

September 25 - 28, 2016 | Philadelphia, PA

NATIONAL PROVIDER ENROLLMENT

WORKSHOP 2016

Get insider tips and hands-on instruction
directly from CMS, CAQH and MACs!

Take the frustration out of enrolling and credentialing! Get your most pressing questions answered by CMS and CAQH officials. We'll cover all 855 forms, online PECOS and CAQH's ProView system to ensure your mastery of enrollment.

SAVE
\$469

Early Bird Discount!

Register by
July 31

PLUS Preconference day tailored to beginners —
get up-to-speed on the basics to prepare for the main conference!

REGISTER AT

www.decisionhealth.com/ProviderEnrollment or
call toll-free **1-855-CALL-DH1** today!

WHY SHOULD YOU ATTEND?

The answer to that question is simple — because the National Provider Enrollment Workshop is the only event anywhere that brings health care professionals responsible for enrolling providers in any setting together to get their most pressing questions answered.

Top government officials and private enrollment experts will deliver proven, step-by-step guidance you need to make sure you enroll or revalidate your physicians with both Medicare and commercial insurance plans correctly on the first try. Previous attendees have consistently given this conference our highest live-event ratings because of the clear, concise guidance they get from speakers Dennis Grindle, Gretchin Heckenlively and David Zetter. People return to this conference year after year to make sure they have the most up-to-date information to get new enrollment applications and changes approved the first time — so should you!

Register today to get the best preparation possible for the enrollment changes you face.

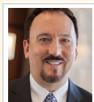


Connie Zeller, BA, CPC, CCS-P

AHIMA Approved
ICD-10-CM/PCS Trainer
Director of Education,
DecisionHealth

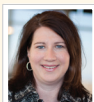
Nationally-recognized Enrollment experts:

Dennis Grindle, CPA



Dennis is a partner in the consulting and accounting firm Seim, Johnson, LLP

Gretchin S. Heckenlively, CPA, FHFMA



Gretchin is a partner in the consulting and accounting firm Seim Johnson, LLP

David Zetter, CHBC



David is a consultant with Zetter Healthcare Management Consultants

CMS representatives:

Zabeen Chong

Director of Provider Enrollment Operations Group

Richard Gilbert

Director of Division of Enrollment Systems

Charles Schalm

Director of Division of Enrollment Policy

CONFERENCE BENEFITS

Make one mistake on complicated enrollment forms and your cash flow will pay the price with payment delays, leaving you without Medicare and private payer reimbursement for weeks or even months. Avoid payment delays, get up-to-speed on enrollment rule changes, PECOS updates and CAQH ProView, directly from CMS and CAQH at the National Provider Enrollment Workshop.

Providers from all settings — medical practices, home health agencies, hospitals and other facility types — will benefit from our extensive agenda as you discover:

- ✔ Key changes to provider-based requirements for different facility types and how to meet them
- ✔ Strategies and best-practice tips to minimize enrollment delays
- ✔ What's next in CMS efforts to revalidate Medicare providers with the final and biggest wave still to come
- ✔ Medicare's enrollment process, including breakdown of all 855 forms, common terminology, critical deadlines, and compliance concerns
- ✔ How to use online PECOS and CAQH's ProView with a live walkthrough of the entire process done in real-time
- ✔ Valuable insight into the payer angle of the internal credentialing committee processes



I learned so many things that even I didn't know before! It was nice to have speakers that were not only consultants, but were actually from CMS and CAQH."

—Michelle Bowers,
Manager of System Credentialing,
Soldiers + Sailors Memorial Hospital



PRECONFERENCE AGENDA

12:00 p.m. – 1:00 p.m. **Registration**

1:00 p.m. – 5:00 p.m.

Provider Enrollment 101

Jumpstart your mastery of Medicare enrollment as we untangle the web of 855 forms and Medicare enrollment jargon. In this session you will learn:

- ✔ **Timelines, key definitions, available resources and organizational structures:**
Don't know the difference between Delegated Official vs. Authorized Official? We'll clarify more than 20 enrollment terms that are easily misunderstood. Plus, we'll take you through ownership scenarios from Sole Proprietorships to Corporations to illustrate the differences between 8 different business structures that will impact the Form CMS-855 information required, as well as all 40 certified provider and certified supplier types from FQHCs to HHAs.
- ✔ **Medicare enrollment in plain English – acronyms, applying for NPIs, PAR status:**
Learn how to stay afloat in the alphabet soup of acronyms as enrollment terms are translated into what they all mean and how and when they are important to you. Do you know what CORFs, EFTs, OPOs, NPIs, NPPES, and PTANs refer to? After this session, you'll be singing the ABCs of enrollment and fully understand all the terminology like a pro.
- ✔ **Introduction to the CMS-855 forms:** We'll walk through all seven CMS 855 forms and give you insights on key differences and help you select the appropriate form to use.

5:00 p.m. **Preconference Adjourns**



I would return to this conference, using it as a refresher course and to gather additional information on CMS future changes. Networking and the connections that we were able to make with the multiple MACS, CMS & CAQH, was the icing on the cake!"

—Maria Gabbai,
Provider Enrollment Manager,
American Anesthesiology

MAIN CONFERENCE AGENDA | DAY 1

7:00 a.m. – 8:00 a.m. **Registration, Continental Breakfast**

8:00 a.m. – 9:00 a.m.

Provider Enrollment Survey Results – Industry Benchmarks


Ever wondered how you compare to providers in the area? Get an all access look into the results of the first-ever National Provider Enrollment Survey. The key metrics reveal national benchmarks in provider enrollment efficiency. Compare your organization to data collected from providers nationwide, including:

- ✔ Biggest challenges to completing enrollment forms and using PECOS
- ✔ Average number of days for a first follow-up once an application is submitted to a government agency
- ✔ Average length of time to re-attest CAQH for each provider with supporting documents.

9:00 a.m. – 10:15 a.m.

Enrollment Risks and Consequences — Steps in the Enrollment Process, Filing and Effective Date Considerations, Deactivation & More

The Medicare enrollment process is more than completing some boxes on a form or in electronic data fields in the national PECOS database. This session highlights the compliance risks associated with completing forms, organizational structure of the provider or supplier, disclosure requirements initially and ongoing, impact on billing and cash flow, what resources are available to assist you through the process, penalties for falsifying information and certification statements being attested to – just to name a few! After this session, you will be well-equipped to avoid mistakes that can freeze payments, and help you succeed the first time you file your initial enrollment and revalidation.


 **BONUS** 20 errors commonly made on all 855 forms revealed, plus 28 more unique to the 855A, 855B, 855I, 855R and 855S!

10:15 a.m. – 10:30 a.m. **Morning Break**

10:30 a.m. – 11:00 a.m.

Revalidation Roadmap: From Notification to the 60-Day Deadline

Your revalidation letter could already be in the mail. With only 60 days to file an application, you're at risk for having your Medicare billing privileges suspended. Learn how to avoid mistakes that can cause deactivation and ensure you succeed the first time you file as you navigate the entire journey through revalidation.

 **BONUS** Air-tight check list of compliance revalidation steps.

MAIN CONFERENCE AGENDA | DAY 1 CONTINUED

11:00 a.m. – 12:30 p.m.

CAQH ProView: Insider Tips to Smooth Credentialing

With direct access to CAQH experts you will learn what is new with CAQH ProView and get answers previously only shared at user-group meetings. You will leave with answers to the most frequently asked questions, including how to register or reset usernames and passwords and deactivate providers, as well as how to avoid common errors when completing a CAQH ProView application. The session will conclude with a preview of how CAQH ProView is positioned to reshape the healthcare industry's approach to provider data.

12:30 p.m. – 1:30 p.m. **Networking Lunch**

1:30 p.m. – 2:15 p.m.

PECOS for Beginners

Get a step-by-step walkthrough of the online PECOS enrollment process — from navigating NPPES to obtaining an NPI. Watch as our expert sets up physicians within PECOS using the very same steps you would.

2:15 p.m. – 3:45 p.m.

Enrollment & Billing — Compliance Risks within the Medicare Billing Privilege Process

Enrollment and billing are more closely connected than you might think! Dennis explains exactly how the two are related and offers best-practice sleuthing tips that will keep your practice safe from surprising and costly vulnerabilities and liabilities and ensure you remain 100% in compliance. Areas of risks covered in the session include: Reassignment rules, "Incident to" rule, Carrier Jurisdiction rules, Site-of-Service rules, Three Day Payment Window rules.

3:45 p.m. – 4:00 p.m. **Afternoon Break**

4:00 p.m. – 5:30 p.m.

Provider-based Designations — What You Must Know to Legally Earn the Extra Money

Is your location wholly-owned by a hospital and the hospital wants to bill for services at your location as hospital services? Is your rural health clinic wholly-owned by a hospital that wants this location to be provider-based for enhanced rural health clinic reimbursement? In this session you'll get a comprehensive overview of the vast regulatory requirements different provider settings must satisfy in order to lock-in those higher levels of reimbursement and meet enrollment rules to avoid compliance issues and the new 2016 billing requirements for hospitals and practitioners.

5:30 p.m. **Day 1 Adjourns**

MAIN CONFERENCE AGENDA | DAY 2

7:00 a.m. – 8:00 a.m. **Registration, Continental Breakfast**

8:00 a.m. – 10:00 a.m.

**Keynote: What's New: 2016 Enrollment Regulation Update**

Be the first to know of the latest changes and anticipated roll out of proposed Medicare enrollment forms, enrollment-tied Program Integrity Manual changes, unannounced site inspections and license verification, enrollment moratoriums and more. Plus, hear directly from the CMS Director, Provider Enrollment Operations Group, what's next in CMS's revalidation push and clarity on recent changes to enrollment processes (from Ordering & Referring to Surrogacy).

10:00 a.m. – 10:15 a.m. **Morning Break**

10:15 a.m. – 11:30 a.m.

**Your Questions Answered**11:30 a.m. – 1:00 p.m. **Networking Lunch with MACs**

1:00 p.m. – 3:00 p.m.

PECOS Updates - I & A breakdown, Requesting Surrogacy

Master the Identity & Access management system to request surrogacy on behalf of providers. Plus, we'll clarify how Delegated Officials and Authorized Officials take on different meaning in performing enrollment vs. acting as a surrogate. This session will offer attendees the opportunity to experience the presentation in tandem with the expert. A link will be provided that allow real time interaction.

3:00 p.m. – 3:15 p.m. **Afternoon Break**

3:15 p.m. – 5:15 p.m.

How to Complete the CMS-855B and Sections Common to Other CMS-855 Forms

Enroll or revalidate completely, accurately and efficiently as Dennis thoroughly explains each of the 17 sections of the CMS-855B form, pointing out common errors to avoid and clarifying what's being asked, including Practice location information, Organizational & individual control sections, Billing agency information, Special requirements section and Statements, attestations & supporting document requirements.

5:15 p.m. – 5:45 p.m.

**Your Questions Answered**5:45 p.m. **Networking Reception with CMS and the MACs**

MAIN CONFERENCE AGENDA | DAY3

7:00 a.m. – 8:00 a.m. **Continental Breakfast**

8:00 a.m. – 9:30 a.m.

How to Complete the 855I

Physicians, physician assistants, physical therapists and other NPPs will discover how to successfully complete each required section of the 28-page CMS-855I and the many screens within the PECOS equivalent online enrollment process. You'll learn how to complete when using moonlighting residents, how to complete to reactivate a practitioner's enrollment, to revalidate or change information and much more.

9:30 a.m. – 9:45 a.m.

 **Your Questions Answered**

9:45 a.m. – 10:00 a.m. **Morning Break**

10:00 a.m. – 10:30 a.m.

How to Complete the CMS-855R for Reassignment of Medicare Benefits

Learn how to complete the new CMS-855R that was required for use on June 1, 2016.

10:30 a.m. – 12:00 p.m.

How to Complete the CMS-855A

Get ready to tackle the CMS-855A application in this session to ensure you hit all the required information and correctly submit all necessary supporting documentation — such as licenses, accreditation information, IRS documents and Electronic Funds Transfer (EFT) Agreements. Understand all nuances, including whether you need a separate form for each provider location, how the provider-based regulations impact the completion of this form and the supporting documentation to be submitted.

12:00 p.m. – 12:30 p.m.

 **Your Questions Answered**

12:30 p.m. – 1:30 p.m. **Networking Lunch**

1:30 p.m. – 2:15 p.m.

How to Complete the CMS-855S for DME Suppliers

Apply what you've learned thus far about acronyms, definitions and more to ensure quick and speedy completion of sections in the 38-page CMS-855S application appropriate for your organization, plus view the corresponding online PECOS pages.

2:15 p.m. **Workshop Adjourns**



PROVE YOUR WORTH.

Finally, a way to validate your enrollment expertise.

As the undisputed leader in enrollment guidance, we've turned our attention to giving enrollment specialists the recognition you deserve through the Provider Enrollment Specialist Certificate (PESC) – the only certificate available to validate your expertise.

Prove your mastery and dedication to the provider enrollment process by earning a PESC. Validate that you have the expertise required to ensure accurate and prompt provider enrollment. Earning a certificate will help you:

- Validate your skills and demonstrate proficiency in the enrollment process
- Keep your skills relevant, applicable, and competitive
- Identify any knowledge gaps and create a training roadmap
- Advance your career and potentially earn a higher salary
- Demonstrate your commitment to lifelong learning and increase job skills confidence

Normally \$150, as a Workshop attendee you are eligible for the discounted price of \$99. Special discount code will be emailed upon registration.

Demonstrate your important role in ensuring successful enrollment and uninterrupted billing. Take the assessment and prove your worth – to yourself and to your organization!

Presented by:



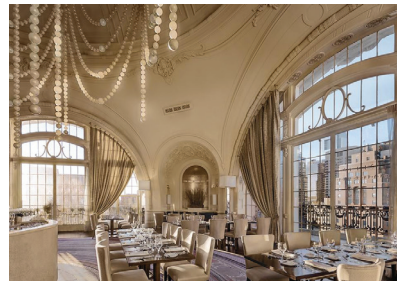
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Amenities

- ✔ Located at the landmark Bellevue building, one of Philadelphia's most iconic destinations
- ✔ Dining options include Palm Restaurant, XIX Restaurant, Starbucks, Tavern on Broad
- ✔ Shops include Polo Ralph Lauren, Tiffany & Co., Williams-Sonoma
- ✔ Indoor jogging track / racquetball court / basketball court
- ✔ Located in the heart of Philadelphia's Theater District

For room reservations, contact the hotel directly and mention you are attending the National Provider Enrollment Workshop to take advantage of discounted rates. Note: Only a limited block of rooms have been reserved at this rate. To receive the discount you must confirm your reservation by the listed hotel cut-off date, or before the block is full. Thereafter, reservations will be taken on a space- and rate-available basis only.

✔ YES! Sign me up for the 16th Annual National Provider Enrollment Workshop!

CHOOSE YOUR PROGRAM	EARLY BIRD PRICE*	REGULAR PRICE
PRECONFERENCE SEPTEMBER 25, 2016	\$425 Save \$70!	\$495
MAIN CONFERENCE SEPTEMBER 26-28, 2016	\$1,399 Save \$100!	\$1,499
Best Value! PRECONFERENCE + MAIN CONFERENCE SEPTEMBER 25-28, 2016	\$1,525 Save \$450!	\$1,649 Save \$469!

Early registration price is available until July 31, 2016!*

C1582

How to Register

 decisionhealth.com/ProviderEnrollment

 1-855-CALL-DH1

? Questions?

Call our conference coordinator toll-free at **1-855-CALL-DH1** or email customer@decisionhealth.com.

👥 Multiple attendees?

For multiple attendee discounts contact Megan Ireland at 301-287-2301.



Our Commitment to You

DecisionHealth creates and executes events that provide you with actionable guidance, access to experts and take-home tools. Your satisfaction is always guaranteed!

Cancellation and substitutions: Cancellations must be received in writing no later than 14 days prior to the event. If you cancel within 14 days of the conference or after materials have been distributed your registration will not be refunded. Registrants who do not cancel and do not attend are liable for the full registration fee. Transfers/substitutions of conference attendees are permitted at any time. However, for administrative purposes, please notify the conference registrar at 1-855-CALL-DH1 as soon as changes are made. Email conf@decisionhealth.com for cancellations. Phone cancellations are not accepted.



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WORKSHOP 2016 Sept 25-28, 2016 | Philadelphia

Solve your Medicare and commercial payer enrollment challenges

Struggling with online PECOS?

Not sure which 855 form to use?

Not benefitting from CAQH streamlined private payer enrollment?

Master enrollment and credentialing with straight talk and step-by-step training.

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