



Louisiana Hospital Association

WEBINAR

CMS Quality Initiative Measures: A Critical Link to Accurate Reimbursement

Thursday, February 4, 2010

12:00 p.m. – 1:30 p.m. (Central Standard Time)

Program Description

The CMS Quality Measures are one of many steps designed to move healthcare providers from a pay-for-reporting model to a pay-for-performance model. The ability of providers to understand what data is being reported to CMS and who is reporting the data is key to understanding how accurately the current process is functioning. This Webinar will provide an understanding of how CMS Hospital Quality Initiative Measures ultimately impact reimbursement as well as identify which measures are required to be reported and why. This session will be enhanced with views of the CMS Compare website to show how the quality information for each provider is reported to the general public.

Target Audience

Finance VPs/Directors, Patient Financial Service Directors, Performance Improvement Director, Nurse Auditors, Health Information Management Directors, Coding Supervisors, Managed Care Directors, Case Management Directors and Third Party Payors.

Key Components

- Overview and history of the CMS quality measures.
- CMS measures required to be reported.
- Provider requirements for data collection & submission.
- Provider requirements for data validation.
- The relationship between the CMS quality indicators & the revenue cycle claims data.
- Implications of inaccurate data submissions on reimbursement.
- Designing a routine in-house audit validation program to ensure the accuracy of the quality measures reported.

Fee: \$199.00 LHA Member Rate \$249.00 Non-Member Rate
(includes one phone line per site) (includes one phone line per site)
Additional phone lines will be billed at the LHA Member/Non-Member rate.

Faculty:

Jacqueline T. Hodges, MBA, RHIA – President, HRC Strategies, LLC, is an award-winning Executive with over twenty-five (25) years of comprehensive experience and a proven track record of spearheading large-scale projects and implementing facility-wide programs for hospitals, health systems, physician practices, home health and rehab agencies in areas such as revenue cycle, risk management, quality management, accreditation, regulatory compliance, and reimbursement. She holds a MBA from Tulane University and an undergraduate degree in Health Information Management from the University of Louisiana at Lafayette. Mrs. Hodges is an adept communicator and speaks extensively at the national, regional and state levels on a myriad of healthcare issues spanning Reimbursement, Denials/Remittance Management, Accreditation and Licensing, Third Party Payer Integration, and Fraud/Abuse Compliance. She currently advises health care providers on a variety of revenue cycle issues. In 2008, she served as a member of international team working with the Government of Thailand, helping them address international multi-governmental and multi-regulatory licensure and accreditation requirements to expand their Business to Business Relationships.

Co-sponsored by the Louisiana Chapter of HFMA





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WEBINAR REGISTRATION

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Registration deadline is Friday, January 29, 2010

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\$249.00 Non-Member Rate (includes one phone line per site)
Additional phone lines will be billed at \$249.00.

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