Event Program

2020 Virtual A/B, Home Health & Hospice Medicare Summit: Understanding Medicare as a Whole

September 22–24, 2020

Part A/B, Home Health & Hospice Multi-MAC Collaboration Group

CMS
Event Program

This virtual event program includes scheduled events in Eastern Standard Time (EST), course descriptions, guest speakers and National Government Services (NGS) and other Medicare Administrative Contractors (MACs) staff information.

Theater Key & Session Guide

<table>
<thead>
<tr>
<th>Theater One</th>
<th>Theater Two</th>
<th>Theater Three</th>
<th>Theater Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Inclusive</td>
<td>Home Health Providers</td>
<td>Hospice Provider Sessions</td>
<td>Medicare A/B Provider Sessions</td>
</tr>
<tr>
<td>All-Inclusive general sessions held for Parts A/B, home health and hospice providers</td>
<td>Home health provider sessions</td>
<td>Hospice provider sessions</td>
<td>Medicare A/B provider sessions</td>
</tr>
</tbody>
</table>

A single theater registration will allow attendee access to enter and exit the theater throughout the day.

Event Schedule

Day One Schedule

Tuesday 9/22/2020

<table>
<thead>
<tr>
<th>Time</th>
<th>All Inclusive: Theater One</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 1:45 pm</td>
<td>Meet the Medicare Contractors</td>
</tr>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Fact or Fiction: Planning for a Pandemic</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Everything You Ever Wanted to Know About a UPIC</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Medicare Secondary Payer (MSP) Billing Challenges</td>
</tr>
</tbody>
</table>
Day One Course Descriptions

Title: Meet the CMS Medicare Contractors
Date: September 22, 2020
Time: 12:30 – 1:45 pm Eastern Time
Theater: All Inclusive: A/B HHH

Description: As a Medicare provider it is important to understand the Medicare program and the various components and contractors that administer the program. This unique general session will offer a panel discussion to introduce you to the various contractors that administer the Medicare program and their responsibilities. The CMS Contractors have defined roles within the Medicare but work collaboratively to administer the program and provide education to providers. You won’t want to miss this general session that will provide education from the CMS contractors:

- Medicare Administrative Contractors (MAC) (Part A, B and HHH) a jurisdictional contractor that enrolls Medicare providers, process claims and payment, and administers the overall operations of Medicare program within their jurisdiction
- Unified Program Integrity Contractor (UPIC) performs fraud, waste, and abuse, detection, deterrence and prevention activities
- Qualified Independent Contractor (QIC) performs reconsideration levels of appeals for Medicare Part A or Part B
- Durable Medical Equipment (DME) contractor processes Medicare Durable Equipment, Orthotics, and Prosthetics claims for a defined geographic area
- Quality Improvement Organization (QIO) a group of health quality experts, clinicians and consumers organized to improve the quality of care delivered to Medicare beneficiaries

Speakers

- Michael Dorris National Government Services (NGS)
- Dan George Senior Provider Relations Representative, Palmetto GBA
- Trina St. Ours POE Representative, Noridian Healthcare Solutions
- Tammy Ewers, CPC, CPCO, Provider Outreach and Education Representative, Noridian Healthcare Solutions
- Ellen Berra CPC, Specialist Provider Outreach & Education, Wisconsin Physician Services (WPS)
- Tammy Tucci Project Director, Medicare QUIC Part A-West, Maximus Federal
- Leasa Novak MS, LNHA, LPN, BCC, Communications Director BFCC-QIO, Livanta
- Jodi Benberg BSN, RN, Medical Review Supervisor, CoventBridge
- Megan Heerman-Steeve BSN, RN, MHA, Medical Review Manager, CoventBridge
**Title:** Fact or Fiction: Planning for Pandemic Disease  
**Date:** September 22, 2020  
**Time:** 2:00 – 3:00 pm Eastern Time  
**Theater:** All Inclusive: A/B HHH  
**Description:** One of the newest emergency preparedness regulations that CMS healthcare providers must develop is an Infectious Disease Pandemic Plan incorporated into their Emergency Preparedness Program. This presentation will help providers to better understand the planning process when it comes to create workable, efficient and trainable Infectious Disease Pandemic Plan. The most recent pandemic to develop over the past few months is the Coronavirus Outbreak, also known as COVID-19, which began in China and has spread throughout many parts of the world including, South Korea, Italy and the United States. In this presentation, Connect Consulting Services, healthcare emergency management experts, will share the virus’ facts and dispel the fictions, share business continuity tools and resources on how to protect you and your workplace from COVID-19’s spread, and how the pandemic can impact your workplace into the future.  
**Speakers:**  
- Nora O’Brien MPA, CEM, Chief Executive Officer, Connect Consulting  
- Karen Garrison, Director of Aging Services, Connect Consulting

**Title:** Everything You Ever Wanted to Know About a UPIC  
**Date:** September 22, 2020  
**Time:** 3:15 – 4:15 pm Eastern Time  
**Theater:** All Inclusive: A/B HHH  
**Description:** A look into what the UPIC does as a fraud, waste and abuse contractor for CMS. Identify the scope of cases which come to the UPIC for review from various referral sources. Outline the scope of practice and services provided. Discuss types of healthcare fraud identified through medical review. Give a brief overview of the home health and hospice benefit requirements in relation to the issues identified by medical review. Outline major schemes identified by the UPIC through the collaboration of data analysis, program integrity and medical review.  
**Speakers:**  
- Jodi Benberg BSN, RN, Medical Review Supervisor, CoventBridge  
- Megan Heerman-Steeve BSN, RN, MHA, Medical Review Manager, CoventBridge

**Title:** Medicare Secondary Payer Billing Challenges  
**Date:** September 22, 2020  
**Time:** 4:30 – 5:30 pm Eastern Time  
**Theater:** All Inclusive: A/B HHH  
**Description:** Should I split our bill when I only receive a partial payment from a primary payer? If a primary payer paid in full, why should I submit the claim when Medicare will not be making a payment? All of our providers have unique requirements when it comes to submitting claims, and that includes MSP claims. Join us for this session that will include steps any MSP provider must take when submitting claims when Medicare is the secondary payer. We will include scenarios and will leave room for questions from the audience. Come join us, it will be fun.  
**Speakers:**  
- Jan Wood Provider Outreach and Education Consultant, NGS  
- Ellen Berra CPC, Specialist Provider Outreach & Education, Wisconsin Physician Services (WPS)
## Day Two Schedule

### Wednesday 9/23/2020

<table>
<thead>
<tr>
<th>Time</th>
<th>All-Inclusive: Theater One</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 1:45 pm</td>
<td>CMS Fraud and Investigation</td>
</tr>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Everything You Ever Wanted to Know About a UPIC</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>C2C Innovative Solutions, Inc., the Qualified Independent Contractor (QIC),</td>
</tr>
<tr>
<td></td>
<td>Appeal Demonstration Telephone Discussions and Reopening Process</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Understanding the Targeted Probe and Educate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Home Health Providers: Theater Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Home Health Regulatory and Compliance: Partnering to Meet the Challenges</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Home Health Patient-Driven Groupings Model (PDGM) in Review</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Documentation Requirements that Support Home Health Eligibility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Hospice Providers: Theater Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Demystifying Hospice and Physician Billing</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Hospice Cap &amp; Hospice Cost Reporting Tips</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Hospice Beneficiary Election &amp; Addendum Requirements for FY2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>A/B Providers: Theater Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Beneficiary and Family Centered Care (BFCC): CMS Priorities Livanta Quality Improvement Organization (QIO)</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Appropriate Use Criterion (AUC) for Advance Diagnostic Imaging for Part A/B Providers</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Physicians are Crucial to Home Health &amp; Hospice Agency Reimbursement</td>
</tr>
</tbody>
</table>

## Day Two Course Descriptions

**Title:** CMS Fraud and Investigation  
**Date:** September 23, 2020  
**Time:** 12:30 – 1:45 pm Eastern Time  
**Theater:** All Inclusive: A/B HHH

**Description:** A Health and Human Services (HHS) panel consisting of the investigations Office of Inspector General (OIG) and Centers for Medicare and Medicaid Services (CMS) will discuss FWA involving home health and hospice providers. The audience will learn about the fight against Fraud Waste and Abuse (FWA) and the collaboration among CMS, and OIG and other stakeholders. This panel will cover everything from what is FWA, to what actions can occur as result of violating these areas and where to go to report to help combat FWA.

**Speakers:**

- Larry Ball Director, Division of Field Operations West (DFOW), Investigation & Audit Group (AIG), CMS
- Brent Person Senior Fraud Investigator & Technical Advisor, CMS
Title: Everything You Ever Wanted to Know About a UPIC  
Date: September 23, 2020  
Time: 2:00 – 3:00 pm Eastern Time  
Theater: All Inclusive: A/B HHH  

Description: A look into what the UPIC does as a fraud, waste, and abuse contractor for CMS. Identify the scope of cases which come to the UPIC for review from various referral sources. Outline the scope of practice and services provided. Discuss types of healthcare fraud identified through medical review. Give a brief overview of the home health and hospice benefit requirements in relation to the issues identified by medical review. Outline major schemes identified by the UPIC through the collaboration of data analysis, program integrity, and medical review.

Speakers  
- Jodi Benberg BSN, RN, Medical Review Supervisor, CoventBridge  
- Megan Heerman-Steeve BSN, RN, MHA, Medical Review Manager, CoventBridge

Title: C2C Innovative Solutions, Inc., the Qualified Independent Contractor (QIC), Appeal Demonstration Telephone Discussions and Reopening Process  
Date: September 23, 2020  
Time: 3:15 – 4:15 pm Eastern Time  
Theater: All Inclusive: A/HHH  

Description: CMS uses Telephone Discussions to give Part A East providers the opportunity to provide verbal testimony through a phone discussion that could possibly result in a favorable outcome. After success with the discussions in DME, in April 2019, CMS expanded the appeals Demonstration to Part A East. C2C will provide an overview of the PAE Telephone Discussion process as well as the reopening process which allows potential cases to be remanded back from the ALJ and reopened at the reconsideration level.

Speaker  
- Emily Barnes, ED.S., Education & Outreach Specialist, C2C Innovative Solutions, Inc.

Title: Understanding the Targeted Probe and Educate  
Date: September 23, 2020  
Time: 4:30 – 5:30 pm Eastern Time  
Theater: All Inclusive: A/B HHH  

Description: This session will encompass the Targeted Probe and Educate (TPE) audit as a whole (for provider types A, B, Home Health &/or Hospice), in an effort to ensure that providers fully comprehend the ADR notification and education processes of the probe. This lecture will also include important information regarding record preparation, submission of documentation to National Government Services, as well as valuable references/resources and a question and answer period immediately following the presentation.

Speakers  
- Christine Obergfell CPC, CPC-I, Approved Instructor, Provider Outreach and Education Consultant, NGS  
- Jean Roberts RN, BSN, CPC, Provider Outreach and Education Consultant, NGS
Title: Home Health Regulatory and Compliance: Partnering to Meet the Challenges  
Date: September 23, 2020  
Time: 2:00 – 3:00 pm Eastern Time  
Theater: Home Health  
Description: In order to be compliant, it’s imperative for home health providers to anticipate organizational changes needed to meet new regulations and policy. The National Association for Home Care & Hospice, National Government Services, Inc., Palmetto GBA, and Noridian Healthcare Solutions will partner to provide updates on regulatory and policy changes. This dynamic partnership will allow you to hear directly from your MACs and national association about regulatory changes that may impact your agency as we move into fiscal year 2021. This will be an opportunity you won’t want to miss to have your questions answered directly from our panel of experts.  
Speakers:  
- Shelly Dailey MSN, BSN, RN, CPHM, Provider Outreach and Education Consultant, NGS  
- Katie Wehri, BSBA Director Home Care & Hospice Regulatory Affairs, NAHC  
- Charles Canaan, RN, MPH, Senior Consultant Provider Outreach and Education, Palmetto GBA  
- Trina St. Ours, Noridian Healthcare Solutions

Title: Home Health Patient-Driven Groupings Model in Review  
Date: September 23, 2020  
Time: 3:15 – 4:15 pm Eastern Time  
Theater: Home Health  
Description: The PDGM became effective for all home health periods beginning on or after January 1, 2020. This session will review the billing changes effective under PDGM by examining billing requirements for the RAP and claim and also review the changes to home health perspective payment system reimbursement.  
Speakers:  
- Jan Wood Provider Outreach and Education Consultant, NGS  
- Dan George Senior Provider Relations Representative, Palmetto GBA

Title: Documentation Requirements that Support Home Health Eligibility  
Date: September 23, 2020  
Time: 4:30 – 5:30 pm Eastern Time  
Theater: Home Health  
Description: How do you make a decision to accept a Medicare Beneficiary who has been referred for home health services? Are you aware of the requirements that must be documented to support payment of the home health claim? Put yourself in the best position possible to assure yourselves that the beneficiary is eligible to utilize their home health benefit. We will share some best practices for creating an intake checklist and share CMS regulations that must be met when providing services to home health beneficiaries.  
Speaker:  
- Shelly Dailey MSN, BSN, RN, CPHM, Provider Outreach and Education Consultant, NGS
**Title: Demystifying Hospice and Physician Billing**

**Date:** September 23, 2020  
**Time:** 2:00 – 3:00 pm Eastern Time  
**Theater:** Hospice

**Description:** When a Medicare beneficiary elects hospice they forfeit Part A and Part B Medicare coverage for services related to their hospice diagnosis. In order to correctly bill Medicare for physician services it is important to understand the basics of the Medicare hospice benefit and how billing may be affected. This session will provide an introduction to the Medicare hospice benefit and covered services before diving into physician billing. You won’t want to miss this session to learn how and when to bill attending physician services. Corrinne Ball, and Tammy Ewers have teamed up to provide detailed education to hospice agencies and Part B physicians regarding the hospice benefit and physician billing.

**Speaker:**
- Tammy Ewers, CPC, CPCO, Provider Outreach and Education Representative, Noridian Healthcare Solutions

**Title: Hospice Cap and Hospice Cost Reporting Tips**

**Date:** September 23, 2020  
**Time:** 3:15 – 4:15 pm Eastern Time  
**Theater:** Hospice

**Description:** An in-depth review of the Hospice cap determination with an emphasis on Hospice cap self-reporting along with an overview of the P&R reports. The session will also include tips and techniques on filing the Medicare cost report.

**Speaker:**
- John Stoll, Manager, Provider Audit & Reimbursement, NGS

**Title: Hospice Beneficiary Election & Addendum Requirements for FY2021**

**Date:** September 23, 2020  
**Time:** 4:30 – 5:30 pm Eastern Time  
**Theater:** Hospice

**Description:** In order to increase transparency and assist a Medicare beneficiary and their families to make an informed decision about the hospice benefit, CMS is requiring modifications to the hospice election statement starting October 1, 2020. CMS is also adding an additional requirement for a hospice to provide an addendum when services are identified that are not related to the terminal diagnosis and related conditions and will not be covered under the hospice benefit. During this session we will discuss the new requirements, and how they may impact your agency.

**Speaker**
- Charles Canaan, RN, MPH, Senior Consultant Provider Outreach and Education, Palmetto GBA
Title: Beneficiary and Family Centered Care: CMS Priorities Livanta Quality Improvement Organization
Date: September 23, 2020
Time: 2:00 – 3:00 pm Eastern Time
Theater: A/B

Description: This session will introduce Livanta as the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS) for Regions 2, 3, 5, 7, and 9. As the BFCC-QIO, Livanta helps Medicare beneficiaries exercise their right to high-quality health care. In this session, learn more about Livanta and their statutory oversight of Medicare beneficiary complaints, discharge appeals, and immediate advocacy services - including case review data, case studies, and best practices for providers. Also get up-to-date and detailed information on Livanta’s support of the CMS Quality Strategy and BFCC-QIO vision.

Speakers

- Leasa Novak MS, LNHA, LPN, BCC, Communications Director BFCC-QIO, Livanta

Title: Appropriate Use Criterion for Advanced Diagnostic Imaging for Part A/B Providers
Date: September 23, 2020
Time: 3:15 – 4:15 pm Eastern Time
Theater: A/B

Description: Appropriate Use Criterion (AUC) requires a physician to consult a clinical decision support mechanism (CDSM) when ordering advanced diagnostic imaging services and provide the results and additional information to the rendering provider. CMS designed AUC to increase the appropriateness of advanced diagnostic imaging services provided to Medicare beneficiaries. CY 2020 is an educational and testing period with full implementation beginning in CY2021. Examples of such advanced imaging services include:

- Computed tomography (CT)
- Positron emission tomography (PET)
- Nuclear medicine, and
- Magnetic resonance imaging (MRI)

Speakers

- Jean Roberts RN, BSN, CPC, Provider Outreach and Education Consultant, NGS
- Ellen Berra CPC, Specialist Provider Outreach & Education, Wisconsin Physician Services (WPS)
Title: Physicians are Crucial to Home Health and Hospice Agency Reimbursement

Date: September 23, 2020
Time: 4:30 – 5:30 pm Eastern Time
Theater: A/B

Description: Physician medical records play a key role in determining reimbursement for your patient’s Home Health or Hospice services. This session will examine the changes to Office and Other Outpatient Evaluation and Management (E/M) services for 2021. We will provide billing and documentation requirements for certification, recertification, and care plan oversight services payable when the patient is receiving Home Health or Hospice care. Come join us and prepare for E/M in 2021 and increase your appropriate payment in connection with Home Health and Hospice Agencies.

Speaker

- Ellen Berra CPC, Specialist Provider Outreach & Education, Wisconsin Physician Services (WPS)
**Day Three Schedule**

**Thursday 9/24/2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>All Inclusive: Theater One</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 1:45 pm</td>
<td>Understanding the Department of Justice Medicare Fraud Strike Task Force</td>
</tr>
<tr>
<td>2:00 – 3:00 pm</td>
<td>How to Navigate MSP with the Benefits Coordination &amp; Recovery Center (BCRC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Home Health: Theater Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Home Health Therapy Documentation</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Home Health Medical Review Updates with NGS &amp; Palmetto</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Home Health Agency Cost Reporting Tips &amp; Techniques</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Hospice: Theater Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Hospice Regulatory and Compliance Partnering to Meet the Challenges</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Untangling the Mystery of Hospice Transfers</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Hospice Medical Review: What’s on the Radar?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>A/B Providers: Theater Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Telehealth: Alternatives for Underserved</td>
</tr>
<tr>
<td>3:15 – 4:15 pm</td>
<td>Getting to Know Who’s Who in the Medicare Appeals</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Medicare Secondary Payer (MSP) Billing Challenges</td>
</tr>
</tbody>
</table>

**Day Three Course Descriptions**

**Title:** Understanding the Department of Justice (DOJ) Medicare Fraud Strike Task Force  
**Date:** September 24, 2020  
**Time:** 12:30 – 1:45 pm Eastern Time  
**Theater:** General

**Description:** Since its inception in March 2007, the Medicare Fraud Strike Force has charged thousands of defendants with billing the federal Medicare program for tens of billions of dollars. In addition, HHS’s Centers for Medicare and Medicaid Services, working in conjunction with HHS-OIG, is taking steps to increase accountability and decrease the presence of fraudulent providers. The Assistant Chief of the Health Care Fraud Unit with the US Department of Justice Fraud Section will be discussing the types of cases that are investigated by the FBI & HHS-OIG and then tried in federal court in collaboration with the Medicare Fraud Strike Force. Speaker information is available in the 2020 Virtual Medicare Summit Event Program located under the attachments tab of the main Summit announcement.

**Speaker**

- Malisa Dubal Assistant Chief, Health Care Fraud Unit, United States Department of Justice
Title: How to Navigate MSP with the Benefits Coordination & Recovery Center  
**Date:** September 24, 2020  
**Time:** 2:00 – 3:30 pm Eastern Time  
**Theater:** General  
**Description:** In this session, we will discuss claim denials related to Non-Group Health Plan (NGHP) records and how to identify MSP when calling the BCRC's IVR system. We will also outline the required fields for reporting a GHP and NGHP situation, and discuss hierarchy. Additionally, we will go over conditional payments by Medicare for NGHP cases.  
**Speakers**  
- Jan Wood Provider Outreach and Education Consultant, NGS  
- Bridget Gallardo MSP Policy Specialist, BCRC

Title: Home Health Therapy Documentation  
**Date:** September 24, 2020  
**Time:** 2:00 – 3:00 pm Eastern Time  
**Theater:** Home Health  
**Description:** Are you struggling to understand CMS documentation requirements for therapy services under a Home Health Plan of Care? Do you understand how to demonstrate skilled need or the difference between rehabilitative and maintenance therapy? Join us to learn what NGS is looking for during medical reviews of home health therapy claims to support the plan of care, and to better understand documentation requirements for skilled therapy services.  
**Speakers**  
- Dr. Marc Duerden MD, Medical Director, NGS  
- Shelly Dailey MSN, BSN, RN, CPHM, Provider Outreach and Education Consultant, NGS

Title: Home Health Medical Review Updates with NGS and Palmetto GBA  
**Date:** September 24, 2020  
**Time:** 3:15 – 3:30 pm Eastern Time  
**Theater:** Home Health  
**Description:** Join us for an opportunity to interact with representatives from NGS and Palmetto GBA to discuss the Home Health Targeted Probe & Educate, hear about trends in home health denials, and learn tips on responding effectively to Additional Documentation Requests (ADRs).  
**Speakers**  
- Alison Hamilton RN, Senior Part A & Home Health Medical Review Nurse, NGS  
- Shelly Dailey MSN, BSN, RN, CPHM, Provider Outreach and Education Consultant, NGS  
- Charles Canaan, RN, MPH, Senior Consultant Provider Outreach and Education, Palmetto GBA
Title: Home Health Agency Cost Reporting Tips and Techniques
Date: September 24, 2020
Time: 4:30 – 5:30 pm Eastern Time
Theater: Home Health
Description: The session will include an overview of the cost report submission process along with tips to ensure your cost report gets accepted. There will also be a detailed review of the HHA cost reporting form CMS 1728 along with an overview of the PS&R reports needed for cost report submission.
Speaker
- John Stoll Manager, Provider Audit & Reimbursement, NGS

Title: Hospice Regulatory and Compliance: Partnering to Meet the Challenges
Date: September 24, 2020
Time: 2:00 – 3:00 pm Eastern Time
Theater: Hospice Theater
Description: In order to be compliant, it’s imperative for home health and hospice providers to stay abreast of changes and anticipate organizational changes needed to meet new regulations and policy. The National Hospice and Palliative Care Organization (NHPCO), National Association for Home Care & Hospice (NAHC), National Government Services and Palmetto GBA will be partnering to provide updates on regulatory and policy changes. This dynamic partnership will allow you to hear directly from your MAC and National Associations about regulatory changes that may impact your agency as we move into fiscal year 2021. This will be an opportunity you won’t want to miss to have your questions answered directly from our panel of experts.
Speakers
- Judi Lund Person BA, MPH, CHC, Vice President Regulatory and Compliance, NHPCO
- Theresa Forster BA, Vice President for Hospice Policy & Programs, NAHC
- Katie Wehri BSBA Director Home Care & Hospice Regulatory Affairs, NAHC
- Dan George Senior Provider Relations Representative, Palmetto GBA
- Christa Shipman, Provider Outreach and Education Consultant
Title: Untangling the Mystery of Hospice Transfers
Date: September 24, 2020
Time: 3:15 – 4:15 pm
Theater: Hospice

Description: Christa Shipman and Dan George will be partnering to provide an educational session to untangle the mystery of a hospice transfer. The Medicare hospice benefit allows a beneficiary to transfer from one hospice agency to another hospice agency without interrupting the benefit period once in every benefit period. Whether you are transferring a beneficiary’s care to an agency across town or across the country the Medicare regulations are the same. In order to transfer a beneficiary and preserve the benefit period documentation requirements and special billing are required. This session will provide in-depth education to explain:

• Medicare transfer regulations
• Transferring hospice agency responsibility
• Receiving hospice agency responsibility
• Billing and coding for transfers
• Process for transfer disputes

Speakers
• Dan George Senior Provider Relations Representative, POE, Palmetto GBA
• Christa Shipman, Provider Outreach and Education Consultant, NGS

Title: Hospice Medical Review: What’s on the Radar?
Date: September 24, 2020
Time: 4:30 – 5:30 pm Eastern Time
Theater: Hospice Theater

Description: CMS is the Federal agency that operates the Medicare program for addressing improper payments in the Medicare fee-for-service (FFS) program and promoting compliance with Medicare coverage and coding rules. CMS requires the MACs to analyze their internal data in an effort to prevent improper payments. This session will focus on the medical review activities for Palmetto GBA and National Government Services. During this session we will look at current edits and top denials, and discuss ways to avoid unnecessary medical review errors.

Speakers
• Julie Chang-Schaefer MSN, RN, Provider Compliance Officer, NGS
• Christa Shipman, Provider Outreach and Education Consultant, NGS
• Charles Canaan RN, MPH, Senior Consultant Provider Outreach and Education, Palmetto GBA
Title: Telehealth: Alternatives for Underserved  
**Date:** September 24, 2020  
**Time:** 2:00 – 3:00 pm Eastern Time  
**Theater:** A/B  
**Description:** This presentation will focus on the differences between telehealth vs telemedicine outlining the criteria for coverage, who and when a telehealth visit can be performed, and what POS are allowed. We will also provide a list of the types of services and providers that are able to help patients benefit from this benefit.  

**Speakers**  
- Tammy Ewers, CPC, CPCO, Provider Outreach and Education Representative, Noridian Healthcare Solutions  
- Christine Obergfell CPC, CPC-I, Approved Instructor, Provider Outreach and Education Consultant, NGS  
- Jean Roberts RN, BSN, CPC, Provider Outreach and Education Consultant, NGS  

Title: Getting to Know Who’s Who in the Medicare Appeals  
**Date:** September 24, 2020  
**Time:** 3:15 – 4:15 pm Eastern Time  
**Theater:** A/B  
**Description:** This session will take you step by step through the appeals process with special focus on the Medicare Administrative Contractor (MAC) first level redetermination and the Qualified Independent Contractor (QIC) second level reconsideration.  

**Speaker**  
- Tammy Tucci Project Director, Medicare QIC Part A – West, Maximus Federal  

Title: Medicare Secondary Payer Billing Challenges  
**Date:** September 24, 2020  
**Time:** 4:30 – 5:30 pm  
**Theater:** A/B  
**Description:** Should I split our bill when I only receive a partial payment from a primary payer? If a primary payer paid in full, why should I submit the claim when Medicare will not be making a payment? All of our providers have unique requirements when it comes to submitting claims, and that includes MSP claims. Join us for this session that will include steps any MSP provider must take when submitting claims when Medicare is the secondary payer. We will include scenarios and will leave room for questions from the audience. Come join us, it will be fun.  

**Speakers**  
- Jan Wood Provider Outreach and Education Consultant, NGS  
- Ellen Berra CPC, Specialist Provider Outreach & Education, Wisconsin Physician Services (WPS)
Event Speakers

CMS Division of Field Operations Investigation & Audit Group

Larry Ball CFE, AHFI
Director, Division of Field Operations West (DFOW), Investigation and Audit Group (IAG), CMS

Located in Southern California, Larry is responsible for Investigation and Audit Group (IAG) activities in the western region of the country. Larry oversees a staff that works in collaboration with the Program Integrity Contractors and other stakeholders. This includes coordination with OIG, FBI, DOJ, State and local agencies to fight Fraud, Waste and Abuse to the Medicare and Medicaid Program. Larry is responsible for developing investigational leads, creating strategies, recognizing trends, and maintaining Centers for Program Integrity (CPI) priorities. Larry received his degree in Criminal Justice at California State University, San Bernardino. He holds certifications as a Certified Fraud Investigator (CFE) and an Accredited Healthcare Fraud Investigator (AHFI).

Brent Person BS, CFE
Senior Investigator, Technical Advisor, DFOW, IAG, CMS

Brent serves as senior investigator and technical advisor with the Los Angeles Field Office. The Field Office serves as the agency’s primary focal point for detection and deterrence of Medicare fraud and abuse related activities within Western United States. Prior to employment with the federal government Brent served as a manager in the forensic practices at two major accounting firms. Brent has supervised special investigations units at government contractors and commercial insurers. During his federal employment Brent has been involved in specialized task forces and investigations in South Florida, Texas and the southwestern US. Brent is a Certified Fraud Examiner and has a Bachelor of Science degree from California State University at Long Beach.
National Hospice and Palliative Care Organization

Judi Lund Person, BA, MPH, CHC
Vice President, Regulatory and Compliance

Judi serves as a key contact with the Centers for Medicare and Medicaid Services, interfacing with hospice payment policy, Part D, survey and certification, contractor management, and program integrity functions, among others. She also represents hospice and palliative care with the Government Accountability Office (GAO), the Medicare Administrative Contractors (MACs), the Drug Enforcement Administration (DEA) and other federal agencies and many national organizations. Recent issues include advocating for changes in the Notice of Election filing and payment process, advocating for new guidance regarding Part D and hospice, and ongoing work with the Medicare Administrative Contractors on hospice payment policy issues. She works daily with hospice providers and state hospice organizations on the ever-increasing array of regulatory and compliance issues and translates complex regulatory language into actionable “plain English” for hospice providers. She works with her team at NHPCO to develop regulatory and compliance tools for hospice providers each year, including hospice payment rates and wage index values and compliance guides to assist providers in achieving compliance with various federal rules and regulations.

National Association for Home Care & Hospice

Theresa M. Forster BA
Vice President for Hospice Policy & Programs

Ms. Forster has served as Vice President for Hospice Policy & Programs at the National Association for Home Care & Hospice (NAHC) since 2010. As such she directs the association’s legislative, regulatory and other policy efforts on behalf of hospice organizations. Between 1996 and 2010 Forster served as NAHC’s Vice President for Policy with responsibility for coordinating the organization’s legislative, regulatory, research, and legal efforts. Between 1993 and 1996 Forster served as Staff Director of the Special Committee on Aging of the United States Senate. In that capacity, she directed the Committee’s oversight and investigative efforts into issues affecting the nation’s senior citizen population. Forster also served for 11 years as an advisor on aging, health, income maintenance and welfare issues to U.S. Senator David Pryor of Arkansas in his capacity as a member of the Senate Finance and Aging Committees. Ms. Forster holds a Bachelor’s degree in Sociology/Social Work.

Katie Wehri BSBA
Director, Home Care & Hospice Regulatory Affairs

Ms. Wehri has over 25 years of experience in home health and hospice, holding several executive-level positions, with extensive and direct knowledge of industry operations, regulation, accreditation standards, interpretation and compliance, quality assessment, and performance improvement programming and compliance programs. She is the Director of Home Health and Hospice Regulatory Affairs for the National Association for Home Care and Hospice (NAHC) and is educated with a bachelor's degree in health care administration and human resources from the Bowling Green State University in Ohio.
Connect Consulting Services

Karen Garrison
Director of Aging Services

Karen Garrison, Director of Aging Services and has developed and facilitated a wide variety of not-for-profit programs that support seniors and disabled adults for the past 30 years. She has extensive experience leading community based and clinical services throughout the San Francisco Bay Area including: Skilled Nursing, Residential Alzheimer’s Care, Assisted Living, ADHC/ Community Based Activity Services, Supportive Senior Housing, Case Management Programs and National Service Programs. Karen joined Connect Consulting Services in 2017 and brings her perspective as an Aging Services Subject Matter Expert (SME) to the projects that she drives at Connect Consulting Services. Karen leads a number of projects at CCS including developing and facilitating a wide variety of emergency management training curriculum, Quality Assurance and CMS compliance reviews, leading public sector grant development and content creation including, articles, blogs, Conference abstracts and comprehensive editing projects.

Nora O’Brien MPA, CEM
MPA, CEM, Chief Executive Officer

Nora has been in the field of emergency management for seventeen years, holds a master’s degree in Public Affairs with a concentration of Disaster and Emergency Management, and has a Certified Emergency Manager (CEM) designation from the International Association of Emergency Managers (IAEM). She also served for two years as the IAEM chair of the Healthcare Caucus. She is an emergency management, business continuity and Exercise expert, seasoned speaker and CEO of Connect Consulting Services headquartered in Sacramento, California. Connect Consulting Services was named the 2018 Woman-Owned Business of the Year by the Sacramento Small Business Administration. She launched her company with one goal in mind: To address her clients emergency management planning and response and recovery needs. Prior to the launch of Connect Consulting Services in 2009, she spent nearly a decade serving as associate director for the California Primary Care Association (CPCA) where she led efforts in emergency management resources and training to enhance preparedness and response capacity. In addition to earning a master’s degree in public affairs with a concentration in disaster and emergency management, Nora led the widely successful emergency response plans for the CPCA including: Hurricane Katrina, the California Wildfires and the H1N1 influenza viral outbreak. Nora has served as a FEMA Instructor at the Center for Domestic Preparedness teaching the Advanced Public Information Officer and is a Certified CSTI Course Manager for SEMS/NIMS, G775 and G191. She has is a Los Angeles native, has a B.A. in Political Science and a Master’s in Public Affairs with a concentration in Disaster and Emergency Management and a B.A. in Political Science and International Relations.
Palmetto GBA

Charles Canaan RN, MPH  
Senior Provider Education Consultant, POE, Palmetto GBA

Charles Canaan has over 30 years of diverse nursing experience in a variety of healthcare settings, to include inpatient, outpatient, home and organizational settings. His education includes a Bachelor of Science Degree in Nursing from Old Dominion University in Norfolk, Virginia, a Master of Public Health Degree in Health Promotion and Education and a Graduate Studies Certificate in Alcohol and Drug Studies from the University of South Carolina, and a Coding for Health Care Professionals Certificate from Trident Technical College. He reviews medical utilization data and trends. He currently provides education and consultation to Medicare Part A and Part B providers with learning needs.

Dan George  
Senior Provider Education Consultant, POE, Palmetto GBA

Dan George has been with the Medicare program since 2004. In 2008, he became part of Palmetto GBA’s Congressional Unit. This unit handled complex inquiries for Part A, Part B and Home Health and Hospice. His experience is extensive in, but not limited to, coverage polices, compliance, billing, enrollment, and systems. In 2007 and 2008, he was a manager for Palmetto GBA’s Beneficiary Call Center. Prior to working with Medicare, Dan worked in skilled nursing facilities for 12 years. He directed Dietary Departments, which included participation in nutritional assessments, care planning, wound rounds, and patient documentation. Since late 2012, he has been a part of Palmetto GBA’s Provider Outreach & Education Department, focusing on Home Health & Hospice.

Noridian Healthcare Solutions

Trina St. Ours  
POE Representative, Noridian Healthcare Solutions

Trina St. Ours has been an Educational Consultant with Noridian since 2017. Prior to joining Noridian, Trina flourished as a customer service and appeals supervisor for another Medicare Administrative Contractor (MAC), since 1998. Trina joins her team in providing guidance to suppliers for both the Jurisdiction A and Jurisdiction D DME MAC Contracts currently held by Noridian. As an education consultant, she is responsible for offering support to the supplier community as well as creating and presenting training courses involving detailed billing, coding, coverage and documentation requirements for Medicare fee-for-service. Trina’s educational efforts are focused on reducing the national CERT error rate by providing education to the supplier and treating practitioner communities.
Tammy Ewers CPC, CPCO
Provider Outreach and Education Representative, Noridian Healthcare Solutions
Tammy has nearly 30 years of Medicare experience encompassing both Part A and Part B programs with the past 20 years dedicated specifically to education and outreach endeavors. Her primary function is to serve as a liaison between the healthcare community and the Medicare Program with a focus on providing educational instruction and guidance to all provider types. She has worked on a number of state and program transitions. In addition to her business and educational background she is and has been credentialed as a certified professional coder for many years and serves on multiple CMS, state groups, professional committees and advisory groups.

WPS GHA Ellen Berra CPC
Provider Outreach & Education Consultant, WPS
Ellen has over 35 wonderful years working in the Medicare Program. (Yes, she really did start when she was 7!) Ellen has been in most of the Medicare departments over the years. Customer Service and Education have been her focus. She co-chairs two Provider Outreach & Education Advisory Groups (POE AG) who provide suggestions, feedback, support, and dissemination for our educational activities. Ellen passed her Certified Professional Coder (CPC) exam. She was sweating this one! Looking at things from a different perspective was eye opening. She found arguing with the material really didn’t work. Fun Fact: Ellen has more than 12 bookcases in her house and really needs 6 to 8 more to hold all the books she owns. Garage sales, used books stores, and dollar stores can be very dangerous and expensive places.

Maximus (QIC)
Tammy Tucci
Project Director, Medicare QIC Part A – West, Maximus Federal
Tammy Tucci is the Project Director for the MAXIMUS Federal Part A West Qualified Independent Contractor (QIC) which has responsibility for processing Medicare Standard and Expedited Reconsiderations. She has a Bachelor of Science in Health Care Management and over 21 years of experience working in Medicare government contracts.
**C2C Innovative Solutions, Inc. (QIC)**

Emily Barnes ED.S.
Education & Outreach Specialist, C2C Innovative Solutions, Inc.

Mrs. Barnes received a Bachelor’s degree in Health Services Administration in 2002, followed by a Masters’ degree and Specialist degree in Education Leadership. Prior to joining C2C Innovative Solutions, Inc. in 2015, Emily worked in the public sector for 14 years, including an administrative roll for 5 of those years. Emily currently meets with CMS, OMHA, and the MACs regularly to present updates and information regarding the Telephone Discussion Demonstration. For the last five years, Mrs. Barnes has been the Education & Outreach Specialist, sharing the Telephone Discussion Demonstration at numerous conferences, state association meetings and Jurisdiction Council advisory meetings. Mrs. Barnes brings a wealth of information and over 15 years’ experience to C2C Innovative Solutions, Inc.

**Livanta (QIO)**

Leasa Novak MS, LNHA, LPN, BCC
Communications Director BFCC-QIO, Livanta

Leasa Novak is the Communications Director for Livanta’s BFCC-QIO program. In addition to more than a dozen years of experience in Medicare’s Quality Improvement Organization program, Leasa has hands-on experience in many arenas of healthcare, including long-term care, accountable care organizations, primary care, and healthcare payers. She is a licensed Nursing Home Administrator and Licensed Practical nurse, and is also credentialed as a Board Certified Coach. She holds a Bachelor of Arts degree in Communication and a Master of Science degree in Organizational Behavior. In her role at Livanta, Leasa oversees all outreach and education for healthcare providers, Medicare beneficiaries and their caregivers, patient advocates, and other external partners.

**General Dynamics Information Technology: Benefits Coordination & Recovery Center (BCRC)**

Bridget Gallardo
MSP Policy Specialist

Bridget Gallardo has 17 years of training and experience within the insurance field. In 2002 Bridget entered the Coordination of Benefits arena to assist with coordinating MSP benefits and protect Medicare’s interest. In 2018, Bridget took over within the Benefits Coordination and Recovery Center as the MSP policy specialist and is currently pursuing her degree.
CoventBridge: Unified Program Integrity Contractor (UPIC)

Jodi Benberg BSN, RN
Medical Review Supervisor

Ms. Jodi Benberg is a Registered Nurse with a Bachelor’s Degree in Nursing from Mercy College of Health Sciences and a Bachelor’s Degree in Accounting from the University of Northern Iowa. Ms. Benberg has been employed by CoventBridge (former contract of AdvanceMed) a Medicare UPIC contractor since August 2016, as a Medical Review Supervisor. Prior to this she was on the AdvanceMed ZPIC contract as the Home Health and Hospice Subject Matter Expert. Prior to this she worked for several years as a hospice case manager and team supervisor, in addition to several years of working cardiovascular nursing in both the hospital and clinic setting. Ms. Benberg has developed and presented education on both the home health and hospice Medicare benefits with an emphasis on medical review of fraud, waste and abuse.

Megan Heerman-Steeve BSN, RN, MHA
Medical Review Manager

Ms. Megan Heerman-Steeve is a Registered Nurse with a Bachelor’s Degree in Nursing from Jacksonville University, Bachelor’s Degree in Healthcare Management from Bellevue University and a Masters in Healthcare Administration from Bellevue University. Ms. Heerman-Steeve has been employed by CoventBridge (former contract of AdvanceMed) a Medicare UPIC contractor since February 2017, as the Medical Review Manager. Prior to that she was on an AdvanceMed ZPIC contract as the Medical Review Manager. Ms. Heerman-Steeve has an extensive nursing background including health system operations and management. She has presented materials for audiences of all sizes and types. She has developed education internally and externally on Medicare benefits and medical review of fraud waste and abuse, utilization management and case management.
National Government Services

Michael Davis
POE Manager Part A, HH&H, FQHC, NGS

Mike has been with NGS for 18 years in Corporate Communications, Corporate Training, as well as Provider Outreach. Several communications-based units report or have reported through Mike, including: Congressional Correspondence, Freedom of Information and the Provider Outreach and Education (POE) units for Medicare Part A, Part B and for a short time durable medical equipment (DME). He came to the Medicare contract after serving as a marketing and communications specialist for Anthem Alliance and the TRICARE contract which offered medical insurance benefits to the uniformed service members of the United States Armed Services. Mike worked on several projects for TRICARE including; the TRICARE Pharmacy Redesign Pilot Program, marketing on hold concepts for TRICARE Region 2/5, and wrote ‘Dear TRICARE’ a monthly column for Region 2/5 military newspapers. Mike has worked as a broadcast and print journalist and has leveraged that experience to aid in the many tasks he and his teams now lead for NGS. Mike has achieved his Distinguished Toastmaster Certification from Toastmaster International. He has guest lectured on news writing at Ball State University, and serves as a guest lecturer concerning Corporate Partnership with Lawrence North High School in Indianapolis. Mike has been honored with an official Congressional Salute from Indiana 7th Congressional Representative Julia Carson, for his work with her office in conducting over 20 town hall meetings when the Medicare prescription drug benefit was introduced and also leads the Indian Health Service (IHS) contract where he and his staff train tribal communities to become certified professional coders.

Christa Shipman BA
POE Consultant, NGS

Christa is an Outreach and Education Consultant for National Government Services who specializes in Medicare home health billing education. She has twenty-two years of experience with National Government Services. She started her career in the Provider Contact Center answering calls and written correspondence, then moved to internal training. She has spent the last 12 years educating home health providers on proper Medicare billing practices and has created several job aids and articles to assist the home health community. Christa graduated with honors from Northern Kentucky University with a BA in Speech Communication. She hosts many training sessions throughout the year, and sincerely enjoys the opportunities she has to meet providers face-to-face.

Jan Wood
POE Consultant, NGS

Jan Wood has been involved with Medicare Secondary Payer (MSP) since she began with National Government Services over 30 years. For the last twelve years she has been with the Provider Outreach and Education unit as a consultant focusing on MSP training. Jan does training on the MSP provisions, MSP billing and MSP conditional billing having spent years prior to POE in the MSP unit, as a claims processor, subrogation investigator and MSP review auditor.
Shelly Dailey MSN, BSN, RN, CPHM  
POE Consultant, NGS

A passionate patient and provider advocate with a Master’s Degree in Nursing, Shelly has 25+ years of experience in health care; including an Associate Degree and certification in Healthcare Administration. Shelly became an integral member of the NGS Mobile Medical Review Team in 2011 and joined Provider Outreach & Education at NGS in 2014. She has a significant background in state and federal Medicare regulations, nursing education, home health, hospice, adult medicine, psychiatry, skilled nursing facility, ambulance, and inpatient and outpatient hospitalization. Shelly is also an adjunct professor at Roberts Wesleyan College in Rochester, NY and a matriculated Ph.D. student at The Catholic University of America in Washington, D.C. She has worked closely with the Department of Justice, Health & Human Services, the FBI and the OIG on multiple Medicare fraud trials, and has received two prestigious NGS awards, Continuous Improvement and Values in Action, for her hard work and dedication to provider collaboration and education. She is a Member of the CNY Medical Reserve Corp, the American Nurses Association, the New York State Nurses Association, the Sigma Theta Tau International Honor Society of Nursing and the International Nurses Association (INA), who recognized Shelly as a World-Wide Leader in Healthcare in 2017.

Dr. Marc Duerden MD  
Medical Director, NGS

Dr. Duerden is a Physical Medicine and Rehabilitation physician who graduated from Purdue University with a bachelor degree (BS) in Chemistry and Indiana University with a medical degree (MD). He graduated from the primer residency training program at the Northwestern University (Rehabilitation Institute of Chicago) in Physical Medicine and Rehabilitation. He was then recruited to join the faculty at the new Indiana University School of Medicine residency training program and worked with the physician group at Rehabilitation Associates of Indiana for about 20 years. It was his great honor and pleasure to serve thousands of patients over these years helping them to rehabilitate from severe injuries or impairments. He is board certified in four areas including his primary board certification in Physical Medicine and Rehabilitation. He has subspecialty board certifications in Spinal Cord Injury Medicine, Independent Medical Examinations and Disability Analysis. He also serves as a guest medical examiner for the American Board of Physical Medicine and Rehabilitation. He is currently working for National Government Services (Medicare contractor) to develop and adjudicate the application of Medicare Policies for millions of patients in the United States. He continues to practice part-time in clinical practice as a solo-practitioner. Dr. Duerden has been recognized by being a Who’s Who American Physicians, Expert Network Distinguished Physician, Best Doctors in America, Central Indiana’s “Top Doctors” U.S. News & World Report, Indianapolis Monthly Top Doctors, America’s Top Physicians, and several other honors. He has served as the President of the Indianapolis Medical Society, Indiana Society of Physical Medicine and Rehabilitation, and the 7th District of the Indiana State Medical Association. He has served on several Board of Trustees, Board of Directors, Committee and Commissions over the years. He volunteers for the Boy Scouts of America, Bridges of Hope International and the Church of Jesus Christ of Latter-day Saints. He is an Associate Clinical Professor at the Indiana University School of Medicine. He has presented hundreds of clinical presentations both regionally, nationally and internationally. He has authored several articles for professional journals and a book chapter.
Alison Hamilton RN  
**Senior Part A & Home Health Medical Review Nurse, NGS**

Alison has 10 years of experience in healthcare. She has been with National Government Services for two and a half years as a medical review nurse, and in March transitioned to a senior position. She also has a nursing background in Neurosurgery, Gastroenterology and the Operating Room. Prior to Nursing, Alison obtained a liberal arts degree and also served as an active duty member of the United States Air Force. Alison’s current role at National Government services focuses on innovation, educating providers in conjunction with Targeted Probe and Educate/NGS guidelines, case management, providing unbiased clinical based decisions for the CMS / Medicare review processes and promoting improved and appropriate quality of care.

Michael Dorris  
**Jurisdiction Affairs Manager, NGS**

The Jurisdiction Affairs Manager for Congressional Offices, Medicare Providers, and External Medicare Partners for 20 states, District of Columbia, and five (5) U.S. Territories. Michael Dorris has been with National Government Services, Inc. for over 25 years. A graduate of Butler University in 1992, Michael has served in many roles with beneficiary, congressional, and provider customer service operations. In his role, Michael reaches out to Congressional offices, provider associations, and beneficiary advocacy groups to educate them on the biggest impacts that may affect how People with Medicare receive their Medicare benefits. Michael has received numerous national, regional citations for his efforts from the Centers for Medicare & Medicaid Services, Members of Congress, and senior advocate groups.

John P. Stoll  
**Manager, Provider Audit & Reimbursement, NGS**

John Stoll has 37 years of experience in Medicare Audit & Reimbursement. Over 31 years of experience in a leadership role. Considered a subject matter expert in many aspects of Medicare Reimbursement and has in depth knowledge of Home Health and Hospice providers. He helped design the current PS&R system and was integral in implementing the Hospice cap changes as a result of the FY2012 Final Rule.
Jean Roberts RN, BSN, CPC
POE Consultant, NGS
Jean has worked for Medicare for 24 years with 18 years of experience in Provider Outreach and Education. Jean also has Medicare experience in Medicare Appeals, Medical Review and Medical Policy. Jean is a certified professional coder (CPC) with the American Academy of Professional Coders (AAPC) and is a registered nurse having graduated from the D’Youville College School of Nursing in 1978 with a Bachelor’s Degree in nursing.

Julie Chang-Schaefer, RN, MSN
Provider Compliance Officer, NGS
Ms. Schaefer has been in the nursing field in various capacities since graduating with a nursing degree from Rush University in Chicago, Illinois. Her main areas of clinical experience have been oncology, community health, home health, and hospice. After spending many years working in a home health and hospice agency, Ms. Schaefer joined National Government Services in 2011. At NGS she has worked with the CERT and Medical Review teams as a review nurse, case manager, and currently as the Provider Compliance Officer. She has been key in the implementation of the Targeted Probe and Educate at NGS. She is always looking for different ways to reach and educate the providers in traditional and non-traditional educational methods.

Christine Obergfell, CPC, CPC-I Approved Instructor
POE Consultant, NGS
Christine has been with National Government Services for over 27 years. She began her career in insurance working part-time for Acordia Senior Benefits of Indianapolis as a Customer Service Representative handling calls for both beneficiaries as well as providers. She was employed full-time with National Government Services in May of 1993 working as a Medicare Provider Assistance Customer Service Representative. She held this position for a year and a half before joining the Medicare Part B Provider Outreach and Education Team. Christine also held the position of liaison for the Indiana State Medical Association (ISMA) for five years. Christine currently chairs, and facilitates the National Government Services Provider Outreach and Education Advisory Group quarterly meetings for the J6 jurisdiction. Over the past 5 years Christine has trained a number of CPC and ICD-10CM, 2 week Boot Camps for Indian Health Services. Christine is a Certified Professional Coder, Certified Professional Coder Instructor, and ICD-10 CM Instructor through the American Academy of Professional Coders. Christine enjoys spending her free time with her grandchildren, golfing, and painting pictures.