MEDICAID INTEGRITY INSTITUTE
FY-18 TRAINING CALENDAR

COURSE OVERVIEW

Emerging Trends in Medicaid—Opioids	**October 17-19, 2017**
HCPro's Evaluation and Management Boot Camp	**December 6-7, 2017**
HCPro's Certified Coder Boot Camp—Original Version	**January 8-12, 2018**
Emerging Trends in Medicaid—Third Party Liability	**February 6-8, 2018**
HCPro's Certified Coder Boot Camp—Original Version	**February 12-16, 2018**
Emerging Trends in Medicaid—Beneficiary Eligibility and Fraud	**March 27-29, 2018**
Interactions between MFCUs and PI Units Symposium	**April 10-11, 2018**
Healthcare Fraud Prevention Partnership (HFPP) Meeting	**April 12, 2018**
HCPro's Evaluation and Management Boot Camp	**April 24-25, 2018**
Basic Skills and Techniques in Medicaid Fraud Detection	**May 8-10, 2018**
Coding for Non-Coders	**May 22-24, 2018**
HCPro's Certified Coder Boot Camp—Inpatient Version	**June 4-8, 2018**
Data Experts Symposium	**June 19-21, 2018**
Specialized Skills and Techniques in Medicaid Fraud Detection	**July 10-12, 2018**
Program Integrity Partnership in Managed Care Symposium	**July 24-26, 2018**
The Reid Technique of Investigative Interviewing and Advanced Interrogation Program	**August 8-10, 2018**
Provider Auditing Fundamentals Program	**August 21-23, 2018**
Emerging Trends in Medicaid—Beneficiary Eligibility and Fraud	**September 5-7, 2018**
Program Integrity Fundamentals Seminar	**September 18-21, 2018**

COURSE DESCRIPTIONS

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.

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. 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.

HCPro's Certified Coder Boot Camp—Original Version

The Boot Camp is a comprehensive five-day course designed to teach the fundamentals of CPT, ICD-10-CM, and HCPCS Level II coding for professional services and hospital outpatient services. This course is designed to assist in preparation for national certification and provide the framework for applying coding principles in a real-world environment. Although coding experience is not necessary, **students must have a solid understanding of medical terminology**. This training will not teach medical terminology. Students who do not possess a solid understanding of medical terminology will not be considered.

The Centers for Medicare and Medicaid Services (CMS) believes it would be in the best interest of the Federal Government to pay for AAPC's Certified Professional Coder (CPC) certification process. CMS is committed to paying for a one-year AAPC membership (if student is not already a member), CPC Exam, and, in certain circumstances, transportation to and from the closest exam location. Although taking the exam is not mandatory, it is highly encouraged. Those opting to sit for this exam will receive priority placement during the selection process. Following successful completion of the exam, students must maintain their certification for a minimum of two years.

Emerging Trends in Medicaid⸺Third Party Liability (TPL)

This two-and-one-half-day course focuses on effective administration and oversight of TPL programs. This course is intended for state employees whose responsibility is in TPL regardless of where TPL administration is housed within the state Medicaid agency. It is recommended that nominees have experience in third party liability. The course will focus on the following:

- Exchanging effective practices participants use to manage TPL contracts;
- Discussing how to develop TPL projects;
- Considering individual TPL case studies; and
- Gaining information that can be applied to strengthen your state's TPL program.

HCPro's Certified Coder Boot Camp—Original Version

This Boot Camp is a comprehensive five-day course designed to teach the fundamentals of CPT, ICD-10-CM, and HCPCS Level II coding for professional services and hospital outpatient services. This course is designed to assist in preparation for national certification and provide the framework for applying coding principles in a real-world environment. Although coding experience is not necessary, **students must have a solid understanding of medical terminology**. This training will not teach medical terminology. Students who do not possess a solid understanding of medical terminology will not be considered.

The Centers for Medicare and Medicaid Services (CMS) believes it would be in the best interest of the Federal Government to pay for AAPC's Certified Professional Coder (CPC) certification process. CMS is committed to paying for a one-year AAPC membership (if student is not already a member), CPC Exam, and, in certain circumstances, transportation to and from the closest exam location. Although taking the exam is not mandatory, it is highly encouraged. Those opting to sit for this exam will receive priority placement during the selection process. Following successful completion of the exam, students must maintain their certification for a minimum of two years.

Emerging Trends in Medicaid—Beneficiary Eligibility and Fraud

This course is designed to focus on state Medicaid agencies' efforts both to ensure the accuracy of beneficiary eligibility determinations and to deter beneficiary fraud, waste, and abuse. This course is intended for state employees whose responsibility is in beneficiary eligibility and fraud, regardless of where these activities are administered within the state Medicaid agency. The course will focus on:

- Best practices in determining eligibility;
- Data sources that assist in eligibility determination and program oversight;
- Policies that support deterring beneficiary fraud, waste, or abuse; and
- Individual case studies in beneficiary eligibility and fraud

Interactions Between MFCUs and PI Units Symposium

This two-day program offers state Medicaid Program Integrity (PI) Directors, or their designee, and Medicaid Fraud Control Unit (MFCU) Directors, or their designee, an opportunity to exchange ideas on building and maintaining effective relationships between PI units and MFCUs to combat fraud, waste, and abuse in Medicaid. This symposium will address issues of common interest to both groups:

• Strategies for effective collaboration;
• Roles and responsibilities of PI units and MFCUs;
• National collaboration on Medicaid trends; and
• Effective practices for successful prosecutions.

First priority for acceptance will go to states that nominate both a PI Director and a MFCU Director, or their designees.

Please note that the Healthcare Fraud Prevention Partnership (HFPP) Regional Information Sharing Session will be held the day after this course. Please see the HFPP description in the box below.

Healthcare Fraud Prevention Partnership Regional Information Sharing Session

The Healthcare Fraud Prevention Partnership (HFPP) will hold a half-day Regional Information Sharing Session on Thursday, April 12, 2018 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 promising practices.

Please note that this HFPP Regional Information Sharing Session will be held the day after the Interactions Between MFCUs and PI Units Symposium, which will be held April 10-11, 2018, at the MII. CMS has approved the PI Director's participation in this HFPP Regional Information Sharing Session on April 12 (HFPP states only). CMS has also agreed to fund attendance for one other HFPP representative from the PI office; however, attendance approval will be at the discretion of the PI Director. The PI Director may elect to go on behalf of the HFPP member or may elect to attend with the HFPP member.

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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. 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.

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.

To be considered for participation in the class, applicants are required to have at least two (2) years of employment in the state Program Integrity unit. Please do not submit nomination forms for any employee who has not been in the PI unit for at least two (2) years. 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.

Coding for Non-Coders

Coding for Non-Coders is an innovative, 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—Inpatient 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 should have at least one year of coding-related experience and have a solid understanding of medical terminology**. **This course is designed for those who routinely review inpatient records and for those with outpatient coding experience (such as CPCs) who need to learn about this subject matter to perform their duties.**

At the conclusion of this boot camp, participants will be able to do the following:

- 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.

NOTE: This training is different and more specialized than the Certified Coder Boot Camp—Original Version. This training does <u>not</u> provide sole preparation for a national certification exam, and CMS/MII will <u>not</u> be funding for students to take a national certification exam related to this topic.

Data Experts Symposium

This is a two-and-one-half-day course that focuses on evaluating underlying data, systematically applying statistical and/or logical techniques to those data, and summarizing findings to respond to programmatic needs. This course is for Program Integrity employees whose primary responsibility is in data analysis, data analytics, manipulating data, and/or utilization of methods and tools used in fraud, waste, and abuse data analysis. Nominees should have experience in data analytics, mining, or data system applications.

The course objectives for the MII Data Experts Symposium are as follows:

- Evaluate underlying data material to fraud, waste and abuse investigations;
- Apply analytical techniques that support state program integrity;
- Integrate data findings into operational policy and functional practice; and
- Utilize data analysis and measures to support calculating a programmatic ROI.

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 and practice 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.

Nominees must have three or more years of specialized work experience in Medicaid fraud detection and have completed the Basic Skills and Techniques in Medicaid Fraud Detection program.

Participants selected for this training must complete a pre-course document review and writing assignment, view a short pre-recorded instructional module, and take part in interviewing and witness role-play practical exercises at the MII.

Attending this course at the MII and passing the test are prerequisites to earning the *Certified Program Integrity Professional* (CPIP) credential. Students accepted for attendance will be required to take a post-test at the MII at the end of the course to determine mastery of course content. MII will not waive this requirement.

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 Program 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 for partners to return with new skills, insights, and specific goals to serve beneficiaries and to combat waste, fraud, and abuse in the Medicaid managed care environment. The course will encourage discussion and collaboration about managed care payment risks, vulnerabilities, and oversight activities, as well as provide information on "tools" for auditing and diminishing fraud in managed care.

Course objectives will focus on preparing participants to accomplish the following:
- Mitigate identified key risks associated with managed care payments to and by insurers;
- Incorporate new Medicaid managed care oversight techniques and tools based upon the recommendations of state colleagues; and
- Prepare for negotiations.

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The Reid Technique of Investigative Interviewing and Advanced Interrogation Program

This program combines basic and advanced interview and interrogation training over the course of four days. This program is for state Medicaid personnel who interview providers, providers' current employees and former employees, experts, etc. To receive consideration, nominees must be responsible for conducting interviews.

Program objectives are as follows:

- To provide specialized tactics for Medicaid fraud investigations;
- To provide the basic format and fundamentals of specialized interviewing and interrogation for those participants who have little or no experience in this phase of investigation;
- To review and provide a structured frame of reference for the experienced interviewer/interrogator who may not have had any formal training in this area; and
- To improve the efficiency and proficiency of all participants in obtaining the truth from victims, witnesses, and suspects in a legally acceptable manner.

Program topics include the following:

- Behavior Symptom Analysis (evaluating attitudes, nonverbal behavior, verbal behavior, paralinguistic behavior, etc.);
- Behavior Analysis Interview (analyzing factual information prior to the interview, types of questions and techniques, etc.);
- Proper room environment;
- Distinction between an interview and interrogation;
- Factors affecting the subject's behavior;
- The REID Nine Steps of Interrogation; and
- Additional interview and interrogation preparation.

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Provider Auditing Fundamentals Program

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, which may include the following: 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. 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 Medicaid—Beneficiary Eligibility and Fraud

The description for this course is currently being developed. We will post the description as soon as it becomes available.

Program Integrity Fundamentals Seminar

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 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 post-test at the end of the course to determine mastery of the *Basic Skills'* course content. This requirement will not be waived. Students who meet the two-year requirement may test out of this class.