OMS Billing will help you:

- Lower accounts receivable and ensure prompt payment.
- Answer questions about documentation, claim filing, payment issues and appeals.
- Address concerns about compliance issues and your future healthcare reimbursement.

**Course Overview**

The online OMS Billing course is the capstone to the Coding Certificate program. It focuses on documentation guidelines, predetermination tips, claims filing, appeal tips, fraud and abuse, and more. Accurate coding and billing services must be a priority for every OMS due to increased fraud and abuse investigations stemming from strict billing guidelines and inaccurate coding.

**Learning Objectives**

At the conclusion of this workshop, participants should be able to:

- Understand healthcare fraud and abuse issues addressed by federal and state laws and their impact on offering discounts.
- Follow standards for appropriate coding and implement compliance plans that include conducting compliance audits.
- Explain various methods for setting office fees, including annual percentage increases, cost-based fees, national percentiles and percentage increases over Medicare.
- Describe types of managed care organizations — including HMO, PPO and POS plans — and basic elements of MCO contracts.
- Describe basic elements of commercial and government-sponsored health insurance plans, including different reimbursement methodologies.
- Apply and/or understand Medicare-related policies such as the National Provider Identifier, provider enrollment, accepting assignment, participation vs. nonparticipation vs. opting out, mandatory claims submission, timeframes for claims filing, Medicare notices (ABN) and more.
- Apply pre-, intra- and post-claims processing submission procedures such as predetermination, preauthorization, coordination of benefits, clean claim filing, electronic submission, contractual adjustments, write-offs, overpayments and more.
- Describe the appeals process starting with reading and understanding the EOB, writing appeal letters, internal and external commercial insurance reviews, and the Medicare process.
- Describe future healthcare reimbursement topics, including pay for performance, healthcare transparency and computer-assisted coding.
OMS Billing Topics

Section 1: Healthcare Fraud and Abuse
Introduction
Definitions of Fraud and Abuse
Healthcare Fraud and Abuse Control Program
Commercial Fraud and Abuse Reduction Efforts
Federal Statutes
  Federal Anti-kickback Law
  Federal Physician Self-referral Law
  Federal False Claims Act
Additional Laws
  Healthcare Fraud
  Concealment of False Statements
  Wire and Mail Fraud
State Fraud and Abuse Statutes
Discounting Fees
  Professional Courtesy Arrangements
  Waiver of Coinsurance/Copayments
  No-charge Arrangements
  Same-day Payment Discounts
Examples of Fraud and Abuse Cases

Section 2: Developing a Coding Compliance Program
Coding Ethics
Inappropriate Coding Practices
Responding to Fraudulent Practices
Writing a Compliance Plan
Conducting Audits
Establishing Medical Record Documentation Standards

Section 3: Establishing a Fee Schedule
Methods of Setting Fees
  Annual Percentage Increase
  Cost-based Fees
  National Percentile
  Percentage Increase Above Medicare
Creating an Excel Spreadsheet to Automate

Section 4: Understanding Managed Care Organizations (MCOs)
History of Managed Care
Common MCO Cost-Control Techniques
Types of MCOs
Contract Provisions
Description of Parties
Description of Covered Services
Medical Record Requirements
Payment Withholding
Payment Arrangements
Termination of Contracts

Section 5: Understanding Healthcare Reimbursement Systems
Commercial Health Insurance Plans
Private Health Insurance
Employer-based Self-insurance
Consumer-directed Health Plans (CDHP)
Government-sponsored Health Plans
  Medicare
  Medicaid
  Tricare
Reimbursement Methodologies
  Fee-for-service Reimbursement
  Self-pay
  UCR
  RBRVS
  Episode of Care Reimbursement
  Capitation
  Global Surgical Payment
  Prospective Payment Systems

Section 6: Medicare-related Issues
National Provider Identifier
Provider Enrollment
Accepting Assignment
Provider Enrollment Classifications
Changing Participation Status
Revalidation of Provider Profile
Private Contracting
Mandatory Claims Submission Regulation
Fragmenting Claims
Timeframe for Filing a Claim
Elective Surgery
Advanced Beneficiary Notice (ABN)
Request for Medicare Denial
Medicare Policy on Dental Services

Section 7: Claims Processing and Payment
Pre-submission Issues
  Predetermination vs. Preauthorization
  Coordination of Benefits
Intra-submission Issues
  Filing Clean Claims
  Electronic Claims Submission
  HIPAA Electronic Transmission Standards
  HIPAA Electronic Attachement Standards
Post-submission Issues
  Prompt Payment Legislation
  Multiple Procedure Reduction
  Down-coding
  Contractual Adjustment
  Write-offs
  Overpayment of Funds
Accounts Receivable (AR) Management
  Days in AR
  Dollars in AR

Section 8: Appeals Process
Deciding to Appeal
  Reading and Understanding an Explanation of Benefits Form (EOB)
  Impact of Medical Necessity
Writing Appeal Letters
Commercial Insurance Appeals Process
Medicare Part B Appeals Process

Section 9: Current Events in Healthcare Reimbursement
Pay for Performance
Medicare Physician Quality Reporting Initiative
Data Quality Codes
Performance Measure Modifiers
Recovery Audit Contractors (RACs)
Healthcare Transparency Efforts
Health Information Technology for Economic and Clinical Health (HITECH) Act
Accountable Care Organizations (ACOs)
Computer-Assisted Coding (CAC)
General Information

In-person Workshop Materials
The coding and billing syllabi closely follow the instructors’ oral presentations and serve as handy references for the office and future training of new staff members. Audiovisual materials also reinforce the oral and written information. The custom coding workbook includes cases of various surgical coding problems faced by oral and maxillofacial surgeons and provides an opportunity to review the principles learned in the instructional portion of the course.

Please note: The coding workshops are hands-on workshops – be sure to bring your coding books, including current copies of ICD-10-CM, CPT and CDT with you to the Beyond the Basics Coding Workshop. Coding manuals also are required for participation in the online Basic and ICD-10-CM coding courses. The Basic course requires, CPT, CDT and ICD-10-CM coding manuals. The ICD-10-CM course requires only the ICD-10-CM coding manual.

Online Course Evaluations
AAOMS has instituted a new electronic course evaluation process. To obtain continuing education credits for these sessions, you must complete an online evaluation. Through the new online system, you can evaluate sessions and speakers, earn continuing education credits and instantly print your transcript. Additional information is provided inside your course packets.

In-person Workshop Hours
Check-in time for each day is from 7:30 am to 8:00 am. Workshop hours are 8:00 am to 4:00 pm. Meeting rooms are often cooler than normal – please dress accordingly.

Housing Arrangements
Housing arrangements can be made for coding workshops held in conjunction with the AAOMS Annual Meeting according to the directions in the Annual Meeting Advance Program or at AAOMS.org. For all other AAOMS coding courses, blocks of rooms have been reserved by AAOMS at the host hotels. Telephone numbers for these hotels are listed in this brochure. Registrants must make housing reservations directly with the hotel and specify that they are with the AAOMS coding workshops to receive the special room rate. Unless otherwise noted, overnight and/or day parking at host hotels is not included and/or validated in the room rate.

Note: Reservations for hotel and travel should not be made until after you have received registration confirmation from AAOMS.

If you will be charging your hotel expenses to a credit card other than your personal card (i.e., your practice credit card) and that cardholder will not be present at check-in, you must contact the hotel at least two weeks prior to your scheduled check-in date to arrange billing authorization.

Cancellation Policy
Registration for the online courses is final. No refunds will be granted for online courses. AAOMS will allow only one 30-day extension of a registrant’s access to an online coding course upon written request up to 10 days prior to expiration of the registrant’s access. Requests for extension within 10 days of expiration or thereafter will require a $100 reactivation fee. Once an extension is granted, the username and password will expire upon completion of the online course OR at the end of the 30-day extension period. This re-registration fee applies only to registrations made within the last year.

A $75 cancellation fee will be applied if a written cancellation is received more than 14 days prior to a scheduled Beyond the Basics in-person workshop. However, the entire registration fee will be forfeited if a written cancellation is received less than 14 days in advance. Please do not make hotel or travel reservations until you have received registration confirmation from AAOMS.

Online Registration
Online registration is only open to AAOMS fellows and members, their staff and AAOMS allied staff members.

AAOMS Allied Staff Member Registration
An allied staff member application must be on file at AAOMS in order to register online or receive the allied staff member rate. If interested in receiving the allied staff member rate, please wait to register until your membership application has been approved. For questions related to your membership status, please call the AAOMS Membership Department at 800/822-6637.

For information on becoming an AAOMS allied staff member, visit AAOMS.org/AlliedStaff.

If you have questions or concerns, please contact AAOMS coding staff at 800/822-6637 or email coding@aaoms.org.

Instructor Dawn Jackson, DrPH, RHIA, CCS-P, FAHIMA, is a professor and program director for the undergraduate Health Services Administration Program at Eastern Kentucky University in Richmond, KY. She holds a bachelor’s degree in Health Information Management, a master’s degree in Health Services Management, and most recently attained fellowship status with the American Health Information Management Association (AHIMA). Dr. Jackson’s areas of expertise include healthcare reimbursement systems, coding and billing processes, medical law and healthcare management. She is a certified coding specialist and has been presenting coding courses for AAOMS for more than 15 years.