

**MEDICAID INTEGRITY INSTITUTE (MII)
FY2024 TRAINING CALENDAR**

**National Advocacy Center (NAC)
1620 Pendleton Street, Columbia, SC 29201**

Managed Care Toolkits Overview	Virtual	January 17, 2024
Evaluation & Management Coding Boot Camp	Virtual	January 22-25, 2024
Professional and Hospital Outpatient Services Boot Camp	Virtual	March 11-22, 2024
Education & Outreach for the Territories Workgroup	Virtual	March 26, 2024
CMS Data Experts Symposium	Residential	April 23-24, 2024
Medicaid Provider Audit & Investigative Skills Symposium	Residential	May 14-16, 2024
Certified Coder Boot Camp Original Version (Outpatient)	Residential	June 10-14, 2024
Coding for Non-Coders	Residential	June 25-27, 2024
Program Integrity in Medicaid Managed Care	Residential	July 16-18, 2024
Certified Coder Boot Camp Inpatient Version	Virtual	August 5-16, 2024
HHS-OIG Fraud Schemes and Trends	Virtual	October 10, 2024

The dates and course/webinar titles may change as needed.

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GENERAL COURSE DESCRIPTIONS

All descriptions are subject to change as each course is developed.

Managed Care Toolkits Overview, January 17, 2024 (VIRTUAL)

CMS has developed and published Managed Care toolkits to summarize and clarify certain program integrity provisions in 42 CFR 438 Subpart H, as finalized in the “Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability” rule (referred to as the 2016 Managed Care Final Rule).

Evaluation & Management Coding Boot Camp, January 22-25, 2024 (VIRTUAL)

This course will cover the fundamentals and intricacies of E/M coding. E/M services comprise approximately 50% of all professional services reported for reimbursement. Being the most reported chapter of CPT, knowing the stated guidelines as well as recognizing common pitfalls are vital skills for reviewers/auditors. Over the past few years, there have been significant changes to the way E/M services are reported.

Professional and Hospital Outpatient Services Boot Camp, March 11-22, 2024 (VIRTUAL)

This course is designed to teach the fundamentals of ICD-10-CM, Evaluation and Management (E/M) coding for professional services (category and level selection only), CPT surgical coding (10000-69999 series), CPT modifiers and Medicaid National Correct Coding Initiative (NCCI) concepts. This course will focus on practical areas related to professional and hospital outpatient coding.

Education & Outreach for the Territories Workgroup, March 26, 2024 (VIRTUAL)

This workgroup will focus on program integrity-related education and outreach opportunities available for the territories.

CMS Data Experts Symposium – April 23-24, 2024 (RESIDENTIAL)

This symposium is designed for data analysts who would like to add new methods and data sources to their analytic toolbox to detect fraud, waste, and abuse in health care. The first day of the course will cover an overview of data sources that are particularly useful to state Medicaid agencies (T-MSIS, as well as publicly available sources); utilizing the data in a variety of case studies, including deep dives into fraud schemes related to the opioid epidemic, COVID-19, duplicate capitation payments, and post-death capitation payments; and different types of models used to detect fraud will be covered, including anomaly, social networking, and machine learning. The second day will cover analytic techniques and data sources beyond claims data to develop leads. A continued discussion on social network analysis and graph analytics to detect fraud; how to use social media intelligence for leads development; and examples of interactive data visualization from CMS’ Fraud Prevention System dashboards.

Medicaid Provider Audit and Investigative Skills Symposium – May 14-16, 2024 (RESIDENTIAL)

This symposium is designed for students responsible for auditing and investigating Medicaid providers to identify, deter, and mitigate fraud, waste, and abuse. Throughout the course, students will participate in comprehensive discussions covering essential auditing and investigative techniques tailored specifically to Medicaid provider oversight. Topics include auditing principles, investigative techniques, planning strategies, data analytics, interviewing and effective communication, documentation, and report writing. In addition to instructor-led sessions, the course features two panel discussions where students will engage with peers, learn about trends, best practices, and differences in the auditing and investigation processes. Attendees will not only gain practical insights applicable to their respective state's program integrity efforts but also have the opportunity

to network and establish connections for ongoing collaboration. By addressing the unique challenges and requirements associated with overseeing Medicaid providers, students will develop the expertise required to conduct thorough and effective audits and investigations. This ensures compliance and upholds program integrity within their state's Medicaid program.

Certified Coder Boot Camp Original Version (Outpatient) – June 10-14, 2024 (RESIDENTIAL)

This course will cover the fundamentals of CPT, ICD-10-CM, and HCPCS Level II coding for professional services and hospital outpatient services. This course is designed to assist in preparation for AAPC's Certified Professional Coder certification (CPC) and provide the framework for applying coding principles in a real-world environment. Please note that this Boot Camp is not designed to serve as the sole preparation for the AAPC's CPC exam. Preparation for the exam typically involves a significant amount of self-study following the completion of the Boot Camp. **NOTE: CMS WILL NOT REIMBURSE FOR AAPC EXAM IN 2024.**

Coding for Non-Coders – June 25-27, 2024 (RESIDENTIAL)

This course is for program integrity staff who have a general but limited knowledge of medical coding and who will benefit from a basic understanding of coding principles to assist in understanding the coder's analysis. Please note that this course **is not** designed to prepare students for the American Academy of Professional Coders (AAPC) Certified Professional Coder (CPC) exam or for attendance at a CPC Boot Camp. Students will receive fundamental knowledge on HCPCS codes, CPT codes with an emphasis on E&M, and ICD-10-CM codes. The course will provide students with general knowledge on coding fraud implications and coding resources.

Program Integrity in Medicaid Managed Care – July 16-18, 2024 (RESIDENTIAL)

This course provides a platform for attendees to learn from CMS, the Department of Health and Human Services Office of Inspector General, and state peers, who share invaluable perspectives, insights, and expertise in navigating the dynamic landscape of Medicaid Managed Care. By delving into best practices and strategies, participants gain a deeper understanding of crucial topics such as Procurement and Contracting, Compliance and Monitoring, Overpayment Recovery Practices, Regulatory Framework, and Case Studies. Armed with this comprehensive knowledge, students will emerge equipped to excel in their roles as Medicaid Managed Care oversight professionals. By leveraging shared experiences and expert guidance, attendees are empowered to enact positive change, enhance program efficiency, and uphold the integrity of Medicaid Managed Care to the benefit of all stakeholders involved.

Certified Coder Boot Camp Inpatient Version – August 5-16, 2024 (VIRTUAL)

This course will cover the fundamentals of ICD-10-CM/PCS coding for hospital inpatient facility services and MS-DRG assignment. Class content will focus on both inpatient diagnosis and procedural Official Coding Guidelines and other authoritative sources such as the AHA's *Coding Clinic for ICD-10-CM/PCS*. This course is beneficial for those who review inpatient facility claims for accuracy.

HHS-OIG Fraud Schemes and Trends – October 10, 2024 (VIRTUAL)

The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) will provide an overview of its current work and recent trends under review by the Office of Investigations, including prescription drugs, behavioral health, and telehealth fraud.