

Details

Thursday, Nov. 14, 2019
9:30—10:30 am CST

[Register Online](#)

SDAHO Member: \$150
Non-member: \$300

Questions?

[Michella Sybesma](#)

605-789-7528



*Prior registration is required.
Registration deadline is November 12, 2019. No-shows will be billed.
Substitutions welcome anytime via email. A full refund will be given to all cancellations received 10 or more business days prior to the program. No refunds will be given to cancellations received five or fewer business days prior to the program. All cancellation and substitution requests must be emailed to sheena.thomas@sdaho.org.

Overview:

On Sept. 5, the Centers for Medicare and Medicaid Services (CMS) released a final rule with comment period (Final Rule) entitled, "Medicare, Medicaid, and Children's Health Insurance Programs; Program Integrity Enhancements to the Provider Enrollment Process." This new Final Rule significantly expands the enrollment requirements for the Medicare, Medicaid and CHIP programs, while expanding the ability of Medicare, Medicaid and CHIP programs to revoke the enrollment of current providers and suppliers, and denying applicants to any or all of these programs.

The Final Rule flows from a proposed rule that was released several years ago in spring of 2016. This Rule is an important development that will necessitate forethought and planning in order to implement the new requirements in your day-to-day operations and to ensure that your organization abides by the new requirements. The Final Rule is scheduled to take effect on Nov. 4, and is a precursor to additional developments and modifications to the enrollment process and enrollment applications that will continue to flow from CMS, state Medicaid agencies and the CHIP program in the upcoming years.

Learning Objectives:

At the conclusion of this session, participants will be able to:

1. Explain the Final Rule and its requirements.
2. Identify key areas of the Final Rule that will require additional planning and forethought necessary for implementation.
3. Discuss practical examples in an effort to better understand the Final Rule and its impacts.

Faculty:

Ross Sallade, Shareholder, Polsinelli

Mr. Sallade focuses his practice on a variety of state and federal health care regulatory and reimbursement matters, such as provider and supplier reimbursement; Medicare and Medicaid enrollment, survey and certification; federal anti-kickback and physician self-referral (or "Stark") laws; state licensure; Medicare and Medicaid regulatory compliance; health care operational and transactional matters; and fraud and abuse.

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Faculty:

Steven Angelette, Associate

Mr. Angelette provides guidance to health care organizations related to their reporting requirements, particularly related to the OIG Self-Disclosure Protocol and other Medicare reimbursement issues. He has also assisted various health care organizations in licensing with Medicare and various state agencies. Stephen has extensive experience with physician contracting, including drafting and negotiating employment and recruiting agreements, clinical co-management agreements and other arrangements, and has represented health care providers in licensing matters before various regulatory associations and boards.

The speakers do not have any real or perceived conflicts of interest related to this presentation.

Registration information and fees:

Fees are per connection at a facility and include electronic handout, and one connection line to the live webinar. Connection instructions and handout materials will be emailed to the contact person listed on the registration 1-2 days prior to the program.