

MEDICAID INTEGRITY INSTITUTE FY-15 TRAINING CALENDAR

COURSE OVERVIEW

Basic Skills and Techniques in Medicaid Fraud Detection Program	October 7-9, 2014
HPro's ICD-10 CM Boot Camp	November 4-7, 2014
Emerging Trends in Medicaid and Medicare	November 18-20, 2014
The Reid Technique of Interviewing and Interrogation *Date Change*	December 2-5, 2014
Fundamentals of Medicaid Program Integrity Seminar	December 2-5, 2014
Coding for Non-Coders	December 10-12, 2014
Specialized Skills and Techniques in Medicaid Fraud Detection	January 6-8, 2015
Mitigation of Fraud, Waste, and Abuse in Expansion Symposium CANCELLED	January 28-30, 2015
HPro's ICD-10 CM Boot Camp *Date Change*	February 3-6, 2015
HPro's ICD-10 CM Boot Camp *Date Change*	February 24-27, 2015
HPro's Certified Boot Camp-Inpatient Version	March 9-13, 2015
Managed Care Oversight Seminar	March 18-20, 2015
HPro's Certified Coder Boot Camp-Original Version	March 23-27, 2015
Medical Record Auditing	April 8-10, 2015
Program Integrity Directors' Symposium	April 22-24, 2015
Basic Skills and Techniques in Medicaid Fraud Detection Program	May 5-7, 2015
Data Analytics Symposium	May 20-22, 2015
Program Integrity Fundamentals Seminar	June 2-5, 2015
Provider Auditing Fundamentals Program	June 24-26, 2015
Specialized Skills and Techniques in Medicaid Fraud Detection	July 14-16, 2015
Medicaid Provider Enrollment Seminar	July 29-31, 2015
HPro's Evaluation and Management Boot Camp	August 5-6, 2015
Managed Care Oversight Seminar	August 26-28, 2015

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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.

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HCPPro's ICD-10 CM Boot Camp

The Certified Coder Boot Camp®—ICD-10-CM Version is a two-day boot camp that uses a combination of lecture, class discussion, and hands-on exercises to fully prepare professional services coders or hospital outpatient coders who need to master the new ICD-10-CM diagnosis codes. This class provides comprehensive education on ICD-10-CM which will begin with an introduction to the new coding classification system, exploration of all new and revised coding conventions/guidelines, and then move on to more in-depth discussions about common ICD-10-CM chapter-specific codes. Students will walk away from class with the skills and confidence needed to tackle ICD-10-CM, accurately assign ICD-10 codes for all medical and surgical specialties, and sit for the upcoming proficiency assessment.

The third day will include a 75-question mock proficiency assessment in the morning with discussion and tips on taking the exam followed by a half-day of ICD-10 implementation training in the afternoon. Implementation training will consist of suggested education and training ideas to help facilitate the implementation of ICD-10 in states' program integrity units. On the last morning, students will sit for the open-book AAPC ICD-10 proficiency assessment.

*Priority will be given to those who are currently certified as a (CPC, CPC-A, CPC-H, CPC-P) and are up to date on their AAPC membership. The AAPC requires all current certified coders sit for the ICD-10-CM proficiency assessment in order to maintain their certification status.

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Emerging Trends in Medicaid and Medicare

The MII developed this survey course for experienced state Program Integrity (PI) employees who are familiar with fraud, waste, and abuse issues involving Medicaid/Medicare dual-eligibles and crossover claims. State PI and the Center for Medicare and Medicaid Services (CMS) employees will serve as members of the faculty. They will address topics including: identifying what services Medicare pays; discussing issues related to home health, hospice, personal care services, laboratory billing, crossover billing tactics, ambulance, DME, and behavioral health; auditing pharmaceutical inventories; and learning strategies from states that work effectively with CMS's Zone Program Integrity Contractors (ZPIC) or Program Safeguard Contractors (PCS). MII will further develop the course's agenda based on recommendations provided on the nomination form. Faculty will provide information, guidance, and suggestions in formats including lecture, discussion groups, and panels.

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
- Elements of Oral and Written Statements
- Detailing the Offense
- Behavioral Symptoms and Behavioral Analysis
- Stages of the Interrogation
- Profiling Suspects
- Identifying Motives
- Real Need Crimes
- Lifestyle Crimes
- Esteem Crimes
- Playing One Against the Other
- Interrogation on Guilty Knowledge

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Coding for Non-Coders

Coding for Non-Coders is an innovative new course offered by the MII to Program Integrity employees who are not coders and do not wish to sit for the national coding certification. It is designed for people who would benefit from a basic understanding of coding principles to assist them in reviewing records and understanding the coders' analysis. This will be a survey course designed to provide an overview of medical terminology, HCPCS codes, CPT codes with an emphasis on E&M codes, ICD-9 codes with a short introduction to ICD-10, as well as opportunities to apply the coding rules to case scenarios and hypotheticals about fraud, waste, and abuse. There will be no restriction based on job description or number of years experience.

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.

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~~Mitigation of Fraud, Waste, and Abuse in Expansion Symposium~~

Course description TBD - Cancelled

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HPro's Certified Coder Boot Camp-ICD-10-CM & ICD-10-PCS (Formerly HPro's Inpatient Boot Camp)

This class will provide comprehensive education on ICD-10-CM and ICD-10-PCS. Class will begin with an introduction to the new coding classification system, exploring all new and revised coding conventions/guidelines, then move into in-depth discussions about common ICD-10-CM chapter-specific codes. Students spend the last half of class learning inpatient-specific topics, such as ICD-10-PCS structure, procedure code selection from the ICD-10-PCS tables, application of root operation definitions, and associated guidelines. Class will end with a discussion of how ICD-10 affects the MS-DRG payment classification system. Please review the attached course outline.

At the completion of this training, students will be able to:

- Describe ICD-10-CM/PCS code structures
- Explain the reasons behind the development of the ICD-10-CM/PCS code sets
- Identify the ICD-10-CM conventions, including placeholders
- Utilize proper coding guidelines for ICD-10-CM and ICD-10-PCS
- Review ICD-10-CM and ICD-10-PCS
- Identify guidelines applicable to principal diagnosis and principal procedure selection
- Identify the basic organization of the MS-DRG classification system and impacts due to ICD-10-CM/PCS
- Identify ICD-10 concepts in relation to complications and comorbidities (CC) and major complications and comorbidities (MCC)
- Assign ICD-10-CM and ICD-10-PCS for complete inpatient encounters

Because of the fast-paced nature of the course, students should be familiar with ICD-9 and inpatient coding prior to taking this course and have a solid understanding of medical terminology. This training will not teach how to code inpatient records. However, the course starts with coding fundamentals and does not assume that participants have any particular background or experience.

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Managed Care Oversight Seminar

This seminar is designed for Medicaid Program Integrity employees in states that have adopted a managed care model for some or all of their health care delivery. Attendees will be from states just beginning in managed care and from states that have long experience in the managed care model. The faculty will address questions related to program integrity oversight of managed care organizations. The oversight topics include encounter data, dual eligibles, audits, trends, fee for service and managed care, contracts, financials, behavioral health and chemical dependence issues. The course presentations will focus on identifying vulnerabilities and recognizing risks in order to detect health care fraud, waste, and abuse in the managed care environment. Topics suggested on the nomination forms will be addressed when requested by a large number of students. Attendees will participate in a variety of learning situations including lectures, discussions, and workshop exercises. Priority for acceptance will be given to those students who agree to disseminate course information, make a presentation, etc., to colleagues describing what they learned from the class.

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HCPPro'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.***

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Medical Record Auditing

Medical Record Auditing is an interactive course open to all coders, auditors, and clinicians with **at least two years** of auditing and/or coding experience. The course will be taught by an experienced instructor from the National Alliances of Medical Accreditation Service (NAMAS).

This two-day instructor-led curriculum provides information about auditing medical documentation for all types and levels of services for outpatient and inpatient physician-based coding/billing. Students will learn that the practice of proactively auditing charts will help maintain compliance, minimize incorrect coding, and reduce documentation and reimbursement errors. The facilitator will cover general auditing practices. The presentation will not be specific to each states' Medicaid guidelines.

Medical Record Auditing offers expert training to coders who will learn valuable skills in: auditing abstraction, scope, and statistical methodologies; understanding audits by Recovery Audit Contractors, Medicaid Integrity Contractors, Zone Program Integrity Contractors; reviewing Comprehensive Error Rate Testing audits; communicating findings; and educating providers. The course goal is for students to be able to review any chart, understand the chart's structure, know how to proceed, and communicate the results of the audit findings with confidence.

This curriculum will also **help students prepare** for the American Association of Professional Coders' (AAPC) credentialing examination, Certified Professional Medical Auditor.

Program Integrity Directors' Symposium

This two and one-half day symposium offers an opportunity for PI Directors to 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 computing return on investment (ROI), sections in the Affordable Care Act (ACA), predictive analytics, effective/creative use of the RACs, ideas for educating and persuading legislators, suggestions for preparing for PI reviews, etc.

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Data Analytics Symposium

Course description TBD

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.

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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 provider audits. The participants will discuss ways to identify overpayments and to decrease the payment of inappropriate Medicaid claims. In addition, participants will exchange ideas and best practice models to identify fraud, waste, and abuse through audits, cost avoidance, edits, and terminations.

Medicaid Provider Enrollment Seminar

This two and one-half day course will cover Affordable Care Act topics including: enrollment and screening of providers; verification of licenses; termination, denial or reactivation of enrollment; appeal rights; site visits; criminal background and federal database checks; national provider identifiers; application fees; temporary moratorium on enrollment; and revalidation of enrollment. There will also be opportunities to share best practices, new ideas, and lessons learned, and to pose questions to colleagues.

Faculty will also provide background information on Medicare enrollment principles, NPI, and PECOS (undergoing a redesign), as that information can be useful to the states in avoiding duplication of services. The goal is to provide an opportunity to learn how to leverage Medicare tools to the states' advantage. For example, in certain circumstances, provisions of the ACA allow for state Medicaid programs to rely on Medicare enrollment and screening actions.

CMS and the National Association of Medicaid Directors (NAMD) launched an executive workgroup to focus on strengthening financial management and program integrity within the Medicaid program, including better access to Medicare provider enrollment information. These presentations also afford states an opportunity to share information with CMS faculty. The intended audience for this training will include employees who have a role in provider enrollment, including oversight of the fiscal agent, and in the termination process

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HCPPro'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.