



hfma region 10
healthcare financial management association

MEDICARE BOOTCAMP Webinar Series

WEBINARS - ONLY \$99 per organization

October 4, 2016

October 18, 2016

November 1, 2016

November 15, 2016



Medicare Fundamentals

October 4, 2016 12:00 MT

Program Overview

The program will provide an overview of the Medicare program, including key concepts and terms in Medicare reimbursement and coverage, and general eligibility criteria. This will include information on Medicare Parts A-D, and some proposed and final rule changes related to different payment initiatives.

Learning Objectives:

Upon completion of the program, participants will be able to:

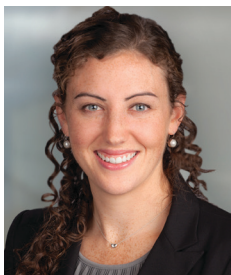
- Understand the key parts of the Medicare program, including general coverage, payment and eligibility requirements
- Understand Medicare Secondary Payer concepts
- Understand some of the changing payment structures being introduced by CMS

Speaker Information:



Bragg Hemme, Shareholder,
Polsinelli, P.C.

In order to assist health care clients address their targeted business concerns, Bragg Hemme draws on a wealth of practical experience and a solid understanding of the industry gained during her time as both external and internal counsel. Her experience includes advising clients regarding the complex and ever-changing federal and state regulatory environment, including Medicare, Medicare Advantage and Medicaid reimbursement, enrollment, licensure and certification issues, regulatory compliance, and fraud and abuse.



Sarah Kocher, Associate, Polsinelli, P.C.

Sarah Kocher enjoys helping clients navigate the highly regulated field of health care. She works with health care providers and others across the industry on an array of compliance matters, including HIPAA, health care fraud and abuse, medical staff issues and reimbursement. While in law school, Sarah was on the first place team in the 2012 National Transactional Health Law Competition and was recognized for her research and publication on the interplay between health information exchanges and patient autonomy.

Webinar fees:
\$99/organization
unlimited participants

Registration:

Register Online

<http://conta.cc/2cBpMcF>

The webinar can be viewed in a group setting or as individuals.

Once a representative has registered and paid for the webinar a link to the GoTo meeting will be provided. This link can be distributed to members of the organization at their discretion.

If you plan on setting up a group viewing, we request that you submit a list of names and email addresses for all participants in so that we can track educational credits.

Cost Report from Revenue Cycle Perspective

October 18, 2016 12:00 MT

Program Overview

The program will explore the driving forces of the Medicare Cost Report that directly impact financial executives to help them understand how to use the Medicare cost report to identify opportunities and drive strategic discussions around margins, revenue cycle processes and the financial impact of strategic initiatives of the organization.

Learning Objectives:

Upon completion of the program, participants will be able to:

- Examine high-impact areas in the cost report and understand what drives reimbursement
- Explore the key drivers of Medicare reimbursement directly connected to the revenue cycle function, and how to use this information to drive strategic revenue cycle, financial and operational discussions
- Understand Revenue cycle key performance indicators (KPIs) reflected in the cost report data
- Understand National cost-to-charge ratio information based on the FY17 rule.

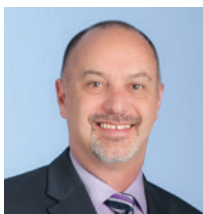
Speaker Information:



Chad Krcil, Director, RSM

Chad Krcil is a Director in RSM's Healthcare Advisory group. He has 23 years of national healthcare finance experience focused on regulatory reimbursement, revenue recovery, project management and service delivery. He is also an active member of HFMA. Chad is a Certified Healthcare Financial Professional and holds the HFMA designation of Fellow of Healthcare Financial Management. Chad is currently serving as an officer of the HFMA Colorado Chapter as the VP of Education. He also presents Medicare reimbursement

strategy courses on a national level for HFMA at courses throughout the year and at HFMA's ANI.



Scott Gunter, CPA, EKS&H

Scott Gunter is a Senior Manager in EKS&H's healthcare practice. He has over 28 years of experience in healthcare including roles at large hospitals, nursing homes and consulting in the areas of governmental reimbursement, budget and finance. Scott is a Certified Healthcare Financial Professional and holds the HFMA designation of Fellow of Healthcare Financial Management. Scott is currently serving as Treasurer of the HFMA Colorado Chapter.

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EKS&H
AUDIT | TAX | CONSULTING

Reimbursement Compliance Foundations

November 1, 2016 12:00 MT

Program Overview

Billing and payment compliance issues are an immediate concern for every type of health care provider. This introductory session will discuss foundational compliance principles, including key elements of a compliance program, False Claims Act basics, Medicare mandatory refund rules, and other core compliance topics. We will provide practical advice for developing effective audit, monitoring, and risk management programs.

Learning Objectives:

Upon completion of the program, participants will be able to:

- Explain what a compliance program is and assess whether their organization's program meets industry standards
- Deepen their understanding of Medicare billing and payment compliance principles.
- Understand Medicare mandatory refund rules and requirements.

Speaker Information:



Jeff Fitzgerald, Shareholder, Polsinelli, P.C.

Jeff Fitzgerald represents health care providers in disputes with federal and state licensure bodies, professional licensure boards, and other regulators and law enforcement agencies. He also assists health care companies that have proactively discovered potential compliance issues. Jeff uses his experience in resolving investigations to develop practical solutions that bring finality and risk reduction to compliance problems.



Ryan Thurber, Associate, Polsinelli, P.C.

Ryan Thurber brings a lifelong passion for health care to his work for clients at Polsinelli. Prior to joining Polsinelli, Ryan spent time working in human resources and the legal department of a major hospital system. In those roles, he worked to resolve a number of issues unique to health care, including the Stark law, Anti-Kickback Statute, HIPAA, and hospital/physician contracts. This experience gives him a deep understanding of the legal issues facing health care providers. Ryan's practice focuses on helping health care providers solve their legal challenges so they can continue to provide their patients with the very best care. He works with clients to navigate complex transactional matters and regulatory issues.

Webinar fees:

\$99/organization
unlimited participants

Registration:

Register Online

<http://conta.cc/2cBpMcF>

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CMS Edits and ANSI Standards

November 15, 2016 12:00 MT

Program Overview

In the session we will review electronic edits used by Medicare to include:

- Outpatient Code Editor (OCE)
- Medical Code Editor (MCE)
- National Correct Coding Initiative (NCCI)

Other topics include value and condition codes within the ANSI 837 standards

Learning Objectives:

Upon completion of the program, participants will be able to:

- Understand how CMS uses edits to ensure claims are valid for payment
- Understand how coding compliance under NCCI can impact reimbursement
- Understand how CMS uses value and condition codes to accomplish program objectives such as Advance Beneficiary Notification (ABN), based on the FY17 rule.

Speaker Information:

Seth Avery, President and CEO, AppRev

Seth Avery is President and CEO of AppRev, a healthcare business intelligence company that provides revenue cycle solutions for hospitals and physicians. Mr. Avery has over 25 years of experience with government, for-profit and not-for-profit healthcare providers, and is a frequent speaker on topics such as denials management, the ICD-10 transition, ICD-10 implementation, charge capture and strategic pricing.

Webinar fees:

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Registration Form

Register online at: <http://www.hfma.org/content.aspx?id=27180>. You will have the option to pay by credit card or check.

or

Complete the registration form below and forward along with check payment, payable to HFMA Colorado Chapter, to the address below. Credit card payments will only be accepted if registering online.

HFMA Colorado Chapter
P.O. Box 5571
Denver, CO 80217-5571

Billing Info:

Attendee Name _____

Title _____ HFMA Member Y ___ N _ Mbr # _____

Organization _____

Address _____

City, State and Zip Code _____

Phone _____ E-mail _____

**Additional attendees from the same facility: Following registration, a link will be emailed allowing multiple attendees to log in and view the presentation.*

Registration Fees:

October 4th, 2016	\$99.00 _____
October 18th, 2016	\$99.00 _____
November 1st, 2016	\$99.00 _____
November 15th, 2016	\$99.00 _____

Total: _____