

## REGISTRATION

Session: *(Same person must attend both days for discount)*

### COLUMBIA, MO

- \_\_\_\_\_ April 18, 2011 - Medicare 101  
\$90 HFMA member/\$100 non-member
  - \_\_\_\_\_ April 19, 2011 - Medicare 102  
\$90 HFMA member/\$100 non-member
  - \_\_\_\_\_ Both Days, April 18 & 19, 2011  
Medicare 101 & Medicare 102  
\$160 HFMA member/\$180 non-member
- Location:** Stoney Creek Inn  
2601 S. Providence Road  
Columbia, MO 65203  
Phone:(573) 442-6400  
Fax:(573) 219-5116  
HFMA Rate: \$93/night

### SPRINGFIELD, MO

- \_\_\_\_\_ April 20, 2011 - Medicare 101  
\$90 HFMA member/\$100 non-member
  - \_\_\_\_\_ April 21, 2011 - Medicare 102  
\$90 HFMA member/\$100 non-member
  - \_\_\_\_\_ Both Days, April 20 & 21, 2011  
Medicare 101 & Medicare 102  
\$160 HFMA member/\$180 non-member
- Location:** Doubletree Hotel  
2431 N Glenstone Ave  
Springfield, MO 65803  
Phone:(417) 831-3131  
Fax:(417) 831-9786  
HFMA Rate: \$106/night

**CLICK HERE TO  
REGISTER ONLINE:**

**[WWW.HFMA.ORG/SHOW-ME-OF-MISSOURI-CHAPTER-MEDICARE-101-102-WORKSHOPS/](http://WWW.HFMA.ORG/SHOW-ME-OF-MISSOURI-CHAPTER-MEDICARE-101-102-WORKSHOPS/)**

**OR COPY & PASTE THE LINK IN YOUR  
BROWSER.**



## MEDICARE WORKSHOPS

*Choose Your Location:*

**Columbia, MO**  
April 18-19, 2011

**Springfield, MO**  
April 20-21

**MEDICARE  
101**

**MEDICARE  
102**

**WPS Medicare**  
HEALTH INSURANCE™  
A CMS Medicare Contractor



# PROGRAM SCHEDULE

## **MEDICARE 101**

In collaboration with the Show-Me Chapter of HFMA, Wisconsin Physicians Service (WPS) will be presenting the basics of Medicare Part A. The workshop is divided into seven sections consisting of an overview of the Medicare Program, billing tools and resources, claim submission, reason code resolution, preventive services, Medicare secondary payer and medical review. ***This workshop is designed for staff with less than twelve months of Medicare experience.***

### **Objectives:**

- Review the history and composition of the Medicare program; understand coinsurance, deductibles and benefit periods; explore different facility types and reimbursement methodology.
- Identify which manuals and tools will be most beneficial to your practice; effectively navigate the Centers for Medicare & Medicaid Services (CMS) Internet Only Manual publications; locate specific CMS and WPS web pages to assist in provider research and information; locate and utilize the Medicare Learning Network.
- Recognize different electronic methods for claims submission; follow a claim through the Fiscal Intermediary Shared System (FISS); understand timely filing requirements.
- Describe the difference between rejects and denials; analyze reason codes applicable to their situation; determine how to handle the most common Return to Provider (RTP) instances.
- Identify the preventive services available to Medicare Beneficiaries; understand the time limits and eligibility requirements for Medicare coverage of screening tests.

- Describe the role of the Medicare Administrative Contractor (MAC); the role of the Coordination of Benefits (COB) contractor; claim filing requirements for secondary claims; understand the Medicare Secondary Payer (MSP) categories.

Locate the Local Coverage Determinations (LCDs); determine when and how to submit medical documentation upon request; describe the Progressive Corrective Action medical review process.

**Target Audience:** Business Office and Medicare Billing staff

## **MEDICARE 102**

Wisconsin Physicians Service (WPS) Medicare will give a summarized yet in depth look into the resources available for Part A providers. The workshop is divided into six modules consisting of basics of billing and reimbursement, Advanced Beneficiary Notice (ABN), reviews done by other contractors, the Medicare Appeals process, the Limitation on Recoupment (935) process and Medicare Fraud and Abuse. ***This workshop is designed for staff with more than twelve months of Medicare experience.***

### **Objectives:**

- Apply appropriate billing codes; articulate the difference between covered and non-covered services.
- Identify patient liability situations where the ABN is required; administer the ABN correctly; submit a claim in an ABN situation.
- Describe the Comprehensive Error Rate Testing (CERT) and Recovery Audit Contractor (RAC) reviews; examine common findings.

- Determine under which circumstances a redetermination is warranted and whether appeal rights exist; differentiate among the different appeal levels and the requirements for each; understand the different entities involved in the appeals process.

- Recognize what claims are subject to the Limitation on Recoupment; discern the path your facility wishes to pursue in those situations; identify what the recoupment looks like on the remittance advice.

Interpret the difference between fraud and abuse; illustrate ways to protect the Medicare Trust Fund.

**Target Audience:** Business Office Supervisors, Claims Managers and Medicare Billing staff

### **Agenda for workshops:**

8:30-9:00 Registration

9:00- 12:00 General Session

12:00- 1:00 Lunch

1:00-4:00 General Session

### **Presenter for workshops:**

**Aileen Sigler** is an Outreach Analyst for Wisconsin Physicians Service in Omaha, Nebraska. In her 14 years with Medicare, she has held several positions in the claims, customer service and internal training departments. Currently, her primary job responsibilities involve Part A education and training for J5 facilities in Iowa, Kansas, Missouri and Nebraska. She is also a member of the Nebraska chapter of the American Society for Training and Development (ASTD).