

MEDICAID INTEGRITY INSTITUTE FY-13 TRAINING CALENDAR

COURSE OVERVIEW

Medical Record Auditing **New course**	October 10-11, 2012
HCPPro's Certified Coder Boot Camp – Original Version	October 22-26, 2012
Specialized Skills and Techniques in Medicaid Fraud Detection	November 7-9, 2012
Coding for Non-Coders **New course**	December 4-6, 2012
Emerging Trends in Home Health and Personal Care Services	January 8-10, 2013
Interactions between MFCUs and PI Units **Date change** HCPPro's ICD-10 Boot Camp - POSTPONED Date TBD	January 23-24, 2013
Provider Auditing Fundamentals	February 5-7, 2013
Emerging Trends in Managed Care	February 26-28, 2013
The Reid Technique of Interviewing and Interrogation	March 5-8, 2013
Program Integrity Fundamentals ** CANCELLED**	March 19-22, 2013
Program Integrity Leadership Forum	April 9-12, 2013
Faculty Development Seminar	April 23-25, 2013
HCPPro's Evaluation and Management Boot Camp	May 1-2, 2013
Program Integrity Directors' Symposium	May 14-16, 2013
Coding for Non-Coders **New Course** POSTPONED	May 21-23, 2013
HCPPro's Certified Coder Boot Camp – Inpatient Version POSTPONED	June 10-14, 2013
Basic Skills and Techniques in Medicaid Fraud Detection	June 25-27, 2013
Advanced Data Experts Symposium POSTPONED	July 9-11, 2013
Investigation Data Collaboration: Acquisition, Analysis, and Use	July 23-26, 2013
Provider Auditing Fundamentals **POSTPONED** Basic Skills and Techniques in Medicaid Fraud Detection	August 6-8, 2013
Specialized Skills and Techniques in Medicaid Fraud Detection ** RESCHEDULED TO THIS DATE**	August 13-15, 2013
Medicare PI Summit POSTPONED	September 24-26, 2013
Program Integrity Partnership in Managed Care Symposium	September 24-26, 2013

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COURSE DESCRIPTIONS

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.

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.

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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. **Applicants should have a solid understanding of medical terminology** before applying for this training.

Specialized Skills in Medicaid Fraud Detection

This program will explore common and emerging health care fraud schemes, discuss how to utilize evidence-gathering techniques for both internal and external information, review successful interviewing techniques, address elements of report writing, and thoroughly examine the steps to prepare a case for referral to MCFU. 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 program. Participants selected for this program will be expected to complete a pre-course writing assignment and be willing to participate in interviewing role-play practical exercises.

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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.

Emerging Trends in Home Health and Personal Care Services

This course will cover topics including: Program Integrity oversight of personal care services (PCS), hospice, home health, and community based waiver services; how Program Integrity deals with beneficiaries who are dually eligible in Medicaid and Medicare; and the interaction between Program Integrity and program/policy units within the Medicaid agencies.

Interactions between MFCUs and PI Units

This two-day program offers state Medicaid Program Integrity Directors, or their designees, and Medicaid Fraud Control Unit Directors, or their designees, an opportunity to exchange ideas on building and maintaining effective relationships between state program integrity units and MFCUs to combat fraud, waste and abuse in Medicaid. This symposium is the first of its kind designed to bring together both PI and MFCU staff. Speakers will discuss a variety of trends and issues, including data mining, failure of care/quality of care cases, global settlements, payment suspensions, and CMS referral performance standards. During the course, each participant will be assigned to a group to discuss successes, challenges, strategies and best practices models for collaboration with stakeholders.

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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.

Emerging Trends in Managed Care

This symposium will bring together Medicaid employees who have expertise in managed care and program integrity with the goal of enhancing efforts to detect health care fraud, waste and abuse in a managed care environment. Attendees will participate in a variety of learning situations such as lectures, discussions, and workshop exercises. Topics will include Managed Care Organization (MCO) and provider audits, MCO program integrity oversight, contract enforcement, and issues related to fraudulent providers. Participants will also consider ways to obtain reliable encounter data that can be used for data analysis to identify trends in utilization and to recognize new fraudulent schemes.

As a prerequisite to participation in this course, those selected will provide an example of some innovative approach that addressed a managed care challenge in his/her state.

The Reid Technique of Interviewing and Interrogation

The Reid Technique of Interviewing and Interrogation Program is a comprehensive three-day course designed to teach the fundamentals of style, appearance, and approach for a successful interview. Seminar topics will include:

- Interview Preparation
- Elements of Oral and Written Statements
- Detailing the Offense
- Behavioral Symptoms and Behavioral Analysis

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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, as well as a discussion of fraud, waste and abuse schemes. Students will also have the opportunity to participate in a variety of learning environments including plenary group sessions and facilitated small group discussions using case studies to analyze principles related to prevention, detection and enforcement in their daily work.

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 in contracts, enrollment, policy, and programs.

Program Integrity Leadership Forum

This introductory course is designed for emerging state program Integrity employees to recognize and develop leadership strengths. The training will offer a combination of lectures, small group discussion, and analysis of case studies. Prior to attending the course, students will take a behavioral assessment and read a book on the topic. Both students and their PI Directors will have submitted case scenarios related to work-related issues. The MII will combine and edit the scenarios for small group discussion on conflict resolution tactics.

Most of the first day will address the importance of good communication skills and motivational techniques for leaders and provide opportunities for students to practice and evaluate their skills, and make improvements. On the second day, students will review the concepts behind the behavioral assessment tool and begin developing and writing a leadership plan. Distance learning sessions will be offered after the course adjourns.

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Faculty Development Seminar

During this course, participants will explore teaching-learning goals, strategies, methods, styles, and peer review critiquing processes to improve their skills as faculty lecturers, facilitators and panelists. This course focuses on how to formulate objectives; select and organize content for instruction and materials for distribution; present information effectively, using multifaceted methods (lecture, panel, workshop); handle questions effectively during presentations; create and use PowerPoint/visual aids; and generate interaction in small group discussion.

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.

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Program Integrity Directors' Symposium

This conference is an opportunity for PI Directors to collaborate and discuss current program integrity issues and emerging trends related to Medicaid program integrity functions. The first day of the course is optional. It is designed to answer questions posed by PI Directors who have been in their current job for two years or less, but these sessions are open to any PI Director who is interested in the topics which include:

- Medicaid Program Integrity 101
- Medicaid Program Overview
- What your Medicaid Director Expects You to Know
- Communication and Relationship Building
- Dealing with the Press
- Effective Public Relations
- Return on Investment – Demonstrating the Value of Your Program

HCPPro's Certified Coder Boot Camp – Inpatient Version

HCPPro's Certified Coder Boot Camp – Inpatient Version is an intensive, one week coding education course on hospital inpatient facility services (ICD-9-CM Vols. 1-3) coding, abstracting inpatient medical records and DRG (Diagnosis Related Grouping) assignment. The Certified Coder Boot Camp - Inpatient Version is one of the few coding education courses that fully explains, not only the basic classification of DRGs, but requires attendees to use the 3M DRG Definitions Manual to manually assign the DRG for all case studies. Because of the fast-paced nature of the course, it is highly recommended that participants have at least one year of coding-related experience.

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Basic Skills and Techniques in Medicaid Fraud Detection

This program 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 range from initial review, ongoing analysis, and data collection through referral decision making and determination of action plans.

Investigation Data Collaboration: Acquisition, Analysis, and Use

This course brings together Data Analysts, Investigators/Reviewers, and Clinicians within Medicaid Program Integrity to focus on the collaborative acquisition, analysis, and use of Medicaid data in the investigation process. Participants will work together in plenary sessions, breakout sessions and small team workshops to:

- Discuss each others' roles and responsibilities in and contributions to Medicaid investigation data streams
- Compare and contrast how Analysts, Investigators and Clinicians request, acquire, analyze, manage and utilize data
- Define the data interrelationships of each in combating Medicaid fraud, waste and abuse
- Define and demonstrate optimum collaboration techniques in using data to build and communicate an effective fraud case

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Program Integrity Partnership in Managed Care Symposium

The course is designed to bring together high-level leaders in State Medicaid Program Integrity units and State Medicaid Program (policy) units. The goal of the course is to provide a venue that encourages discussion and collaboration about topics critical to the success of a state's managed care program. Specifically, participants will learn more effective ways for Program and Program Integrity units to work together in a managed care environment.