Institute on Medicare and Medicaid Payment Issues

March 29-31, 2017 • Baltimore Marriott Waterfront Hotel • Baltimore, MD

PYA has provided sponsorship in support of this program.
Institute on Medicare and Medicaid Payment Issues

Program Planning Committee
Robert L. Roth, Program Chair
Jennifer L. Evans
Susan M. Lyons
Andrew D. Ruskin
Lawrence W. Vernaglia

Program Learning Objectives
❯❯ Regulations and enforcement initiatives related to Medicare and Medicaid reimbursement
❯❯ The impact of emerging regulatory trends, recent case law, and legislative developments on health plans and various types of health care providers
❯❯ Reimbursement challenges faced by plans and providers

Program Sponsor
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Exhibitors
❯❯ Edelberg & Associates
❯❯ GME Solutions LLC
❯❯ Government Data Services LLC
❯❯ Healthcare Payment Specialists LLC
❯❯ HORNE LLP
❯❯ McKay Consulting Inc.
❯❯ Ntracts LLC
❯❯ Pinnacle Healthcare Consulting
❯❯ PYA
❯❯ Wolters Kluwer

If you are interested in exhibiting or sponsorship opportunities at this program, please contact veshleman@healthlawyers.org

Registration Fees:
Postmarked and paid on or before March 7, 2017
$875 first AHLA Members
$800 each additional AHLA Members
$1,125 Non-Members
Postmarked and paid after March 8-21, 2017*
$995 first AHLA Members
$920 each additional AHLA Member
$1,245 Non-Members
* Fees increase $100 after this date

Discounts
$100 off full applicable rate for In-House Counsel and Solo Practitioner
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Practice Group Luncheons
$55 Members of the sponsoring Practice Group(s)
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Hotel Information
Baltimore Marriott Waterfront Hotel
700 Aliceanna Street
Baltimore, MD
Reservations: (800) 266-9432

Hotel accommodations are not included in the registration fee. AHLA has reserved a block of rooms at the Marriott Waterfront Hotel at a discounted rate of $244. To make reservations, please call the hotel directly at (800) 266-9432. The group rate cutoff is March 7, 2017 and may sell out prior to this date.
Agenda

TUESDAY, MARCH 28, 2016
5:00-7:00 pm
Registration and Information

WEDNESDAY, MARCH 29, 2017
7:00 am-5:45 pm
Registration and Information

CONCURRENT SESSIONS
8:00-10:00 am

A. Fundamentals of Medicare and Medicaid Reimbursement and Compliance
   (not repeated)
   Andrea Treese Berlin
   Joan P. Dailey
   Alan S. Dorn
   Daniel F. Murphy
   Jane M. Susott
   » History and background of the Medicare and Medicaid Programs encompassing Parts A-D
   » Component pieces of the Medicare and Medicaid Programs
   » Historical and new payment systems deployed within the Medicare and Medicaid systems
   » Key policy and other considerations impacting Medicare and Medicaid payment systems
   » Historical building blocks and new payment and policy opportunities for state Medicaid programs
   » Oversight and compliance with Medicare and Medicaid fraud and abuse laws

B. A Bundle of “Bundled” Payments: BPCI, CJR, EPM, ACOs, C-APCs and More (advanced) (not repeated)
   Troy A. Barsky
   Daniel J. Hetlich
   Tami Reinglass Horton
   While administrations may change, the move from a fee-for-service payment system that is siloed and provider-specific to a payment system focused on better outcomes, lower cost and higher quality is likely to remain. Given the rapid pace of change, it is essential to step-back to see the big-picture trend and how individual programs and initiatives fit into this transformative process. This session will cover the following issues:
   » Current CMS Innovative Payment Models including mandatory bundle payment models from the Center for Medicare and Medicaid Innovation such as CJR and Episode Payment Models
   » Regulatory and operational challenges in participating in these different payment models
   » The future of new payment models under a Trump Administration and what might change in the year ahead

C. One Year Out: Four Perspectives on the Medicaid Managed Care Final Rule (advanced) (not repeated)
   Thomas Barker
   Lindsey Browning
   Mark J. Covall
   James Golden
   » A history of Medicaid managed care: 1965 to today
   » How and to what extent the 2016 Medicaid managed care final rule will transform the existing Medicaid MCO program when it takes effect this year
   » In the face of looming public policy crises, including emergency department overcrowding attributable to patients with psychiatric presenting conditions and the opioid epidemic, how various stakeholders are utilizing the new regulations to influence policy, and promote public health
   » Addressing trade-off between high drug costs and the public health benefit of innovation, and how the rule responds to this trade-off
   » How CMS, the States, and providers are reacting to the fine rule and various ways in which these actors are seeking to further modify the Medicaid MCO program in the future

10:00-10:10 am
Coffee Break, sponsored by PYA

GENERAL SESSION
10:10-10:45 am
Welcome and Program Overview
Eric Zimmerman, AHLA President-Elect
Robert L. Roth, Program Chair

10:45-11:20 am
Medicare Present and Future Issues
Carol Blackford
Laurence Wilson
» Latest information about Medicare’s chronic and post-acute payment systems
» Potential reforms in Medicare post-acute
Latest information about Medicare’s Hospital and Ambulatory Care Payment Systems including:

– Hospital inpatient and long term care prospective payment system
– Hospital outpatient departments including Section 603 of the Bipartisan Budget Act
– Physician fee schedule
– Clinical laboratory fee schedule

11:20-11:55 am
**Medicaid Present and Future Issues**
Timothy B. Hill
Hemi D. Tewarson
The federal and state perspective on the latest developments in Medicaid

11:55 am-12:25 pm
**Report from Office of Inspector General**
Gregory E. Demske

12:25-1:35 pm
**Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group, sponsored by HORNE LLP**

This event is not included in the program registration. Additional fee; limited attendance; pre-registration required.

Title: A View from Trenches: Legal and Practical Considerations in Internal Compliance Reviews and Self Disclosures
David Glaser, Fredrikson & Byron, PA, Minneapolis, MN
Joseph C. Hudzik, Latham & Watkins LLP, Washington, DC

**CONCURRENT SESSIONS**

1:45-3:15 pm Extended Sessions

1. **Emerging Administrative Enforcement Tools** (not repeated)
   Julie Burns
   Judith A. Waltz
   • CMS’ fraud prevention system and data analytics
   • Medicare: Denials and revocations of billing privileges, enrollment moratoria
   • Payment suspensions (recent Medicaid targets as well as Medicare “sweeps”)
   • OIG CMPs and Exclusions—finalized rules
   • Medicaid Enforcement: CMS-led efforts, Reciprocal terminations, enrollment actions

2. **Year in Review** (not repeated)
   Kristen T. Daley
   Colin P. McCarthy
   Melissa Wong
   This session will cover the past year’s most important developments in the areas of reimbursement and compliance. It’s been a significant year at HHS, and the topics to be covered will include:
   • Site-neutrality payments and developments related to provider-based departments
   • 60-day overpayment final rule and its enforcement
   • Medicare enrollment changes
   • Audit and appeal developments
   • Comprehensive care for joint replacement (CCJR) bundled payment model
   • MACRA, MIPS, and APMs
   • Obama to Trump transition and regulatory impacts
   • Medicare Parts C and D developments and anticipated changes for 2017
   • New Managed Medicaid and CHIP Final Rule

3. **Hot Topics in Provider Enrollment** (not repeated)
   Emily W.G. Towey
   Jeanne L. Vance
   • Conceptual framework and enforcement priority for enrollment matters
   • Revocations and enrollment bans
   • Site visits
   • Timely reporting of changes
   • Reporting of hospital outpatient locations
   • Increasingly difficult appeals environment

4. **The Past, Present, and Future of Medicare Value Based Purchasing Programs**
   Mark Faccenda
   Joseph Geraci
   Gregory Russo
   • Medicare trends towards payment for quality care and outcomes under value-based purchasing initiatives including the Hospital Value-Based Purchasing (HVBP) Program, Hospital Readmission Reduction (HRR) Program, Value Modifier (VM) Program, and Hospital Acquired Conditions (HAC) Program, including HVBP changes for 2017 and 2018
   • Changes to value-based payments under the End-Stage Renal Disease (ESRD) Quality Initiative Program, Skilled Nursing Facility Value-Based Program (SNFVBP), and Home Health Value Based Program (HHVBP)
   • Changes to Medicare value-based payment policies for physician services under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and its implementing regulations
   • Consideration will be given to what effect any potential Affordable Care Act repeal or replacement may have on value-based purchasing programs and policies. In
that context, we will address successful navigation of value-based purchasing programs given the uncertainties ahead.

H. Hot Topics in Fraud and Abuse
Laura F. Laemmle-Weidenfeld
Janet S. Nolan
David Traskey
David Wiseman
❯❯ CMS program integrity update
❯❯ OIG enforcement/compliance update
❯❯ DOJ enforcement update—False Claims Act and Criminal Enforcement
❯❯ State enforcement update

J. The Medicare DSH Payment
Ing-Jye Cheng
David Hoskins
Christopher L. Keough
❯❯ The traditional DSH payment calculation
❯❯ The new DSH payment for uncompensated care
❯❯ Update on DSH litigation

3:30-4:30 pm
K. Introduction to Medical Coding for Payment Lawyers (not repeated)
Robert A. Pelaia
❯❯ The basics of procedural (CPT) coding
❯❯ Evaluation & Management (E&M) coding overview
❯❯ General review of diagnosis (ICD-10) coding
❯❯ Guidance on use of the CPT & ICD coding manuals

L. Nurse Practitioner and Physician Assistant Reimbursement: An Advanced Case Study
Susan Kendig
Alex Krouse
❯❯ Different types of advanced practice clinicians and scope of practice considerations
❯❯ Incident to, shared billing, and global surgical payments for NP and PA services
❯❯ NPs and PAs in primary care: A case study of reimbursement and fraud risks
❯❯ NPs and PAs in the inpatient setting: A case study of reimbursement and fraud risks
❯❯ NPs and PAs in the surgical setting: A case study of reimbursement and fraud risks
❯❯ Fraud risks associated with physicians collaborating with NPs and supervising PAs

M. Beneficiary Inducement Prohibition: What’s New and What’s Still True
Timothy P. Blanchard
❯❯ Elements of a violation
❯❯ Arguments and ambiguities
❯❯ Rulemaking on inducements
❯❯ Challenging circumstances
❯❯ Evaluating exposure

N. Medicaid Expansion and Regulatory Developments Affecting Provider Reimbursement
Mark H. Gallant
❯❯ Interplay between ACA and Medicaid coverage
❯❯ What is the fate of expansion in the post-Aca ERA
❯❯ What alterations might we see in the Medicaid “waiver” process

Mark D. Polston (Moderator)
Steven C. Rubio
❯❯ What is the current status of the Two Midnight rule?
❯❯ What written guidance has CMS provided regarding the 2015 expansion of the so-called “rare and unusual” exception to the Two Midnight rule?
❯❯ What have providers learned in their experiences with the QIOs who now implement the Two Midnight rule?
❯❯ What challenges are revenue cycle, case management, and utilization review personnel seeing with implementing the Two Midnight rule?

P. Federal 340B Drug Discount Program
Sarah Lee
Ellyn Sternfield
❯❯ 340B drug discount program and compliance issues with an emphasis on matters that are related to Medicare and Medicaid reimbursement
❯❯ The Change to Medicaid Reimbursement: AAC and what it means for 340B
❯❯ 340B Compliance: Duplicate discounts and Medicaid managed care
❯❯ Impact of Mega-Guidance Withdrawal—what happens next?

4:45-5:45 pm
Q. Current Issues in Medicaid Supplemental Payments and Financing (not repeated)
Barbara D. A. Eyman
Charles A. Luband
❯❯ Medicaid disproportionate share hospital (DSH) payments
❯❯ Medicaid supplemental (eg UPL) payments
❯❯ Supplemental payments under Medicaid managed care
Medicaid waiver payments, including delivery system reform incentive program payments
Medicaid financing (IGTs, CPEs, and provider taxes and donations)
Supplemental payments in a capped Medicaid system

R. Organ Acquisition (Transplant) Reimbursement, Compliance, and More
(not repeated)
Thomas E. Dowdell
Tom Johansen
Organ Acquisition history
Certified transplant center conditions of participation overview
Medicare Organ Acquisition payment requirements
Recent developments, including CMS Promulgation of Organ Acquisition requirements in provider reimbursement manual
Medicare cost reporting complexities and data accumulation challenges
CMS and OIG targeted areas for review
Practice pointers

S. Advanced Stark Issues
S. Craig Holden
Kevin G. McAnaney
Statutory/regulatory developments
Case law developments
Experience under the self-disclosure protocol
Application of Stark to timely hypotheticals

T. Hot Topics in Stark Self-Disclosures and Advisory Opinions
Thomas S. Crane
Lisa Ohrin Wilson
Distinctions between the OIG, DOJ, and CMS disclosure protocols and processes
Deciding when, how, and to whom to report noncompliance and overpayments
The Self-referral Disclosure Protocol, its current statistics, and what to expect in the future
Stark Law advisory opinions

U. Provider-Based Status, Under Arrangements, Enrollment, and Related Medicare Requirements
Andrew D. Ruskin
Lawrence W. Vernaglia
Bipartisan Budget Act and implementation
Grandfathered and non-grandfathered provider-based clinics and implications for the 340B Program
Reimbursement methodology for non-grandfathered sites

The 21st Century Cures Act “Mid-Build” exception
Implications of commingled space in light current CMS policy

M. Beneficiary Inducement Prohibition: What’s New and What’s Still True (repeat)

5:45-7:00 pm
Networking and Diversity+Inclusion Reception, hosted by the AHLA Diversity+Inclusion Council, sponsored by PYA
Join AHLA for a combined Welcome Reception and Diversity+Inclusion Reception. Learn more about AHLA’s diversity and inclusion initiatives. Network with AHLA leaders and your fellow colleagues. This event is included in the program registration. Attendees, faculty, and registered spouses and guests are welcome.

THURSDAY, MARCH 30, 2017
7:00 am-5:45 pm
Registration and Information
7:00-8:15 am
Continental Breakfast, sponsored by PYA
This event is included in the program registration. Attendees, faculty, children, and registered spouses and guests welcome.
7:00-8:00 am
V. ACA Repeal and Medicare and Medicaid Reform: A 2017 Legislative Outlook (not repeated)
Eric Zimmerman
A review of ACA repeal and replace efforts; what’s in, what’s out, and what’s happening?
A look ahead to possible Medicare and Medicaid reforms and other legislative changes in 2017

CONCURRENT SESSIONS
8:15-9:45 am Extended Sessions
W. Post-Acute Care (not repeated)
Edo Banach
Hillary A. Loeffler
Colin T. Roskey
Payment and service delivery reform agenda—the IMPACT Act and beyond
Value-based purchasing
Demonstrations, initiatives, opportunities, and expectations
Legal, operational, and implementation challenges
What to expect from the next Congress and new Administration
X. Medicare Claims Appeals—Soup to Nuts (not repeated)
   Amanda Axeen
   Richelle D. Marting
   Lester J. Perling
   >> Five appeal levels; five sets of rules and recent changes
   >> Procedural fundamentals
   >> Advanced substantive defenses
   >> Dealing with OMHA and MAC backlogs, possible ADR
   >> Practical tips for special problems

Y. Medicare Physician Fee Schedule (not repeated)
   David W. Hilgers
   Sidney S. Welch
   This session will cover the 2017 Physician Fee Schedule and its implications, including:
   >> Calculation of payment rates
   >> Potentially misvalued codes
   >> New procedures
   >> Policies and changes necessitated by the MACRA Final Rule

Z. Medical Necessity—Current Status/Key Best Practices in Prevention of Medical Necessity Denials and Recoupments
   Denise J. Hall-Gaulin
   Michael Spake
   >> Medical necessity—what it means and what it affects
   >> Detail regarding the types of medical necessity determinations and the criteria for determining medical necessity
   >> What are categorically excluded services?
   >> Admission criteria to include the Skilled Nursing Facilities (“SNF”) and Inpatient Rehabilitation Facilities (“IRF”), as well as the use of Advanced Beneficiary Notification (“ABN”) and Hospital Issued Notice of Non-Coverage (“HINN”), including the Outcomes and Penalties for not using ABNs or HINNs

G. The Past, Present, and Future of Medicare Value Based Purchasing Programs (repeat)

H. Hot Topics in Fraud and Abuse (repeat)

10:00-11:00 am
AA. PRRB Appeals—The View from the Board Chair (not repeated)
   L. Sue Andersen
   >> Introduction of Board members
   >> Board decisions
   -- Jurisdiction
   -- Hearings

   >> Case inventory
   >> Board initiatives
   -- Electronic case tracking and filing
   -- Evaluation of decision process
   >> Observations from the Board

BB. Best in Show: A Presentation on CHOWs (Changes of Ownership)—A Unique Breed (not repeated)
   Jan Lundelius
   Claire F. Miley
   >> CHOW situations and non-CHOWs
   >> Benefits and burdens of accepting vs. rejecting automatic assignment of Medicare provider agreement
   >> Two-step transactions: CHOI-CHOW, CHOW-CHOI, and CHOW-CHOW
   >> Half-step transactions: Splitting one campus from an existing provider number. (CAUTION: Uncharted territory; your mileage will vary)
   >> CHOWs and the new site neutrality rules
   >> A walk-through of hypothetical transactions

CC. Medicare Advantage: Key Issues and Recent Developments (not repeated)
   Anthony H. Choe
   Mark E. Hamelburg
   >> Expansion and evolution of the program
   >> CMS policy updates (e.g., rulemaking, draft rate notice and call letter, other guidance)
   >> Plan-provider trends (e.g., reimbursement, contracting)
   >> CMS oversight
   >> Potential for further changes

DD. Recent Medicare Cost Reporting Decisions—Administrative and Judicial
   Leslie Demaree Goldsmith
   Bridgette Kaiser
   Bernard M. Talbert
   >> Recent decisions of the PRRB and CMS Administrator
   >> Particular issues chosen by counsel who have represented Providers, MACs, and CMS
   >> IME/GME, nursing and Allied Health, bad debt, quality reporting, sampling, and extrapolation, DSH, LIP, various costs related to M+C beneficiaries (DSH, IME, GME, Nursing and Allied Health), PRRB Jurisdiction


P. Federal 340B Drug Discount Program (repeat)
11:15 am-12:15 pm

EE. Primer on Researching Medicare, Medicaid, and ACA Issues: Sources and Techniques (not repeated)

Nesrin G. Tift

❯❯ Strategies for developing a research plan and tips for conducting research effectively and efficiently
❯❯ Key primary and secondary sources for researching Medicare, Medicaid, and ACA eligibility and payment issues
❯❯ Best practices and how to avoid pitfalls
❯❯ Real-life examples

FF. Overcoming Hurdles in Medicare Telehealth Reimbursement (not repeated)

Jacob Harper
Jacquelynn K. Richmond

❯❯ Concepts for Medicare telemedicine coverage—distant site, originating site, what is and is not considered telemedicine by CMS
❯❯ Specific limitations providers face in Medicare coverage (rural, site restrictions) and various CMS pilot projects
❯❯ Compare to wider coverage typically seen in Medicaid and commercial payor context
❯❯ Analyze ways that health systems are using telemedicine and why they are using telemedicine (both for reimbursable services and non-reimbursable services (i.e., nursing calls)
❯❯ Consider trends in coverage expansion and future of coverage requirements

HH. It Don’t Mean a Thing if It Ain’t Got Jurisdiction: Jurisdiction Practice before the PRRB and Review Of Amended Cost Report and Appeals Final Rules

Jocelyn Beer
Kenneth R. Marcus

The past year continued to experience a substantial volume of jurisdictional challenges filed by the MACs and a corresponding increased number of jurisdictional decisions issued by the PRRB, many of which are now published. Moreover, as part of the FFY 2016 Outpatient PPS Final Rule, CMS issued in final form substantially amended cost reporting and appeals regulations which are effective for cost reporting periods beginning on or after 1/1/2016. This session will provide a brief primer on basic PRRB jurisdiction principles with particular emphasis on the amended cost reporting and appeals regulations, and then turn to an examination of PRRB and judicial jurisdictional decisions issued in approximately the past twelve months.

❯❯ Primer on PRRB jurisdiction highlighting amended final cost reporting and appeals rules
❯❯ Significant recurring PRRB jurisdictional issues
❯❯ Significant Judicial decisions regarding PRRB jurisdiction

J.J. Legal Ethics: Charting Uncertain Waters—Changing Laws, Changing Ethical Duties

Andrew J. Demetriou

Advising clients in areas where the law is rapidly evolving presents special challenges, particularly in areas with several civil or criminal implications, such as the Anti-kickback laws, False Claims Act, and the burgeoning business of marijuana sales and distribution. This session will consider the ethical duties of lawyers who are confronted with clients operating at the borderlines of the law including:

❯❯ Permissible limitations on the scope of representation
❯❯ The duty of inquiry into the client’s conduct as a function of competence
❯❯ The duty to counsel compliance with the law
❯❯ Resolution of conflicts between federal and state law

N. Medicaid Expansion and Regulatory Developments Affecting Provider Reimbursement (repeat)

12:15-1:35 pm

Lunch on your own or attend the Health Care Reform Task Force and Behavioral Health Task Forces’ Joint Luncheon, sponsored by Pinnacle Healthcare Consulting

This event is not included in the program registration. Additional fee; limited attendance; pre-registration required.
Pending legal challenges to the Affordable Care Act, in whole or in part
The Trump Administration’s positions in these lawsuits
How any ACA repeal or replacement may impact these lawsuits
Potential legal challenges to any ACA repeal or replacement

CONCURRENT SESSIONS
1:45-2:45 pm

KK. Meaningful Use Payment and Audit Issues in 2017 (not repeated)
James F. Flynn
Elizabeth Holland
Srinu Sonti
Audit and compliance risks with already-submitted meaningful use attestations
OIG and State actions on Medicaid EHR incentive payments
Current meaningful use standards through 2018
Future incorporation of meaningful use standards into Medicare payment systems

LL. Provider Contracting Issues from the Plan and Provider Perspectives (not repeated)
Lisa A. Hathaway
Mark S. Kopson
VBC ABCs—farewell fee-for-service?
Covering care coordination
Prompt pay (please)
Appeals and grievances—who’s on first?
Non-par no-nos
ABNs—already been (there) not

MM. Modernization, Alignment, and Parity in Medicaid Managed Care—A “MAP” to the Future of Behavioral Health? (not repeated)
Gerald (Jud) E. DeLoss
David R. Shillcutt
The Medicaid Managed Care Final Rule, updated for the first time in over a decade
The Medicaid Managed Care, CHIP, and Alternative Benefit Plan Final Rule on Parity
Commercial insurance and implications for Medicaid managed care and CHIP
Key Medicaid managed care and CHIP provisions including: IMD exclusion, network adequacy, enrollee protections, and quality of care
The White House Task Force on Parity

NN. Medicare Litigation Update
Sven C. Collins
Andrew Tsui
The past year’s significant Medicare reimbursement decisions, including review of the relevant agency decisions at issue
These decisions as they implicate the following litigation topics: Jurisdiction; the administrative record; substantive challenges (e.g., contrary to law, arbitrary and capricious and notice, and comment); and remedies (e.g., remand orders and injunctions)
Potential areas of future Medicare litigation

T. Hot Topics in Stark Self-Disclosures and Advisory Opinions (repeat)

U. Provider-Based Status, Under Arrangements, Enrollment, and Related Medicare Requirements (repeat)

3:00-4:00 pm

OO. When Two Worlds Collide: Legal Ethics Challenges in the Compliance Officer-General Counsel Relationship (not repeated)
William W. Horton
In today’s health care organizations, the general counsel and compliance officer functions are closely related, and often report to the same person (or even are the same person). However, the roles and even the mindsets of the two functions may be very different, and the potential for conflict between those roles raises thorny questions of legal ethics. This session will explore some of those important issues, including:
Ethics rules and the general counsel: How many hats are too many?
The lawyer as compliance officer: Do the same rules apply?
OIG perspectives on the relationship of the legal and compliance functions
The compliance investigation: Who’s in charge around here anyway?

PP. Calendar Year 2017 OPPS Update
Valerie Rinkle
Operational and compliance implications of significant OPPS payment policy changes in 2017, including:
–Significant conversion (over 1800 HCPCS codes) of surgical APCs to comprehensive APCs (C-APCs)
–Change in packaging from date of service to claims-based packaging and implications
–Expansion of clinical lab packaging to include unrelated lab services and elimination of modifier -L1
–Expanded claim edits and impacts on providers and OPPS rate-setting
–OPPS packaging and impact on provider-based (both excepted and non-excepted) services
QQ. Advanced Provider Enrollment  
Julie Burns  
Louise M. Joy  
❯❯ Update regarding proposed Provider Enrollment Rules published in March 2016  
❯❯ Revocations and enrollment bars: Review of 2016/2017 DAB decisions  
❯❯ Difference of opinion concerning what is “Non-operational”  
❯❯ Provider enrollment appeal process and statistics  
❯❯ “Primarily engaged” old language and new effects for hospital enrollments and re-accreditation

S. Advanced Stark Issues (repeat)

DD. Recent Medicare Cost Reporting Decisions—Administrative and Judicial  
(repeat)

HH. It Don’t Mean a Thing if It Ain’t Got Jurisdiction: Jurisdiction Practice before the PRRB and Review of Amended Cost Report and Appeals Final Rules  
(repeat)

4:15-5:45 pm Extended Sessions

RR. Medicaid Litigation Update (not repeated)  
Alan S. Dorn  
Felicia Y. Sze  
❯❯ Alternate theories of private actions to challenge State rate decisions and CMS approvals post-Armstrong  
❯❯ Level of deference owed to State decisions and CMS approvals  
❯❯ Impact of Medicaid regulations regarding mental health parity, managed care, and other issues  
❯❯ Medicaid managed care: Payments and non-payments for emergency and other services  
❯❯ Challenges to coverage limits, reductions, exclusions: Medicaid and Olmstead issues

SS. PRRB Appeals: Current Challenges (not repeated)  
Christine M. Blowers  
Lisa Ogilvie-Barr  
Linda Uzzle  
Stephanie A. Webster  
❯❯ Jurisdictional, procedural, and case management concerns  
❯❯ Avoiding pitfalls and applying best practices before the Board  
❯❯ Emerging trends

TT. Medicaid: The Largest Coverage Source in the United States (not repeated)  
Craig H. Smith  
❯❯ The evolution of Medicaid and key program components  
❯❯ Medicaid expansion: Is your state in or out?  
❯❯ Innovative state approaches to reforming Medicaid  
❯❯ Federal and state Medicaid Program Integrity efforts  
❯❯ Representing clients facing Medicaid program recoupments and sanctions

UU. Graduate Medical Education  
Tim Johnson  
Lori K. Mihalich-Levin  
❯❯ Fundamentals of Medicare payments for Graduate Medical Education (GME)  
❯❯ General application of the Medicare resident cap  
❯❯ Rules for nonteaching hospitals becoming teaching hospitals  
❯❯ Collaborations between urban hospitals and rural hospitals  
❯❯ Funding implications of single accreditation system  
❯❯ Litigation/compliance issues

VV. Hospital Inpatient PPS Update  
Kimberly Go  
Alyssa D. Keefe  
Chava Sheffield  
❯❯ Statutory changes to IPPS  
❯❯ What is in store for the wage index, FY 2016 IPPS rule changes, including the uncompensated care DSH and two midnight IPPS payment reduction  
❯❯ What’s in store for IPPS with the upcoming budget changes and other significant changes

J. The Medicare DSH Payment (repeat)

5:45-6:45 pm  
Networking Reception, sponsored by PYA  
❯❯ This event is included in the program registration. Attendees, faculty, children, and registered spouses and guests welcome.

FRIDAY, MARCH 31, 2017

7:00 am-1:00 pm  
Registration and Information

7:00-8:00 am  
Continental Breakfast, sponsored by PYA  
This event is included in the program registration. Attendees, faculty, children and registered spouses and guests welcome.
7:00-7:50 am

**Networking Breakfast, hosted by the Women’s Leadership Council**

*Topic: Women Lawyers as Negotiators: Overcoming Traditional Roles*

_Susan Smith Blakely, Founder and Principal, LegalPerspectives LLC_

*Author of Best Friends at the Bar book series*

Research shows that many of the factors that keep women lawyers from negotiating to the best of their abilities are rooted in their traditional roles as women. Ms. Blakely's remarks will address those traditional roles and how to overcome them to become effective negotiators, particularly in personal negotiations to advance career goals.

This event is not included in the program registration. Attendees and faculty welcome; limited attendance; pre-registration required.

**CONCURRENT SESSIONS**

8:00-9:30 am Extended Sessions

**WW. Current and Emerging Issues in Rural Medicare Policy** (not repeated)

_Emily J. Cook_
_Paul Moore_
_Curt Mueller_

❯❯ Traditional rural provider types and reimbursement methodologies and recent updates/changes to rural provider payments
❯❯ Why rural providers and the policies that apply to them have implications for a broader audience
❯❯ Regulatory issues as they relate to rural health care providers
❯❯ New emerging and innovative care delivery and payment models taking place in rural communities
❯❯ Recent and future rural involvement in CMS Innovation Center models and programs
❯❯ Recent research into rural care delivery models

**XX. Year in Review of the Changing Medicare Audit Appeals Landscape** (not repeated)

_Nancy J. Griswold_
_Andrew B. Wachler_

❯❯ Significant reforms to the Medicare appeals process, including recent HHS proposed rulemaking aimed at reducing the backlog of pending appeals and encouraging resolution of cases earlier in the appeals process
❯❯ Key initiatives taking place at the ALJ appeal level, including expansions to the Settlement Conference Facilitation (SCF) program enabling providers to participate in open settlement discussions with CMS
❯❯ Year in review of federal case law addressing the Medicare appeals process
❯❯ The impact that these changes to the Medicare appeals process will have on audit appeal strategies and prospective compliance
❯❯ The interplay between audits, provider enrollment, and False Claims Act liability in today’s legal landscape

**YY. Ten Key Ramifications of MACRA Providers Should Consider** (not repeated)

_Thomas D. Anthony_
_Ellis “Mac” Knight_

❯❯ The many ramifications of MACRA to health care organizations
❯❯ The gaps present in health care organizations that may limit their ability to operate successfully under this new payment model
❯❯ Why complying and succeeding under MACRA will require two separate skill sets

**Z. Medical Necessity—Current Status/Key Best Practices in Prevention of Medical Necessity Denials and Recoupments** (repeat)

**UU. Graduate Medical Education** (repeat)

**VV. Hospital Inpatient PPS Update** (repeat)

9:45-10:45 am

**ZZ. Office of Hearings Case and Document Management System: Electronic Filing is Just Around the Corner** (not repeated)

_Christine M. Blowers_
_Kevin Keck_

❯❯ User registration process
❯❯ PRBB, MGCRB and CMS hearing officer modules
❯❯ Visual presentation of the system in development
❯❯ Transitional concerns

**GG. One Year Later: Legal, Compliance, and Operational Issues Arising under the 60-Day Report and Refund Statute Final Rule** (repeat)

**JJ. Legal Ethics: Charting Uncertain Waters—Changing Laws, Changing Ethical Duties** (repeat)

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

**PP. Calendar Year 2017 OPPS Update** (repeat)

**QQ. Advanced Provider Enrollment** (repeat)

11:00-11:30 am

**AAA. Diagnostic Imaging Services**

_Thomas W. Greeson_

❯❯ Implementation of clinical decision support to determine appropriateness of advance diagnostic imaging studies for Medicare patients
❯❯ CMS uncertainty over screening procedures performed in IDTF settings
The proliferation of post-payment audits of diagnostic tests and related documentation challenges
Attention on compliance issues relating to proper supervision of diagnostic tests and use of physician extenders (Radiologist Assistants)
Ongoing attention on value-based imaging services and MACRA implementation—requiring more IT and administrative capability—driving radiology group practice integration/merger activity

**BBB. Long Term Care Hospitals: Will the New Administration Change Payment Policies?**
*Paul W. Pitts*
*Stephen M. Sullivan*

The program will describe how CMS has implemented the patient criteria and site neutral payment rules and the 2016 consolidated rule limiting admissions from referring hospitals. The focus of the program will be to provide the audience with the latest developments on the following:

- Patient criteria for LTCH DRG payment
- Site-neutral payment rate
- 21st Century Cures Act and changes to the 25% rule
- Future of the moratorium and phase in of IMPACT

**CCC. Clinical Labs**
*Joyce E. Gresko*

Few providers groups have faced the types of sweeping changes that are currently facing the clinical laboratory industry.

- Recent developments affecting laboratories, including the following:
  - CMS’ Final Rule implementing the Protecting Access to Medicare Act (PAMA), which establishes a new Clinical Laboratory Fee schedule based on the third party payer fees reported by laboratories
  - Recent reimbursement changes for drugs of abuse and molecular pathology testing
  - The status of FDA’s Draft Guidance on regulation of Laboratory Developed Tests, and possible legislative alternatives under consideration
  - Recent fraud and abuse and compliance developments affecting clinical laboratories

**DDD. Mental Health and Addiction Treatment: What is Changing?**
*Shawn Coughlin*

The role that Medicare and Medicaid plays in covering and paying for mental health and substance use services

- Implications of key federal policies and laws on access, coverage, quality, and treatment of mental and addictive disorders
- Policy initiatives to improve Medicare and Medicaid coverage and payment for persons with mental and addictive disorders

**EEE. Medicare Program Integrity and Practice Pointers for Responding to Audits and Investigations**
*Lori Bellan*
*Kathy S. Ghiladi*

Medicare Program Integrity activities including an update as to the status of the anticipated Unified Program Integrity Contractor (UPIC) program and consolidation of ZPICs and PSCs into UPICs as well as efforts to consolidate the Medicare and Medicaid auditing functions

- Practical approaches for responding to Program Integrity inquiries

11:45 am-12:15 pm

**FFF. Home Health and Hospice Update**
*Jason E. Bring*

- 2017 Medicare home health and hospice payment changes
- Update on home health face-to-face physician encounter compliance
- Star ratings and hospice compare
- Pre-payment review
- FLSA update
- New conditions of participation
- Value based purchasing

Adjournment
# Program at a Glance

**TUESDAY, MARCH 28, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>5:00-7:00 pm</td>
<td>Registration and Information</td>
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**WEDNESDAY, MARCH 29, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>7:00 am-5:45 pm</td>
<td>Registration and Information</td>
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<tr>
<td>8:00-10:00 am</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
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</tbody>
</table>
| A. Fundamentals of Medicare and Medicaid Reimbursement and Compliance  
  (not repeated) | Berlin  
  Dailey  
  Dorn  
  Murphy  
  Susott |
| B. A Bundle of “Bundled” Payments: BPCI, CJR, EPM, ACOs, C-APCs and More  
  (advanced) (not repeated) | Barsky  
  Hettich  
  T. Horton |
| C. One Year Out: Four Perspectives on the Medicaid Managed Care Final Rule  
  (advanced) (not repeated) | Barker  
  Browning  
  Covall  
  Golden |
| 10:00-10:10 am  | Coffee Break, sponsored by PYA       |
| 10:10 am-12:25 pm | **GENERAL SESSION**                  |
| 10:10-10:45 am | Welcome and Program Overview        |
| 10:45-11:20 am | Medicare Present and Future Issues  |
| 11:20-11:55 am | Medicaid Present and Future Issues  |
| 11:55 am-12:25 pm | Report from Office of Inspector General |

*Barsky, Hettich, T. Horton, Barker, Browning, Covall, Golden*
**WEDNESDAY, MARCH 29, 2017 CONTINUED**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:25-1:35 pm</td>
<td>Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group, sponsored by HORNE LLP</td>
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<td>(This event is not included in the program registration. Additional fee; limited attendance; pre-registration required)</td>
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<tr>
<td>1:45-3:15 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td></td>
<td><strong>D. Emerging Administrative Enforcement Tools</strong> (not repeated)</td>
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<td></td>
<td>Burns, Waltz</td>
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<td></td>
<td><strong>E. Year in Review</strong> (not repeated)</td>
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<td></td>
<td>Daley, McCarthy, Wong</td>
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<tr>
<td></td>
<td><strong>F. Hot Topics in Provider Enrollment</strong> (not repeated)</td>
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<td>Towey, Vance</td>
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<td></td>
<td><strong>G. The Past, Present, and Future of Medicare Value Based Purchasing Programs</strong></td>
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<td>Faccenda, Geraci, Russo</td>
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<tr>
<td></td>
<td><strong>H. Hot Topics in Fraud and Abuse</strong></td>
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<td>Laemmle-Weidenfeld, Nolan, Traskey, Wiseman</td>
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<td><strong>J. The Medicare DSH Payment</strong></td>
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<td>Cheng, Hoskins, Keough</td>
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<td>3:30-4:30 pm</td>
<td><strong>K. Introduction to Medical Coding for Payment Lawyers</strong> (not repeated)</td>
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<td>Pelaia</td>
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<td></td>
<td><strong>L. Nurse Practitioner and Physician Assistant Reimbursement: An Advanced Case Study</strong> (not repeated)</td>
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<td>Kendig, Krouse</td>
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<td><strong>M. Beneficiary Inducement Prohibition: What’s New and What’s Still True</strong></td>
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<td>Blanchard</td>
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<td><strong>N. Medicaid Expansion and Regulatory Developments Affecting Provider Reimbursement</strong></td>
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<td>Gallant</td>
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<td></td>
<td><strong>O. Inpatient/Outpatient Coverage: The New Two-Midnight Rule and the New QIO Landscape</strong></td>
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<td>Polston, Rubio</td>
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<td><strong>P. Federal 340B Drug Discount Program</strong></td>
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<td>Lee, Sternfield</td>
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<tr>
<td>4:45-5:45 pm</td>
<td><strong>Q. Current Issues in Medicaid Supplemental Payments and Financing</strong> (not repeated)</td>
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<tr>
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<td>Eyman, Luband</td>
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<td></td>
<td><strong>R. Organ Acquisition (Transplant) Reimbursement, Compliance, and More</strong> (not repeated)</td>
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<td>Dowdell, Johansen</td>
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<td></td>
<td><strong>S. Advanced Stark Issues</strong></td>
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<td></td>
<td>Holden, McAnaney                                               <strong>T. Hot Topics in Stark Self-Disclosures and Advisory Opinions</strong></td>
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<td></td>
<td><strong>U. Provider-Based Status, Under Arrangements, Enrollment, and Related Medicare Requirements</strong></td>
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<tr>
<td></td>
<td>Crane, L. O. Wilson, Ruskin, Vernaglia, Blanchard</td>
</tr>
<tr>
<td>5:45-7:00 pm</td>
<td>Networking and Diversity+Inclusion Reception, hosted by the AHLA Diversity+Inclusion Council, sponsored by PYA</td>
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<td>(This event is included in the program registration. Attendees, faculty, children, and registered spouses and guests welcome)</td>
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### THURSDAY, MARCH 30, 2017

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00 am-5:45 pm</td>
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</tbody>
</table>
| 7:00-8:15 am  | Continental Breakfast, sponsored by PYA  
(This event is included in the program registration. Attendees, faculty, children, and registered spouses and guests welcome) |
| 7:00-8:00 am  | **V. ACA Repeal and Medicare and Medicaid Reform: A 2017 Legislative Outlook** (not repeated)  
Zimmerman |
| 8:15-9:45 am  | **W. Post-Acute Care**  
(not repeated)  
Banach  
Loeffler  
Roskey |
| 8:15-9:45 am  | **X. Medicare Claims Appeals–Soup to Nuts**  
(not repeated)  
Axeen  
Marting  
Perling |
| 8:15-9:45 am  | **Y. Medicare Physician Fee Schedule**  
(not repeated)  
Hilgers  
Welch |
| 8:15-9:45 am  | **Z. Medical Necessity–Current Status/Key Best Practices in Prevention of Medical Necessity Denials and Recoupments**  
Hall-Gaulin  
Spake |
| 8:15-9:45 am  | **G. The Past, Present, and Future of Medicare Value Based Purchasing Programs**  
(repeat)  
Facenda  
Geraci  
Russo |
| 8:15-9:45 am  | **H. Hot Topics in Fraud and Abuse**  
(repeat)  
Laemmle-Weidenfeld  
Nolan  
Traskey  
Wiseman |
| 10:00-11:00 am | **AA. PRRB Appeals–The View from the Board Chair**  
(not repeated)  
Andersen |
| 10:00-11:00 am | **BB. Best in Show: A Presentation on CHOWs (Changes of Ownership)—A Unique Breed**  
(not repeated)  
Lundelius  
Miley |
| 10:00-11:00 am | **CC. Medicare Advantage: Key Issues and Recent Developments**  
(non repeated)  
Choe  
Hamelburg |
| 10:00-11:00 am | **DD. Recent Medicare Cost Reporting Decisions–Administrative and Judicial**  
Goldsmith  
Kaiser  
Talbert |
| 10:00-11:00 am | **O. Inpatient/Outpatient Coverage: The New Two-Midnight Rule and the New QIO Landscape**  
(repeat)  
Polston  
Rubio |
| 10:00-11:00 am | **P. Federal 340B Drug Discount Program**  
(repeat)  
Lee  
Sternfield |
### Thursday, March 30, 2017 (Continued)

#### 11:15 am - 12:15 pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>11:15 am - 12:15 pm</td>
<td>EE. Primer on Researching Medicare, Medicaid, and ACA Issues: Sources and Techniques (not repeated)</td>
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<td>FF. Overcoming Hurdles in Medicare Telehealth Reimbursement (not repeated)</td>
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<td>Harper Richmond</td>
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<td></td>
<td>GG. One Year Later: Legal, Compliance, and Operational Issues Arising under the 60-Day Report and Refund Statute Final Rule</td>
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<td>Hinkle Roth</td>
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<td>HH. It Don’t Mean a Thing if It Ain’t Got Jurisdiction: Jurisdiction Practice before the PRBB and Review of Amended Cost Report and Appeals Final Rules</td>
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<td>Beer Marcus</td>
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<td>JJ. Legal Ethics: Charting Uncertain Waters—Changing Laws, Changing Ethical Duties</td>
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<td>Demetriou</td>
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<td></td>
<td>NN. Medicaid Expansion and Regulatory Developments Affecting Provider Reimbursement (repeat)</td>
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#### 12:15 - 1:35 pm

Lunch on your own or attend the Health Care Reform Task Force and Behavioral Health Task Forces’ Joint Luncheon, sponsored by Pinnacle Healthcare Consulting

(This event is not included in the program registration. Additional fee; limited attendance; pre-registration required)

#### 1:45 - 2:45 pm Concurrent Sessions

**KK. Meaningful Use Payment and Audit Issues in 2017** (not repeated)
- Flynn
- Holland
- Sonti

**LL. Provider Contracting Issues from the Plan and Provider Perspectives** (not repeated)
- Hathaway
- Kopson

**MM. Modernization, Alignment, and Parity in Medicaid Managed Care—A “MAP” to the Future of Behavioral Health?** (not repeated)
- DeLoss
- Shillcutt

**NN. Medicare Litigation Update**
- Collins
- Tsui

**T. Hot Topics in Stark Self-Disclosures and Advisory Opinions** (repeat)
- Crane
- L. O. Wilson

**U. Provider-Based Status, Under Arrangements, Enrollment, and Related Medicare Requirements** (repeat)
- Ruskin
- Vernaglia

#### 3:00 - 4:00 pm

**OO. When Two Worlds Collide: Legal Ethics Challenges in the Compliance Officer-General Counsel Relationship** (not repeated)
- W. Horton

**PP. Calendar Year 2017 OPPS Update**
- Rinkle

**QQ. Advanced Provider Enrollment**
- Burns
- Joy

**S. Advanced Stark Issues** (repeat)
- Holden
- McAnaney

**DD. Recent Medicare Cost Reporting Decisions—Administrative and Judicial** (repeat)
- Goldsmith
- Kaiser
- Talbert

**HH. It Don’t Mean a Thing if It Ain’t Got Jurisdiction: Jurisdiction Practice before the PRBB and Review of Amended Cost Report and Appeals Final Rules** (repeat)
- Beer
- Marcus
### THURSDAY, MARCH 30, 2017 CONTINUED

<table>
<thead>
<tr>
<th>4:15-5:45 pm Extended Sessions</th>
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<tbody>
<tr>
<td>RR. Medicaid Litigation Update</td>
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<tr>
<td>(not repeated)</td>
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<td>TT. Medicaid: The Largest Coverage Source in the United States</td>
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<tr>
<td>(not repeated)</td>
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<tr>
<td>VV. Hospital Inpatient PPS Update</td>
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- **5:45-6:45 pm**
  
  Networking Reception, *sponsored by PYA*
  
  (This event is included in the program registration. Attendees, faculty, children, and registered spouses and guests welcome)

### FRIDAY, MARCH 31, 2017

<table>
<thead>
<tr>
<th>7:00 am-1:00 pm</th>
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<tbody>
<tr>
<td>Registration and Information</td>
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<table>
<thead>
<tr>
<th>7:00-8:00 am</th>
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</table>
| Continental Breakfast, *sponsored by PYA*
  
  (This event is included in the program registration. Attendees, faculty, children and registered spouses and guests welcome) |

<table>
<thead>
<tr>
<th>7:00-7:50 am</th>
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</table>
| Networking Breakfast, *hosted by the Women’s Leadership Council*
  
  (This event is not included in the program registration. Attendees and faculty welcome; limited attendance; pre-registration required) |

<table>
<thead>
<tr>
<th>8:00-9:30 am Extended Sessions</th>
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<tbody>
<tr>
<td>WW. Current and Emerging Issues in Rural Medicare Policy</td>
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<tr>
<td>(not repeated)</td>
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<tr>
<td>Cook</td>
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<td>P. Moore</td>
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<td>Mueller</td>
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<tr>
<td>XX. Year in Review of the Changing Medicare Audit Appeals Landscape</td>
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<tr>
<td>(not repeated)</td>
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<td>YY. Ten Key Ramifications of MACRA Providers Should Consider</td>
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<td>Z. Medical Necessity—Current Status/Key Best Practices in Prevention of Medical Necessity Denials and Recoupments</td>
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<tr>
<td>Hall-Gaulin</td>
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<tr>
<td>Spake</td>
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<tr>
<td>UU. Graduate Medical Education</td>
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<tr>
<td>Johnson</td>
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<tr>
<td>Mihalich-Levin</td>
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<tr>
<td>VV. Hospital Inpatient PPS Update</td>
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<td>(repeat)</td>
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<td>Go</td>
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<tr>
<td>Keefe</td>
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<tr>
<td>Sheffield</td>
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### 9:45-10:45 am Concurrent Sessions

<table>
<thead>
<tr>
<th>ZZ. Office of Hearings Case and Document Management System: Electronic Filing is Just Around the Corner (not repeated)</th>
<th>GG. One Year Later: Legal, Compliance, and Operational Issues Arising under the 60-Day Report and Refund Statute Final Rule (repeat)</th>
<th>JJ. Legal Ethics: Charting Uncertain Waters—Changing Laws, Changing Ethical Duties (repeat)</th>
<th>NN. Medicare Litigation Update (repeat)</th>
<th>PP. Calendar Year 2017 OPPS Update (repeat)</th>
<th>QQ. Advanced Provider Enrollment (repeat)</th>
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<tr>
<td>Blowers Keck</td>
<td>Hinkle Roth</td>
<td>Demetriou</td>
<td>Collins Tsui</td>
<td>Rinkle</td>
<td>Burns Joy</td>
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</tbody>
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### 11:00-11:30 am

<table>
<thead>
<tr>
<th>AAA. Diagnostic Imaging Services</th>
<th>BBB. Long Term Care Hospitals in the Wake of 2017 Payment Reform</th>
<th>CCC. Clinical Labs</th>
<th>DDD. Mental Health and Addiction Treatment: What is Changing?</th>
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<tr>
<td>Greeson</td>
<td>Pitts Sullivan</td>
<td>Gresko</td>
<td>Coughlin</td>
<td>Bellan Ghiladi</td>
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### 11:45 am-12:15 pm

<table>
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<tr>
<th>FFF. Home Health and Hospice Update</th>
<th>AAA. Diagnostic Imaging Services (repeat)</th>
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<td>Bring</td>
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<td>Pitts Sullivan</td>
<td>Coughlin</td>
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### 12:30-1:00 pm

<table>
<thead>
<tr>
<th>GGG. DMEPOS Update (not repeated)</th>
<th>CCC. Clinical Labs (repeat)</th>
<th>EEE. Medicare Program Integrity and Practice Pointers for Responding to Audits and Investigations (repeat)</th>
<th>FFF. Home Health and Hospice Update (repeat)</th>
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<tbody>
<tr>
<td>Parrish</td>
<td>Gresko</td>
<td>Bellan Ghiladi</td>
<td>Bring</td>
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</table>
Faculty

Robert L. Roth, Program Chair  
Hooper Lundy & Bookman PC  
Washington, DC

Jennifer L. Evans  
Polsinelli PC  
Denver, CO

Susan M. Lyons  
Deputy Associate General Counsel  
for Litigation, Office of the General  
Counsel, US Department of Health and  
Human Services  
Washington, DC

Andrew D. Ruskin  
Morgan Lewis & Bockius LLP  
Washington, DC

Lawrence W. Vernaglia  
Foley & Lardner LLP  
Boston, MA

L. Sue Andersen  
PRRB Board Chair  
Centers for Medicare and Medicaid  
Services  
Windsor Mill, MD

Thomas D. Anthony  
Frost Brown Todd LLC  
Cincinnati, OH

---------------------------------------------------------------

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Policy Division of the Office of Medicare  
Hearings and Appeals  
Department of Health and Human  
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Falls Church, VA

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Baltimore, MD

Thomas Barker  
Foley Hoag LLP  
Washington, DC

Troy A. Barsky  
Crowell & Moring LLP  
Washington, DC

Jocelyn Beer  
Supervisory Litigation Attorney  
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Services  
Washington, DC

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Centers for Medicare and Medicaid  
Services  
Windsor Mill, MD

Andrea Treese Berlin  
Office of the Inspector General  
US Department of Health and Human  
Services  
Washington, DC

Carol Blackford  
Deputy Director, Chronic Care Policy  
Group, Centers for Medicare and Medicaid  
Services  
Windsor Mill, MD

Timothy P. Blanchard  
Blanchard Manning LLP  
Eastsound, WA

Christine M. Blowers  
Director, Division of Systems & Case  
Management  
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Live Tweet the Program

Will you be in Baltimore for the Institute on Medicare and Medicaid Payment Issues program? We encourage you to live tweet @healthlawyers so that attendees can learn from more than one session at once, and so that members unable to attend still feel plugged in.

PYA has provided sponsorship in support of the Twitter Feed at the program.

DOWNLOAD THE AHLA APP!

This free app is available in the iTunes App store or Google Play store by searching ‘AHLA’. Download AHLA, by Bravura Technologies, onto your mobile device and hit open. Choose ‘Events’ to find Physicians and Hospitals Law Institute. Click on the event (you’ll be prompted to enter your email address). You will not be able to access the event features of a program if you are not registered for the event.

The App will include the agenda, attendee list, and access to the PowerPoint presentations.

The event portion of the app is sponsored by Edelberg and Associates:
Additional Program Information

Continuing Education Credit Information
CLE/MCLE: AHLA will be applying for 19.17 credits (including 2.0 ethics credit) for 60-minute states and approximately 23.0 credits (including 2.4 ethics credit) for 50-minute states.

CPE: AHLA will be applying for 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 Ave. North, Suite 700, Nashville, TN 37219-2417. NASBA's website is www.nasba.org.

CCB: AHLA will be applying for 23.0 Compliance Certification Board (CCB) credits.

Participants will be given Continuing Education Request forms at the program. Forms must be completed and returned to AHLA staff to receive credit. The sessions, unless otherwise designated, are intermediate to advance in level. This program is designed to be an update on developments in the area of health law. 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 and terminology associated with health law in order to obtain the full educational benefit of this program.

Membership
Dues are $220 for those admitted to the Bar/graduated from college within the last four years; $340 for those admitted/graduated between four and seven years ago; and $385 for those admitted/graduated eight or more years ago. Dues are $105 for government employees and full-time academicians; $89 for paralegals, $110 for public interest professionals, and $85 for retired professionals. Include the applicable membership fee with your registration form and take advantage of the program registration fee for members.

Cancellations/Substitutions
Cancellations must be received in writing no later than March 17, 2017. Refunds will not be issued for cancellations received after this date. Registration fees, less a $125 administrative fee, will be refunded approximately 3-4 weeks following the program. If you wish to send a substitute or need more information regarding refund, complaint and program cancellation policies, please call (202) 833-1100, prompt #5. Please note that registration fees are based on the AHLA membership status of the individual who actually attends the program.

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.

Spouse/Guest Fee
For an additional $50 spouses and adult guests can register to attend the reception on Wednesday and Thursday evenings and the breakfasts on Wednesday, Thursday, and Friday mornings. Children are welcome to attend these events at no additional charge.

Travel
Association Travel Concepts (ATC) has negotiated discounts with United, Delta, Hertz, and Enterprise Rental Car to bring you special airfares and car rental rates lower than those available to the public. Discounts apply for travel for AHLA 2017 meetings, discounts available 3 days pre/post meeting start/end dates. Restrictions and a service fee may apply. ATC will also search for the lowest available fare on any airline.

ASSOCIATION TRAVEL CONCEPTS
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email: reservations@atcmeetings.com
http://www.atcmeetings.com/ahla
ATC is available for reservations from 8:30 am until 8:00 pm Eastern, Monday through Friday.