD

**James E. Gjerset, Esq.**

Gjerset & Lorenz LLP  
Austin, TX

**Leslie D. Goldsmith, Esq.**

OBER | KALER  
Baltimore, MD

**Alice G. Gosfield, Esq.**

Alice G. Gosfield & Associates PC  
Philadelphia, PA

**Thomas W. Greeson, Esq.**

Reed Smith LLP  
Falls Church, VA

**Byron J. Gross, Esq.**

Hooper Lundy & Bookman, Inc.  
Los Angeles, CA

**Robert Hall, MD**

American Academy of Pediatrics  
Washington, DC

**Michael W. Harty**

Director  
Blue Cross Blue Shield Association  
Chicago, IL

**John R. Hellow, Esq.**

Hooper Lundy & Bookman, Inc.  
Los Angeles, CA

**Thomas E. Herrmann, Esq.**

Vice President  
Strategic Management Services LLC  
Alexandria, VA

**S. Craig Holden, Esq.**

OBER | KALER  
Baltimore, MD

**William W. Horton, Esq.**

Haskell Slaughter Young & Rediker LLC  
Birmingham, AL

**Kimberly Hoy, JD**

HPro, Inc.  
Havre, MT

**Melissa Hulbert**

Centers for Medicare and Medicaid Services  
Baltimore, MD

# Institute on Medicare and Medicaid Payment Issues Faculty

**David A. Hyman, JD**

Richard & Marie Corman Professor of Law  
Professor of Medicine  
University of Illinois  
Chicago, IL

**John R. Jacob, Esq.**

Akin Gump Strauss Hauer & Feld LLP  
Washington, DC

**Tim Johnson**

Greater New York Hospital Association  
New York, NY

**Taimyra Jones**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Louise M. Joy, Esq.**

Joy & Young LLP  
Austin, TX

**Peter M. Kazon, Esq.**

Alston & Bird LLP  
Washington, DC

**James P. Kelly, Esq.**

Kelly Law Firm PC  
Atlanta, GA

**Christopher L. Keough, Esq.**

King & Spalding LLP  
Washington, DC

**Miechal Lefkowitz**

Division of Acute Care  
Centers for Medicare and Medicaid Services  
Baltimore, MD

**Connie Leonard**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Charles A. Luband, Esq.**

Ropes & Gray LLP  
Washington, DC

**Holley Thames Lutz, Esq.**

Sonnenschein Nath & Rosenthal LLP  
Washington, DC

**Charles F. MacKelvie, Esq.**

Miller Canfield Paddock & Stone PLC  
Chicago, IL

**Kenneth R. Marcus, Esq.**

Honigman Miller Schwartz & Cohn LLP  
Detroit, MI

**David E. Matyas, Esq.**

Epstein Becker & Green PC  
Washington, DC

**Daniel H. Melvin, Esq.**

McDermott Will & Emery LLP  
Chicago, IL

**Claire F. Miley, Esq.**

Bass Berry & Sims PLC  
Nashville, TN

**Valerie A. Miller**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**F. Lisa Murtha, JD**

Huron Consulting Group  
New York, NY

**Larry A. Oday, Esq.**

Vinson & Elkins LLP  
Washington, DC

**Lisa M. Ohrin, Esq.**

Sonnenschein Nath & Rosenthal LLP  
Washington, DC

**Michael W. Paddock, Esq.**

Crowell & Moring LLP  
Washington, DC

**Robert A. Pelaia, Esq.**

Senior University Counsel for Health Affairs-  
Jacksonville  
University of Florida  
Jacksonville, FL

**Jane Perkins, Esq.**

Legal Director  
National Health Law Program  
Chapel Hill, NC

**Lester J. Perling, Esq.**

Broad & Cassel  
Fort Lauderdale, FL

**Stewart M. Presser**

Vice-President Corporate Affairs  
Greater New York Hospital Association  
New York, NY

**Deborah A. Randall, Esq.**

Arent Fox LLP  
Washington, DC

# Institute on Medicare and Medicaid Payment Issues Faculty

**Valerie Rinkle**

Revenue Cycle Director  
Asante Health System  
Medford, OR

**Christine C. Rinn, Esq.**

Crowell & Moring LLP  
Washington, DC

**Lena Robins, Esq.**

Foley & Lardner LLP  
Washington, DC

**Donald H. Romano, Esq.**

Arent Fox LLP  
Washington, DC

**Alan G. Rosenbloom, Esq.**

Alliance for Quality Nursing Home Care  
Washington, DC

**Andrew D. Ruskin, Esq.**

Morgan Lewis & Bockius LLP  
Washington, DC

**Robin Schneider, Esq.**

Senior Counsel  
Office of Counsel to the Inspector General  
US Department of Health and Human Services  
Washington, DC

**David P. Sheridan**

Project & Medical Director,  
Administrative  
QIC

**Brian Slater**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Craig H. Smith, Esq.**

Hogan & Hartson LLP  
Tallahassee, FL

**James C. Stansel, Esq.**

Former Acting General Counsel  
US Department of Health and Human Services  
Washington, DC

**Tiffany Swygert**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Bernard M. Talbert, Esq.**

Associate General Counsel  
Blue Cross Blue Shield Association  
Chicago, IL

**Megan Tinker, Esq.**

Senior Counsel  
Office to the Inspector General  
US Department of Health and Human Services  
Washington, DC

**Michael Treitel**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Elizabeth Truong**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Lawrence W. Vernaglia, JD, MPH**

Foley & Lardner LLP  
Boston, MA

**Andrew D. Wachler, Esq.**

Wachler & Associates PC  
Royal Oak, MI

**John R. Washlick, Esq.**

Cozen O'Connor PC  
Philadelphia, PA

**Ellen Weissman, Esq.**

Hodgson Russ LLP  
Buffalo, NY

**Laurence Wilson, Esq.**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Cynthia F. Wisner, Esq.**

Assistant General Counsel  
Trinity Health  
Farmington Hills, MI

**Mark Wynn, Esq.**

Centers for Medicare and Medicaid Services  
Baltimore, MD

**Janice H. Ziegler, Esq.**

Sonnenschein Nath & Rosenthal LLP  
Washington, DC

**Eric Zimmerman, Esq.**

McDermott Will & Emery LLP  
Washington, DC



# Institute on Medicare and Medicaid Payment Issues At-A-Glance

Wednesday, March 25, 2009 (continued)

12:15– 1:35 pm	<b>Lunch on your own or attend the In-House Counsel Practice Group Luncheon</b> (additional fee; limited attendance; pre-registration required—see pages 21-22)					
1:45– 3:15 pm  Extended Sessions	<b>A. Fraud and Abuse Basics</b> (not repeated)  <i>Joan P. Dailey John R. Washlick</i>	<b>B. Getting Ready for the National RAC Rollout</b>  <i>Rochelle Archuleta Connie Leonard Stewart M. Presser</i>	<b>C. Recent Developments in DGME and IME</b>  <i>Thomas W. Coons Tim Johnson Elizabeth Truong</i>	<b>D. Medicare DSH Adjustments</b>  <i>John R. Jacob (Moderator) Christopher L. Keough Mark D. Polston Tiffany Swygert</i>	<b>E. The Anti-Markup Payment Limitation: Understanding CMS' Latest Regulatory Revisions</b>  <i>Kristen M. Bohl Lisa M. Ohrin</i>	<b>F. Repayments and Disclosures: Legal Requirements and Hard Choices</b>  <i>Thomas S. Crane Robert L. Roth</i>
3:30– 4:30 pm	<b>G. Primer on Coding Issues for Payment Lawyers</b> (not repeated)  <i>Robert A. Pelia</i>	<b>H. Medicare Secondary Payor Issues</b> (not repeated)  <i>Janice H. Ziegler</i>	<b>J. Hospital Patient Status: Payment and Compliance Implications</b>  <i>Timothy P. Blanchard Kimberly Hoy</i>	<b>K. Provider-Based Status and "Under Arrangements"</b>  <i>Thomas E. Dowdell Catherine T. Dunlay</i>	<b>L. Medicare and Medicaid Coverage and Reimbursement of Off-Label Use of Drugs and Devices</b>  <i>Andrew D. Ruskin James C. Stansel</i>	<b>M. Medicare Bad Debt (advanced)</b>  <i>Joanne B. Erde</i>
4:45– 5:45 pm	<b>N. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques</b> (not repeated)  <i>Lawrence W. Vernaglia</i>	<b>O. Medicaid Managed Care</b> (not repeated)  <i>Mark H. Gallant</i>	<b>P. Fraud and Abuse Issues for Hospitals and Physicians</b>  <i>John T. Brennan, Jr. Gregory Demske</i>	<b>Q. Medicare Diagnostic Testing Update: New Anti-Markup Restrictions for Physicians and Performance Standards for IDTFs</b>  <i>Thomas W. Greeson Daniel H. Melvin</i>	<b>R. Recent Developments Affecting Clinical Laboratory Testing</b>  <i>Peter M. Kazon</i>	<b>S. Gainsharing: Structuring Incentive Payment and Shared Savings Programs</b>  <i>Ellen Weissman Mark Wynn</i>
6:45– 9:30 pm	<b>Reception at the B &amp; O Railroad</b> (attendees, faculty, children, and registered spouses and guests welcome; transportation provided)					

# Institute on Medicare and Medicaid Payment Issues At-A-Glance

Thursday, March 26, 2009

7:00 am– 5:45 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>Public Interest Session–SCHIP: Reauthorization, the Bill and Medicaid Payment</b> <i>Robert Hall</i>					
8:15– 9:45 am  Extended Sessions	<b>T. Medicaid Litigation Update</b> (not repeated)  <i>Alan S. Dorn Byron J. Gross Jane Perkins</i>	<b>U. Advanced Stark</b>  <i>S. Craig Holden David E. Matyas</i>	<b>V. Update on Quality Initiatives and Value Based Purchasing in Medicare</b>  <i>Janice Anderson Jason E. Bring</i>	<b>W. Hospital Outpatient PPS</b> (advanced)  <i>Carrie Bullock Rebecca Cole Valerie Rinkle</i>	<b>B. Getting Ready for the National RAC Rollout</b> (repeat)  <i>Rochelle Archuleta Connie Leonard Stewart M. Presser</i>	<b>F. Repayments and Disclosures: Legal Requirements and Hard Choices</b> (repeat)  <i>Thomas S. Crane Robert L. Roth</i>
10:00– 11:00 am	<b>X. Fundamentals of Medicare Claims Appeals</b> (not repeated)  <i>Michael P. Crochunis Thomas E. Herrmann</i>	<b>Y. Homecare and Hospi- cice: Reimbursement Trends and Regula- tory Challenges</b> (not repeated)  <i>William A. Dombi Deborah A. Randall</i>	<b>Z. Target-at-Law: Legal Ethics when the Lawyer Is under Investigation</b>  <i>William W. Horton</i>	<b>AA. The Brave New World of Provider Enrollment: Perspec- tives from CMS and Industry</b>  <i>James M. Bossenmeyer Louise M. Joy</i>	<b>K. Provider-Based Status and “Under Arrangements”</b> (repeat)  <i>Thomas E. Dowdell Catherine T. Dunlay</i>	<b>Q. Medicare Diagnostic Testing Update</b> (repeat)  <i>Thomas Greeson Daniel H. Melvin</i>
11:15 am– 12:15 pm	<b>BB. Medicaid: Present and Future</b> (not repeated)  <i>Craig H. Smith</i>	<b>CC. PRRB Appeals</b> (not repeated)  <i>Lloyd A. Bookman Susan Cochran</i>	<b>DD. Ambulatory Surgery Center Payment and Regulatory Update</b>  <i>Eric Zimmerman</i>	<b>EE. Healthcare Transactions and Medicare’s Change of Ownership (“CHOW”) Rules</b>  <i>Thomas E. Bartrum</i>	<b>P. Fraud and Abuse Issues for Hospi- tals and Physicians</b> (repeat)  <i>John T. Brennan, Jr. Gregory Demske</i>	<b>R. Recent Develop- ments Affecting Clinical Laboratory Testing</b> (repeat)  <i>Peter M. Kazon</i>

# Institute on Medicare and Medicaid Payment Issues At-A-Glance

Thursday, March 26, 2009 (continued)

12:15– 1:35 pm	<b>Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group Luncheon</b> (additional fee; limited attendance; pre-registration required-see pages 21-22)					
1:45– 2:45 pm	<b>FF. PRRB Jurisdiction</b> (not repeated)  <i>Michael W. Harty Kenneth R. Marcus</i>	<b>GG. A Beginner's Primer on the Ins and Outs of Part A and B Billing Medicare Billing</b> (not repeated)  <i>Georgeann Edford</i>	<b>HH. Quality – A Payment Issue and an Emerging Compliance Issue</b>  <i>Dennis M. Barry</i>	<b>JJ. Medicare Litigation Update</b>  <i>Robert Balderston John R. Hellow</i>	<b>KK. New Developments for DME, Prosthetics, Orthotics and Supplies</b>  <i>Donald H. Romano Laurence Wilson</i>	<b>AA. The Brave New World of Provider Enrollment: Perspectives from CMS and Industry</b> (repeat)  <i>James M. Bossenmeyer Louise M. Joy</i>
3:00– 4:00 pm	<b>LL. Current Hot Topics Relating to Coding and Billing for Facility Component E/M Services Furnished to Medicare Beneficiaries</b> (not repeated)  <i>Hugh E. Aaron</i>	<b>MM. Medicare Wage Index Update</b> (not repeated)  <i>Julia DiFrancesco Leslie D. Goldsmith Valerie A. Miller Brian Slater</i>	<b>NN. Medicare and Medicaid Payment Issues for Nursing Facilities</b>  <i>Melissa Hulbert Alan Rosenbloom</i>	<b>OO. CMS' Stark Law Audits are Here: Preparing to Respond to the Government's "Disclosure of Financial Relationships Report"</b>  <i>Michael W. Paddock</i>	<b>L. Medicare and Medicaid Coverage and Reimbursement of Off-Label Use of Drugs and Devices</b> (repeat)  <i>Andrew D. Ruskin James C. Stansel</i>	<b>DD. Ambulatory Surgery Center Payment and Regulatory Update</b> (repeat)  <i>Eric Zimmerman</i>
4:15– 5:45 pm  Extended Sessions	<b>PP. Medicare Claims Appeals Advanced Workshop</b> (not repeated)  <i>James P. Kelly Lester J. Perling Andrew D. Wachler</i>	<b>QQ. Hospital Inpatient PPS Update</b>  <i>Taimyra Jones Miechal Lefkowitz Larry A. Oday Michael Treitel</i>	<b>RR. Medicaid Supplemental Payments and Financing Issues</b>  <i>James E. Gjerset Charles A. Luband Megan Tinker</i>	<b>D. Medicare DSH Adjustments</b> (repeat)  <i>John R. Jacob (Moderator) Christopher L. Keough Mark D. Polston Tiffany Swygert</i>	<b>E. The Anti-Markup Payment Limitation: Understanding CMS' Latest Regulatory Revisions</b> (repeat)  <i>Kristen M. Bohl Lisa M. Ohrin</i>	<b>V. Update on Quality Initiatives and Value Based Purchasing in Medicare</b> (repeat)  <i>Janice Anderson Jason E. Bring</i>
5:45– 6:45 pm	<b>Reception at the Baltimore Marriott Waterfront Hotel</b> (attendees, faculty, children, and registered spouses and guests welcome)					

# Institute on Medicare and Medicaid Payment Issues At-A-Glance

Friday, March 27, 2009

7:00 am– 3:35 pm	<b>Registration and Information</b>					
7:00– 8:00 am	<b>Continental Breakfast</b> (attendees, faculty, children, and registered spouses and guests welcome)					
8:00– 9:30 am  Extended Sessions	<b>SS. Workshop on PRRB Practice Issues</b> (not repeated)  <i>Keith D. Barber Paul Crofton Charles F. MacKelvie Bernard M. Talbert</i>	<b>C. Recent Developments in DGME and IME</b> (repeat)  <i>Thomas W. Coons Tim Johnson Elizabeth Truong</i>	<b>U. Advanced Stark</b> (repeat)  <i>S. Craig Holden David E. Matyas</i>	<b>W. Hospital Outpatient PPS</b> (advanced) (repeat)  <i>Carrie Bullock Rebecca Cole Valerie Rinkle</i>	<b>RR. Medicaid Supplemental Payments and Financing Issues</b> (repeat)  <i>James E. Gjerset Charles A. Luband Megan Tinker</i>	<b>QQ. Hospital Inpatient PPS Update</b> (repeat)  <i>Taimyra Jones Miechal Lefkowitz Larry A. Oday Michael Treitel</i>
9:45– 10:45 am	<b>TT. Medicaid Integrity Program</b> (not repeated)  <i>David Frank</i>	<b>UU. Clinical Trial Billing: Still Confused? Know all about the NCD but how do we Operationalize that Knowledge?</b> (not repeated) <i>Holley T. Lutz F. Lisa Murtha</i>	<b>VV. Government Investigations and Enforcement Update</b>  <i>Gary W. Eiland</i>	<b>WW. Medicare Physician Reimbursement Issues</b> (advanced)  <i>Alice G. Gosfield</i>	<b>J. Hospital Patient Status: Payment and Compliance Implications</b> (repeat)  <i>Timothy P. Blanchard Kimberly Hoy</i>	<b>EE. Healthcare Transactions and Medicare's Change of Ownership ("CHOW") Rules</b> (repeat)  <i>Thomas E. Bartrum</i>
11:00 am– 12:00 noon	<b>XX. Exclusions: Why Imposed? Screenings and Employer Liability</b> (not repeated)  <i>Robin Schneider Cynthia F. Wisner</i>	<b>YY. Medical Necessity: From the QIC Perspective</b> (not repeated)  <i>David Sheridan</i>	<b>Z. Target-at-Law: Legal Ethics when the Lawyer Is under Investigation</b> (repeat)  <i>William W. Horton</i>	<b>NN. Medicare and Medicaid Payment Issues for Nursing Facilities</b> (repeat)  <i>Melissa Hulbert Alan Rosenbloom</i>	<b>WW. Medicare Physician Reimbursement Issues</b> (advanced) (repeat)  <i>Alice G. Gosfield</i>	

# Institute on Medicare and Medicaid Payment Issues At-A-Glance

Friday, March 27, 2009 (continued)

12:00 noon– 1:00 pm	<b>Lunch on your own</b>			
1:00– 2:00 pm	<b>M. Medicare Bad Debt</b> (advanced) (repeat)  <i>Joanne B. Erde</i>	<b>S. Gainsharing: Structuring Incentive Payment and Shared Savings Programs</b> (repeat)  <i>Ellen Weissman Mark Wynn</i>	<b>HH. Quality – A Payment Issue and an Emerging Compliance Issue</b> (repeat)  <i>Dennis M. Barry</i>	<b>JJ. Medicare Litigation Update</b> (repeat)  <i>Robert Balderston John R. Hellow</i>
2:15– 3:15 pm	<b>KK. New Developments for DME, Prosthetics, Orthotics and Supplies</b> (repeat)  <i>Donald H. Romano Laurence Wilson</i>	<b>OO. CMS' Stark Law Audits are Here: Preparing to Respond to the Government's "Disclosure of Financial Relationships Report"</b> (repeat)  <i>Michael W. Paddock</i>	<b>VV. Government Investigations and Enforcement Update</b> (repeat)  <i>Gary W. Eiland</i>	

20

## What's an eProgram?

AHLA will be recording each of the sessions at the Medicare and Medicaid Program and offer it for purchase as an eProgram. An eProgram is a compressed file download that includes a PDF of the complete program agenda with hyperlinks to the mp3 audio files and the written materials for each of the sessions. All orders are fulfilled 5 weeks after the program. Attendees can purchase the eProgram for \$99 on the registration form on pages 21-22.

**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): \_\_\_\_\_

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

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

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

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

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

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

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

## Early Registration Fees

**(faxed/postmarked and paid by March 4, 2009):**

**Members:**  \$835 **Non-Members:**  \$1035

\$760 each additional AHLA member registering from same organization at same time on the same check or credit card payment

## Early Registration Fees

**(faxed/postmarked and paid after March 4, 2009):**

**Members:**  \$935 **Non-Members:**  \$1135

\$860 each additional AHLA member registering from same organization at same time on the same check or credit card payment

## Stark Program Only

**Members:**  \$375 **Non-Members:**  \$475

If also registering for the Medicare and Medicaid Program, subtract \$50 from the applicable fee for the Stark program.

**Discounts:** Government employees, academicians, solo practitioners, and students: please call (202) 833-0766 for special discounted fees.

I will require:

audio  visual  mobility  other assistance  I have special dietary needs

*(Continued on page 22)*

# Institute on Medicare and Medicaid Payment Issues/Operationalizing Stark

## PAYMENT INFORMATION

Please fill in applicable amount:

(Sorry! Registrations cannot be processed unless accompanied by payment.)

- \$ \_\_\_\_\_ Medicare and Medicaid Registration Fee
- \$ \_\_\_\_\_ Practice Group Luncheon: In-House Counsel – March 25  
(\$35 for sponsoring PG members/\$45 for non-members  
of the In-House Counsel PG)
- \$ \_\_\_\_\_ Practice Group Luncheon: Regulation, Accreditation,  
and Payment – March 26 (\$35 for sponsoring PG members/\$45  
for non-members of the RAP PG)
- \$ \_\_\_\_\_ Medicare and Medicaid Printed Course Materials (\$75)
- \$ \_\_\_\_\_ Medicare and Medicaid eProgram with audio of all sessions and  
written materials (\$99 for all attendees)
- \$ \_\_\_\_\_ Spouse/Guest Fee (\$75)
- \$ \_\_\_\_\_ Stark Program Registration Fee (subtract \$50 if also registering  
for Medicare and Medicaid)
- \$ \_\_\_\_\_ Operationalizing Stark eProgram with audio of all sessions and  
written materials (\$59 for all attendees)
- \$ \_\_\_\_\_ Membership Dues  
(Date admitted to the bar/graduated:   /   /    
For membership fees, go online to [www.healthlawyers.org](http://www.healthlawyers.org))
- \$ \_\_\_\_\_ Total Enclosed

I can't attend the program(s) but I would like to purchase the eProgram  
with the audio and program materials

- Institute on Medicare and Medicaid Payment Issues  
(\$149.00 for non-attendees)
- Operationalizing Stark (\$89.00 for non-attendees)

## Payment

- 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 for Medicare and Medicaid and \$75 for Stark, cancellation notice  
must be received in writing by March 18, 2009.

Fed ID No. 23-7333380

# Operationalizing Stark: From Complexity to Reality

## March 24, 2009

**T**he Operationalizing Stark program is a practical, one-day program that will use a series of case studies to analyze recent complex change in the physician self-referral law.

8:30 am–5:00 pm

### Registration and Information

9:30–9:45 am

### Welcome and Introduction

*Elizabeth Carder-Thompson, AHLA President-Elect*  
*Beth Schermer, Program Chair*

9:45–11:15 am

### Hospital/Physician Joint Ventures: Life after the October 2009 Changes to “Under Arrangements” and “Per-Click/Percentage Compensation” Rules Under Stark

*Ann E. DesRuisseaux, Assistant General Counsel, DaVita Inc.*  
*S. Craig Holden, OBERIKALER*  
*Donald H. Romano, Arent Fox LLP*

11:15 am–12:15 pm

### The Stark Morass in Academic Medicine

*Robert G. Homchick, Davis Wright Tremaine LLP*  
*Michael W. Paddock, Crowell & Moring LLP*

12:30–1:30 pm

### Group Lunch (all attendees and speakers welcome)

### Interactive Discussion: Fair Market Value Issues in the Case Studies

*Daryl P. Johnson, HealthCare Appraisers, Inc. – moderator*

1:45–2:45 pm

### Group Practice and Recruitment Activities

*David E. Matyas, Epstein Becker & Green PC*  
*Cynthia Y. Reisz, Bass Berry & Sims PLC*

2:45–3:45 pm

### Stark and Quality Initiatives:

#### Pay-for-Performance and Shared Savings

*Kevin G. McAnaney, Law Office of Kevin G. McAnaney*  
*Lisa M. Ohrin, Sonnenschein Nath & Rosenthal LLP*  
*Beth Schermer, Coppersmith Gordon Schermer & Brockelman PLC*

4:00-5:00 pm

### Self-Disclosure Round Table: How to Advise the Client and What to Expect from the Government

*Kevin G. McAnaney – moderator*

### Registration Information

#### Stark Program Only:

**AHLA Member: \$375**

**Non-Member: \$475**

### Continuing Education

Participants will be given continuing education forms at the program. Forms must be completed and returned to AHLA staff to receive credits in most states. The seminar is worth approximately 5.5 continuing education credits based on a 60-minute hour and 6.6 credits based on a 50-minute hour.

#### *Special Offer!*

**Save \$50 off the registration fee for Stark, if you also register for the Institute on Medicare and Medicaid Payment Issues.**

**See pages 21-22 to register.**



*HealthCare Appraisers, Inc. has provided sponsorship in support of this program.*



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

Presorted  
First-Class Mail  
U.S. Postage Paid  
Suburban, MD  
Permit No. 4841

## Institute on Medicare and Medicaid Payment Issues March 25-27, 2009

---

## Operationalizing Stark: From Complexity to Reality March 24, 2009

Baltimore Marriott Waterfront Hotel  
Baltimore, MD

Register by March 4, 2009 and save!  
Register online today at [www.healthlawyers.org/programs](http://www.healthlawyers.org/programs)