Learn what’s trending now in Medicare.

First Coast Service Options (First Coast), the Medicare administrative contract (MAC) for Florida, Puerto Rico and U.S. Virgin Islands, invites you to join our signature education event: Medicare Speaks 2014.

This event is for Part A and B Medicare providers and their billing and compliance representatives. You will benefit from data-driven content based on the latest Medicare changes that you need to know to bill Medicare the right way, the first time.

Register at fcsouniversity.com

New participant? Click here to request a training account.

First Coast presents

Medicare Speaks 2014

Fort Lauderdale, FL  I  July 22-23
Fort Lauderdale Marriott North

Highlights:
- Twenty Part A and B classes chosen by your peers. View agenda.
- Participation from First Coast’s medical director and leaders from Medical Review, Enrollment and Customer Service.
- Courses focused on reducing documentation and claim errors, minimizing payment delays, and highlighting CMS initiatives.
- Participants may select four classes per day or tailor the schedule to meet their needs.
- Medicare experts available to answer your questions at “Ask the Contractor” tables.
- Continuing education credits offered.
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Medicare Speaks Agenda
July 22, 2014

View course descriptions on medicare.fcso.com

7:00 a.m. Registration

7:30-8:00 a.m. General Session

8:15-9:45 a.m. Course 1
- Face time with Customer Service (A/B)
- Florida Hospital Association’s legislative and regulatory update (A)

10:00-11:30 a.m. Course 2
- ICD-10: Will you be ready? (A/B)
- Make your documentation speak for itself (A)

11:30 a.m.-12:45 p.m. Lunch on your own

1:00-2:30 p.m. Course 3:
- Cost outlier claims 101 (A)
- Top unprocessables and claim denials (B)

2:45 -4:45 p.m. Course 4:
- Medicare rules on inpatient admissions (A)
- Physical therapy services (B)
Medicare Speaks Agenda
July 23, 2014

View course descriptions on medicare.fcso.com

7:00 a.m. Registration

7:30-8:00 a.m. General Session

8:15-9:45 a.m. Course 1:
- Preventive Services (B)
- Provider compliance (A/B)
- Website self-service tools (A/B)

10:00-11:30 a.m. Course 2:
- Beyond the basics of global surgery (B)
- Interpreting ‘incident to’, locum tenens, and split/shared billing (B)
- We’re counting on you: Help fight Medicare fraud and abuse (A/B)

11:30 a.m.-12:45 p.m. Lunch

1:00-2:30 p.m. Course 3:
- ICD-10: Will you be ready? (A/B)
- Independent Diagnostic Testing Facilities: Mandatory requirements (B)
- Medicare modifiers (B)

2:45 -4:15 p.m. Course 4:
- Find your ‘SPOT’ for Medicare data (A/B)
- Subsequent hospital care: Are you coding correctly? (B)
- Top unprocessables and claim denials (B)
EVENT DESCRIPTION

Learn what’s trending now in Medicare. Join First Coast for our signature annual educational event, **Medicare Speaks 2014**, in Fort Lauderdale, FL on July 22-23 at the Florida Hotel and Conference Center.

The event offers 20 classes dedicated to increasing your success as a Medicare provider. Participants will benefit from data-driven content based on the latest Medicare changes that you need to know to bill Medicare *the right way, the first time*. Classes also incorporate real-world scenarios and valuable self-service resources.

Best of all, providers can engage with their peers as well as experts from First Coast’s Customer Service, Education, Provider Enrollment and Medical Review departments. First Coast also collaborated this year with other Medicare contractors to bring you the latest information on CMS initiatives like PQRS.

Learn what **Medicare Speaks 2014** has to offer by reviewing the agenda and course descriptors in this brochure, or visit First Coast’s Medicare provider website at medicare.fcso.com and select “Education.”

INTENDED AUDIENCE

Medicare Speaks is open to First Coast’s Part A and Part B Medicare providers/suppliers in Florida, Puerto Rico and U.S. Virgin Islands. Each course recommends the ideal audience.

COST TO ATTEND

The cost to attend is $30.00 per class. Participants must pay with a credit card prior to registering through our training website FCSOUUniversity.com. Sorry, cash and checks are not accepted.

The cost does not include hotel accommodations, parking or lunch.

HOW TO REGISTER

Visit our training website, FCSOUUniversity.com and select the **Medicare Speaks 2014 Fort Lauderdale** tab to register for the event. Here you will find instructions on selecting the classes and paying online. Make sure to carefully review the course descriptors and select one class for each session.

Are you new to a First Coast education event? First time participants will need to create a **free** training account. From our training website, select “Request a new account.” You will receive an email confirmation within two business days with your login information.

PREREQUISITES

Some advanced classes recommend web-based training (WBT) prerequisites to ensure everyone is at the same knowledge level. Prerequisite information is available on the registration page of our training website.

 Lodging and Travel

The event will be held at Fort Lauderdale Marriott North in Fort Lauderdale, Florida. First Coast has reserved a block of rooms at a special rate of $99 per night plus tax. Travel arrangements are the sole responsibility of the individual registrant.

To take advantage of this special rate, you must reserve your room before June 27 and reference **2014 Medicare Speaks** when making your reservation. Any reservation request made after June 27 will be accepted on a "space available" basis and will be charged at the prevailing hotel rate. Click on the link below for additional information about the hotel.

**Fort Lauderdale Marriott North**
6650 North Andrews Avenue
Fort Lauderdale, Florida 33309
800-228-9290
CANCELLATION POLICY

If you cancel your registration prior to July 11, 2014, First Coast will refund your payment less a $25 administrative fee. Cancellation requests must be made in writing at elearning@fcso.com, or by fax 904-361-0407.

No refunds will be issued after July 11. Canceled registrations are non-transferable.

First Coast reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event First Coast must cancel or postpone this course, First Coast will refund the registration fee, but is not responsible for any related costs, charges, or expenses to participants, including fees assessed by airline/travel/lodging agencies.

CONTINUING EDUCATION CREDIT (CEUs)

AAPC accepts hour-for-hour CMS CEUs when sponsored by CMS or Medicare Administrative Contractors. A certificate of attendance or completion with the CMS logo is required to show participation.

To claim CEUs attendees will enter certificate information onto their CEU tracker using the "No Index Number" option. A copy of the certificate does not need to be provided to AAPC unless the member is selected for verification purposes.

DISCLAIMER

Attendance at Medicare Speaks does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.
**COURSE DESCRIPTIONS**

**Beyond the basics of global surgery (B)**

Gain a better understanding of "global surgery" and clarify situations that may affect billing within the global surgery period.

Participants will learn about the global surgery concept and the proper use of modifiers for services performed within the global period. Participants will review the correct application of global surgery and split care modifiers as well as scenarios for those affecting reimbursement.

Recommended audience: Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Other recommended courses: Medicare Modifiers (B), Top unprocessables and claim denials (B)

**Cost outlier claims 101 (A)**

Outlier payments protect hospitals from significant financial losses due to costly patient care stays. Using the correct codes to append to cost outlier claims is important to acute care hospital billing and often results in a complex inquiry to Customer Service.

We will review common terms used with cost outlier claim submissions and determine appropriate inlier and outlier periods using real examples.

Recommended audience: Acute care hospital billing staff, providers, billing vendors, and clearinghouses

Other recommended classes: Florida Hospital Association’s legislative and regulatory update (A) and Make your documentation speak for itself (A)

**Face time with Customer Service Part B**

Get an insider’s view of the inner workings of First Coast’s Customer Service. We will share the most common inquiries received from Part B providers and tips to help you get the most out of each call. Customer service representatives (CSRs) will also conduct a round table discussion and allow you to ask questions on a wide array of Medicare related topics. Finally, you’ll have the opportunity to exchange ideas with Ethel Miranda, director of Customer Service and her panel of Part B experts.

Recommended audience: Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Other recommended classes: Top unprocessables and claim denials (B)

**Find your ‘SPOT’ for Medicare data (A/B)**

Designed with the needs of First Coast’s provider community in mind, the SPOT (Secure Provider Online Tool) offers the convenience of access to critical Medicare data in the safety of a secure, online environment. Learn how you can join the SPOT’s more than 3,000 registered users who have discovered the advantages of 24-hour access to claims status, payment history, benefits/eligibility, and analytical data online. This informative course will guide you through the SPOT’s array of features, share insights into future enhancements, and show you how you can save time by accessing the Medicare data you need online.

Recommended audience: Prospective and existing users of the SPOT

**Florida Hospital Association’s legislative and regulatory update (A)**

Join us for information on legislation and regulations impacting hospitals, presented by Kathy Reep, Vice President of Financial Services with the Florida Hospital Association. Topics will include current and pending federal legislation and important regulations of specific concern to hospital reimbursement and compliance.

Recommended audience: Part A healthcare billing and coding professionals, physicians, non-physician practitioners, office managers, and compliance auditors

Other recommended classes: Make your documentation speak for itself (A)

**ICD-10: Will you be ready? (A/B)**

The ICD-10 coding implementation is on the horizon, and readiness is the key for preventing payment impacts. We will review what should be considered in your implementation plan and what steps you should take in preparing. We will also review current guidelines and resources available from CMS and First Coast in our efforts to ensure providers are prepared.

Note: First Coast will not be providing coding training.

Recommended audience: All participants
Independent Diagnostic Testing Facilities: Mandatory requirements (B)

Independent Diagnostic Testing Facilities (IDTFs) have Medicare requirements that exceed the typical enrollment process. IDTFs must adhere to defined regulations to be an eligible Medicare provider. We will review the enrollment standards and billing requirements specific to IDTF as well as audit findings produced by the OIG.

Recommended audience: IDTF owners, officers, compliance personnel, and office managers

Other recommended classes: Provider compliance (A/B), We’re counting on you: Help fight Medicare fraud and abuse (A/B)

Interpreting ‘incident to’, locum tenens, and split/shared billing (B)

Medicare has distinct guidelines and requirements pertaining to certain types of billing arrangements that are universally misinterpreted. The consequence often results in costly improper billing to the Medicare program. This class will cover common arrangements pertaining to “incident to”, locum tenens, and split-shared billing. Scenarios will be reviewed to highlight each topic and capture the essentials of proper billing for these types of services.

Recommended audience: Part B healthcare billing and coding professionals, compliance specialists, physicians, and non-physician practitioners

Make your documentation speak for itself (A)

The ever-changing Medicare environment mandates entities to strengthen protocols and documentation requirements. Complete and accurate documentation is a vital component of the medical record and key to lowering error rates. Participants will learn about outpatient hospital documentation requirements and ways of increasing efficiencies while reducing the risk of financial penalties.

Recommended audience: Hospital healthcare professionals and medical review personnel

Other recommended classes: Florida Hospital Association legislative and regulatory update (A), Provider compliance (A/B)

Medicare modifiers (B)

Modifiers are appended to claims for various purposes. Modifiers can alter the intent and meaning of certain procedures, affecting payment of a claim or enhancing a claim by providing a clearer image of what has taken place. Modifiers may specify locations, exclude or unbundle services, and procedures.

We will explore common Medicare modifiers, their purpose and impacts, and examine those modifiers that are troublesome to our provider community.

Recommended audience: Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Other recommended classes: Beyond the basics of global surgery (B), Preventing top unprocessables and claim denials (B)

Medicare rules on inpatient admissions (A)

This course covers the “two-midnight” rule outlined in the Centers for Medicare & Medicaid Services’ (CMS) 2014 Inpatient Prospective Payment System final rule (CMS-1599-F), which modifies and clarifies CMS’ longstanding policy on how Medicare contractors review inpatient hospital admissions for payment purposes. The two-midnight presumption specifies hospital stays spanning two or more midnights after the beneficiary has been formally admitted as an inpatient.

Highlights of the seminar include clarification for practitioners and facilities when inpatient hospital admissions are generally appropriate for Medicare Part A payment and emphasis on the formal order of inpatient admission to begin inpatient status.

Recommended audience: Hospital coders, billers, appeal coordinators, and compliance staff

Physical therapy services (B)

With the increased focus on therapy services, it is critical that this specialty has a current understanding of the regulations governing outpatient therapy services.

We will focus on payment and coverage rules that apply to outpatient physical therapy services as well as review common errors identified by the recovery auditor (RA) and Comprehensive Error Rate Testing (CERT) program. Topics will also include a review of evaluation guidelines, progress reports, plans of care, certification requirements, and physician orders required for outpatient therapy reimbursement.

Recommended audience: Physical therapists and therapy practice managers

Other recommended courses: Face Time with Customer Service (A/B)
COURSE DESCRIPTIONS

Preventive Services (B)

Medicare covers certain preventive services for the purpose of prevention and early detection of disease. Most of these services are reimbursed at 100 percent of the allowed amount.

This course will provide a brief overview of the preventive services covered by Medicare and resources available for direction on billing these services. The class will then review data showing the highest billed and denied preventive services, with tips on avoiding these common denials in the future. First Coast continues to see providers not utilizing or improperly billing these preventive services for their patients. Don’t let this opportunity to learn about properly billing Medicare covered preventive services pass you by.

Recommended audience: Part B healthcare billing and coding professionals, physicians, and non-physician practitioners in general practice/family practice settings

Top unprocessables and claim denials (B)

Save time, effort and money. Join us for a review of the top Part B unprocessable and denied claims at First Coast and learn ways to avoid them, including the use of self-service tools and resources available on First Coast’s Medicare provider website. The class will also include how to identify the top unprocessable and denied claims in your office, so that you can be aware and in control.

Recommended audience: Office managers, Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Other recommended classes: Medicare modifiers (B), Beyond the basics of global surgery (B), Website self-service tools (A/B), Face time with Customer Service (B)

Provider compliance (A/B)

In today’s healthcare environment, it’s imperative that providers manage risk through compliance and self-audit programs. In fact, compliance plans are now mandatory under the Patient Protection and Affordable Care Act for some provider types and payer plans. Although final compliance program guidelines have not been released for physician practices or other health care providers, it is more important now than ever that you prepare and have a compliance program in place for your organization.

Participants will learn about the Office of Inspector General’s (OIG’s) Compliance Guidance for Physicians and Small Practices and gain the knowledge to develop and implement a compliance program into their practice or enhance the plan they already have in place.

Recommended audience: Office managers, compliance officers, practice administrators, and billing companies

Other recommended courses: We’re counting on you: Help fight Medicare fraud and abuse (A/B)

Subsequent hospital care: Are you coding correctly? (B)

Improper coding of subsequent hospital evaluation and management services is one of the costly contributors to Medicare’s payment error rate. Join us to learn about Medicare guidelines regarding proper code selection of subsequent hospital care through a review of actual documentation examples. We will also discuss common errors and solutions, locate tools to audit and assist in code selection, and discuss how to avoid common coding errors. Finally, we will share First Coast’s corrective actions to reduce this type of error.

Recommended audience: Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Top unprocessables and claim denials (B)

Save time, effort and money. Join us for a review of the top Part B unprocessable and denied claims at First Coast and learn ways to avoid them, including the use of self-service tools and resources available on First Coast’s Medicare provider website. The class will also include how to identify the top unprocessable and denied claims in your office, so that you can be aware and in control.

Recommended audience: Office managers, Part B healthcare billing and coding professionals, physicians, and non-physician practitioners

Other recommended classes: Medicare modifiers (B), Beyond the basics of global surgery (B), Website self-service tools (A/B), Face time with Customer Service (B)

Website self-service tools (A/B)

First Coast offers an array of self-service Web tools for health care providers to stay current with Medicare changes so they can solve billing and claims issues. Through this course, billing staff and providers will learn to navigate interactive resources and find where important Medicare updates are located on First Coast’s Medicare provider website. The presentation will include a virtual tour of the site’s key features and tips on how to get the most out of every visit. Participants will come away with ideas to solve nagging problems with their billing and claims issues by working smarter.

Recommended audience: All participants

Other recommended courses: Medicare Modifiers (B), Top unprocessables and claim denials (B)

We're counting on you: Help fight Medicare fraud and abuse – (A/B)

The top priority of Medicare administrative contractors (MAC) is to safeguard the integrity of Medicare, but we can’t do it alone. We count on our provider community to join us in our fight to prevent and fight fraud and abuse in the Medicare program. During this session, you’ll learn about the differences between fraud and abuse, how federal agencies administer benefit integrity programs, how to report suspected fraud or abuse, and how to mitigate risk in your organization.

Recommended audience: All participants

Other recommended classes: Provider Compliance (A/B)