



Understanding the Full Circle Process: A Guide to Medicare Compliance - 2008

Now in its tenth year, this comprehensive program is intended to provide hands-on admissions, registration and billing personnel, as well as others within your organization involved in the claims development process, with an appropriate level of information relating to the "full circle process" and instruction relating to compliance standards.

Billing compliance begins with the gathering of complete and accurate information during the admission and registration interview. The majority of the problems with claims originate in the claims development process: from the initial physician order - to the moment a patient presents in your facility - to the admission/registration process - to the clinical areas of patient care and the associated documentation - to coding and finally to billing.

Compliance is not just a billing problem. Compliance with Medicare rules and regulations is a collaborative effort and everyone involved with the claims development process is responsible.

2008 PROGRAM OUTLINE

PART I:

GATHERING THE INFORMATION

- The Claims Development Process
- Gathering the Information - The Patient Interview Process
 - Data Quality - Accurate Entry of Information
 - Verification of Existing Information
 - Customer Service - Our Patients are Our Customers
- The UB Starts Here
 - Quality Data = Clean Claims = Prompt Payment
 - The Significance of the Provider Certification

PART II:

COMPLIANCE AND YOU

- Determining the Primary Payer
 - Who is the Primary Payer?
 - The Medicare Questionnaire
 - The Birthday Rule
- The Medical Necessity Link
 - Physician's Must Provide Diagnosis - It's the Law!
 - Rule-Outs, Suspected, and Probable Diagnoses
 - Patient Reason for the Visit and Medical Necessity
 - Understanding the Basics: LCD's and NCD's
 - The Significance of the Advance Beneficiary Notice (ABN)
- Medicare's DRG Payment Window
 - The 3-Day Window Rule
- The Present on Admission Indicator
 - Understanding the Basics
- Medicare Credit Balance Reporting

PART III:

UNDERSTANDING THE MEDICARE PROGRAM BILLING COMPLIANCE & THE UB-04

- Medicare - Part A
 - The Benefit Period
 - Lifetime Reserve Days
- Medicare - Part B
- 2008 Medicare Deductible and Coinsurance Amounts
- A Guide to Medicare Suffixes
- Understanding Fraud & Abuse and Your Role in Billing
- Key UB-04 Data Elements & Medicare Compliance

Part IV:

MEDICARE'S MAZE OF RULES & REGULATIONS

- A Discussion of Current News and Updates to Medicare Rules

Each program is approximately 2 hours in length and will be presented twice during the course of the day to allow you to schedule your staff appropriately

Your hospital-specific policies, forms and other issues will be incorporated into the program curriculum and the handouts, at your request.

The NJHAIS fee: \$ 2,600.00

For additional information or to schedule a program date, contact Maureen Barrie, (609) 275-4108 or complete the last page of this outline and fax it to (609) 275-4031 or return it by e-mail, mbarrie@njha.com

Sincerely,

Maureen Barrie
Director, Healthcare Billing & Compliance
NJHA Information Services
760 Alexander Road
Princeton, NJ 08543

AGREEMENT

**Program: UNDERSTANDING THE FULL CIRCLE PROCESS:
A GUIDE TO MEDICARE COMPLIANCE - 2008**

NJHAIS Fee: \$2,600.00

Agreement Accepted: _____ Date: _____
Signature

Accepted By: _____ Title _____
Print Name

Hospital: _____

Telephone: _____ E-Mail: _____

Choice of Program Dates: _____

RETURN COMPLETED AGREEMENT TO:

Maureen Barrie
Director, Healthcare Billing & Compliance Consulting Services, NJHAIS
Voice: (609) 275-4108
Fax: (609) 275-4031
mbarrie@njha.com

Program Confirmed: _____
MAUREEN BARRIE DATE