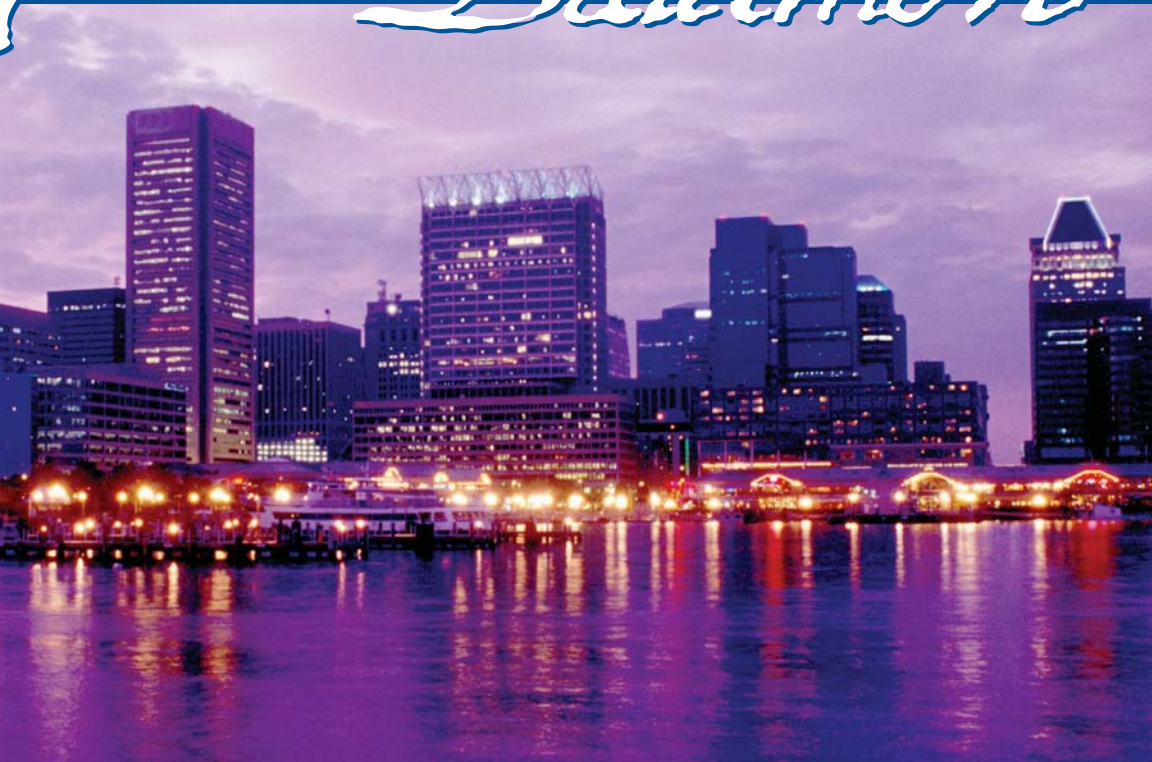


INSTITUTE ON MEDICARE AND MEDICAID PAYMENT ISSUES

Baltimore



March 22–24, 2006 • Marriott Waterfront Hotel

Dennis M. Barry, Esq. – Program Co-Chair
Timothy P. Blanchard, Esq. – Program Co-Chair
Robert L. Roth, Esq.
Kathleen Scully-Hayes, Esq.



KPMG LLP has provided sponsorship in support of this program.

PROGRAM AGENDA

Wednesday, March 22, 2006

7:00 am–5:45 pm

Registration and Information

8:00–9:30 am

I. Fundamentals of Medicare Parts A-D

Barry D. Alexander

Linda A. Baumann

James F. Flynn

Margit Hunt Nahra

- General Introduction: History, sources of Medicare law, Program Administration and operation
- Medicare “101”: Key concepts and terms in Medicare reimbursement and coverage and general eligibility criteria
- Medicare Part A: Specific eligibility criteria and benefits, provider types under Part A, certification and enrollment, reimbursement systems and changes arising out of the Medicare Modernization Act of 2003 (MMA)
- Medicare Part B: Specific eligibility criteria and benefits, supplier types, reimbursement systems, enrollment and changes arising out of MMA
- The Medicare A and B appeal process including recent changes
- Medicare Part C—the Medicare Advantage Program: Eligibility and enrollment, required and optional benefit packages, key issues for Medicare Advantage contractors, payment mechanisms and changes flowing out of MMA
- Part D—the new Drug Benefit: Eligibility and enrollment, basic benefit design, covered drugs, payment, contracting issues, marketing guidelines and challenges arising during the implementation of the new drug benefit

II. 2005: The RAP Practice Group’s Year in Review (not repeated)

Jolee Hancock Bollinger

Michael R. Hess

Lester J. Perling

Andrew D. Ruskin

Eric Zimmerman

- A comprehensive review of the major case law, administrative and JCAHO developments of 2005 affecting the

regulation, accreditation and payment of healthcare providers

- How these developments may affect you and your clients in 2006
- Questions about these developments
- Guidance to conference attendees on which other conference sessions to attend for more detailed discussions

9:30–9:40 am

Coffee Break

9:40–11:10 am

I. Fundamentals of Medicare Parts A-D (continued)

III. CMS Outreach Session on Hospital and Physician Issues (not repeated)

Herbert B. Kuhn

Elizabeth Richter

11:10–11:25 am

Coffee Break

GENERAL SESSION

11:25 am–12:25 pm

Welcome and Introduction

Anthea R. Daniels

AHLA President-Elect

Timothy P. Blanchard

Program Co-Chair

Keynote Address

Theodore R. Marmor

12:25–1:45 pm

Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group Lunch sponsored by Wellspring Partners Ltd. and Wellspring Valuation Ltd.

(additional fee; limited attendance; pre-registration required - please see p. 23)

Charles N. (Chip) Kahn

*President of the Federation of American Hospitals
Washington, DC*

CONCURRENT SESSIONS

1:45–3:15 pm *Extended Sessions*

A. Fraud and Abuse Primer (not repeated)

Robert G. Homchick

- Principal fraud and abuse regulations in the healthcare industry, including:

PROGRAM AGENDA

- Federal Physician Self-Referral (Stark Law)
- Civil Money Penalty Statute and OIG administrative sanctions
- Medicare/Medicaid Patient Protection Act
- Federal Anti-kickback Statute
- Federal False Claims Act

B. Long Term Care Hospital Development and Payment Issues (not repeated)

Edward D. Kalman

Stephen M. Sullivan

- Facts of the long term care hospital universe at a time of increasing governmental concerns regarding the Medicare program
- In 1993 Medicare paid \$398 million to 105 LTCHs
 - As of January 2005, there are 350 LTCHs and Medicare payments are estimated at nearly \$3 billion for the 2006 LTCH PPS rate year
- MedPAC's recommendation is a comprehensive evaluation of LTCHs and the establishment of patient and facility-level criteria for LTCHs
- CMS's development of payment policies under the LTCH PPS
- Criteria required to be paid under LTCH PPS
 - LTCH regulatory overview
 - The August 11, 2004 Final Rule governing reimbursement for LTCH HwHs and satellites
- "Same Campus" definition impact on payment
 - The notice of proposed rulemaking for LTCH PPS fiscal year 2007
 - MedPac recommendations, RTI study of MedPac recommendations

C. Recent Developments in DGME and IME

Thomas W. Coons

Karen S. Fisher

Miechal Lefkowitz

- Payment Policy
 - Overview of DGME and IME methodologies
 - Redistribution of resident caps under § 422 of MMA
 - Clinical base year
 - Training in non-hospital sites
 - Practical issues in complying with non-hospital site rules

D. Provider Based vs. Freestanding Entity

Thomas E. Dowdell

Catherine T. Dunlay

- Provider-based status and its significance
- Provider-based status and the Medicare enrollment application
- Deciding whether or not to seek a formal provider-based status determination
- Overview of the provider-based requirements and obligations for both on-campus and off-campus entities
- Overview of the provider-based under arrangements, management contracts and joint venture principles
- Overview of the under arrangements coverage/payment conditions
- Application of the provider-based under arrangements, management contracts and joint venture principles
- 2005-2006 developments regarding interpretation and application of the provider-based requirements, obligations and principles
- Practice pointers for handling provider-based issues

E. Part B and Part D: Drug Coverage and Payment Issues

Stuart Langbein

Valerie Rinkle

- Description of Medicare Part B coverage of drugs and biologicals, including benefit categories and local and national coverage issues
- New drug payment methodologies in the hospital outpatient department setting and physician offices
- Unique challenges facing hospitals in reporting drug administration services
- What is a "covered Part D drug," what drugs are excluded from Part D, and Part B vs. Part D coverage issues
- Enrollee cost sharing and issues relating to true out-of-pocket expenses (TrOOP), including pharmaceutical assistance programs (PAPs)
- The impact of Part D on Medicare providers (e.g., hospitals, skilled nursing facilities)

PROGRAM AGENDA

F. Medicare DSH Adjustments

*Amy L. Hunsberger
Christopher L. Keough
Molly Smith*

- SSI data (MMA 951 Rule)
- SSI litigation update (if any)
- Charity care/Medicaid DSH days
- Waiver days
- Dual eligible days
- Post-Monmouth litigation update

3:30–4:30 pm

G. Medicaid Fundamentals (not repeated)

Hemi D. Tewarson

- A historical perspective of Medicaid and how state Medicaid programs have evolved over the years
- Distinguishing characteristics of the Medicaid program including:
 - The entitlement nature of the program
 - Who may be eligible
 - What benefits are covered
 - Delivery systems utilized by states
 - Reimbursement and financing mechanisms
 - Recent developments related to the Medicaid program including the increased use of Section 1115 demonstration projects by states
- Considerations for Medicaid reform as a result of heightened scrutiny by the federal government, states and other stakeholders

H. PRRB Appeals (not repeated)

*Lloyd A. Bookman
Suzanne Cochran*

J. Prescription Dollars: Part D Payments and Payment Adjustments (not repeated)

*Kenneth M. Bruntel
Mark Newsom*

- Part D payment and payment adjustments
- Direct subsidy payments
- Reinsurance subsidy payments
- Low Income subsidy payments
- Risk corridor payments
- Processes developed or planned by CMS for effecting the adjustments

- The multiple layers of reviews and audits that Part D Plans can expect

K. Fraud and Abuse Issues for Hospitals and Physicians

*Lewis Morris
Richard P. Ward*

- Ongoing enforcement initiatives and the OIG's Work Plan issues for 2006
- Recent developments in fraud and abuse law regarding hospitals, physicians and hospital-physician relationships
- The use and interpretation of the False Claims Act as an enforcement tool by the U.S. Department of Justice
- The use of the Civil Money Penalty Act as an enforcement tool by the OIG
- Emerging areas of investigation and enforcement including medically unnecessary procedures

L. Non-Hospital Imaging Independent Diagnostic Testing Facilities

Daniel H. Melvin

- The array of Medicare reimbursement issues that must be identified and resolved by attorneys representing freestanding and physician office-based imaging and other diagnostic testing facilities, including:
 - IDTF enrollment
 - IDTF vs. radiology practice
 - Ordering test rule
 - Physician supervision
 - Purchased diagnostic test rule
 - Reassignment and global billing
 - Stark Law application
 - Imaging collaboration models and the suspect contractual joint venture issue
 - A blend of lecture and hypotheticals designed to enable the health lawyer to spot and manage key issues



PROGRAM AGENDA

M. The National Provider Identifiers and What These Mean to Organizations and Individual Healthcare Providers

James M. Bossenmeyer

Dennis K. Grindle

Patricia M. Peyton

- The NPI final rule including key definitions, compliance dates, who is eligible for and/or required to obtain NPIs
- Application and assignment processes of NPIs
- The differences between applying for NPIs vs. enrollments in health plans
- The latest on Medicare's policy for use of NPIs including enumeration requirements, Medicare's NPI claims processing transition plans, etc.

4:45–5:45 pm

N. Medicaid Litigation Update

(not repeated)

Mark H. Gallant

Jane Perkins

- Medicaid access to court decisions from the previous year
- Important substantive decisions on Medicaid services and eligibility
- State of the law regarding suits to enforce Title XIX
- Cases pertaining to suits challenging Medicaid "waiver" programs
- Issues germane to provider suits against Medicaid managed care organizations

O. Medicare/Medicaid/Commercial Insurance Reimbursement Issues Affecting Healthcare Transactions: Navigating the Paperwork Quagmire to Get Paid (not repeated)

Anthea R. Daniels

Louise M. Joy

- Initial license and Medicare filings
- Change of Ownership (CHOW) filings
- Fast tracking a survey and survey options
- Dealing with JCAHO and other accreditation bodies
- Structuring the deal to acquire or not acquire the provider numbers
- State Medicaid issues
- Transitional billing agreements

P. Hospital Inpatient PPS Update

Marc Hartstein

Larry A. Oday

- Area wage index issues
- Disproportionate share adjustment
- DRG weighting and recalibration
- Update to standardized amount
- New technology
- Regulatory update

Q. Medicare Litigation Update

John R. Hellow

Susan Maxson Lyons

- Survey of recent Medicare case law developments, including PPS and cost reimbursement, DSH, medical education, certification, coordination of benefits/MSP, Medicare Part D implementation issues and government overpayment recovery actions
- In-depth review of the most significant recent Medicare decisions
- Discussion of trends in cases from both the private and government perspectives
- Analysis of recent procedural issues including subject matter jurisdiction, reopening challenges and late NPR appeals

K. Fraud and Abuse Issues for Hospitals and Physicians (repeat)

M. The National Provider Identifiers and What These Mean to Organizations and Individual Healthcare Providers (repeat)

6:45–9:30 pm

Reception at National Aquarium sponsored by KPMG LLP

(attendees, faculty, children and registered spouses and guests welcome)

Jumping jellyfish! Leaping lizards! Diving dolphins! Don't hide your enthusiasm for The National Aquarium in Baltimore. Housing more than 10,500 creatures, the Baltimore Aquarium exhibits—in their naturalistic habitats—such beings as stingrays, small sharks, sea turtles, bullfrogs, phytoplankton, monkeys, sloths, iguanas, and puffins.

PROGRAM AGENDA

Don't miss the new Animal Planet Australia: Wild Extremes exhibit. The highly-anticipated new exhibit depicts amazing stories of survival in an extreme environment. The highly adaptive animals in wild Australia have survived over millions of years in a land of drought, fire, and flood. Australia has a higher percentage of endemic animals than any other continent on earth, meaning that many of its species are not naturally found outside the country. These animals – living creatures that are as close to prehistoric as can be found on earth – developed over millions of years in solitude.

Thursday, March 23, 2006

7:00 am–5:15 pm

Registration and Information

7:00–8:15 am

Continental Breakfast sponsored by KPMG LLP

(attendees, faculty, children, and registered spouses and guests welcome)

7:15–8:15 am

Public Interest Session: After the Catastrophe: Disaster Relief for Hospitals

Elizabeth Weeks

- Existing financial burdens on hospital emergency departments and expected impact of demand surge
- New pressures on “first responder” hospitals under post-9/11 preparedness legislation
- Inadequacy of existing payment approaches and Katrina response for healthcare disaster response
- Four previous government programs providing financial support for industries or individuals
- Proposed disaster relief plan for hospitals, based on four models

CONCURRENT SESSIONS

8:15–9:45 am *Extended Sessions*

R. Hospital Outpatient PPS (not repeated)

James L. Hart

Valerie Rinkle

- Separately payable OPPS drugs, ASP and cost paid drugs and radiopharmaceuticals
- Drug administration coding and billing complexities for hospitals
- Recent OPPS Transmittals including observation, immunoglobulin
- Other 2006 updates

S. Workshop on PRRB Practice Issues

(not repeated)

Keith D. Barber

Lloyd A. Bookman

Paul Crofton

Bernard M. Talbert

- Alternate hearing types, pre-hearing conferences, and mediation as case management tools
- Discovery disputes with CMS in PRRB cases
- Status of proposed PRRB Regulations
- Jurisdiction on hospital and sub-unit I/PPPS exemption declassification disputes

T. Advanced Stark

S. Craig Holden

Kevin G. McAnaney

- Physician recruitment
- Gainsharing arrangements
- Malpractice subsidies
- “Same building/shared equipment” arrangements
- Subsidization of ePrescribing and eHealth technology
- Non-compliant arrangements

U. New Technology Coverage and Payment

Thomas A. Ault

Carolyn J. McElroy

Steve E. Phurrough

- Essentials for Medicare payment
- National coverage determination process
- Evidence requirements for national coverage
- Types of national coverage
- Medicare requirements for coverage and payment of new technology
- Off-label coverage

PROGRAM AGENDA

- Coverage with evidence development
- National vs. local coverage
- DRG add-on for new technology
- OPPS pass-through payment
- Payment for new technology in the physician office
- Fraud and abuse considerations for the use and application of medical technology

C. Recent Developments in DGME and IME (repeat)

D. Provider Based vs. Freestanding Entity (repeat)

10:00–11:00 am

V. Medicaid Drug Rebate Regulatory and Enforcement Developments

(not repeated)

Virginia Gibson

Jesse A. Witten

- Recent developments in the Medicaid Drug Rebate Program
- Tricky issues in price reporting
- Medicaid drug rebate dispute resolution program
- Recent enforcement actions

W. Home Healthcare PPS and Hospice Developments (not repeated)

Denise C. Bonn

William A. Dombi

- DEFRA 2005 – payment effects
- Regulatory payment changes for 2006 PPS reforms
- Retroactive HHPPS claims adjustments – M0175 update
- Program safeguard contractors- heightened claims review
- Proposed hospice COP's

X. Medicare Bad Debt

Jon P. Neustadter

- Requirements to properly claim bad debt
- Reasonable and consistent collection efforts/120 Day Rule
- Documentation issues
- Issues surrounding writing off bad debt and the waiver of copayment and deductible

Y. Exclusions: Repayments and Denials

Dane W. Cutler

Cynthia F. Wisner

- How many lists do you need to check?
- How often do you need to check?
- What do you need to do if someone is on one of the lists?
- Do you have to do more checking if you get NIH or research grants?
- Why can't you bill for the service if you didn't know the physician who ordered the test was excluded?
- What is the impact on billing of suspensions, appeals and non-final actions?
- Do you have to repay if a physician's license lapses?
- Can an excluded provider perform non-patient care services?
- What is a proposed exclusion?

Z. Non-Physician Practitioner Issues

Paul W. Kim

- The non-physician practitioners whose services are separately reimbursable by Medicare
- Each practitioner's qualifications for enrollment and conditions of billing
- Detect when payment for practitioner services is permitted in addition to facility fees
- Structure compliant arrangements with non-physician practitioners

AA. Legal Ethics: Ethical Realities of Provider Contracts

Michael L. Silhol

Robert A. Wade

- Legal vs. ethical obligations
- Tax-exempt vs. for-profit issues
- Anti-kickback and Stark compliance vs. ethical considerations
- Loss financial transactions - are they legal and ethical?
- Application of ethical and religious directives on provider contracting
- Case studies
 - Real estate
 - Physician employment
 - Medical directorship
 - Physician recruitment

PROGRAM AGENDA

11:15 am–12:15 pm

BB. Primer on Coding Issues for Payment Lawyers (not repeated)

Terence Johnson

- History and usage of medical coding
- The basics of CPT coding
- The basics of ICD-9-CM coding
- Governmental coding guidelines
- Putting it all together

CC. Form 855 Requirements and New Initiatives (not repeated)

James M. Bossenmeyer

Thomas D. Vaughn

- Overview of CMS 855 enrollment forms (effective November 2001)
- Proposed rule to require all existing Medicare providers to file CMS 855 forms every 3 years
- New Medicare enrollment procedures
- Specific questions and instructions in CMS 855 forms
- Pros and cons of a buyer accepting a seller's Medicare provider agreements, including discussion of recent case law

DD. The Deficit Reduction Act and Beyond: A Review of Medicare and Medicaid-Related Legislation in 2005 and the Forecast for 2006

Eric Zimmerman

- The *Deficit Reduction Act* projects to save more than \$13 billion from changes in Medicare and Medicaid
- The major Medicare and Medicaid changes included in the bill, including those that would affect hospitals, physicians, home health agencies and other healthcare providers and payors
- Projection of which Medicare and Medicaid programs and providers are likely to be targets for further congressional consideration and manipulation in 2006

EE. Repayments and Disclosures: Whether, Which, When, How and How Much

Thomas S. Crane

Robert L. Roth

- When is repayment appropriate; when is disclosure not voluntary

- Which agency do you report a voluntary disclosure/repayment to and what do you report
- How far back do you go/how far back can the government go – administrative finality vs. government recovery rights
- How well is the voluntary disclosure process working – a report from the Fraud and Abuse Practice Group Voluntary Disclosure Task Force

FF. ABNs in Theory and in Practice

Audrey T. Andrews

Timothy P. Blanchard

- Limitation of liability theory
- ABN concepts and implementation
- Case studies regarding ABN situations

Q. Medicare Litigation Update (repeat)

12:15–1:35 pm

Lunch on your own or attend the In-House Counsel Practice Group Luncheon
(Additional fee; limited attendance; pre-registration required-please see p. 23)

Making Healthcare Facilities Accommodating for the Disabled

Mark Derry, President

Eastlake Derry & Associates

Morgantown, WV

CONCURRENT SESSIONS

1:45–2:45 pm

GG. Medicare Part C Issues for Providers (not repeated)

Gary Scott Davis

Donald G. Kosin, Jr.

- Challenges to providers under Medicare Advantage
- Knowing who you are contracting with: The various types of Medicare Advantage plans
- Health plan payment and bidding process under the Medicare Advantage Program
- What does CMS require in your participating provider agreement
- Provider related requirements in the contract between CMS and the MA contractors
- Provider marketing of Medicare Advantage Plans

PROGRAM AGENDA

HH. PRRB Jurisdiction (not repeated)

*Michael W. Harty
Kenneth R. Marcus*

- Primer on PRRB procedure and jurisdiction
- Frequently recurring issues
- Significant recent decisions

JJ. The CERT Program: How CMS Measures Improper Payments in Fee-for-Service Medicare

*Melanie K. Combs
Jill Nicolaisen*

- Background
- Goals
- Findings from November 2005 *Improper Medicare FFS Payments Report*
- Corrective actions to reduce improper payments

KK. New Rules for Medicare Claims Appeals

*David Cade
James P. Kelly*

- New rules and new decision makers for appeals of Part A and Part B Claims
- Achievements and challenges during the new unified appeals start-up period
- Qualified Independent Contractor (QIC) Appeals (formerly “fair hearings”)
 - New rules on early submission of evidence
- ALJ Hearings
 - Video conference hearings – how to make them work
 - New adversarial procedures
- Medicare Appeals Council proceedings
- Federal Court
- Advanced techniques
 - Solving evidence timing submission problems
 - Discovery
- Delaying recoupment

X. Medicare Bad Debt (repeat)

Y. Exclusions: Repayments and Denials (repeat)

3:00–4:00 pm

LL. Recovery Audit Contractors

(not repeated)
Kathy Reep

MM. Medicaid Hot Topics (not repeated)

Clayton J. Nix

- Transition enrollment and claims issues for the Dual Eligible Beneficiaries under Medicare Part D
- State and Federal issues related to the Medicare Part D “clawback” provision
- State Medicaid safety-net measures to fill in Part D gaps (both transitional and longer term)
- Recent developments in Medicaid pharmacy reimbursement, including federal upper limits, AMP, drug rebates and recent fraud settlements in this area

NN. Charges – Effect of Discounts on Medicare Payment

Dennis M. Barry

- What does the “uniformity of charges” requirement really mean?
- What rules govern discounts for indigent patients?
- What are the implications of discounts offered to uninsured patients who do not demonstrate financial need, international patients, cosmetic surgery patients or patients who are “out of plan”?
- Will discounts affect Medicare payments based on the lesser of the fee schedule amount or the actual charge?
- Impact that OIG’s proposed “substantially in excess” rule could have on Medicare payment and compliance obligations

OO. New Developments for DME, Prosthetics, Orthotics and Supplies

Seth H. Lundy

- Recent changes and upcoming developments regarding durable medical equipment, including:
 - New Quality Standards
 - National Supplier Clearinghouse and enrollment issues
 - Prepayment and postpayment reviews
 - Medical documentation issues, and use of physician orders and CMNs
 - Transition from the DMERCs to the MACs
 - Competitive bidding developments and timelines
 - Inherent reasonableness authority and its interaction with competitive bidding

PROGRAM AGENDA

- Part B covered drugs
- Developments in the appeals process

PP. Medical Necessity Denials, Policy Determinations and Appeals

*Andrew Bloschichak
Peter M. Kazon*

QQ. Medicare and Medicaid Payment Issues for Nursing Facilities

*Joseph M. Lubarsky
Laurence D. Wilson*

- Overview and outlook for the nursing home economic and operational environment
- Issues raised by MedPac regarding payment for SNF services and FY07 rate recommendations
- Projections on RUGS refinement impact for Medicare SNFs
- Responses to the pressures of long term care on state Medicaid budgets
- Update on Medicare bad debt and Part B caps
- The latest research initiative related to updating RUG standard time measurements and analyzing resource use for Medicare, Medicaid and specialty populations
- CMS initiatives related to nursing home quality

4:15–5:15 pm

RR. 9,8,7,6 Countdown to ICD-10

(not repeated)
*Nancy L. Freeman
Kimberly Stafford*

- What is ICD-10?
- Who will be affected by ICD-10 and how?
- Why should providers begin their preparations now?
- Short term, intermediate and long term strategies for ICD-10 implementation

SS. Wage Index and Urban Reclassification Update (not repeated)

*Dale Baker
Carel T. Hedlund*

- Change in treatment of pension and deferred compensation

- Occupational mix
- Urban reclassifications and CSAs
- OIG audits
- Appeals and case update and more

TT. Clinical Research: Medicare Coverage, Payment and Compliance Issues

*Gary W. Eiland
Holley Thames Lutz*

- Medicare coverage rules governing investigational and experimental care
- Distinction between national and local coverage decisions
- Coverage issues associated with routine costs in clinical trials
- Billing for covered and non-covered charges
- Special coding issues associated with routine costs
- Differentiating between what is paid for under the research protocol and what is paid for by third party payors
- OIG draft compliance guidance for research facilities
- Research compliance risk areas
- Recent government investigations and settlements

UU. Medicare Secondary Payer Issues – Regulatory and Litigation Update

*Thomas E. Bartrum
Barbara J. Wright*

KK. New Rules for Medicare Claims Appeals (repeat)

PP. Medical Necessity Denials, Policy Determinations and Appeals (repeat)

5:15–6:30 pm

Reception at the Baltimore Marriott Waterfront Hotel sponsored by KPMG LLP

(attendees, faculty, children and registered spouses and guests welcome)

PROGRAM AGENDA

Friday, March 24, 2006

7:00 am–3:45 pm

Registration and Information

7:00–8:00 am

Continental Breakfast sponsored by KPMG LLP

(attendees, faculty, children and registered spouses and guests welcome)

CONCURRENT SESSIONS

8:00–9:30 am *Extended Sessions*

VV. Medicaid DSH, UPL and Other

Supplemental Payments (not repeated)

Thomas R. Barker

James E. Gjerset

Charles A. Luband

- Medicaid Disproportionate Share Hospital (DSH) payments
- Other supplemental Medicaid payments (including payments using the UPLs)
- New Medicaid waiver payment mechanisms (SNCPs and LIPs)
- Medicaid financing (IGTs, CPEs, provider taxes and other)
- Litigation
- Federal policy interests

WW. Recent Changes Relating to Billing Medicare for Consultations (Advanced)

(not repeated)

Hugh E. Aaron

- Recent changes relating the definitions of “consultation” and “transfer of care”
- Consultations ordered/furnished by non-physician practitioners
- The demise of the follow-up consultation concept
- The demise of the confirmatory consultation concept
- Intra-practice consultations
- Treatment furnished in conjunction with a consultation
- Consultations for preoperative clearance

E. Part B and Part D: Drug Coverage and Payment Issues (repeat)

F. Medicare DSH Adjustments (repeat)

T. Advanced Stark (repeat)

U. New Technology Coverage and Payment (repeat)

9:45–10:45 am

XX. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques (not repeated)

Dinetia M. Newman

- Overview of research source materials
- Electronic research materials including CMS databases, AHLA materials and other commercial sources
- Process for researching health law issues
- Researching tips for more effective, efficient research

YY. Medicare Certified Transplant Centers: Reimbursement and Risks

(not repeated)

Julie Quinn

Mark Simonson

- Organ acquisition services and activities (general)
 - Regulatory definition of reasonable costs related to organ acquisition
 - Differentiating organ acquisition from other transplant related services
- Organ acquisition costs and reimbursements
 - Detailed discussion of the cost report cost finding formula
 - Allowable pre-transplant related services
 - Costs related to harvesting of organs
 - Differences between live donors and cadaver donors
 - Treatment of revenue for organs sold
- Observations from OIG investigations of transplant centers
- Process for Establishment of Kidney SAC and Histocompatibility Rates
 - Cost report process for organ procurement organizations and histocompatibility laboratories
 - How to locate the Medicare approved rate for kidney acquisition and histocompatibility tests

PROGRAM AGENDA

- Organ donation breakthrough collaborative
 - Responsibilities of the CTC
 - Responsibilities of the OPO
 - Cost reporting for collaborative expenses

ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced)

Alice G. Gosfield

- An analysis of Medicare physician reimbursement issues in Stark
- Incident to - what's in; what's out; the new CMS positions and productivity
- In office ancillary services supervision - Who can and who goes on the claim?
- The reimbursement effects of adding new product lines through shared facilities
- Reassignment - the liberalizations, group practice, teleradiology
- So nuclear is DHS - What does it mean?

DD. The Deficit Reduction Act and Beyond: A Review of Medicare and Medicaid-Related Legislation in 2005 and the Forecast for 2006 (repeat)

EE. Repayments and Disclosures: Whether, Which, When, How and How Much (repeat)

QQ. Medicare and Medicaid Payment Issues for Nursing Facilities (repeat)

11:00 am–12:00 noon

AAA Receivables Financing (not repeated)

Hector Calzada

Ronald L. Wisor, Jr.

- A review of current market conditions for Medicare receivables financing
- How receivables financing arrangements are structured from the lender's perspective
- Business and legal considerations for the provider
- Ensuring compliance with the Medicare reassignment rule
- Giving legal opinions on receivables financing transactions

BBB. Personal and Criminal Liability for Medicare Overpayments (not repeated)

Daniel S. Reinberg

Judith A. Waltz

- Piercing the corporate veil
- Successor liability for debts and fraud
- Director/officer responsibility
- Asset forfeitures
- Criminal liability for failure to disclose overpayments

JJ. The CERT Program: How CMS Measures Improper Payments in Fee-for-Service (repeat)

NN. Charges – Effect of Discounts on Medicare Payment (repeat)

OO. New Developments for DME, Prosthetics, Orthotics and Supplies (repeat)

ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) (repeat)

12:00 noon–1:00 pm

Lunch on your own

CONCURRENT SESSIONS

1:00–2:00 pm

L. Non-Hospital Imaging Independent Diagnostic Testing Facilities (repeat)

P. Hospital Inpatient PPS Update (repeat)

AA. Legal Ethics: Ethical Realities of Provider Contracts (repeat)

TT. Clinical Research: Medicare Coverage, Payment and Compliance Issues (repeat)

2:15–3:15 pm

Z. Non-Physician Practitioner Issues (repeat)

FF. ABNs in Theory and in Practice (repeat)

UU. Medicare Secondary Payer Issues – Regulatory and Litigation Update (repeat)

Adjournment

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PROGRAM AT A GLANCE

Wednesday, March 22, 2006

7:00 am– 5:45 pm	Registration and Information					
8:00– 9:30 am	I. Fundamentals of Medicare Parts A-D			II. 2005: The RAP Practice Group's Year in Review (not repeated)		
	<i>Alexander Baumann Flynn Nahra</i>			<i>Bollinger Hess Perling Ruskin Zimmerman</i>		
9:30– 9:40 am	Coffee Break					
9:40– 11:10 am	I. Fundamentals of Medicare Parts A-D (continued)			III. CMS Outreach Session on Hospital and Physician Issues (not repeated)		
	<i>Alexander Baumann Flynn Nahra</i>			<i>Kuhn Richter</i>		
11:10– 11:25 am	Coffee Break					
11:25 am– 12:25 pm	GENERAL SESSION Welcome and Introduction <i>Daniels, Blanchard</i>					
	Keynote Address <i>Marmor</i>					
12:25– 1:45 pm	Lunch on your own or attend the Regulation, Accreditation, and Payment Practice Group Lunch (additional fee; limited attendance; pre-registration required-see p. 23)					
1:45– 3:15 pm Extended Sessions	A. Fraud and Abuse Primer (not repeated) <i>Homchick</i>	B. Long Term Care Hospital Development and Payment Issues (not repeated) <i>Kalmon Sullivan</i>	C. Recent Developments in DGME and IME <i>Coons Fisher Lefkowitz</i>	D. Provider Based vs. Freestanding Entity <i>Dowdell Dunlay</i>	E. Part B and Part D: Drug Coverage and Payment Issues <i>Langbein Rinkle</i>	F. Medicare DSH Adjustments <i>Hunsberger Keough Smith</i>
3:30– 4:30 pm	G. Medicaid Fundamentals (not repeated) <i>Tewarson</i>	H. PRRB Appeals (not repeated) <i>Bookman Cochran</i>	J. Prescription Dollars: Part D Payments and Payment Adjustments (not repeated) <i>Bruntel Newsom</i>	K. Fraud and Abuse Issues for Hospitals and Physicians <i>Morris Ward</i>	L. Non-Hospital Imaging Independent Diagnostic Testing Facilities <i>Melvin</i>	M. The National Provider Identifiers and What These Mean to Organizations and Individual Healthcare Providers <i>Bossenmeyer Grindle Peyton</i>

PROGRAM AT A GLANCE

Wednesday, March 22, 2006 (continued)

4:45–5:45 pm	N. Medicaid Litigation Update (not repeated) <i>Gallant Perkins</i>	O. Medicare/Medicaid/Commercial Insurance Reimbursement Issues Affecting Healthcare Transactions (not repeated) <i>Daniels Joy</i>	P. Hospital Inpatient PPS Update <i>Hartstein Oday</i>	Q. Medicare Litigation Update <i>Hellow Lyons</i>	K. Fraud and Abuse Issues for Hospitals and Physicians (repeat) <i>Morris Ward</i>	M. The National Provider Identifiers and What These Mean to Organizations and Individual Healthcare Providers (repeat) <i>Bossenmeyer Grindle Peyton</i>
6:45–9:30 pm	Reception at National Aquarium sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)					

Thursday, March 23, 2006

7:00 am–5:15 pm	Registration and Information					
7:00–8:15 am	Continental Breakfast sponsored by KPMG LLP (attendees, faculty, children, and registered spouses and guests welcome) 7:15–8:15 am Public Interest Session After the Catastrophe: Disaster Relief for Hospitals <i>Weeks</i>					
8:15–9:45 am Extended Sessions	R. Hospital Outpatient PPS (not repeated) <i>Hart Rinkle</i>	S. Workshop on PRRB Practice Issues (not repeated) <i>Barber Bookman Crofton Talbert</i>	T. Advanced Stark <i>Holden McAnaney</i>	U. New Technology Coverage and Payment <i>Ault McElroy Phurrough</i>	C. Recent Developments in DGME and IME (repeat) <i>Coons Fisher Lefkowitz</i>	D. Provider Based vs. Freestanding Entity (repeat) <i>Dowdell Dunlay</i>
10:00–11:00 am	V. Medicaid Drug Rebate Regulatory and Enforcement Developments (not repeated) <i>Gibson Witten</i>	W. Home Healthcare PPS and Hospice Developments (not repeated) <i>Bonn Dombi</i>	X. Medicare Bad Debt <i>Neustadter</i>	Y. Exclusions: Repayments and Denials <i>Cutler Wisner</i>	Z. Non-Physician Practitioner Issues <i>Kim</i>	AA. Legal Ethics: Ethical Realities of Provider Contracts <i>Silhol Wade</i>

PROGRAM AT A GLANCE

Thursday, March 23, 2006 (continued)

11:15 am– 12:15 pm	BB. Primer on Coding Issues for Payment Lawyers (not repeated) <i>Johnson</i>	CC. Form 855 Requirements and New Initiatives (not repeated) <i>Bossenmeyer Vaughn</i>	DD. The Deficit Reduction Act and Beyond <i>Zimmerman</i>	EE. Repayments and Disclosures: Whether, Which, When, How and How Much <i>Crane Roth</i>	FF. ABNs in Theory and in Practice <i>Andrews Blanchard</i>	Q. Medicare Litigation Update (repeat) <i>Hellow Lyons</i>
12:15– 1:35 pm	Lunch on your own or attend the In-House Counsel Practice Group Luncheon (Additional fee; limited attendance; pre-registration required-see p. 23)					
1:45– 2:45 pm	GG. Medicare Part C Issues for Providers (not repeated) <i>Davis Kosin</i>	HH. PRRB Jurisdiction (not repeated) <i>Harty Marcus</i>	JJ. The CERT Program: How CMS Measures Improper Payments in Fee-for-Service <i>Combs Nicolaisen</i>	KK. New Rules for Medicare Claims Appeals <i>Cade Kelly</i>	X. Medicare Bad Debt (repeat) <i>Neustadter</i>	Y. Exclusions: Repayments and Denials (repeat) <i>Cutler Wisner</i>
3:00– 4:00 pm	LL. Recovery Audit Contractors (not repeated) <i>Reep</i>	MM. Medicaid Hot Topics (not repeated) <i>Nix</i>	NN. Charges – Effect of Discounts on Medicare Payment <i>Barry</i>	OO. New Developments for DME, Prosthetics, Orthotics and Supplies <i>Lundy</i>	PP. Medical Necessity Denials, Policy Determinations and Appeals <i>Bloschichak Kazon</i>	QQ. Medicare and Medicaid Payment Issues for Nursing Facilities <i>Lubarsky Wilson</i>
4:15– 5:15 pm	RR. 9,8,7,6 Countdown to ICD-10 (not repeated) <i>Freeman Stafford</i>	SS. Wage Index and Urban Reclassification Update (not repeated) <i>Baker Hedlund</i>	TT. Clinical Research: Medicare Coverage, Payment and Compliance Issues <i>Eiland Lutz</i>	UU. Medicare Secondary Payer Issues – Regulatory and Litigation Update <i>Bartrum Wright</i>	KK. New Rules for Medicare Claims Appeals (repeat) <i>Cade Kelly</i>	PP. Medical Necessity Denials, Policy Determinations and Appeals (repeat) <i>Bloschichak Kazon</i>
5:15– 6:30 pm	Reception at the Baltimore Marriott Waterfront Hotel sponsored by KPMG LLP (attendees, faculty, children and registered spouses and guests welcome)					

PROGRAM AT A GLANCE

Friday, March 24, 2006

7:00 am– 3:45 pm	Registration and Information					
7:00– 8:00 am	Continental Breakfast sponsored by KPMG LLP (attendees, faculty, children, and registered spouses and guests welcome)					
8:00– 9:30 am Extended Sessions	VV. Medicaid DSH, UPL and Other Supplemental Payments (not repeated) <i>Barker Gjerset Luband</i>	WW. Recent Changes Relating to Billing Medicare for Consultations (Advanced) (not repeated) <i>Aaron</i>	E. Part B and Part D: Drug Coverage and Payment Issues (repeat) <i>Langbein Rinkle</i>	F. Medicare DSH Adjustments (repeat) <i>Hunsberger Keough Smith</i>	T. Advanced Stark (repeat) <i>Holden McAnaney</i>	U. New Technology Coverage and Payment (repeat) <i>Ault McElroy Phurrough</i>
9:45– 10:45 am	XX. Primer on Researching Medicare and Medicaid Issues: Sources and Techniques (not repeated) <i>Newman</i>	YY. Medicare Certified Transplant Centers: Reimbursement and Risks (not repeated) <i>Quinn Simonson</i>	ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) <i>Gosfield</i>	DD. The Deficit Reduction Act and Beyond (repeat) <i>Zimmerman</i>	EE. Repayments and Disclosures: Whether, Which, When, How and How Much (repeat) <i>Crane Roth</i>	QQ. Medicare and Medicaid Payment Issues for Nursing Facilities (repeat) <i>Lubarsky Wilson</i>
11:00 am– 12:00 noon	AAA. Receivables Financing (not repeated) <i>Calzada Wisor</i>	BBB. Personal and Criminal Liability for Medicare Overpayments (not repeated) <i>Reinberg Waltz</i>	JJ. The CERT Program: How CMS Measures Improper Payments in Fee-for-Service (repeat) <i>Combs Nicolaisen</i>	NN. Charges – Effect of Discounts on Medicare Payment (repeat) <i>Barry</i>	OO. New Developments for DME, Prosthetics, Orthotics and Supplies (repeat) <i>Lundy</i>	ZZ. Medicare Physician Reimbursement Issues: Through the Stark Looking Glass and More (Advanced) (repeat) <i>Gosfield</i>
12:00 noon– 1:00 pm	Lunch on your own					
1:00– 2:00 pm	L. Non-Hospital Imaging Independent Diagnostic Testing Facilities (repeat) <i>Melvin</i>	P. Hospital Inpatient PPS Update (repeat) <i>Hartstein Oday</i>	AA. Legal Ethics: Ethical Realities of Provider Contracts (repeat) <i>Silhol Wade</i>	TT. Clinical Research: Medicare Coverage, Payment and Compliance Issues (repeat) <i>Eiland Lutz</i>		
2:15– 3:15 pm	Z. Non-Physician Practitioner Issues (repeat) <i>Kim</i>		FF. ABNs in Theory and in Practice (repeat) <i>Andrews Blanchard</i>		UU. Medicare Secondary Payer Issues – Regulatory and Litigation Update (repeat) <i>Bartrum Wright</i>	

Hotel Reservation Form American Health Lawyers Association

INSTITUTE ON MEDICARE AND MEDICAID PAYMENT ISSUES

March 22-24, 2006

Complete and send to:

Baltimore Marriott Waterfront Hotel
700 Aliceanna Street
Baltimore, MD 21202
Attention: Reservations Department

Hotel Phone: (410) 385-3000
Toll Free Reservations: (800) 228-9290
Reservations Fax: (410) 895-1900

\$205.00 Standard Single \$205.00 Standard Double

The above rates are exclusive of City and State taxes, which are currently 12.5%.

Arrival date/time _____ Departure date/time _____

Name _____

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Company name _____

Address _____

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Room Requests: King Bed Two Double Beds
 Smoking Non-Smoking

* All requests are not guaranteed

Special Needs Request: _____

Check-in: 3:00 pm Check-out: 12:00 noon

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PROGRAM INFORMATION

Dates: March 22-24, 2006
Place: Baltimore Marriott Waterfront Hotel
 700 Aliceanna Street
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Phone: (410)385-3000
Reservations: (800) 228-9290
Fax: (410) 895-1900

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