

MEDICAID INTEGRITY INSTITUTE FY-12 TRAINING CALENDAR

COURSE OVERVIEW

Medicaid Issues Symposium **NEW DATE**	October 4-5, 2011
CMS-64 and Program Integrity Accounting Seminar	October 12-13, 2011
Specialized Skills in Medicaid Fraud Detection Program	November 2-4, 2011
HPro's Evaluation and Management Boot Camp	November 29-30, 2011
HPro's ICD-10 Basics Boot Camp	December 7-9, 2011
Emerging Trends in Medicaid Benefit Integrity Symposium	December 14-16, 2011
Emerging Trends in Managed Care Seminar	February 7-10, 2012
Investigation Data Collaboration: Acquisition, Analysis, and Use	February 28-March 2, 2012
Emerging Trends in Home Health and Personal Care Services	March 21-23, 2012
HPro's Certified Coder Boot Camp – Original Version **NEW DATE**	March 26-30, 2012
Program Integrity Directors' Symposium **NEW DATE**	April 2-5, 2012
HPro's Evaluation and Management Boot Camp ** CMS Medicare PI Symposium (May 1-4, 2012)** CANCELLED** **HPro's ICD-10 Basics Boot Camp (May 1-2)** CANCELLED**	May 1-2, 2012
Emerging Trends in Medicaid Pharmacy Symposium	May 16-18, 2012
Faculty Development Seminar	June 6-8, 2012
HPro's Certified Coder Boot Camp – Inpatient Version	June 11-15, 2012
Data Expert Symposium	July 11-13, 2012
NAMAS Medical Record Auditing Program **NEW COURSE**	July 24-25, 2012
Basic Skills in Medicaid Fraud Detection Program	August 21-23, 2012
The Reid Technique of Interviewing and Technique Program **CMS Medi-Medi Seminar** CANCELLED**	August 28-30, 2012
HPro's Evaluation and Management Boot Camp **Program Integrity Summit** CANCELLED** **HPro's ICD-10 Basics Boot Camp** CANCELLED**	September 5-6, 2012
Program Integrity Fundamentals Program **NEW DATE**	September 25-28, 2012

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COURSE DESCRIPTIONS

Medicaid Issues Symposium

This class will afford state Program Integrity officials the opportunity to engage in dialogue and discussion with CMS staff on a variety of topics including, but not limited to, Medicaid-Medicare harmonization, the use of analytics in Medicaid fraud detection, and coordination of state RAC efforts with state and federal partners. The symposium is directed to Program Integrity directors and senior staff. The format for the course will consist primarily of facilitated discussions and brainstorming sessions.

CMS-64 and Program Integrity Accounting Seminar

This class will address the correct reporting of Medicaid expenditures on the CMS-64. Discussion will focus on changes made to the CMS-64 due to the Affordable Care Act, with special emphasis on RAC recoveries reporting. In addition, a special session will be scheduled for reporting of overpayments in general. The intended audience is state staff who complete the CMS-64 and RO staff who review and audit the entries.

Specialized Skills in Medicaid Fraud Detection Seminar

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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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.

HCPPro's ICD-10 Basics Boot Camp

This intensive onsite course will give staff an introduction to the fundamentals of ICD-10 coding. Students will learn the differences between ICD-9 and ICD-10 codes, understand major changes to official coding guidelines, and develop the confidence to tackle the new system. After completing this training, students will be able to identify the differences between ICD-9-CM and ICD-10-CM and PCS; explain the new structure for procedure coding for inpatient services; categorize procedures by root operation; master the use of ICD-10-PCS tables; identify the benefits of transitioning to ICD-10; and apply new conventions in the ICD-10-CM coding guidelines. The last day's lectures will consist of suggested education and training ideas to help facilitate the implementation of ICD-10 in states' program integrity units.

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Emerging Trends in Medicaid Benefit Integrity Symposium

This program will bring state Medicaid employees together to identify problems, exchange ideas, define concepts, and create best practice models to address fraud, waste and abuse in dental, vision, prior authorization, transportation, dialysis and other Medicaid benefit coverage areas.

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.

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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

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.

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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.

Program Integrity Directors' Conference

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

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Emerging Trends in Medicaid Pharmacy

This program will bring state Medicaid employees together to exchange ideas, define concepts, and identify best practice models to combat fraud, waste, and abuse in Pharmacy. This is a program where some investigative/administrative review, health care and/or coding expertise is required. The ideal candidate would have three or more years of specialized work experience in both pharmacy audit procedures and fraud detection. Participants will be expected to serve as discussion leaders in small group settings if their case study is chosen for consideration.

Participants selected for this program must complete a comprehensive pre-course questionnaire/profile and submit a case study describing a pharmacy issue recently addressed by program integrity. Lecturers will review pertinent issues and hot topics; small group discussions will follow the lectures. These groups will discuss participants' case studies related to current pharmacy issues, and develop ideas and "best practices" for a variety of situations.

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.

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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.

Data Expert Symposium

This program will bring together a limited number of state Medicaid data experts to exchange ideas, define concepts and create best practice models to identify fraud, waste and abuse. Attendees will participate in a combination of panel discussions and workshop exercises designed to share new ideas and develop best practices. Topics will range from data trends and patterns to developing and working with algorithms. Students will contribute lists of data bases, data mining tools and research tips. The target audience for this program is state Medicaid data experts with current and expansive experience in algorithm development and trend analysis.

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NAMAS Medical Record Auditing

This two-day instructor-led curriculum provides information about auditing medical documentation for all types and levels of services related to outpatient and inpatient physician-based coding/billing. This curriculum will also help students prepare for the American Association of Professional Coders' (AAPC) credentialing examination, Certified Professional Medical Auditor (CPMA). Students will learn that the practice of proactively auditing charts will maintain compliance, minimize incorrect coding, and reduce documentation and reimbursement errors. Our 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 course offers expert training to coders who will learn valuable skills in auditing abstraction, scope, and statistical methodologies; understanding in Recovery Audit Contractor (RAC), Comprehensive Error Rate Testing (CERT), Medicaid Integrity Contractor (MIC), and Zone Program Integrity Contractor (ZPIC) audits; communicating findings and educating providers.

Basic Skills in Medicaid Fraud Detection Program

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.

The Reid Technique of Interviewing and Interrogation Program

The program is a comprehensive three day course designed to teach the fundamentals of style, appearance, and approach for a successful interview. In addition, attendees will study The Reid Technique Nine Steps of interrogation.

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Program Integrity Summit

Course description TBA

Program Integrity Fundamentals Program

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.