

MEDICAID INTEGRITY INSTITUTE FY-16 TRAINING CALENDAR

COURSE OVERVIEW

Basic Skills and Techniques in Medicaid Fraud Detection Program	November 3-5, 2015
HCPPro's Evaluation and Management Boot Camp	December 1-2, 2015
Program Integrity Fundamentals Program	December 8-11, 2015
Pharmacy Symposium Cancelled	January 12-14, 2016
Specialized Skills and Techniques in Medicaid Fraud Detection	January 26-28, 2016
HCPPro's Certified Coder Boot Camp-Original Version	February 8-12, 2016
Emerging Trends in Medicaid Cancelled	February 23-25, 2016
Program Integrity Leadership Forum Cancelled	March 8-11, 2016
HCPPro's Certified Coder Boot Camp-Original Version	March 21-25, 2016
Managed Care Oversight Seminar	March 29-31, 2016
Coding for Non-Coders	April 5-7, 2016
Interactions between Medicaid Fraud Control Units and Program Integrity Units Moved to August 16-17, 2016	April 13-14, 2016
Basic Skills and Techniques in Medicaid Fraud Detection Program	May 10-12, 2016
Medicaid and Medicare Collaboration Medicaid Provider Enrollment Seminar	May 24-26, 2016
Faculty Development Seminar Moved to September 7-9, 2016	June 7-9, 2016
HCPPro's Certified Coder Boot Camp-ICD-10 CM and ICD-10 PCS (In 2016, the title will revert back to the "Inpatient Boot Camp")	June 20-24, 2016
Managed Care Oversight Seminar	July 12-14, 2016
Specialized Skills and Techniques in Medicaid Fraud Detection	July 26-28, 2016
Coding for Non-Coders	August 2-4, 2016
Advanced Data Expert Symposium Cancelled Emerging Trends in Medicaid Cancelled Interactions between Medicaid Fraud Control Units (MFCU) and Program Integrity (PI) Units	August 16-17, 2016
Faculty Development Workshop (Joint OLE and MII)	September 7-9, 2016
Medicaid Provider Enrollment Seminar	September 13-15, 2016

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COURSE DESCRIPTIONS

Basic Skills and Techniques in Medicaid Fraud Detection

This course 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 include initial review, ongoing analysis and data collection, referral decision-making, and creation of case action plans. Attending this course at the MII and passing the post course test are prerequisites to earning the Certified Program Integrity Professional (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Basic Skills' course content. These requirements will not be waived.

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.

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Program Integrity Fundamentals

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. Students will have the opportunity to participate in a variety of learning environments including plenary sessions and facilitated small group discussions about hot topics in fraud, waste, and abuse.

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 who work in contracts, enrollment, policy, and program sections.

Attending this course at the MII (If the student has less than two years with Program Integrity) and passing the post course test are prerequisites to earning the *Certified Program Integrity Professional* (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the *Basic Skills'* course content. These requirements will not be waived. Students who meet the two-year requirement may test out of this class.

Pharmacy Symposium

Course description TBD

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Specialized Skills and Techniques in Medicaid Fraud Detection

This course will explore common and emerging health care fraud schemes, discuss how to utilize evidence-gathering techniques from a variety of sources, review successful interviewing techniques, address elements of report writing, and thoroughly examine the steps to prepare a case for referral to Medicaid Fraud Control Units (MFCU). 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. Participants selected for this training will be expected to complete a pre-course document review and writing assignment, to complete a pre-test, and to participate in interviewing and witness role-play practical exercises. This is one of the core classes required for the Certified Program Integrity Professional (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Specialized Skills' course content. These requirements will not be waived.

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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. Although coding experience is not necessary, students must have a **solid understanding of medical terminology**. This training will ***not*** teach medical terminology.

The Centers for Medicare and Medicaid Services (CMS) believes that it would be in the best interest of the Federal Government to pay for the CPC certification process; therefore, CMS is also committed to paying for the American Academy of Professional Coders (AAPC) one year membership, AAPC's Certified Professional Coder (CPC) Exam, and ground and/or air transportation to and from the closest exam location for each participant completing the one week residential program at the MII. ***Although this is no longer mandatory, it is highly encouraged.***

Emerging Trends in Medicaid

Course description TBD

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Program Integrity Leadership Forum

This introductory course provides an opportunity for state program integrity employees to recognize and develop leadership strengths. The training will offer a combination of lectures, small group discussion, and case study analysis. Prior to attending the course, students will take a behavioral assessment and read a book on leadership. The course will address the importance of good communication skills and motivational techniques. It will also offer opportunities for students to practice and evaluate their skills, review the concepts behind the behavioral assessment tool, and develop leadership plans. Speakers will discuss conflict resolution methods with follow up practicums.

Prior to the class, participants will submit case scenarios describing work-specific issues. The MII will combine and edit the scenarios, which will be used to practice conflict resolution tactics during facilitated small group discussions. Throughout the class, students will work on composing a personal action plan to implement upon return to their jobs. Distance learning sessions will be scheduled for the participants after the course adjourns.

Managed Care Oversight Seminar

This seminar is designed for Medicaid Program Integrity employees in states that have adopted a managed care model for some or all of their health care delivery. Attendees will be from states just beginning in managed care and from states that have long experience in the managed care model. The faculty will address questions related to program integrity oversight of managed care organizations. The oversight topics include encounter data, dual eligibles, audits, trends, fee for service and managed care, contracts, financials, behavioral health and chemical dependence issues. The course presentations will focus on identifying vulnerabilities and recognizing risks in order to detect health care fraud, waste, and abuse in the managed care environment. Topics suggested on the nomination forms will be addressed when requested by a large number of students. Attendees will participate in a variety of learning situations including lectures, discussions, and workshop exercises. Priority for acceptance will be given to those students who agree to disseminate course information, make a presentation, etc., to colleagues describing what they learned from the class.

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Coding for Non-Coders

Coding for Non-Coders is an innovative new course offered by the MII to Program Integrity employees who are not coders and do not wish to sit for the national coding certification. It is designed for people who would benefit from a basic understanding of coding principles to assist them in reviewing records and understanding the coders' analysis. This will be a survey course designed to provide an overview of medical terminology, HCPCS codes, CPT codes with an emphasis on E&M codes, ICD-9 codes with a short introduction to ICD-10, as well as opportunities to apply the coding rules to case scenarios and hypotheticals about fraud, waste, and abuse. There will be no restriction based on job description or number of years experience.

Interactions between Medicaid Fraud Control Units and Program Integrity Units

This two-day program offers state Medicaid Program Integrity Directors, or their designees, and Medicaid Fraud Control Unit Directors, or their designees, an opportunity to exchange ideas on building and maintaining effective relationships between state program integrity units and MFCUs to combat fraud, waste and abuse in Medicaid. This symposium is the first of its kind designed to bring together both PI and MFCU staff. Speakers will discuss a variety of trends and issues, including data mining, failure of care/quality of care cases, global settlements, payment suspensions, and CMS referral performance standards. During the course, each participant will be assigned to a group to discuss successes, challenges, strategies and best practices models for collaboration with stakeholders.

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Faculty Development Seminar

This joint course is designed for current and future Office of Legal Education (OLE), Department of Justice, and MII faculty who teach or plan to teach. Senior Litigation Counsel and others involved in training are especially encouraged to attend. The purpose of this training is to sharpen skills in developing and delivering effective and engaging instruction for OLE courses and other training. Course attendees will refine their individual presentation skills by incorporating new ideas about adult learning and instructional design and receiving feedback from instructors and colleagues. Specifically, course attendees will: (1) develop objectives, activities, and structure for a future presentation; (2) practice engaging their audience, including delivering an effective opening; and (3) develop supporting materials using principles of multimedia learning and design. Attendees will work with their own individual presentations that they will prepare and bring with them to the training.

Course prerequisites: Before arriving at the NAC, course participants will be required to prepare a 15 minute PowerPoint presentation on a work-related topic of their choice. Supplemental materials are also required. During the course, students will facilitate a small group and make an oral presentation to peers. Additional information regarding these assignments will be provided to those selected to attend.

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HCPPro's Certified Coder Boot Camp-Inpatient Version (Formerly ICD-10-CM & ICD-10-PCS)

HCPPro's Certified Coder Boot Camp is an intensive, one week coding education course that will make coders proficient in ICD-10-CM/PCS coding for hospital inpatient facility services and MS-DRG assignment. Because of the fast-paced nature of the course, participants must have at least one year of coding-related experience and have a solid understanding of medical terminology. At the conclusion of this boot camp, participants will be able to:

- Apply fundamentals of diagnosis code assignment (ICD-10-CM) and procedures (ICD-10-PCS) for inpatient services by utilizing conventions, instructions, and sequencing guidelines from the Official Guidelines for Coding and Reporting;
- Relate interaction of diagnoses/procedures on reimbursement by accurately assigning MS-DRGs for inpatient services utilizing a DRG manual;
- Review chapter-specific diagnoses/procedures for their clinical presentation and application to better understand code assignment;
- Recognize appropriate documentation and documenters within the inpatient medical record to support valid code assignment; and
- Review appropriate coding resources such as the AHA's Coding Clinic for ICD-10-CM/PCS as they apply to certain chapter-specific diagnoses/procedures.

While prior inpatient coding experience is helpful, this course is also designed for individuals with outpatient coding experience (such as CPCs), who are interested in enhancing their coding skills or those who routinely review medical records.

Advanced Data Expert

Course description TBD

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Medicaid Provider Enrollment Seminar

This two-and-one-half-day course will cover provider screening and enrollment topics, including: risk-based screening and components of screening (including site visits and fingerprint-based criminal background checks (FCBCs)), revalidation, denial/termination of enrollment, and how the CMS Payment Error Rate Measurement (PERM) Program measures states' compliance with associated federal regulations. The course also will address provider disclosures, application fees, and moratoria. Participants will exchange information on sources of data available to manage provider screening and enrollment. There will be opportunities to share best practices, new ideas, and lessons learned, and to collaborate with CMS faculty.

In addition, the morning of the third day will include state feedback regarding PECOS updates that the states might want CMS to consider for future release. The state feedback will help CMS envision the PECOS of the future. Participants will discuss PECOS and other provider enrollment-specific issues affecting Medicaid provider enrollment. Please bring your thoughts and suggestions including:

- How your states uses PECOS today;
- System capabilities that would facilitate your work, and;
- Information you would like the system to provide.

This course is designed for Medicaid Program Integrity and/or Medicaid Provider Enrollment supervisors and staff, who implement Provider Enrollment guidelines and are tasked to ensure compliance with the guidelines. All participants must have awareness of policy, contract, and the implementation process (including PECOS) and obtain approval from the Program Integrity Director.