

Program Brochure

Institute on Medicare and Medicaid Payment Issues

March 24-26, 2010



Baltimore Marriott Waterfront Hotel
Baltimore, MD

Institute on Medicare and Medicaid Payment Issues

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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. This brochure contains just the program schedule. Please check the AHLA web site for the full brochure: www.healthlawyers.org/programs/MM10.

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 20.0 continuing education credits (including 1.0 ethics credit) based on a 60-minute hour and 24.0 credits (including 1.2 ethics credit) based on a 50-minute hour.

This seminar will be worth approximately 24.0 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 encourages attendees to visit their exhibit booths:

- * BNA, Inc.
- * Coding Compliance Solutions Inc., *sponsor of Totebags*
- * Principle Valuation, LLC, *sponsor of Pens* (not exhibiting)
- * 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 24, 2010**. Please make your reservations early. The room block may sell out prior to the hotel cutoff.

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.

Program 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 23, 2010

6:30-8:30 pm

Registration and Information

Wednesday, March 24, 2010

7:00 am-5:45 pm

Registration and Information

8:00-10:00 am

I. Fundamentals of Medicare Parts A and B (not repeated)

Barry D. Alexander

James F. Flynn

- * General introduction: History and growth of the program, sources of Medicare law, program administration and operation
- * Medicare "101": Key concepts and terms in Medicare reimbursement and coverage and general eligibility criteria
- * Medicare Part A: Specific eligibility criteria and benefits, provider types under Part A, certification and enrolment, reimbursement systems, and recent legislative changes
- * Medicare Part B: Specific eligibility criteria and benefits, supplier types, reimbursement systems, enrollment and recent legislative changes
- * Medicare A and B appeal process

8:00-9:20 am

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

Amy Bassano

Jonathan Blum

Laurence Wilson

10:00-10:50 am

III. Fundamentals of Medicare Parts C and D (not repeated)

Christine C. Rinn

Kathleen Peterson

- * Beneficiary eligibility requirements and program enrollment and disenrollment rules

- * Categories of and requirements for each plan type
- * Benefit design issues
- * Provider Issues including eligibility for participation, contracting requirements and payment issues

9:30-10:50 am

IV. 2009: The RAP Practice Group's Year in Review (not repeated)

Jolee Hancock Bollinger

Kenneth R. Marcus

Claire F. Miley

Donald H. Romano

Andrew D. Ruskin

- * The RAP Practice Group's Annual Year in Review jump starts the Medicare/Medicaid Institute with an engaging overview of many of the major developments occurring during the past year and sets the table for the numerous in-depth sessions

GENERAL SESSION

11:00-11:15 am

Welcome and Introduction

Timothy P. Blanchard, Program Chair

Richard Shackelford, AHLA President-Elect

11:15 am-12:15 pm

Keynote Address: Healthcare Reform: What was Accomplished?

What Happens Next?

Timothy S. Jost

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 25)

Institute on Medicare and Medicaid Payment Issues Agenda

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 and Stark Statutes
- * Federal False Claims Act
- * Program exclusion and civil money penalty provisions
- * Other criminal and civil statutes
- * Practice tips for rookies

B. Program Integrity and Provider Enrollment Initiatives affecting DME Suppliers

Barry D. Alexander

Kimberly Brandt

Donald H. Romano

C. What You Need to Know about Medicare and Medicaid Health Information Technology Meaningful Use Incentive Payments

William A. Connelly

Judith Haron

Marc Hartstein

Elizabeth Holland

- * The new Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for “meaningful use” of certified EHR technology established under the Recovery Act
- * The “meaningful use” criteria for hospitals and professionals CMS proposed in its January 13, 2010 EHR Incentives Programs proposed rule
- * Eligibility for incentive payments, payments methodologies and key differences between the Medicare and Medicaid incentive programs
- * Controversial legal and policy issues in the EHR Incentive Programs proposed rule, issues for contracts with EHR vendors and potential compliance concerns

D. Medicare DSH Adjustments

John R. Jacob

Christopher L. Keough

Mark D. Polston

Tiffany Swygert

- * Recent Legal Developments
- * SSI Update
- * Health Reform and DSH

E. Looking Closely at Hospital Observation and Patient Status Issues

Bernice Hecker

Hala Helm

Kimberly Hoy

- * CMS regulations and policy on observation
- * Utilization committee review of patient status
 - Policy discussion on physician involvement
- * Billing and reimbursement challenges
 - Impact of administration costs on healthcare system

F. Medicaid Supplemental Payments and Financing Issues

James E. Gjerset

Charles A. Luband

- * Medicaid disproportionate share hospital (DSH) payments
- * Other supplemental payments and the upper payment limits (UPLs)
- * Medicaid financing (IGTs, CPEs, and provider taxes)
- * Impact of economic stimulus legislation
- * Impact of health reform

3:30-4:30 pm

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

Robert A. Pelala

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

Institute on Medicare and Medicaid Payment Issues Agenda

H. Medicare Bad Debt (advanced) (not repeated)

Christopher L. Crosswhite

J. Federal Medicaid Integrity Program

Joanne B. Erde

- * The New Federal Medicaid Integrity Program (MIP)
- * Identify Issues and Problems with MIP to Date
- * Provide suggestions for addressing MIP investigations

K. HACs, Readmissions, and Adverse Events – Oh My!

Samantha Burch

Andrew D. Ruskin

- * Hospital-acquired conditions (“HACS”)
- * Emerging policy on readmissions
- * Adverse events (a/k/a “never events”)
- * Implications of healthcare reform legislation for these nascent payment for quality initiatives
- * Implications of these payment mechanisms for the RACs

L. Provider-Based Status and “Under Arrangements”

Thomas E. Dowdell

Catherine T. Dunlay

- * Options that remain for structuring provider-based services arrangements, including in collaboration with physicians and others
- * Issues to address and recent regulatory changes, including physician supervision and other coverage requirements, Stark law, provider-based status and under arrangements
- * Framework for analysis of potential provider-based services arrangements

M. Hospital Outpatient PPS (advanced)

Timothy P. Blanchard

Valerie Rinkle

- * 2010 annual changes

- * First comes eligibility and coverage: Outpatient hospital “incident to” and the physician supervision saga
- * New MIPPA benefit categories for intensive cardiac rehab, cardiac rehab and pulmonary rehab and payment under OPPS
- * Claim and compliance vulnerabilities under OPPS

4:45-5:45 pm

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

Lawrence W. Vernaglia

- * Research source materials
- * 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
- * Best practices for attorneys analyzing primary and secondary source material for Medicare and Medicaid reimbursement

O. Medical Necessity: From the QIC Perspective (not repeated)

David P. Sheridan

- * Definitions of R&N
- * Authorities for R&N
- * Reasonable?
- * Necessary?
- * Limitation on Liability
- * Examples

P. Medicare Physician Reimbursement Issues

Jennifer Evans

- * New developments in physician reimbursement
- * Consultation codes
- * Global billing: Point of service/date of service

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- * Anti-markup rule
- * Future of the fee schedule

Q. Advanced Provider-Based Status Issues

Dennis M. Barry

- * This session assumes that the attendee is familiar with the requirements for provider-based status and will address more detailed issues encountered by hospitals considering opening or currently operating provider-based sites, including:
 - Significance of provider-based status for 340B discounts and HRSA's rules
 - Shared space issues
 - Provider-based joint ventures – how does a square peg fit into a round hole?
 - Dealing with non-Medicare payers – systems issues, site of service codes, and patient copayments or liability for non-covered charges
 - Notices of coinsurance – when are they required and what are the consequences for not furnishing?
 - The extent to which arranged for services can be furnished at a site while still qualifying for provider-based status

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R. Observations from New York Medicaid Integrity Initiatives

James G. Sheehan

K. HACs, Readmissions, and Adverse Events – Oh My! (repeat)

6:45-9:30 pm

Reception at the National Aquarium

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

Thursday, March 25, 2010

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: Geography, Poverty and the Myths of Healthcare Reform

Richard Cooper

CONCURRENT SESSIONS

8:15- 9:45 am Extended Sessions

S. Medicaid Litigation Update (not repeated)

Alan S. Dorn

Jordan Keville

Jane Perkins

- * State of the law regarding Section 1983 actions to enforce Medicaid Act provisions
- * Developing case law on use of federal preemption to enforce Medicaid Act
- * Important substantive decisions on Medicaid services, rate-setting, and eligibility

T. 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

Institute on Medicare and Medicaid Payment Issues Agenda

- * Preparing for the roll-out of the Disclosure of Financial Relationships Report
- * Voluntarily disclosing a Stark violation

U. Medicare DGME and IME

Thomas W. Coons
Tim Johnson
Elizabeth Truong

- * Current Medicare GME policies
- * Medicare GME provisions included within FFY 2010 inpatient payment final rule
- * Documentation issues raised by Medicare GME policies
- * Current litigation issues for Medicare DGME and IME payment
- * Medicare GME policy provisions included within Federal health reform legislation

V. The Medicare ACE Demonstration Project

Shannon Fiser
Cynthia Mason
Robert Stone

- * The ACE Demonstration Project, including the basic principles and procedures involved in bundling of physician and hospital reimbursement from the perspective of both providers and CMS
- * Legal and regulatory issues involved in the demonstration project, as well as potential issues should bundled payments expand beyond the demonstration
- * Thoughts about the future of the project and bundled payments in general as a potential cost-saving strategy

W. Repayments and Disclosures: Legal Requirements and Hard Choices

Thomas S. Crane
Robert L. Roth

- * Repayment authorities—what's new under Healthcare reform and the False Claims Act

- * When disclosure is not voluntary
- * 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 self-disclosure provisions in healthcare reform and OIG Self-Disclosure Protocol

B. Program Integrity and Provider Enrollment Initiatives affecting DME Suppliers (repeat)

10:00-11:00 am

X. Coding and Billing for Facility Component E/M Services (not repeated)

Hugh E. Aaron

- * CMS's 2010 Changes to the "Incident To" Physician Supervision Requirement
- * Non-Physician Practitioner Issues
- * Coverage of Triage-Only Emergency Department Visits
- * Billing for an E/M Service in Addition to a Surgical Procedure (i.e., the modifier -25 issue)
- * Other Recent CMS Changes

Y. PRRB Appeals (not repeated)

Suzanne Cochran
Kenneth R. Marcus

- * New regulations; new rules – what works; what doesn't
- * Shift in attorney/consultant role
- * Burning questions

Z. Medicare Provider Enrollment

James M. Bossenmeyer
Louise M. Joy

- * Deactivation vs. revocation (Part A/Part B)
- * Appeal process

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- How it works for enrollment issues
- Where corrective action plans fit in
- How new appeal process is going

AA. Medicare Diagnostic Testing, Anti-Markup Restrictions

IDTF Standards

Thomas W. Greeson

Daniel H. Melvin

- * Significant new regulatory and payment developments in diagnostic imaging
- * OPPS diagnostic test supervision rule
- * Health reform legislation affecting imaging
- * Anti-markup rule update
- * Stark diagnostic testing “under arrangements” issue
- * Implications of new Joint Commission teleradiology standards
- * IDTF performance standards

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J. Federal Medicaid Integrity Program (repeat)

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

11:15 am-12:15 pm

BB. Medicaid Fundamentals (not repeated)

Craig H. Smith

- * The evolution of Medicaid and key program components
- * Recent state Medicaid reform initiatives
- * Federal Health Reform and the future of Medicaid

CC. PRRB Jurisdiction (not repeated)

Michael W. Harty

Kenneth R. Marcus

- * PRRB governing authority, procedure, jurisdiction and practice
- * Significant jurisdiction issues
- * PRRB and judicial jurisdiction decisions issued during the past year

DD. Sources Close to the Investigation Said . . .”: Legal Ethics and Public Statements in Government Proceedings

William W. Horton

Kirk Ogrofsky

- * “My client is innocent, but you didn’t hear it from me”: What can the defense say, and when?
- * “What can I say after I’ve said you’re indicted?”: Special constraints on prosecutors and government lawyers
- * “It’s a privilege . . . but not here”: Parallel civil, criminal and Congressional investigations

EE. 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 coverage, coding and payment issues affecting new laboratory technology, such as genetic testing
- * 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) draft 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

P. Medicare Physician Reimbursement Issues (repeat)

Q. Advanced Provider-Based Status Issues (repeat)

Institute on Medicare and Medicaid Payment Issues Agenda

12:15-1:35 pm

Lunch on your own or attend the In-House Counsel

Practice Group Luncheon

(additional fee; limited attendance; pre-registration required; see page 25)

CONCURRENT SESSIONS

1:45-2:45 pm

FF. 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

GG. Preparing for RAC and MIC Audits: In-House and Outside Counsel

Perspectives

Denise H. Bloch

Ronald S. Connelly

- * Preparing effective appeals
- * Managing large caseloads
- * Legal Issues from the demonstration project that will impact the permanent RAC program

HH. Medicare Litigation Update

Robert Balderston

John R. Hellow

- * Recent Medicare case law developments, including PPS and cost reimbursement, DSH, bad debt, medical education, certification, coordination of benefits/MSP and government overpayment recovery actions
- * The most significant recent Medicare decisions
- * Trends in cases from both the private and government perspectives

- * Recent procedural issues including subject matter jurisdiction, reopening challenges and late NPR appeals

JJ. 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

Z. Medicare Provider Enrollment (repeat)

AA. Medicare Diagnostic Testing, Anti-Markup Restrictions and IDTF Standards (repeat)

3:00-4:00 pm

KK. Fundamentals of Medicare Claims Appeals (not repeated)

Anthony Culotta

Donna Thiel

Constance B. Tobias

- * Why are these claims denied? From Routine Medical Review to RAC audits
- * The Appeals Process (reconsideration, redetermination, ALJ)
- * The Medicare Appeals Council: How the council works and recent issues addressed
- * Making your case: Advice and insights into making a persuasive case for coverage

LL. Medicare Secondary Payer Issues (not repeated)

Joan Polacheck

Janice H. Ziegler

Institute on Medicare and Medicaid Payment Issues Agenda

MM. Medicaid Managed Care Network Requirements and Contracting

(not repeated)

Mark H. Gallant

Robert Gilman

- * Federal requirements for Medicaid managed care provider networks
- * Laws governing out of network provider reimbursement
- * Legal challenges involving provider network composition and access
- * Negotiating tactics and key contract provisions (provider and plan “friendly” versions)

NN. Medicare and Medicaid Payment Issues for Nursing Facilities

Melissa Hulbert

Alan G. Rosenbloom

OO. Stark Overpayments and False Claims Implications

Katherine A. Lauer

Michael W. Paddock

JJ. Ambulatory Surgery Center Payment and Regulatory Update (repeat)

4:15-5:45 pm Extended Sessions

PP. Medicare Claims Appeals Advanced Workshop (not repeated)

Thomas Herrmann

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 Oday

Michael Treitel

- * Area wage index adjustment
- * DRG Recalibration
- * Updating the standardized amount
- * Other mandated adjustments, including IME and DSH

C. What You Need to Know about Medicare and Medicaid Health Information Technology Meaningful Use Incentive Payments (repeat)

D. Medicare DSH Adjustments (repeat)

E. Looking Closely at Hospital Observation and Patient Status Issues (repeat)

F. Medicaid Supplemental Payments and Financing Issues (repeat)

5:45-6:45 pm

Reception at the Baltimore Marriott Waterfront Hotel

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

Friday, March 26, 2010

7:00 am-3:15 pm

Registration and Information

7:00-8:00 am

Continental Breakfast

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

Institute on Medicare and Medicaid Payment Issues Agend

CONCURRENT SESSIONS

8:00-9:30 am Extended Sessions

RR. Workshop on PRRB Practice Issues (not repeated)

Keith D. Barber

Paul Crofton

Steven B. Roosa

Bernard M. Talbert

T. Advanced Stark (repeat)

U. Recent Developments in DGME and IME (repeat)

V. The Medicare ACE Demonstration Project (repeat)

W. Repayments and Disclosures: Legal Requirements and Hard Choices (repeat)

QQ. Hospital Inpatient PPS Update (repeat)

9:45-10:45 am

SS. Homecare and Hospice: Reimbursement and Regulatory Challenges (not repeated)

William A. Dombi

Deborah A. Randall

- * MedPac developments challenging hospice reimbursement
- * New interpretations of hospice certification of terminal status and other documentation concerns
- * Data collection on hospice frequency and intensity of professional services
- * Fraud investigations and settlements in hospice

TT. Gainsharing: Incentive Payment and Shared Savings Programs (not repeated)

Ellen Weissman

- * Demonstration projects legal constraints on structuring
 - Current law/regulations/OIG Advisory Opinions
 - Proposed exception to Stark regulations
- * Federal health reform proposals

UU. Update on Quality Incentives and Value Based Medicare Purchasing

Jason E. Bring

- * Emerging issues for value-based purchasing (VBP) initiatives for Medicare
- * Existing VBP demonstration projects
- * Performance review for the Premier Hospital Quality Incentive Demonstration (HQID)
- * The Physician Quality Reporting Initiative (PQRI) and challenges faced by providers

VV. Fraud and Abuse Issues for Hospitals and Physicians

John T. Brennan, Jr.

Gregory Demske

- * Case law and other fraud and abuse developments affecting hospitals and physicians
- * Key False Claims Act and other changes to fraud and abuse laws
- * Anticipating the future: Potential impact of new legislation
- * Update on HHS-OIG's fraud and abuse enforcement and investigation priorities

Institute on Medicare and Medicaid Payment Issues Agenda

WW. Healthcare Transactions and Medicare's Change of Ownership ("CHOW") Rules

Thomas E. Bartrum

Kelly Miller

- * Transactions that constitute CHOWs
- * Successor liability and automatic assignment, including new 36 month rule for home health agencies
- * Medicare filing requirements and responsible parties as a result of CHOW
- * Allowable and non-allowable costs as a result of CHOW
- * Medicare liabilities post CHOW
- * Due diligence issues to consider when entering into a CHOW

GG. Preparing for RAC and MIC Audits: In-House and Outside Counsel Perspectives (repeat)

12 11:00 am-12:00 noon

XX. Program Exclusions (not repeated)

Robin Schneider

Cynthia F. Wisner

- * Statutory and regulatory authority
- * Effect of exclusion and impact on employers
- * Types of exclusion
- * Reinstatement, waivers and withdrawals
- * Exclusion information and queries
- * Enforcement

YY. What's New at the Agency for Healthcare Research and Quality: Opportunities for Providers (not repeated)

Elise Berliner

Lynn Shapiro Snyder

- * The agency for healthcare research and quality
- * Particular programs that are relevant to healthcare providers

- * AHRQ as a catalyst for making scientific evidence available for appropriate patient care
- * How healthcare providers as stakeholders can play a part in AHRQ's mission

DD. Sources Close to the Investigation Said . . .: Legal Ethics and Public Statements in Government Proceedings (repeat)

VV. Fraud and Abuse Issues for Hospitals and Physicians (repeat)

WW. Healthcare Transactions and Change of Ownership ("CHOW") Rules (repeat)

12:00 noon-1:00 pm

Lunch on your own

CONCURRENT SESSIONS

1:00-2:00 pm

M. Hospital Outpatient PPS (advanced) (repeat)

R. Observations from New York Medicaid Integrity Initiatives (repeat)

EE. Recent Developments Affecting Clinical Laboratory Testing (repeat)

HH. Medicare Litigation Update (repeat)

2:15-3:15 pm

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

OO. Stark Overpayments and False Claims Implications (repeat)

UU. Update on Quality Incentives and Value Based Medicare Purchasing (repeat)

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Institute on Medicare and Medicaid Payment Issues At-a-Glance

Tuesday, March 23, 2010

6:30– 8:30 pm	Registration and Information
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Wednesday, March 24, 2010

7:00 am– 5:45 pm	Registration and Information		
8:00– 10:00 am	I. Fundamentals of Medicare Parts A and B (not repeated) <i>Barry D. Alexander</i> <i>James F. Flynn</i>	8:00– 9:20 am	II. CMS Outreach Session on Hospital and Physician Issues (not repeated) <i>Amy Bassano</i> <i>Jonathan Blum</i> <i>Laurence Wilson</i>
		9:20– 9:30 am	Coffee Break
10:00– 10:50 am	III. Fundamentals of Medicare Parts C and D (not repeated) <i>Christine C. Rinn</i> <i>Kathleen Peterson</i>	9:30– 10:50 am	IV. 2009: The RAP Practice Group's Year in Review (not repeated) <i>Jolee Hancock Bollinger</i> <i>Kenneth R. Marcus</i> <i>Claire F. Miley</i> <i>Donald H. Romano</i> <i>Andrew D. Ruskin</i>
10:50– 11:00 am	Coffee Break		
11:00 am– 12:15 pm	GENERAL SESSION 11:00–11:15 am Welcome and Introduction <i>Timothy P. Blanchard, Richard L. Shackelford</i> 11:15 am–12:15 pm Keynote Address: Healthcare Reform: What was Accomplished? What Happens Next? <i>Timothy S. Jost</i>		

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

Wednesday, March 24, 2010 (continued)

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 25)					
1:45– 3:15 pm Extended Sessions	A. Fraud and Abuse Basics (not repeated) <i>Joan P. Dailey John R. Washlick</i>	B. Program Integrity and Provider Enrollment Initiatives Affecting DME Suppliers <i>Barry D. Alexander Kimberly Brandt Donald H. Romano</i>	C. What You Need to Know about Medicare and Medicaid Health Information Technology Meaningful Use Incentive Payments <i>William A. Connelly Judith Haron Marc Hartstein Elizabeth Holland</i>	D. Medicare DSH Adjustments <i>John R. Jacob Christopher L. Keough Mark D. Polston Tiffany Swygert</i>	E. Looking Closely at Hospital Observation and Patient Status Issues <i>Bernice Hecker Hala Helm Kimberly Hoy</i>	F. Medicaid Supplement Payments and Financing Issues <i>James E. Gjerset Charles Luband</i>
3:30– 4:30 pm	G. Primer on Coding Issues for Payment Lawyers (not repeated) <i>Robert A. Pelaia</i>	H. Medicare Bad Debt (advanced) (not repeated) <i>Christopher L. Crosswhite</i>	J. Federal Medicaid Integrity Program <i>Joanne B. Erde</i>	K. HACs, Readmissions, and Adverse Events – Oh My! <i>Samantha Burch Andrew D. Ruskin</i>	L. Provider-Based Status and “Under Arrangements” <i>Thomas E. Dowdell Catherine T. Dunlay</i>	M. Hospital Outpatient PPS (advanced) <i>Timothy P. Blanchard Valerie Rinkle</i>
4:45– 5:45 pm	N. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques (not repeated) <i>Lawrence W. Vernaglia</i>	O. Medical Necessity: The QIC Perspective (not repeated) <i>David P. Sheridan</i>	P. Medicare Physician Reimbursement Issues <i>Jennifer Evans</i>	Q. Advanced Provider-Based Status Issues <i>Dennis M. Barry</i>	R. Observations from New York Medicaid Integrity Initiatives <i>James G. Sheehan</i>	K. HACs, Readmissions, and Adverse Events – Oh My! (repeat) <i>Samantha Burch Andrew D. Ruskin</i>
6:45– 9:30 pm	Reception at the National Aquarium (attendees, faculty, children, and registered spouses and guests welcome)					

Institute on Medicare and Medicaid Payment Issues At-a-Glance

Thursday, March 25, 2010

7:00 am– 5:45 pm	Registration and Information					
7:00– 8:15 am	<p>Continental Breakfast (attendees, faculty, children, and registered spouses and guests welcome)</p> <p>7:15-8:00 am Public Interest: Geography, Poverty and the Myths of Healthcare Reform <i>Richard Cooper</i></p>					
8:15– 9:45 am Extended Sessions	<p>S. Medicaid Litigation Update (not repeated)</p> <p><i>Alan S. Dorn Jordan Keville Jane Perkins</i></p>	<p>T. Advanced Stark</p> <p><i>S. Craig Holden David E. Matyas</i></p>	<p>U. Medicare DGME and IME</p> <p><i>Thomas W. Coons Tim Johnson Elizabeth Truong</i></p>	<p>V. The Medicare ACE Demonstration Project</p> <p><i>Shannon Fiser Cynthia Mason Robert Stone</i></p>	<p>W. Repayments and Disclosures: Legal Requirements and Hard Choices</p> <p><i>Thomas S. Crane Robert L. Roth</i></p>	<p>B. Program Integrity and Provider Enrollment Initiatives Affecting DME Suppliers (repeat)</p> <p><i>Barry D. Alexander Kimberly Brandt Donald H. Romano</i></p>
10:00– 11:00 am	<p>X. Coding and Billing for Facility Component E/M Services (not repeated)</p> <p><i>Hugh E. Aaron</i></p>	<p>Y. PRRB Appeals (not repeated)</p> <p><i>Suzanne Cochran Kenneth R. Marcus</i></p>	<p>Z. Medicare Provider Enrollment</p> <p><i>James M. Bossenmeyer Louise M. Joy</i></p>	<p>AA. Medicare Diagnostic Testing, Anti-Markup Restrictions and IDTF Standards</p> <p><i>Thomas W. Greeson Daniel H. Melvin</i></p>	<p>J. Federal Medicaid Integrity Program (repeat)</p> <p><i>Joanne B. Erde</i></p>	<p>L. Provider-Based Status and “Under Arrangements” (repeat)</p> <p><i>Thomas E. Dowdell Catherine T. Dunlay</i></p>
11:15 am– 12:15 pm	<p>BB. Medicaid Fundamentals (not repeated)</p> <p><i>Craig H. Smith</i></p>	<p>CC. PRRB Jurisdiction (not repeated)</p> <p><i>Michael W. Harty Kenneth R. Marcus</i></p>	<p>DD. “Sources Close to the Investigation Said ...”: Legal Ethics and Public Statements in Government Proceedings</p> <p><i>William W. Horton Kirk Ogrosky</i></p>	<p>EE. Recent Developments Affecting Clinical Laboratory Testing</p> <p><i>Peter M. Kazon</i></p>	<p>P. Medicare Physician Reimbursement Issues (repeat)</p> <p><i>Jennifer Evans</i></p>	<p>Q. Advanced Provider-Based Status Issues (repeat)</p> <p><i>Dennis M. Barry</i></p>

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

Thursday, March 25, 2010 (continued)

12:15-1:35 pm	Lunch on your own or attend the In-House Counsel Practice Group Luncheon (additional fee; limited attendance; pre-registration required; see page 25)					
1:45-2:45 pm	FF. Medicare Wage Index Update (not repeated) <i>Julia DiFrancesco Leslie D. Goldsmith Valerie A. Miller Brian Slater</i>	GG. Preparing for RAC and MIC Audits: In-House and Outside Counsel Perspectives <i>Denise H. Bloch Ronald S. Connelly</i>	HH. Medicare Litigation Update <i>Robert Balderston John R. Hellow</i>	JJ. Ambulatory Surgery Center Payment and Regulatory Update <i>Eric Zimmerman</i>	Z. Medicare Provider Enrollment (repeat) <i>James M. Bossenmeyer Louise M. Joy</i>	AA. Medicare Diagnostic Testing, Anti-Markup Restrictions and IDTF Standards (repeat) <i>Thomas W. Greeson Daniel H. Melvin</i>
3:00-4:00 pm	KK. Fundamentals of Medicare Claims Appeals (not repeated) <i>Anthony Culotta Donna Thiel Constance B. Tobias</i>	LL. Medicare Secondary Payer Issues (not repeated) <i>Joan Polacheck Janice H. Ziegler</i>	MM. Medicaid Managed Care Network Requirements and Contracting (not repeated) <i>Mark H. Gallant Robert Gilman</i>	NN. Medicare and Medicaid Payment Issues for Nursing Facilities <i>Melissa Hulbert Alan G. Rosenbloom</i>	OO. Stark Overpayments and False Claims Implications <i>Katherine A. Lauer Michael W. Paddock</i>	JJ. Ambulatory Surgery Center Payment and Regulatory Update (repeat) <i>Eric Zimmerman</i>
4:15-5:45 pm Extended Sessions	PP. Medicare Claims Appeals Advanced Workshop (not repeated) <i>Thomas Hermann James P. Kelly Lester J. Perling Andrew D. Wachler</i>	QQ. Hospital Inpatient PPS Update <i>Taimyra Jones Miechal Lefkowitz Larry Oday Michael Treitel</i>	C. What You Need to Know about Medicare and Medicaid Health Information Technology Meaningful Use Incentive Payments (repeat) <i>William A. Connelly Judith Haron Marc Hartstein Elizabeth Holland</i>	D. Medicare DSH Adjustments (repeat) <i>John R. Jacob Christopher L. Keough Mark D. Polston Tiffany Swygert</i>	E. Looking Closely at Hospital Observation and Patient Status Issues (repeat) <i>Bernice Hecker Hala Helm Kimberly Hoy</i>	F. Medicaid Supplemental Payments and Financing Issues (repeat) <i>James E. Gjerset Charles A. Luband</i>
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 At-A-Glance

Friday, March 26, 2010

7:00 am– 3:15 pm	Registration and Information					
7:00– 8:00 am	Continental Breakfast (attendees, faculty, children, and registered spouses and guests welcome)					
8:00– 9:30 am Extended Sessions	RR. Workshop on PRRB Practice Issues (not repeated) <i>Keith D. Barber Paul Crofton Steven B. Roosa Bernard M. Talbert</i>	T. Advanced Stark (repeat) <i>S. Craig Holden David E. Matyas</i>	U. Recent Developments in DGME and IME (repeat) <i>Thomas W. Coons Tim Johnson Elizabeth Truong</i>	V. The Medicare ACE Demonstration Project (repeat) <i>Shannon Fiser Cynthia Mason Robert Stone</i>	W. Repayments and Disclosures: Legal Requirements and Hard Choices (repeat) <i>Thomas S. Crane Robert L. Roth</i>	QQ. Hospital Inpatient PPS Update (repeat) <i>Taimyra Jones Miechal Lefkowitz Larry Oday Michael Treitel</i>
9:45– 10:45 am	SS. Homecare and Hospice: Reimbursement and Regulatory Challenges (not repeated) <i>William A. Dombi Deborah A. Randall</i>	TT. Gainsharing: Incentive Payment and Shared Savings Programs (not repeated) <i>Ellen Weissman</i>	UU. Update on Quality Incentives and Value Based Medicare Purchasing <i>Jason E. Bring</i>	VV. Fraud and Abuse Issues for Hospitals and Physicians <i>John T. Brennan, Jr. Gregory Demske</i>	WW. Healthcare Transactions and Medicare’s Change of Ownership (“CHOW”) Rules <i>Thomas E. Bartrum Kelly Miller</i>	GG. Preparing for RAC and MIC Audits: In-House and Outside Counsel Perspectives (repeat) <i>Denise H. Bloch Ronald S. Connelly</i>
11:00 am– 12:00 noon	XX. Program Exclusions (not repeated) <i>Robin Schneider Cynthia F. Wisner</i>	YY. What’s New at the Agency for Healthcare Research and Quality: Opportunities for Providers (not repeated) <i>Elise Berliner Lynn Shapiro Snyder</i>	DD. “Sources Close to the Investigation Said . . .”: Legal Ethics and Public Statements in Government Proceedings (repeat) <i>William W. Horton Kirk Ogrosky</i>	VV. Fraud and Abuse Issues for Hospitals and Physicians (repeat) <i>John T. Brennan, Jr. Gregory Demske</i>	WW. Healthcare Transactions and Change of Ownership (“CHOW”) Rules (repeat) <i>Thomas E. Bartrum Kelly Miller</i>	

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

Friday, March 26, 2010 (continued)

12:00 noon– 1:00 pm	Lunch on your own			
1:00– 2:00 pm	M. Hospital Outpatient PPS (advanced) (repeat) <i>Timothy P. Blanchard Valerie Rinkle</i>	R. Observations from New York Medicaid Integrity Initiatives (repeat) <i>James G. Sheehan</i>	EE. Recent Developments Affecting Clinical Laboratory Services (repeat) <i>Peter M. Kazon</i>	HH. Medicare Litigation Update (repeat) <i>Robert Balderston John R. Hellow</i>
2:15– 3:15 pm	NN. Medicare and Medicaid Payment Issues for Nursing Facilities (repeat) <i>Melissa Hulbert Alan G. Rosenbloom</i>	OO. Stark Overpayments and False Claims Implications (repeat) <i>Katherine A. Lauer Michael W. Paddock</i>	UU. Update on Quality Incentives and Value Based Medicare Purchasing (repeat) <i>Jason E. Bring</i>	

Institute on Medicare and Medicaid Payment Issues Registration Form

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: _____

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Early Registration Fees

(faxed/postmarked and paid by March 3, 2010):

Members: \$835 Non-Members: \$1060

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Printed Course Materials

I am registering for the Medicare and Medicaid Program and would like to purchase the binder for \$75

I will require:

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(Continued on page 10)

Institute on Medicare and Medicaid Payment Issues Registration Form

PAYMENT INFORMATION

Please fill in applicable amount:

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\$ _____ Registration Fee

\$ _____ Practice Group Luncheon: Regulation, Accreditation,
and Payment – March 24 (\$35 for sponsoring PG members/\$45
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\$ _____ Practice Group Luncheon: In-House Counsel – March 25
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Regulation, Accreditation and Payment Practice Group Luncheon

Wednesday, March 24, 2010

In-House Counsel Practice Group Luncheon

Thursday, March 25, 2010

View from the Hill: The Current State of Healthcare Reform

Presenter:

Jeffrey G. Micklos, Esq.

EVP, Management, Compliance & General Counsel,
Federation of American Hospitals, Washington, DC

The Advisory Council on Diversity invites you to celebrate diversity in the health law bar by joining them at the Diversity Reception at the Institute. Sometimes referred to as RED receptions also, all attendees of the program as well as members in the Baltimore area who share a commitment to furthering the Association's diversity efforts are invited and welcome to attend. This special event will be held from 5:45 to 6:45 pm on Wednesday, March 24 and is the perfect opportunity to make new friends before heading over to the National Aquarium. Should you have any questions about the Diversity or "RED" reception, please email Kerry Hoggard at khoggard@healthlawyers.org.

WHEN: Wednesday, March 24, 2010 from 5:45 to 6:45 pm

WHERE: Essex Room at the Baltimore Marriott Waterfront Hotel

RSVP by March 19 to Andrew Hartman (ahartman@healthlawyers.org) if you will be joining us at the RED Reception.



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1025 Connecticut Avenue, NW
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Washington, DC 20036-5405

Institute on Medicare and Medicaid Payment Issues

March 24-26, 2010
Baltimore Marriott Waterfront Hotel
Baltimore, MD

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