OUTLINE

Medicare Done Right: Bullet-Proofing Your Practice
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Course Objective: This two-hour session will empower attendees to understand what factors play into triggering and audit in their practices and how best to take a proactive approach to mitigating this risk. Case studies highlighting common errors illustrate how simple mistakes in understanding billing, coding, documentation, and compliance can have disastrous effects. Particular attention will be placed on Medicare errors and how to use this as a "litmus test" for any practice situation.

Statement of Purpose: The habits doctors form regarding their medical decision making and how they document, code, and bill that often clash with regulatory requirements. Dispelling misinformation that is believed to be true is essential in eliminating errors that place a practice at risk.

Course Overview: Common errors in how practices establish their clinical and administrative procedures are often the primary cause of pre- and post-payment audits. Understanding what carriers are looking for is often the first line of defense in preventing these errors and avoiding audits altogether. A review of recent changes in coding and modifier use will be included.

Course Outline:

Hour 1: Overview of the types of audits that occur in practices today and why they are triggered. Case studies will be presented that illustrate common errors that occur in many practices. A review of correct coding, modifiers, and treatment plan examples will be offered

Hour 2: Focused attention to Medicare audits with ways to streamline processes and create accurate documentation are presented. Avoiding common mistakes, shortcuts, and errors in medical decision making will be reviewed along with current expectations for proper documentation of care will be addressed. An in depth discussion on Medicare Advantage plans as well as Qualified Medicare Beneficiaries (QMB) will also be presented.