

HFMA REVENUE CYCLE FORUMS COMMITTEE

PRESENTS:

- **Optimizing Reimbursement Through Compliant Practices for Revenue Integrity**
- **Implementation of new statutory provision pertaining to Medicare 3-day payment window**
- **Implementation of HIPAA 5010 brings changes in claims data requirements**

September 23, 2010

Registration 8:30

Time: 9:00 am – 4:00 pm

Lunch Provided

Registration Fee: \$40.00

Location:

Southern Regional Medical Center
11 Upper Riverdale Road S.W.
Riverdale, Georgia 30274
Classroom B

Time: 9:00-12:00pm

Topic: **Optimizing Reimbursement Through Compliant Practices for Revenue Integrity**

Medicare outpatient reimbursement depends on a hospital's methodology for capturing the appropriate charge represented by the correct code(s) charging for the "reimbursable" service in the proper setting! And, now that Medicaid reimbursement requirements often conflict with Medicare – how does your facility ensure appropriate charging, coding and billing guidance is followed by payer? Commercial payers are adopting "their" version of Medicare requirements – how are these defined per contract and how are they met for optimum reimbursement? Although facilities have focused on "charge capture" for several years, 2010 and 2011 present new challenges. Join our detailed review of best practices and updated procedures to ensure optimum – but compliant – reimbursement as we move into the new year.

What you will learn

After completion of the session, the participant will be able to:

- Discuss the CMS provider agreement requirements for determination of medical necessity before providing the service.
- Understand the flow of clinical data necessary to support and earn optimum reimbursement.
- Know the five "do's" and "don't's" regarding 2010 and 2011 charge capture and revenue integrity.
- Detail the best practice checkpoints for billing and account resolution to increase payment.
- Understand why reimbursement is a hospital-wide responsibility – not just PFS or the Revenue Cycle team.

Time: 1:00-2:30 pm

Topic: Implementation of new statutory provision pertaining to Medicare 3-day payment window

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” A provision in the law pertains to Medicare’s policy for payment of outpatient services provided on either the date of a beneficiary’s admission or during the three calendar days immediately preceding the date of a beneficiary’s inpatient admission. The new language changes a long-standing procedure for combining only diagnostic outpatient services and unrelated non-diagnostic (or therapeutic) services based on matching principal diagnoses. Find out how your facility should revise current billing practices to comply with the provision requirements and what financial impact will result.

What you will learn

After completion of this session, a participant will be able to:

- Understand the changes in the language for Medicare’s 3-day payment window
- Discuss the process for determining whether or not outpatient services should be combined with an inpatient claim
- Plan for appropriate review of outpatient services and put in place a billing procedure to meet the new law’s provision
- Determine the financial (payment) reduction as result of combining 3-day outpatient services to inpatient claims

Time: 2:30-4:00 pm

Topic: Implementation of HIPAA 5010 brings changes in claims data requirements

The current HIPAA Transaction Code Set 4010 standard is widely recognized as outdated and lacking in the functionality currently needed by the health care industry. Version 5010 will correct the outdated transaction standard and enhance administrative data exchanges. To accomplish the improvements, the electronic claim formats, entitled 837 institutional and professional transactions, will undergo significant changes. The new level of detail under HIPAA 5010 requires specific revisions in claims data for appropriate processing and payment. This session will discuss changing billing requirements and best practice procedures for implementation of 5010.

WHAT YOU WILL LEARN:

After completion of this session, a participant will be able to:

- Understand the differences between HIPAA 4010 and Version 5010
- Plan for required billing data element revisions
- Determine source of additional billing information
- Discuss the important components required for implementation of 5010

Who should attend

- Revenue Cycle
- Revenue Integrity staff members,
- CFOs,
- Clinical Department Managers,
- HIM staff,
- Nurse Auditors and/or
- Patient Care Managers,
- PFS staff,
- CDM Managers

Faculty:

Linda J. Corley, MBA, CPC, is Dell Services Corporate Compliance Officer for Revenue Cycle Solutions (RCS). She has more than twenty-five years experience working directly for or with hospitals in the areas of Patient Financial Services, Coding and Accounting. An experienced hospital accounting manager and accomplished college professor, Linda has twenty years experience working with financial accounting systems in hospitals and more than twenty-five years experience in training accounting professionals, patient financial services staff and coders for the medical environment. Since joining Dell Services, she has directed more than one hundred Charge Description Master Review projects and has performed numerous coding and compliance audits. She currently leads the Learning and Development team for RCS in addition to her Compliance Officer role. Linda routinely presents Compliance and Revenue Cycle updates to associates as well as coverage, coding, billing and collections training. She has been an integral part of the Revenue Cycle Solutions group for more than twelve years. Linda is a frequent HFMA speaker and is known throughout the U.S. for her lively and interactive, yet fact filled, hospital financial management presentations.

Please complete the registration form below and mail with a check payable to **GA HFMA** to:

Lillian Kloock, VP
Medical Staffing Resources
9755 Dogwood Road
Roswell, Georgia 30075
Fax 770-552-0176
www.msstaffing.com

For program information please contact: Lillian Kloock 770-998-7779 Ext. 167 or lkloock@msstaffing.com

Space is limited so please email your registration to make sure you reserve a space. Registration fees can be mailed or brought to workshop. No credit cards are accepted!

Registration Fee \$40.00 per person

Date September 23, 2010

Name _____

Position _____

Organization _____

Address _____

City, State and Zip _____

Telephone _____ Email _____

COMMENTS OR QUESTIONS

For Future PFS Revenue Cycle workshops visit www.georgiahfma.org

