

Given by TriSpan Health Services

Tuesday, December 16, 2008
State Police Training Academy Auditorium
7901 Independence Boulevard, Baton Rouge, LA 70806

Target Audience

The workshop is designed for staff with less than three years of Medicare experience.

Program Description

TriSpan Health Services will provide a basic overview of the Medicare program. This workshop is divided into sections consisting of an overview of Provider Enrollment, Medicare Eligibility, Medicare Coverage and Reimbursement, Direct Data Entry basic screen shots, Current Procedural Terminology, Medicare Secondary Payer, Reason Code Resolution, Medical Policy, Advanced Beneficiary Notice, CERT, Medicare Secondary Payer, and current Internet Resources available.

Program Objectives

- Describe enrollment processes; facility types and reimbursement methodology; entitlement and eligibility regulations or criteria; premiums; deductibles and benefit periods. Understand the basic difference between Part A and Part B.
- Review of Direct Data Entry commonly used screens; identify common claim form completion and submission errors; research and resolve claim filing errors independently; understand timely filing requirements; recognize different electronic claim submission methods; comprehend elements of the remittance advice.
- Describe the difference between rejects and denials; identify reason codes applicable to their situation; determine how to handle the most common Return to Provider (RTP) situations.
- Describe the role of the Medicare contractor; the role of the Coordination of Benefits Contractor; claim filing requirements for secondary claim situation; identify MSP categories; submit a secondary payer claim correctly.
- Identify under which circumstances a redetermination is warranted and whether appeal rights exist; appeal levels available; submit a request for determination correctly; identify and resolve claim denials.
- Describe the Comprehensive Error Rate Testing (CERT) program; describe the role of the Qualified Independent Contractor (QIC).
- Effectively navigate the CMS internet only manual publications; locate specific CMS web pages to assist in provider information and research; locate and identify the Medicare MLN Matters Network; assist providers in staying current with Medicare Program changes.
- Apply appropriate billing codes (tailored to your region); articulate the difference between billing covered and non-covered services; verbalize the key points of the claims crossover processing reports.
- Describe the purpose of Local Coverage Determinations for services when LCDs apply; determine when to submit medical documentation with a claim and be able to do so upon request; describe timeframes for submitting Additional Documentation Requests (ADRs).
- Identify patient liability situations where the ABN is required; describe demand bills; define the purpose of occurrence codes; administer the ABN correctly; submit a correctly coded claim in an ABN situation; file the claim to the correct entity.
- Define COBRA regulations and applicability; identify documentation requirements; describe dual entitlement situations; filing claims to the correct entity.

Agenda

8:00 – 9:00	Registration
9:00 – 9:15	Welcome
9:15 – 10:15	Overviews of Medicare, Provider Enrollment, Beneficiary Eligibility, Coverage, and Reimbursement
10:15 – 10:30	Break
10:30 – 12:00	Basics of Billing, Claim Processing, and Reason Code Resolution
12:00 – 1:00	Lunch
1:00 – 2:00	Remittance Advice, Advanced Beneficiary Notice, and Medical Policy
2:00 – 2:15	Break
2:15 – 3:00	Appeals, Medicare Secondary Payer, TriSpan Web site
3:00 – 3:30	Final Q & A

Speakers

Kimberly Kelley is currently employed with Trispan Health Services as a Medicare Outreach Partner. Prior to joining the Outreach and Education team, Kimberly served as a provider customer service representative II for the claims department. Her current job duties include educating Trispan's providers about the Medicare program and developing new educational materials. Kimberly is a 2004 graduate of Jackson State University where she received a Bachelor's Degree in Healthcare Administration.

Shawn Stogsdill is an Outreach Partner in the Provider Outreach and Education Department of TriSpan Health Services. She received a Bachelor's Degree in Marketing from Mississippi College. Previous to this advancement, she held positions in customer service training and business management. Her current job duties include Medicare education for facilities, research and development of training materials, Web site updates, and teleconferences.

Registration Form

Name: _____ Title: _____
Facility: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____

Cost is \$75 per person

Please make payable to LA HFMA
Please mail or FAX registration to:
Director Patient Financial Services
LSU Health Sciences Center
1512 West Kirby Street
Shreveport, LA 71103
NBrow1@lsuhsc.edu
Phone: 318-675-4385 FAX: 318-675-4249

For additional information please contact Karen Stuart 601-943-8024