

Institute on Medicare
and Medicaid
Payment Issues

Baltimore

March 21–23, 2007
Baltimore Marriott Waterfront Hotel



PROGRAM PLANNING COMMITTEE:

Timothy P. Blanchard, Esq., Program Chair

Dennis M. Barry, Esq.

Jolee Hancock Bollinger, Esq.

Robert L. Roth, Esq.

Kathleen Scully-Hayes, Esq.



Supported by: Healthcare Financial Management Association



KPMG LLP has provided sponsorship in support of this program.

Program Agenda

Wednesday, March 21, 2007

7:00 am–5:45 pm

Registration and Information

8:00–9:30 am

I. Fundamentals of Medicare Parts A–D

Barry D. Alexander

Linda A. Baumann

James F. Flynn

Margit Hunt Nahra

- General introduction: History, 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 enrollment, reimbursement systems and changes arising out of the Medicare Modernization Act of 2003 (“MMA”) and the Deficit Reduction Act of 2005
- Medicare Part B: Specific eligibility criteria and benefits, supplier types, reimbursement systems, enrollment, and changes arising out of MMA
- The Medicare A and B appeal process including recent changes
- Medicare Part C—The Medicare Advantage Program: Eligibility and enrollment, basic benefit design, payment mechanisms and key implementation issues
- Part D—the new drug benefit: Eligibility and enrollment, basic benefit design, covered drugs, payment, contracting issues, marketing guidelines and challenges arising during the implementation of the new drug benefit

II. 2006: The RAP Practice Group’s Year in Review (not repeated)

Thomas E. Bartrum

Jolee H. Bollinger

Kenneth R. Marcus

Andrew D. Ruskin

Eric P. Zimmerman

- Review of the major regulation and payment headlines from 2006 affecting healthcare providers
- How these developments may affect you and your clients in 2007

- Guidance on which conference sessions to attend for more detailed discussions

9:30–9:40 am

Coffee Break

9:40–11:10 am

I. Fundamentals of Medicare Parts A–D (continued)

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

Herbert B. Kuhn

Elizabeth Richter

11:10–11:25 am

Coffee Break

GENERAL SESSION

11:25 am–12:25 pm

Welcome and Introduction

Elisabeth Belmont, AHLA President-Elect

Timothy P. Blanchard, Program Chair

Keynote Address

The Politics of Medicare Reform

Jonathan Oberlander, PhD

12:25–1:45 pm

Lunch on your own or attend the In-House Counsel Practice Group Luncheon sponsored by MediTract, Inc. (additional fee; limited attendance; pre-registration required; see page 23)

Practical Tips for Reducing Your Hospital’s Risk of a Class Action Lawsuit for Depressed Nursing Wages

Melissa H. Maxman, Esq.

Baker Hostetler, Washington, DC

CONCURRENT SESSIONS

1:45–3:15 pm Extended Sessions

A. Wage Index and Urban Reclassification Update (not repeated)

Dale Baker

Carel T. Hedlund

Valerie A. Miller

- Occupational mix
- Urban reclassifications
- Section 508 Reclass update
- Wage Index Reform (Congress, MedPAC, CMS proposals)
- Appeals and case update and more



Program Agenda

B. Clinical Research: Medicare Coverage, Payment and Compliance Issues

Timothy P. Blanchard

Holley Thames Lutz

Steve E. Phurrough

- Current Medicare clinical trial process
- Problems with current policy—case study
- Coverage Advisory Committee (MedCAC) recommendations
- Coverage with evidence development
- Next steps—what we can do right now

C. Recent Developments in DGME and IME

Thomas W. Coons

Karen S. Fisher

Miechal Lefkowitz

- Payment Policy
 - Overview of DGME and IME methodologies
 - Research and didactic time in hospital and non-hospital sites
 - Clinical base year
 - Training in non-hospital sites
 - Practical issues in complying with non-hospital site and didactic time rules

D. Provider-Based Requirements, Under Arrangements, Joint Ventures — What To Do?

Thomas E. Dowdell

Catherine T. Dunlay

- Medicare/Medicaid provider-based status and its significance
- Overview of the provider-based requirements and obligations for both on-campus and off-campus entities
- Overview of the provider-based under arrangements, management contracts and joint venture principles, their differentiation and application
- Deciding whether or not to seek a formal provider-based determination
- Overview of the under arrangements coverage conditions
- Overview of the coverage requirements for hospital services
- Why hospitals consider under arrangements relationships
- Analysis of a hospital furnishing clinical services under arrangements to its patients considering the under arrangements coverage conditions,

coverage requirements for hospital services, and provider-based requirements, obligations and principles, and variations thereof

- Recent lessons learned in handling under arrangements and venture transactions
- Linger questions regarding the interrelationship of the provider-based requirements, under arrangements coverage conditions, and hospital services coverage requirements

E. Advanced Stark

S. Craig Holden

Kevin G. McAnaney

- Physician recruitment
- Pay for performance
- Under arrangements/provider based services
- Subsidization of eHealth technology
- Non-compliant arrangements

F. Non-Hospital Imaging Independent Diagnostic Testing Facilities

Thomas W. Greeson

Daniel H. Melvin

- Ordering diagnostic imaging
- Physician supervision requirements
- Diagnostic tests v. “incident to” services
- Independent diagnostic testing facilities
- Payment issues – the multiple procedure reduction and DRA cuts
- Reassignment issues, including recent changes
- Imaging services and ASCs
- Stark and anti-kickback issues
- Case studies – shared imaging arrangements

3:30–4:30 pm

G. Fraud and Abuse Primer (not repeated)

David E. Matyas

- Federal Anti-Kickback Statute
- Federal physician self referral law
- Federal False Claims Act
- Exclusion and civil money penalty provisions
- Other criminal and civil statutes
- Description of the healthcare fraud enforcers

H. Medicaid Litigation Update (not repeated)

Byron J. Gross

Jane Perkins

- State of the law regarding suits to enforce Title XIX



Program Agenda

- Important substantive decisions on Medicaid eligibility, services and ratesetting
- Cases pertaining to suits challenging Medicaid “waiver” programs
- Issues germane to Medicaid managed care, including contracting disputes and disputes over reimbursement for emergency services provided by non-contracted providers

J. Part B and Part D: Drug Coverage and Payment Issues

Stuart M. Langbein

Jugna J. Shah

- Description of Medicare Part B coverage of drugs and biologicals, including benefit categories and local and national coverage issues
- New drug payment methodologies in the hospital outpatient department setting and physician offices
- Unique challenges facing hospitals in reporting drug administration services
- What is a “covered Part D drug,” what drugs are excluded from Part D, and Part B versus Part D coverage issues
- Enrollee cost sharing and issues relating to true out-of-pocket expenses (TrOOP), including pharmaceutical assistance programs (PAPs)
- The impact of Part D on Medicare providers (e.g., hospitals, skilled nursing facilities)

K. Fraud and Abuse Issues for Hospitals and Physicians

John T. Brennan, Jr.

Meredith W. Melmed

- Recent developments in fraud and abuse law regarding hospitals, physicians and hospital-physician relationships
- The use and interpretation of the False Claims Act as an enforcement tool by the U.S. Dept. of Justice
- Ongoing enforcement initiatives and the OIG’s Work Plan issues for 2006
- The use of the Civil Money Penalty Act as an enforcement tool by the OIG

L. Hospital Inpatient PPS Update

Marc Hartstein

Larry A. Oday

- Area wage index issues
- Disproportionate share adjustment
- DRG weighting and recalibration

- Update to standardized amount
- New technology
- Regulatory update

M. Medicare’s New Ambulatory Surgery Center Payment System

Eric P. Zimmerman

- Overview of payment system changes
- Regulatory and reimbursement implications for ASCs and hospitals
- New procedures available in ASCs
- Implications for existing ASCs and opportunities for growth and new development
- Hospital based alternatives, e.g., specialty hospitals and the under arrangements model

4:45–5:45 pm

N. Medicaid Fundamentals (not repeated)

Hemi D. Tewarson

- A historical perspective of Medicaid and how state Medicaid programs have evolved over the years
- Distinguishing characteristics of the Medicaid program including:
 - The entitlement nature of the program
 - Who may be eligible
 - What benefits are covered
 - Delivery systems utilized by states
 - Reimbursement and financing mechanisms
- Recent reform of and developments in the Medicaid program

O. PRRB Appeals (not repeated)

Lloyd A. Bookman

Suzanne Cochran

- Old case project
- Board expectations
- Stipulation\$
- Abeyance
- Group cases
- Pre-hearing conferences

P. Special Medicare Reimbursement Policies for Rural Providers

John R. Cooper

Chris E. Rossman

- Special Medicare payment provisions for rural providers
- Rural health clinics
- Critical access hospitals
- Anti-kickback exceptions for rural providers



Program Agenda

- Carryover of Medicare policy to Medicaid, Blue Cross and other payors

Q. Medicare Litigation Update

John R. Hellow

Susan Maxon Lyons

- Survey of recent Medicare case law developments, including PPS and cost reimbursement, DSH, medical education, certification, coordination of benefits/MSP, Medicare Part D implementation issues, and government overpayment recovery actions
- In-depth review of most significant recent Medicare decisions
- Discussion of trends in cases from both the private and government perspectives
- Analysis of recent procedural issues including subject matter jurisdiction, reopening challenges and late NPR appeals

R. Payments, Penalties and Participation: Administrative Enforcement Actions by the Government that Spell Trouble for Providers

Rodney A. Johnson

Judith A. Waltz

- Types of overpayments, including cost report, claims-based, and extrapolated overpayments through statistical sampling
- Distinctions between statutory and common law recoupment and differences in recoupment for Medicare Part A and Part B
- Payment suspension regulations, procedures, and case law
- OIG permissive and mandatory exclusion authorities, procedures, and case law
- CMS termination actions and CMP assessments based on quality of care deficiencies
- Procedures and case law involving administrative appeals and judicial review of federal court challenges

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

6:45–9:30 pm

Reception at B&O Railroad Museum sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)

Thursday, March 22, 2007

7:00 am–5:15 pm

Registration and Information

7:00–8:15 am

Continental Breakfast sponsored by KPMG LLP (attendees, faculty, children, and registered spouses and guests welcome)

7:15–8:00 am

Public Interest Session:

The Patient's Nose under the Tent: The Impact on Hospitals of State and Federal Healthcare Transparency Initiatives

Andrew D. Ruskin

- Historic background of current transparency initiatives
- Overview of the status of CMS transparency initiatives
- Discussion of commonalities among various State transparency laws, both proposed and enacted
- Consideration of the impact of transparency initiatives on charity care policies
- Analysis of reimbursement implications of across-the-board charge reductions in response to transparency initiatives, and consideration of possible strategies for shoring up hospital finances when implementing such a reduction

CONCURRENT SESSIONS

8:15–9:45 am Extended Sessions

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

(not repeated)

Hugh E. Aaron

- Medicare coverage of emergency department visits when the patient leaves before being seen by a physician
- Physician supervision requirements applicable provider-based clinics
- Billing for E/M services furnished in conjunction with surgical services, including the proper use of modifier -25 in a facility setting
- Type A versus Type B emergency department visits
- Expanded APC levels for 2007
- E/M level selection issues including an update on CMS's proposed national E/M guidelines for hospitals



Program Agenda

- Recent CMS clarification relating to classifying hospital patients as “new” versus “established”

T. Workshop on PRRB Practice Issues

(not repeated)

Keith D. Barber

Llyod A. Bookman

Bernard M. Talbert

- Continuing developments in alternate hearing types, pre-hearing conferences and mediation as case management tools
- Discovery disputes with CMS in PRRB cases
- Status of proposed PRRB Regulations

U. Part D Impact on Providers

Day Egusquiza

Anne W. Hance

Robert E. Slavkin

- Enrollment and marketing of beneficiaries
- Part D versus Part B issues
- Survey and certification issues and how they intersect with Part D
- Part D appeals
- Formulary and P&T issues under Part D
- Quality of care and liability issues as they relate to Part D

V. Latest Developments in NPI and Medicare Provider Enrollment

James M. Bossenmeyer

Dennis K. Grindle

Thomas D. Vaughn

- Status of the Data Dissemination Notice
- Latest on Medicare’s policy for use of NPIs including enumeration recommendations, Medicare’s NPI claims processing transition plans and more
- Medicare’s requirements for disclosing NPIs on the CMS-855 forms and the issues that can arise
- New CMS 855 enrollment forms (effective June 20, 2006) and procedure
- Enrollment changes implemented since last year and proposed change on the horizon
- New requirement for all Medicare providers to re-file CMS 855 forms every 5 years

C. Recent Developments in DGME and IME

(repeat)

F. Non-Hospital Imaging Independent Diagnostic Testing Facilities (repeat)

10:00–11:00 am

W. Medicaid Drug Rebate Regulatory and Enforcement Developments (not repeated)

Jesse A. Witten

- Proposed regulations on reporting “average manufacturer’s price” and other regulatory developments
- Tricky issues in price reporting
- Medicaid drug rebate dispute resolution program
- Recent enforcement actions

X. Home Healthcare PPS and Hospice Developments (not repeated)

Denise C. Bonn

William A. Dombi

- Home health 2007 payment rates
- Hospice: 2007 rates, limits and restrictions
- Home health PPS reforms
- Retroactive HHPPS claims adjustments — M0175 Update
- Medicaid Program Integrity and OIG initiatives
- Proposed Hospice COP’s
- Home health P4P

Y. Legal Ethics: Dilemmas for Healthcare Attorneys

Richard P. Ward

- Legal vs. ethical obligations
- Use of legal opinions to shield clients
- When to say “no” to what the client wants to do
- Who is the client anyway
- Conflicts of Interest
- Advice on disclosing Medicare reimbursement errors

Z. Medicare Secondary Payer Issues—Regulatory and Litigation Update

Andrew A. Bobb

Gary W. Eiland

- Review of the Medicare secondary payer (MSP) and Medicaid third party liability (MTP) laws
- Duties and responsibilities imposed on providers pursuant to the MSP and MTP laws
- Conditional payments under the MSP law
- Recent MSP/MTP enforcement actions under the MSP/MTP laws, the federal and state false claims act, and the civil monetary penalty law



Program Agenda

AA. Non-Physician Practitioner Issues

Paul W. Kim

- Identify the non-physician practitioners whose services are separately reimbursable by Medicare
- Understand each practitioner's qualifications for enrollment and conditions of billing
- Detect when payment for practitioner services is permitted in addition to facility fees
- Structure compliant arrangements with non-physician practitioners

R. Payments, Penalties and Participation: Administrative Enforcement Actions by the Government that Spell Trouble for Providers (repeat)

11:15 am–12:15 pm

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

Terence Johnson

- History and usage of medical coding
- The basics of CPT coding
- The basics of ICD-9-CM coding
- Governmental coding guidelines
- Putting it all together

CC. PRRB Jurisdiction (not repeated)

Michael W. Harty

Kenneth R. Marcus

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

DD. Medicare Bad Debt

Joanne B. Erde

Jon P. Neustadter

- Overview, reasonable and consistent collection efforts—120-Day Rule
- Recent legal developments
- Issues surrounding use of outside collection agencies
- Bad debt related to non-PPS Services

EE. Repayments and Disclosures: Whether, Which, When, How and How Much

Thomas S. Crane

Robert L. Roth

- When is repayment appropriate; when is disclosure 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
- How well is the self disclosure process working—update on the Fraud and Abuse Practice Group Self-Disclosure Task Force
- Government Enforcement—East Tennessee Heart Consultants Settlement

FF. Effective Use of the OIG Self-Disclosure Protocol

Daniel S. Reinberg

Heidi A. Sorensen

- Civil and criminal statutes relating to Medicare/Medicaid payments
- Evolution of the voluntary disclosure process
- Components of the voluntary disclosure protocol
- Lessons learned – appropriate use of outside counsel and/or independent consultants
- Importance of management commitment

Q. Medicare Litigation Update (repeat)

12:15–1:35 pm

Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group Luncheon (Additional fee; limited attendance; pre-registration required; see p. 23)

Lessons from the Launch of Medicare Part D

Jeffrey S. Kelman, MD

Chief Medical Officer, Center for Beneficiary Choices, Centers for Medicare and Medicaid Services, Baltimore, MD

CONCURRENT SESSIONS

1:45–2:45 pm

GG. Out of Network Provider Reimbursement/Update on Medicare Advantage

(not repeated)

Mark H. Gallant

Donald G. Kosin, Jr.

- Distinctions in reimbursement rules for emergency and elective services
- The current Medicare Advantage rules
- The Medicaid default rate for emergency services to non-contracted Medicaid managed care plans (and pending litigation challenging that provision)



Program Agenda

- The relevant “common law” and state statutory landscape
- Special issues raised under ERISA plans

HH. Hospital Outpatient PPS (not repeated)

Carol Bazell

Valerie Rinkle

- Separately payable OPPIs drugs, ASP and cost paid drugs and radiopharmaceuticals
- Drug administration coding and billing complexities for hospitals
- Recent OPPIs Transmittals including observation, immunoglobulin
- Other 2007 updates

JJ. Change of Ownership

Thomas E. Bartrum

- The types of transactions that constitute a CHOW for Medicare purposes and why such determination matters
- The costs and benefits of structuring a CHOW as an initial enrollment
- Can CHOWs can be used to effectively manage operational, payment or legal issues
- The effect of a CHOW on provider certification and supplier enrollment
- The effect of a CHOW on reimbursement post-closing
- CHOW traps for the unwary

KK. New Rules for Medicare Claims Appeals

James P. Kelly

Perry J. Rhew

- New Unified Rules and New Decision Makers for Appeals of Part A and Part B claims
- Redetermination appeals
- Qualified Independent Contractor (“QIC”) Appeals (formerly “fair hearings”)
- Optional new adversarial procedures
- Medicare Appeals Council proceedings
- Federal Court remand procedures
- Advanced techniques solving evidence timing submission problems, discovery, and appeal strategies

LL. Recovery Audit Contractors

Melanie K. Combs

Patricia Wang

- FY06 RAC status update
- Corrective actions resulting from FY06 RAC identified problems

- National RAC expansion
- Provider experience

Z. Medicare Secondary Payer Issues — Regulatory and Litigation Update (repeat)

3:00-4:00 pm

MM. Severity-Weighted DRGs: Heavy Implications for Hospitals (not repeated)

Nancy L. Freeman

- Comparison of the various severity-weighted systems that CMS has committed to assess
- Financial Implications associated with each
- Key predictors of financial and operational impact
- Strategies to mitigate risk

NN. Medicaid Hot Topics (not repeated)

Christopher C. Puri

OO. Medicare and Medicaid Payment Issues for Nursing Facilities

Kimber L. Latsha

Laurence D. Wilson

- CMS regulatory agenda for SNFs and the PPS update
- CMS proposed refinements to the RUGS (STRIVE)
- MedPac report on SNF Services

PP. New Developments for DME, Prosthetics, Orthotics and Supplies

Seth H. Lundy

- New Quality Standards
- National Supplier Clearinghouse and enrollment issues
- Prepayment and postpayment reviews
- Medical documentation issues, and use of physician orders and CMNs
- Transition from the DMERCs to the MACs
- Competitive bidding developments and timelines
- Inherent reasonableness authority, and its interaction with competitive bidding
- Part B covered drugs
- Developments in the appeals process

QQ. Medical Necessity Denials, Policy Determinations and Appeals

Andrew Blosschichak

Peter M. Kazon

- How does Medicare interpret “medical necessity”



Program Agenda

- What are the processes that Medicare uses for Local Coverage Decisions (“LCD”) and National Coverage Decisions (“NCD”)?
- What processes are available to providers and beneficiaries who disagree with NCDs or LCDs?
- What factors do Contractor Medical Directors consider in determining medical necessity?
- How do contractors conduct reviews of medical necessity issues?
- What is the status of Medicare initiatives related to Coverage with Evidence Development?

LL. Recovery Audit Contractors (repeat)

4:15–5:15pm

SS. Long Term Care Hospital Development and Payment Issues (not repeated)

Stephen M. Sullivan

TT. Exclusions: Repayments and Denials

(not repeated)

Dane W. Cutler

Cynthia F. Wisner

- How do you know if you are doing business with excluded parties?
- Are only individuals excluded?
- Do excluded parties lose their licenses?
- Can you employ an excluded individual for any purpose?
- Can you purchase services from an excluded individual?
- What do you need to do if someone is on one of the lists?

UU. Short Stays

Dennis M. Barry

Georgeann Edford

- Medicare rules for distinguishing between inpatient care and observation services
- Effect of InterQual and similar criteria for medical necessity for inpatient stays
- Assessment of compliance risk for inpatient short stays
- CMS Policy on “condition code 44”
- Billing mechanics when an inpatient stay is preceded by an observation stay
- Policies and procedures for minimizing errors

KK. New Rules for Medicare Claims Appeals (repeat)

4:15–5:45pm Extended sessions

VV. Medicare DSH Adjustments

John R. Jacob

Christopher L. Keough

- SSI update
- Charity care/Medicaid DSH days
- Waiver days update
- Dual-eligible days
- SCHIP days
- Post-Monmouth litigation update

U. Part D Impact on Providers (repeat)

5:15–6:30 pm

Reception at the Baltimore Marriott

Waterfront Hotel sponsored by KPMG LLP

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

Friday, March 23, 2007

7:00 am–3:45 pm

Registration and Information

7:00–8:00 am

Continental Breakfast sponsored by KPMG

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

CONCURRENT SESSIONS

8:00–9:30 am Extended Sessions

WW. Medicaid DSH, UPL and Other Supplemental Payments (not repeated)

James E. Gjerset

Charles A. Luband

Megan Tinker

B. Clinical Research: Medicare Coverage, Payment and Compliance Issues (repeat)

D. Provider-Based Requirements, Under Arrangements, Joint Ventures — What To Do? (repeat)

E. Advanced Stark (repeat)

V. Latest Developments in NPI and Medicare Provider Enrollment (repeat)

VV. Medicare DSH Adjustments (repeat)



Program Agenda

9:45–10:45 am

XX. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques

(not repeated)

Dinetia M. Newman

- Overview of research source materials
- Update on utility of electronic research materials including CMS databases, AHLA materials and commercial sources
- Development of a research plan
- Practical tips for more effective, efficient research

YY. Medicare Certified Transplant Centers: Reimbursement and Risks (not repeated)

Mark Simonson

Laurence Tucker

- Organ acquisition services and activities (general)
- Regulatory definition of reasonable costs related to organ acquisition
- Organ acquisition costs and reimbursements
- Detailed discussion of the cost report cost finding formula
- Principles to follow and methodologies to consider when addressing complex cost finding issues

ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced)

Alice G. Gosfield

- An analysis of Medicare physician reimbursement issues in Stark
- Incident to—what's in; what's out, the new CMS positions and productivity
- In office ancillary services supervision—Who can and who goes on the claim?
- The reimbursement effects of adding new product lines through shared facilities
- Reassignment—the liberalizations, group practice, teleradiology
- So nuclear is DHS—What does it mean?

DD. Medicare Bad Debt (repeat)

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

UU. Short Stays (repeat)

11:00 am–12:00 noon

AAA. To Mediate PRRB Cases or Not to Mediate

(not repeated)

Tracy M. Field

Kathleen Scully-Hayes

- The PRRB mediation process
- Perspectives on mediation from the provider's and mediator's point of view
- Practical tips in mediating
- Possible future of mediation at CMS

J. Part B and Part D: Drug Coverage and Payment Issues (repeat)

M. Medicare's New Ambulatory Surgery Center Payment System (repeat)

P. Special Medicare Reimbursement Policies for Rural Providers (repeat)

FF. Effective Use of the OIG Self-Disclosure Protocol (repeat)

ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) (repeat)

12:00 noon–1:00 pm

Lunch on your own

CONCURRENT SESSIONS

1:00–2:00 pm

L. Hospital Inpatient PPS Update (repeat)

Y. Legal Ethics: Dilemmas for Healthcare Attorneys (repeat)

EE. Repayments and Disclosures: Whether, Which, When, How, and How Much (repeat)

PP. Medical Necessity Denials, Policy Determinations and Appeals (repeat)

2:15–3:15 pm

AA. Non-Physician Practitioner Issues (repeat)

JJ. Change of Ownership (repeat)

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

Adjournment



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Program at a Glance

Tuesday, March 20, 2007

1:30– 4:30 pm	<p align="center">HFMA Pre-Conference Defensible Pricing – Understanding the Financial Side and How It Ties into Price Transparency <i>Bob Hemker, CFO, Palomar Pomerado Health</i> <i>Melanie Van Winkle, Palomar Pomerado Health</i> <i>Mike Kovar, Ernst & Young</i></p> <p align="center">(additional fee – register on p. 23; for a full description of the session visit our Web site at: www.healthlawyers.org/programs)</p>
5:00– 6:00 pm	Reception for HFMA Attendees
6:30– 8:30 pm	Registration for Medicare and Medicaid Institute

Wednesday, March 21, 2007

7:00 am– 5:45 pm	Registration and Information	
8:00– 9:30 am	<p align="center">I. Fundamentals of Medicare Parts A-D</p> <p align="center"><i>Alexander Baumann Flynn Nahra</i></p>	<p align="center">II. 2006: The RAP Practice Group's Year in Review (not repeated)</p> <p align="center"><i>Bartrum Bollinger Marcus Ruskin Zimmerman</i></p>
9:30– 9:40 am	Coffee Break	
9:40– 11:10 am	<p align="center">I. Fundamentals of Medicare Parts A-D (continued)</p> <p align="center"><i>Alexander Baumann Flynn Nahra</i></p>	<p align="center">III. CMS Outreach Session on Hospital and Physician Issues (not repeated)</p> <p align="center"><i>Kuhn Richter</i></p>
11:10– 11:25 am	Coffee Break	
11:25 am– 12:25 pm	<p>GENERAL SESSION Welcome and Introduction <i>Belmont, Blanchard</i></p> <p>Keynote Address The Politics of Medicare Reform <i>Oberlander</i></p>	
12:25– 1:45 pm	<p>Lunch on your own or attend the In-House Counsel Practice Group Luncheon (additional fee; limited attendance; pre-registration required; see page 23)</p>	

Program at a Glance

Wednesday, March 21, 2007 (Continued)

1:45– 3:15 pm extended sessions	A. Wage Index and Urban Reclassification Update (not repeated) <i>Baker Hedlund Miller</i>	B. Clinical Research: Medicare Coverage, Payment and Compliance Issues <i>Blanchard Lutz Phurrough</i>	C. Recent Developments in DGME and IME <i>Coons Fisher Lefkowitz</i>	D. Provider-Based Requirements, Under Arrangements, Joint Ventures—What To Do? <i>Dowdell Dunlay</i>	E. Advanced Stark <i>Holden McAnaney</i>	F. Non-Hospital Imaging Independent Diagnostic Testing Facilities <i>Greeson Melvin</i>
3:30– 4:30 pm	G. Fraud and Abuse Primer (not repeated) <i>Matyas</i>	H. Medicaid Litigation Update (not repeated) <i>Gross Perkins</i>	J. Part B and Part D: Drug Coverage and Payment Issues <i>Langbein Shah</i>	K. Fraud and Abuse Issues for Hospitals and Physicians <i>Brennan Melmed</i>	L. Hospital Inpatient PPS Update <i>Hartstein Oday</i>	M. Medicare's New Ambulatory Surgery Center Payment System <i>Zimmerman</i>
4:45– 5:45 pm	N. Medicaid Fundamentals (not repeated) <i>Tewarson</i>	O. PRRB Appeals (not repeated) <i>Bookman Cochran</i>	P. Special Medicare Reimbursement Policies for Rural Providers <i>Cooper Rossman</i>	Q. Medicare Litigation Update <i>Hellow Lyons</i>	R. Payments, Penalties and Participation: Administrative Enforcement Actions by the Government that Spell Trouble for Providers <i>R. Johnson Waltz</i>	K. Fraud and Abuse Issues for Hospitals and Physicians (repeat) <i>Brennan Melmed</i>
6:45– 9:30 pm	Reception at B&O Railroad Museum sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)					

Thursday, March 22, 2007

7:00 am– 5:15 pm	Registration and Information
7:00– 8:15 am	Continental Breakfast sponsored by KPMG LLP (attendees, faculty, children, and registered spouses and guests welcome) 7:15–8:00 am Public Interest Session The Patient's Nose Under the Tent: The Impact on Hospitals of State and Federal Healthcare Transparency Initiatives <i>Ruskin</i>

Program at a Glance

Thursday, March 22, 2007 (Continued)

8:15– 9:45 am extended sessions	S. Current Hot Topics Relating to Coding and Billing for Facility Component E/M Services Furnished to Medicare Beneficiaries (not repeated) <i>Aaron</i>	T. Workshop on PRRB Practice Issues (not repeated) <i>Barber Bookman Talbert</i>	U. Part D Impact on Providers <i>Egusquiza Hance Slavkin</i>	V. Latest Developments in NPI and Medicare Provider Enrollment <i>Bossenmeyer Grindle Vaughn</i>	C. Recent Developments in DGME and IME (repeat) <i>Coons Fisher Lefkowitz</i>	F. Non-Hospital Imaging Independent Diagnostic Testing Facilities (repeat) <i>Greeson Melvin</i>
10:00– 11:00 am	W. Medicaid Drug Rebate Regulatory and Enforcement Developments (not repeated) <i>Witten</i>	X. Home Healthcare PPS and Hospice Developments (not repeated) <i>Bonn Dombi</i>	Y. Legal Ethics: Dilemmas for Healthcare Attorneys <i>Ward</i>	Z. Medicare Secondary Payer Issues – Regulatory and Litigation Update <i>Bobb Eiland</i>	AA. Non-Physician Practitioner Issues <i>Kim</i>	R. Payments, Penalties and Participation: Administrative Enforcement Actions by the Government that Spell Trouble for Providers (repeat) <i>R. Johnson Waltz</i>
11:15 am– 12:15 pm	BB. Primer on Coding Issues for Payment Lawyers (not repeated) <i>T. Johnson</i>	CC. PRRB Jurisdiction (not repeated) <i>Harty Marcus</i>	DD. Medicare Bad Debt <i>Erde Neustadter</i>	EE. Repayments and Disclosures: Whether, Which, When, How and How Much <i>Crane Roth</i>	FF. Effective Use of the OIG Self-Disclosure Protocol <i>Reinberg Sorensen</i>	Q. Medicare Litigation Update (repeat) <i>Hellow Lyons</i>
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 23)					
1:45– 2:45 pm	GG. Out of Network Provider Reimbursement/ Update on Medicare Advantage (not repeated) <i>Gallant Kosin</i>	HH. Hospital Outpatient PPS (not repeated) <i>Bazell Rinkle</i>	JJ. Change of Ownership <i>Bartrum</i>	KK. New Rules for Medicare Claims Appeals <i>Kelly Rhow</i>	LL. Recovery Audit Contractors <i>Combs Wang</i>	Z. Medicare Secondary Payer Issues – Regulatory and Litigation Update (repeat) <i>Bobb Eiland</i>

Program at a Glance

Thursday, March 22, 2007 (Continued)

3:00–4:00 pm	MM. Severity-Weighted DRGs: Heavy Implications for Hospitals (not repeated) <i>Freeman</i>	NN. Medicaid Hot Topics (not repeated) <i>Puri</i>	OO. Medicare and Medicaid Payment Issues for Nursing Facilities <i>Latsha Wilson</i>	PP. New Developments for DME, Prosthetics, Orthotics and Supplies <i>Lundy</i>	QQ. Medical Necessity Denials, Policy Determinations and Appeals <i>Bloschichak Kazon</i>	LL. Recovery Audit Contractors (repeat) <i>Combs Wang</i>	
4:15–5:15 pm	SS. Long Term Care Hospital Development and Payment Issues (not repeated) <i>Sullivan</i>	TT. Exclusions: Repayments and Denials (not repeated) <i>Cutler Wisner</i>	UU. Short Stays <i>Barry Edford</i>	KK. New Rules for Medicare Claims Appeals (repeat) <i>Kelly Rhew</i>	4:15–5:45pm extended sessions	VV. Medicare DSH Adjustments <i>Jacob Keough</i>	U. Part D Impact on Providers (repeat) <i>Egusquiza Hance Slavkin</i>
5:15–6:30 pm	Reception at the Baltimore Marriott Waterfront Hotel sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)						

Friday, March 23, 2007

7:00 am–3:45 pm	Registration and Information					
7:00–8:00 am	Continental Breakfast sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)					
8:00–9:30 am extended sessions	WW. Medicaid DSH, UPL and Other Supplemental Payments (not repeated) <i>Gjerset Luband Tinker</i>	B. Clinical Research: Medicare Coverage, Payment and Compliance Issues (repeat) <i>Blanchard Lutz Phurrough</i>	D. Provider Based Requirements, Under Arrangements, Join Ventures—What To Do? (repeat) <i>Dowdell Dunlay</i>	E. Advanced Stark (repeat) <i>Holden McAnaney</i>	V. Latest Developments in NPI and Medicare Provider Enrollment (repeat) <i>Bossenmeyer Grindle Vaughn</i>	VV. Medicare DSH Adjustments (repeat) <i>Jacob Keough</i>
9:45–10:45 am	XX Primer on Researching Medicare and Medicaid Issues: Sources and Techniques (not repeated) <i>Newman</i>	YY. Medicare Certified Transplant Centers: Reimbursement and Risks (not repeated) <i>Simonson Tucker</i>	ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) <i>Gosfield</i>	DD. Medicare Bad Debt (repeat) <i>Erde Neustadter</i>	OO. Medicare and Medicaid Payment Issues for Nursing Facilities (repeat) <i>Latsha Wilson</i>	UU. Short Stays (repeat) <i>Barry Edford</i>

Program at a Glance

Friday, March 23, 2007 (Continued)

11:00 am– 12:00 noon	AAA. To Mediate PRRB Cases or Not to Mediate (not repeated) <i>Field Scully-Hayes</i>	J. Part B and Part D: Drug Coverage and Payment Issues (repeat) <i>Langbein Shah</i>	M. Medicare's New Ambulatory Surgery Center Payment System (repeat) <i>Zimmerman</i>	P. Special Medicare Reimbursement Policies for Rural Providers (repeat) <i>Cooper Rossman</i>	FF. Effective Use of the OIG Self-Disclosure Protocol (repeat) <i>Reinberg Sorensen</i>	ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) (repeat) <i>Gosfield</i>
12:00 noon– 1:00 pm	Lunch on your own					
1:00– 2:00 pm	L. Hospital Inpatient PPS Update (repeat) <i>Hartstein Oday</i>	Y. Legal Ethics: Dilemmas for Healthcare Attorneys (repeat) <i>Ward</i>	EE. Repayments and Disclosures: Whether, Which, When, How, and How Much (repeat) <i>Crane Roth</i>	PP. Medical Necessity Denials, Policy Determinations and Appeals (repeat) <i>Bloschichak Kazon</i>		
2:15– 3:15 pm	AA. Non-Physician Practitioner Issues (repeat) <i>Kim</i>	JJ. Change of Ownership (repeat) <i>Bartrum</i>		OO. New Developments for DME, Prosthetics, Orthotics and Supplies (repeat) <i>Lundy</i>		

Hotel Reservation Form
American Health Lawyers Association
Institute on Medicare and Medicare Payment Issues
March 21–23, 2007

Complete and Send To:

Baltimore Marriott Waterfront Hotel

700 Aliceanna Street

Baltimore, MD 21202

Hotel Phone: (410) 385-3000

Reservations Phone: (800) 228-9290

Reservations Fax: (410) 895-1910

Attention: Reservations Department

Guest Room Rates:

Single Occupancy \$205 Double Occupancy \$205

The above rates are exclusive of city and state taxes, which are currently 12.5%.

Arrival Date: _____ **Departure Date:** _____

Name: _____

Sharing with (if applicable): _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip+4:** _____

Business Telephone: _____ **Business Fax Number:** _____

E-Mail Address: _____

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Special Needs Request: _____

Check-in 4:00 pm Check-out: 12:00 noon

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Card Type/Number: _____ Exp. Date: _____

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**To receive the group rate, reservations must be received no later than Wednesday, February 21, 2007.
Rooms at the group rate are limited and may sell out before February 21, 2007.**

Program Information

Dates: March 21-23, 2007
Place: Baltimore Marriott Waterfront Hotel
 700 Aliceanna Street
 Baltimore, MD 21202
Phone: (410) 385-3000
Reservations: (800) 228-9290
Fax: (410) 895-1900

Registration Fees:

Postmarked and paid by February 28, 2007

\$830 For the first AHLA Member
 \$755 For each additional Member
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HFMA pre-conference:

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Participants will be given continuing education forms at the program. Forms must be completed and returned to AHLA staff to receive credit. AHLA is an approved sponsor of continuing legal education credits in most states. This seminar will be worth approximately 20.5 continuing education credits (including 1.0 ethics credit) based on a 60-minute hour and 24.6 credits (including 1.2 ethics credits) based on a 50-minute hour.

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1-800-458-9383

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Registration Form

Institute on Medicare and Medicaid Payment Issues • March 21–23, 2007

3

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

Name: _____ Member ID #: _____

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 \$755 each additional AHLA member registering from same organization at same time

Registration Fees (faxed/postmarked and paid between March 1 and March 15, 2007):

AHLA Members: \$930 **Non-Members:** \$1130
 \$855 each additional AHLA member registering from same organization at same time

HFMA Pre-Conference \$200 if attending Medicare/Medicaid Program
 \$250 if not attending the Medicare/Medicaid Program

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

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\$ _____ RAP Practice Group Luncheon (\$38 for members of the RAP PG/\$43 for non-members of the RAP PG; Thursday, March 22)

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\$ _____ **Total Enclosed**

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

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Washington, DC 20036-5405

Institute on Medicare
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Payment Issues

Baltimore

March 21-23, 2007

Baltimore Marriott Waterfront Hotel

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