MEDICAID INTEGRITY INSTITUTE
FY-17 TRAINING CALENDAR

COURSE OVERVIEW

Basic Skills and Techniques in Medicaid Fraud Detection Program	November 15-17, 2016
The Reid Technique of Interviewing and Interrogation	Nov. 29-Dec. 2, 2016
Data Experts Symposium	December 13-15, 2016
HCPro's Certified Coder Boot Camp—Original Version	January 9-13, 2017
Specialized Skills and Techniques in Medicaid Fraud Detection	January 24-26, 2017
Emerging Trends in Home and Community-Based Services (HCBS) and Personal Care Services (PCS)	February 7-9, 2017
HCPro's Evaluation and Management Boot Camp	February 22-23, 2017
Program Integrity Fundamentals Seminar	March 7-10, 2017
Managed Care Oversight Seminar	March 28-30, 2017
Program Integrity Directors' Symposium	April 11-13, 2017
Healthcare Fraud Prevention Partnership Meeting	April 14, 2017
Medicaid Provider Enrollment Seminar	April 25-27, 2017
Basic Skills and Techniques in Medicaid Fraud Detection Program	May 9-11, 2017
Coding for Non-Coders	May 23-25, 2017
HCPro's Certified Coder Boot Camp—Inpatient Version	June 5-9, 2017
Provider Auditing Fundamentals Program	June 20-22, 2017
Specialized Skills and Techniques in Medicaid Fraud Detection	July 11-13, 2017
Program Integrity Partnership in Managed Care Symposium	July 25-27, 2017
Emerging Trends in Medicaid—Opioids	August 22-24, 2017
Medical Record Auditing: Professional Services Boot Camp	September 6-8, 2017

COURSE DESCRIPTIONS

Basic Skills and Techniques in Medicaid Fraud Detection

This course is designed to enhance the fundamental investigatory and analytical skills of state Medicaid employees to maximize the effectiveness of program integrity efforts to detect health care fraud, waste, and abuse. Attendees will participate in a combination of lectures, demonstrations, discussions, and individual workshop exercises. Topics will include initial review, ongoing analysis and data collection, referral decision-making, and creation of case action plans. Attending this course at the MII and passing the post course test are prerequisites to earning the Certified Program Integrity Professional (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Basic Skills' course content. These requirements will not be waived.

The Reid Technique of Interviewing and Interrogation

This program combines the basic and advanced Reid programs. It will include both the comprehensive three-day course designed to teach the fundamentals of style, appearance, and approach for a successful interview as well as the one-day advanced seminar on the last day. Seminar topics will include:

- Interview Preparation
- Stages of Interrogation
- Identifying Motives
- Lifestyle Crimes
- Elements of Oral and Written Statements

- Playing One Against the Other

- Detailing the Offense
- Profiling Suspects
- Real Need Crimes
- Esteem Crimes
- Behavioral Symptoms and Behavioral Analysis
- Interrogation on Guilty Knowledge

Data Experts Symposium

This course is designed for Program Integrity employees whose primary responsibility is in data analysis, data analytics and/or the development of computer programs or algorithms to identify fraud, waste, and abuse.   This program will bring together state Medicaid data experts and analysts to exchange ideas and algorithms, define concepts, and define best practices for identifying fraud, waste, and abuse.

Course topics will include:

•   an overview of some of the latest technologies and tools in data analytics,

•   a description of the federal HEAT task force's use of Medicare data and some examples of resulting investigations and cases,

•   a discussion of special concerns with managed care data and data analysis,

•   state reports on return on investment (ROI) through the use of outside contractors,

•   a description of algorithms that states have used successfully, either to avoid costs or to recover losses based on fraud, waste, and/or abuse, and

•   a discussion of ideas regarding the development of new algorithms and other applicable considerations such as related policies.

MEDICAID INTEGRITY INSTITUTE
FY-17 TRAINING CALENDAR

HCPro's Certified Coder Boot Camp—Original Version

The Certified Coder Boot Camp is a comprehensive five-day course designed to teach the fundamentals of CPT, ICD-9 and HCPCS Level II coding you need for all medical and surgical specialties. Using a combination of lecture, class discussion, and coding exercises, this intensive five-day course gives you the tools and confidence you need for all medical and surgical specialties, whether you are a new or veteran coder. This course will provide all the preparation needed for the American Academy of Professional Coders' (AAPC) exam. This course will also provide a solid foundation in coding principles and proper coding manual usage. Although coding experience is not necessary, students must have a **solid understanding of medical terminology**. This training will **not** teach medical terminology.

The Centers for Medicare and Medicaid Services (CMS) believes that it would be in the best interest of the Federal Government to pay for the CPC certification process; therefore, CMS is also committed to paying for the American Academy of Professional Coders (AAPC) one-year membership, AAPC's Certified Professional Coder (CPC) Exam, and ground and/or air transportation to and from the closest exam location for each participant completing the one-week residential program at the MII. *Although this is no longer mandatory, it is highly encouraged*.

MEDICAID INTEGRITY INSTITUTE
FY-17 TRAINING CALENDAR

Specialized Skills and Techniques in Medicaid Fraud Detection

This course will explore common and emerging health care fraud schemes, discuss how to utilize evidence-gathering techniques from a variety of sources, review successful interviewing techniques, address elements of report writing, and thoroughly examine the steps to prepare a case for referral to Medicaid Fraud Control Units (MFCU).   Attendees will participate in a combination of lectures, demonstrations, discussions, and workshop exercises.

Candidates should have three or more years of specialized work experience in Medicaid fraud detection and/or should have completed the MII's Basic Skills and Investigation Techniques or the Basic Skills in Medicaid Fraud Detection. Participants selected for this training will be expected to complete a pre-course document review and writing assignment, to complete a pre-test, and to participate in interviewing and witness role-play practical exercises. This is one of the core classes required for the Certified Program Integrity Professional (CPIP) credential.   Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Specialized Skills' course content. These requirements will not be waived.

Emerging Trends in Home and Community-Based Services (HCBS) and Personal Care Services (PCS)

This course, which will require active participation by all attendees, will be a working session bringing together state and federal Medicaid, program integrity, and law enforcement partners to develop a collaborative white paper on PCS. The session will holistically explore administering PCS services, including programmatic, policy, program integrity, operations, oversight, and law enforcement perspectives and considerations. Participants also will attend sessions on a variety of topics that will provide them with knowledge regarding the vulnerabilities, mitigation strategies, challenges to implementation, and potential solutions in PCS. These sessions will include active discussions of those topics that will inform the eventual white paper product. It is expected that students will share the information gained at this course with their state colleagues who are unable to attend.

Prospective students must have a strong understanding of PCS and interest in developing national and state-specific solutions to address PCS vulnerabilities and challenges. This experience must be articulated in the nomination form. In addition, we will solicit volunteers among students attending the course to develop a PCS white paper that captures insights and recommendations that emerge from the discussions. Prospective students from the same state who submit the same responses on their nomination forms will not be considered for participation in this training.

HCPro's Evaluation and Management Boot Camp

This boot camp will teach the fundamentals and intricacies of E/M coding and how to perform effective E/M audits. The course goes beyond the basics and dives right into the many gray areas of E/M to expose conflicting information between CMS and local carriers. This intensive training course is geared to both coding and auditing professionals, and will show you how to evaluate documentation relative to national and local carrier guidelines with a strong emphasis on interpreting rules accurately and maximizing E/M audits. A copy of the course outline is included with the announcement email. The last day of the program will explore the impact of electronic health records on state program integrity efforts and the importance of collaborative efforts within Medicaid.

This program is designed for Medicaid Program Integrity employees who review and/or audit the evaluation and management component of professional services, e.g., physicians, as part of their jobs.

Program Integrity Fundamentals

This basic course is designed as an introduction to program integrity functions within state Medicaid units. The agenda will include basic information on the Medicaid program, its history, important functions, and processes. Students will have the opportunity to participate in a variety of learning environments including plenary sessions and facilitated small group discussions about hot topics in fraud, waste, and abuse.

This survey course is designed for the following state Medicaid employees:

- entry level or new (less than two years) PI employees (those who perform PI tasks, such as first line investigators and clinicians, program managers and specialists, and non-clinical case reviewers); and

- other state Medicaid employees who would benefit from understanding the functions and goals of PI, including employees who work in contracts, enrollment, policy, and program sections.

Attending this course at the MII (If the student has less than two years with Program Integrity) and passing the post course test are prerequisites to earning the *Certified Program Integrity Professional* (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the *Basic Skills'* course content. These requirements will not be waived. Students who meet the two-year requirement may test out of this class.

Managed Care Oversight Seminar

This seminar is designed for state Medicaid Program Integrity employees who are positioned to implement or oversee state managed care programs. Attendees will participate in a variety of learning situations including lectures, discussions, and breakout sessions. State attendees are expected to participate as subject matter experts for their respective states.

Please note that the original course announcement stated that this seminar will focus on the new managed care final rule that became effective in July 2016, and that participants will learn about sub-regulatory guidance from federal partners regarding 12 key PI sections in the rule and noteworthy practices from state partners who have implemented provisions of the final rule. CMS remains committed to providing guidance on the rule; however, we would like to use this course to conduct broad discussions with states regarding managed care final rule topics that would benefit from further guidance to assist with implementation and operationalization. We also will incorporate more facilitated discussions to work through the structure of a comprehensive state managed care PI program. Through all of these sessions, presenters will share tangible and actionable state practices to improve managed care program integrity oversight. These presentations will provide value when implementing the final rule.

Program Integrity Directors' Symposium and Healthcare Fraud Prevention Partnership Meeting

This Symposium is a special invitation for Program Integrity Directors and a designee of their choice. Please note that second nominees from their state will be considered on a space-available basis. The first day of this course is primarily designed for PI Directors who are new to the position and for those Directors who want to participate in a refresher/review of their responsibilities, important Medicaid issues and trends, and ideas to build collaboration with internal and external stakeholders. The second and third days of the course offer a two-day symposium during which PI Directors can collaborate and discuss current Medicaid program integrity issues and emerging trends. The course will include plenary sessions, breakout group discussions, and opportunities to network with colleagues. Course offerings will include discussions about best practices in detecting fraud, waste, and abuse; emerging trends in Medicaid; CMS program integrity priorities; strategies for effective program integrity operations; policy updates; various types of audits and appeals; and more. In addition, states will be able to interact with an array of federal partners to discuss priority areas for program integrity.

The Healthcare Fraud Prevention Partnership (HFPP) will hold a half-day Regional Information Sharing Session on Friday, April 14, 2017, from 8:30 to 12:30 p.m. (EDT) at the Medicaid Integrity Institute (MII), in Columbia, SC. **During this invitation-only meeting**, HFPP members will share fraud, waste, and abuse cases and schemes and have an opportunity to discuss best practices. Partners who attended the last Regional Information Sharing Session in Baltimore, MD, received an average of seven actionable leads to bring back to their organizations.

Please note that this HFPP Regional Information Sharing Session will be held the day after the PI Directors' Symposium, which will be held April 11-13, 2017, at the MII. For those states with a PI Director attending the PI Directors' Symposium, CMS has approved the PI Director's participation in this half-day HFPP Regional Information Sharing Session on April 14, 2017. CMS has also agreed to fund attendance for other HFPP state members; however, attendance approval will be at your discretion as the PI Director (e.g. PI Director may elect to go on behalf of the HFPP member or may elect to attend with the HFPP member).

MEDICAID INTEGRITY INSTITUTE
FY-17 TRAINING CALENDAR

Medicaid Provider Enrollment Seminar

This two-and-one-half-day course will cover provider screening and enrollment topics, including: risk-based screening and components of screening (including site visits and fingerprint-based criminal background checks [FCBCs]), revalidation, denial/termination of enrollment, and how the CMS Payment Error Rate Measurement (PERM) Program measures states' compliance with associated federal regulations. The course will also address provider disclosures, application fees, and moratoria. Participants will exchange information on sources of data available to manage provider screening and enrollment. There will be opportunities to share best practices, new ideas, and lessons learned, and to collaborate with CMS faculty. This course is designed for Medicaid Provider Enrollment supervisors and staff and/or Medicaid Program Integrity staff who implement Provider Enrollment guidelines and are tasked to ensure compliance with the guidelines. All participants should be familiar with policy, contract, and the implementation process (including PECOS) and **approved** by the Program Integrity Director.

Coding for Non-Coders

Coding for Non-Coders is an innovative, two-and-a-half-day course offered by the MII to Program Integrity employees who are not coders and do not wish to sit for the national coding certification. The course is designed for people who will benefit from a basic understanding of coding principles to assist them in reviewing records and understanding the coder's analysis. This course is designed to provide an overview of medical terminology, HCPCS codes, CPT codes with an emphasis on E&M codes, ICD-10 codes, as well as opportunities to apply the coding rules to case scenarios and hypotheticals about fraud, waste, and abuse.

Our target audience is investigators, auditors, and other Program Integrity staff who have a general but limited knowledge of medical terminology. This course is not for registered nurses or those that have worked a number of years in the medical field.

HCPro's Certified Coder Boot Camp—Inpatient Version

HCPro's Certified Coder Boot Camp is an intensive, one-week coding education course that will make coders proficient in ICD-10-CM/PCS coding for hospital inpatient facility services and MS-DRG assignment. Because of the fast-paced nature of the course, participants must have at least one year of coding-related experience and have a solid understanding of medical terminology. At the conclusion of this boot camp, participants will be able to:

•Apply fundamentals of diagnosis code assignment (ICD-10-CM) and procedures (ICD-10-PCS) for inpatient services by utilizing conventions, instructions, and sequencing guidelines from the Official Guidelines for Coding and Reporting;

•Relate interaction of diagnoses/procedures on reimbursement by accurately assigning MS-DRGs for inpatient services utilizing a DRG manual;

•Review chapter-specific diagnoses/procedures for their clinical presentation and application to better understand code assignment;

•Recognize appropriate documentation and documenters within the inpatient medical record to support valid code assignment; and

•Review appropriate coding resources such as the AHA's Coding Clinic for ICD-10-CM/PCS as they apply to certain chapter-specific diagnoses/procedures.

While prior inpatient coding experience is helpful, this course is also designed for individuals with outpatient coding experience (such as CPCs), who are interested in enhancing their coding skills or those who routinely review medical records.

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Provider Auditing Fundamentals

This course brings together auditors and investigators within Medicaid program integrity to focus on the overall goal of conducting effective provider audits. The participants will discuss topics including: developing an audit plan and protocols; forensic auditing; conducting the audit; data mining; collaborative audits; effective communication/interview techniques; building an audit report; and best practices in specialty areas. The specialty areas will be identified by nominees' responses to questions on the course nomination forms, attached. In addition, participants will exchange ideas and best practice models to identify fraud, waste, and abuse through audits, cost avoidance, edits, and terminations.

Program Integrity Partnership in Managed Care Symposium

The Program Integrity Partnership in Managed Care Symposium is based upon the premise that effective managed care contract oversight depends upon collaborative relationships between subject matter experts who work in a state's Medicaid program integrity and service line policy areas. The course will be most effective if states nominate two representatives who wish to attend as partners in the monitoring of a managed care entity that delivers services to Medicaid beneficiaries. At the conclusion of this course, our goal is that partners will return with new insights and specific goals regarding their work to serve beneficiaries and combat waste, fraud and abuse in the Medicaid managed care environment. The course will encourage discussion and collaboration about topics that explore managed care vulnerabilities, contractual standards, oversight activities, and the importance of understanding the policies that govern the applicable Medicaid service line.

COURSE OBJECTIVES:

- Consider program integrity vulnerabilities within managed care organizations
- Explore compliance and oversight techniques a state might apply in a managed care environment
- Discuss fulfilling state compliance responsibilities according to § 438.608

Emerging Trends in Medicaid: Opioids

For this course, we will bring together state, federal, and law enforcement partners to explore topical information concerning opioid misuse. The presentations and discussions will prompt group discussions focused on the collective goal of enhancing how we use program integrity (PI) tools to address opioid misuse. Prospective students must have a strong understanding of Medicaid program integrity, pharmacy benefits, and/or policy and an interest in national and state-specific solutions to address opioid misuse. From among those who attend this course, CMS will solicit volunteers to participate in developing an Opioids Program Integrity Toolkit that will capture insights and recommendations that emerge from the content and discussions.

Medical Record Auditing: Professional Services Boot Camp

This is a two-and-one-half-day intensive boot camp for coders, auditors, and clinicians who are interested in HCPCS-based medical record auditing. **Because this course is intensive and fast-paced, this detailed and focused auditing course is only for those who have at least 2 years of coding experience**.

With a national focus on compliance and reducing fraud, medical auditing is quickly becoming a vital service for physician practices and payers. This course will focus on compliance and regulatory guidelines for fraud, waste, and abuse, and their associated penalties as well as the fundamentals of general auditing practices. Students will have the hands-on opportunity to audit medical records for professional/outpatient services. Application of the concepts facilitates understanding how to maintain compliance and identify common coding errors such as incorrect code assignment, documentation, and reimbursement errors. Students will learn auditing concepts such as the following:

• auditing theory, legal and regulatory guidelines;

• auditing abstraction, scope, and statistical methodologies;

• understanding audits performed by federally required audit programs such as
RACs and ZPICs;

• medical record review for outpatient and professional services, including
evaluation and management audits as well as anesthesia, surgery, and radiology records; and

• communicating findings and educating providers.

The boot camp will focus on federal regulations and guidance and will not be based on individual Medicaid state guidelines.

This course will cover the content addressed on the American Academy of Professional Coders' (AAPC) Certified Professional Medical Auditor (CPMA) examination. For those interested in seeking the CPMA credential, the Centers for Medicare & Medicaid Services (CMS) will pay the exam fee and, if necessary, for transportation to and from the closest exam location. In order

to sit for the exam, AAPC requires a current membership to their association. CMS will pay for a one-year AAPC membership if the attendee is not already a member and if CMS has never paid for a past membership. **Please note that MII will issue attendees 2017 materials, and the AAPC deadline to take the CPMA exam utilizing the 2017 materials is December 2017.** After that date, AAPC will be testing based on 2018 materials (2018 books and study guide). The CPMA exam is not mandatory, but it is highly encouraged. Those opting to sit for this exam will have priority over those who decline the opportunity.

Please note that previous attendees are ineligible to attend.