

# Day 1

## MONDAY, OCTOBER 23, 2017

7:00–8:00 A.M. **CONTINENTAL BREAKFAST (PROVIDED) (EXHIBIT HALL OPEN)**

8:00–9:15 A.M. **GENERAL SESSION 1**

### **NATIONAL ASSOCIATION OF HEALTHCARE REVENUE INTEGRITY ROUNDTABLE**

*Valerie Rinkle, MPA; Kay Larsen; Denise Williams, RN, COC; Jugna Shah, MPH; John Settlemyer, MBA, MHA, CPC; Debbie Mackaman, RHIA, CPCO, CCDS; Elizabeth Lamkin, MHA; Ronald L. Hirsch, MD, FACP, CHCQM*

Join select advisory board members from the National Association of Healthcare Revenue Integrity (NAHRI) as they kick off the 2017 Revenue Integrity Symposium with a discussion about the latest trends impacting the revenue integrity profession.

9:15–10:30 A.M. **GENERAL SESSION 2**

### **WHAT'S ON THE HORIZON FOR CY 2018 UNDER MEDICARE'S OPPTS/APC PAYMENT SYSTEM**

*Jugna Shah, MPH, and Denise Williams, RN, COC*

CMS continues to refine changes to its payment systems, and the OPPTS/APC system is no exception. We've seen more and more packaging over the years and the introduction of "outpatient mini-DRGs" called Comprehensive APCs. What's in store for CY 2018? Have a front-row seat and get the information hot off the press. Session highlights include CMS proposals regarding the removal of additional services from the inpatient-only list, site-neutral payment for C-APCs and certain MS-DRGs, APC configuration changes, additional packaging, information related to both excepted and non-excepted off-campus provider-based departments, and much more. CMS' rules never fail to amaze us. Join us as we highlight the key changes expected to impact your outpatient services for next year.

10:30–11:00 A.M. **NETWORKING REFRESHMENT BREAK (EXHIBIT HALL OPEN)**

11:00 A.M.–12:15 P.M. **BREAKOUT SESSION 1**

### **IT PAYS TO MONITOR ANNUAL IPPS CHANGES: THE FY 2018 IPPS FINAL RULE**

*Valerie Rinkle, MPA*

Learn how to analyze the fiscal year 2018 inpatient prospective payment system (IPPS) final rule so you can evaluate the impact of the changes on your facility. This session will describe inflation and other program financial updates. It will review major MS-DRG grouping changes, including significant ICD-10 changes and the impact of significant declassification of 800 codes from OR to non-OR. An explanation of changes to DSH payment calculations, value-based incentives, and adjustment factors for hospital-acquired conditions and the Hospital Readmissions Reduction Program will be covered.

### **PROTECT REVENUE INTEGRITY BY BUILDING AN INFORMATION HIGHWAY**

*Elizabeth Lamkin, MHA*

Value-based purchasing has put a spotlight on the need for patient-centered care. Ensuring systems for revenue integrity are in place results in better quality across the organization. This session will analyze the multidisciplinary components of the revenue cycle. Tools for measuring revenue cycle effectiveness and engaging staff in revenue integrity will be provided.

### **REIMBURSEMENT AT PROVIDER-BASED DEPARTMENTS: IT AIN'T WHAT IT USED TO BE**

*Kimberly A.H. Baker, JD, CPC*

In recent years, CMS has been cutting into the revenue for provider-based departments with increased packaging of services, even unrelated ones. Now, new off-campus departments are no longer reimbursed under OPPTS. This session will discuss the use and implications of modifiers -PO and -PN for off-campus provider-based departments. Case studies will be used to illustrate the changing reimbursement landscape for provider-based departments, comparing on- and off-campus and freestanding scenarios.

12:15–1:30 P.M. **NETWORKING LUNCH (PROVIDED) (EXHIBIT HALL OPEN)**

1:30–2:45 P.M.

## BREAKOUT SESSION 2

### PUTTING DOLLARS AND SENSE BACK INTO OUTPATIENT OBSERVATION

*Debbie Mackaman, RHIA, CPCO, CCDS*

In theory, outpatient observation services should be a simple patient care concept that allows a physician or nonphysician practitioner the time to make a clinical decision about whether the patient should be discharged, transferred, or admitted as an inpatient. In reality, Medicare's coverage, documentation, and payment requirements have made outpatient observation services very complex. With the addition of the MOON, hospitals need to find opportunities to work smarter rather than harder to comply with the regulations.

### INJECTIONS AND INFUSIONS: TESTING YOUR KNOWLEDGE AND ADDRESSING FREQUENTLY ASKED QUESTIONS

*Jugna Shah, MPH*

This session will help participants test their coding, billing, and documentation knowledge related to facility reporting of drug administration (injection/infusion) services, including hydration, therapeutic, and chemotherapy injections. We will also cover new codes and/or reporting requirements for CY 2018 and the appropriateness of reporting a clinic visit code on the same day as drug administration. This will be an interactive session, with attendees responding to quiz questions and clinical scenarios.

### CONTEMPORARY APPROACHES TO PEPPER: SUPPORT REVENUE INTEGRITY AND REDUCE RISK

*William Malm, ND, RN, CRCR, CMAS*

In this session, we will explore the overall basics of PEPPER and some nontraditional methods of using PEPPER. We will also discuss how PEPPER is relevant not only to coding but also to value-based reimbursement, as well as cover some organizational requirements for PEPPER and other data analytics.

2:45–3:15 P.M.

## NETWORKING REFRESHMENT BREAK (EXHIBIT HALL OPEN)

3:15–4:30 P.M.

## BREAKOUT SESSION 3

### THE LATEST ON THE 2-MIDNIGHT RULE AND INPATIENT REGULATIONS

*Steven Greenspan, JD, LL.M., and Ralph Wuebker, MD, MBA*

With the 2-midnight rule placing emphasis on physician judgment and medical necessity, providers must demonstrate a legitimate, defensible, and consistent utilization review process to determine and support appropriate admission status. The best way to defend against inappropriate denials is to ensure a compliant process for review and certification of admission status for every patient who enters the hospital. This session will review the 2-midnight rule and the evolving roles of Quality Improvement Organizations, Recovery Auditors, and Medicare Administrative Contractors related to the rule.

### NCCI'S AND MUE'S: SOLVING CLAIMS EDITS

*Valerie Rinkle, MPA, and Denise Williams, RN, COC*

Do you have claims being returned due to NCCI edits or Medically Unlikely Edits (MUE)? Those claims can easily be lost in the shuffle. Often, it's not clear who is responsible for resolving an edit, which leads to further delays in accounts receivable. Properly addressing edits requires research and action to fix the claim while avoiding duplicated efforts. As well, specific steps are often required when handling edits from individual payers. This session will discuss the different types of edits, which accounts they are applicable for, which edits can be appealed and why, processes for reducing edits on the front end, and how edits impact cost reporting and rate setting. Specific examples and discussion will be included.

### CURRENT OIG TRENDS AND STRATEGIES TO PROTECT REVENUE

*John Settlemyer, MBA, MHA, CPC*

Learn best practices in avoiding identified risks and protecting revenue by analyzing current trends in OIG Medicare compliance review. This interactive session will offer a deep dive into published 2016–2017 OIG Medicare compliance reviews as well as hospitals' responses to the audits. Operational hurdles associated with resolving identified risks will be covered.

4:30 P.M.

## ADJOURN

4:30–5:30 P.M.

## WELCOME RECEPTION



**HCPro**  
**GO GREEN**

**PLEASE NOTE** that the program materials will be available via download and the conference app only. A download link will be provided prior to the event, but a printed book of the presentations will not be available on-site.

**REGISTER TODAY!** Call 800-650-6787 or visit [hcmarketplace.com/RIS2017](http://hcmarketplace.com/RIS2017)

7:00–8:00 A.M.

### CONTINENTAL BREAKFAST (PROVIDED) (EXHIBIT HALL OPEN)

8:00–9:00 A.M.

### GENERAL SESSION 3

#### REVENUE CYCLE IDEAS PRESENTATION

Revenue Cycle Leadership Exchange members volunteer to share an innovation, an initiative, or a solution they have successfully implemented at their organization.

9:15–10:30 A.M.

### BREAKOUT SESSION 4

#### NCD AND LCD COMPLIANCE: THE ONCOMING STORM

*Kimberly A.H. Baker, JD, CPC*

Auditors from Recovery Auditors to the CERT program are focusing on compliance with requirements under national and local coverage determinations (NCD/LCD). Often, these requirements go beyond simple diagnostic information and include prerequisites that must be adequately documented, such as failed conservative treatment. In this session, you'll learn how to find and analyze NCDs and LCDs as well as other related resources for compliance. This session will also review other important coverage resources, including the importance of National Coverage Analyses and Coverage With Evidence Development policies.

#### NAVIGATING MEDICAL NECESSITY DENIALS MANAGEMENT FOR ALL PAYERS

*Steven Greenspan, JD, LL.M., and  
Ralph Wuebker, MD, MBA*

The inevitable reality of claims denials plagues every hospital. Managing denials and appeals processes can be a long and frustrating undertaking. As commercial and managed Medicare/Medicaid denials continue to grow and government denials become more uncertain thanks to QIO inquiries and the ALJ backlog, hospitals face serious threats to their financial health from revenue lingering in denials limbo. This presentation will provide best practices for managing medical necessity denials from all payers (commercial, managed Medicare/Medicaid, and government) and examples of how some facilities are addressing this growing threat to their revenue.

#### CURRENT AUDIT LANDSCAPE

*William Malm, ND, RN, CRCR, CMAS*

Facilities have focused on Recovery Auditor activity for a long time. Now facilities and providers need to be concerned again with payer line item audits (yes, they are back!) as well as documentation requirements for HCC and value-based reimbursement. This session will explore ways EMRs may be causing documentation deficiencies and methods by which auditors use data analytics to target claims. You'll also receive guidance on internal reviews to target your deficiencies early.

10:30–11:00 A.M.

### NETWORKING REFRESHMENT BREAK (EXHIBIT HALL OPEN)

11:00 A.M.–12:15 P.M.

### BREAKOUT SESSION 5

#### CHARGEMASTER UPDATES AND BEST PRACTICES

*Sarah L. Goodman, MBA, CHCAF,  
COC, CCP, FCS, and Kay Larsen*

Gain a better understanding of the structure of a charge description master (CDM) and common reimbursement methodologies. This session will offer tips for maintaining an up-to-date and compliant CDM and provide guidance on identifying charge capture strategies for typical ancillary services.

#### MACRA IMPACTS ON REVENUE INTEGRITY

*Diana Snow, CCS, CHC, CHPC,  
CHRC*

The Quality Payment Program (QPP) established by MACRA significantly changes the way physicians are paid. Is your revenue integrity program ensuring your doctors are receiving incentives rather than penalties? This session will provide tips on how revenue integrity can help with the implementation of the QPP and provide insight on how payment reform will impact revenue integrity.

#### THE CONTRADICTION OF INPATIENT-ONLY PROCEDURES

*Debbie Mackaman, RHIA, CPCO,  
CCDS*

Inpatient-only procedures, according to CMS, are those that would not be safe or appropriate to perform on an outpatient basis and would fall outside the boundaries of acceptable medical practice. On the other hand, these procedures are within the boundaries of the 2-midnight rule, regardless of an inpatient's length of stay. This session will explore the principles that surround the identification of and payment for inpatient-only procedures, while pointing out the paradoxical nature of the inpatient-only regulation.

12:15–1:15 P.M.

**LUNCH (PROVIDED) (EXHIBIT HALL OPEN)**

**XTEND HEALTHCARE LUNCH AND LEARN SESSION: 12:30–1:00 P.M.**

1:15–2:30 P.M.

**BREAKOUT SESSION 6**

**UTILIZATION REVIEW COMMITTEE:  
BEST PRACTICES AND STRUCTURE**

*Steven Greenspan, JD, LL.M., and  
Ralph Wuebker, MD, MBA*

The utilization review (UR) process and committee are important drivers of hospital policy, directly influencing both revenue and compliance. This session will focus on the relationship between the physician advisor and case management, the importance of a strong admission review process, the composition of an effective UR committee, and the role of the physician advisor in UR.

**THE GLOVES ARE OFF WITH ICD-10:  
HOW TO PROTECT YOUR REVENUE  
CYCLE**

*James Dunnick, MD, FACC, CHCQM,  
CPC, CMDP, and R. Scott Dunnick,  
BSM, MBA*

This session will explore the reasoning behind the ICD-10 transition and describe the potential value of the data collected through this code set. Clinical examples will illustrate how revenue may be lost through ICD-10 and how this can be avoided through physician motivation and education. Payer concepts and expectations will also be covered.

**DRIVE POSITIVE IMPACTS ON PSI,  
HAC, AND OTHER VALUE-BASED  
MODELS**

*Steven Robinson, MS-HSM, PA, RN,  
SSBB, CDIP*

Appropriate documentation supporting quality measure mitigation has become an important part of clinical documentation improvement (CDI) programs' concurrent review responsibilities. When expanding CDI programs to cover Patient Safety Indicators (PSI) and hospital-acquired conditions (HAC), proper case identification and prioritization is critical. CDI specialists must know which cases to review and what criteria to use. This session will discuss the foundation of quality initiatives and tools to aid in documentation mitigation, including prioritization of review, understanding excluded and included criteria, and post-review audit priorities.

2:30–2:45 P.M.

**NETWORKING REFRESHMENT BREAK (EXHIBIT HALL OPEN)**

2:45–4:00 P.M.

**BREAKOUT SESSION 7**

**CONDITION CODE W2: STRATEGIES  
FOR REIMBURSEMENT FOR NON-  
COVERED INPATIENT STAYS**

*Kimberly A.H. Baker, JD, CPC*

Condition code W2 provides an alternative to condition code 44 to obtain reimbursement under Part B for inpatient cases that do not meet requirements for Part A payment. This session will discuss advantages to using condition code W2 while maintaining Part B reimbursement that is nearly identical to condition code 44. Strategies for promoting efficiencies for the UR department and minimizing the impact on billing and coding will be discussed.

**2017 CASE MANAGEMENT ISSUES  
THAT IMPACT REVENUE CYCLE**

*Ronald L. Hirsch, MD, FACP, CHCQM*

The revenue cycle team is often unaware of the work and tasks of the case management and utilization review teams. This session will review the issues that benefit most from these teams understanding each other's work. Commercial contracts, patient notices, and the 2-midnight rule will be covered.

**MOVING FROM DENIAL  
MANAGEMENT TO DENIAL  
PREVENTION**

*Tracey Tomak, RHIA*

Start breaking down silos related to denials. This session will identify key data elements to regularly report to the C-suite. It will include a discussion about key players to engage in process improvement to identify root causes for denials. Strategies for developing process improvement initiatives to prevent future denials will also be covered.

4:00 P.M.

**ADJOURN**

*Agenda and speakers subject to change*