

Webinar: Medicare and Medicaid Overpayments and Self Disclosures

Details

Wednesday, Feb. 26, 2020
2:00—3:00 pm CT

[Register Online](#)

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

Questions?

[Michella Sybesma](#)

605-789-7528



*Prior registration is required. Registration deadline is Feb. 21, 2020. 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 Michella.sybesma@sdaho.org.

Overview:

This webinar will discuss internal investigations of Medicare and Medicaid overpayments and the decision to voluntarily return overpayments to the Medicare Administrative Contractor (MAC), the Office of Inspector General or CMS. It will also provide practical advice for creating a complete and accurate disclosure to the MAC, OIG or CMS. Faculty will address how overpayment investigations interact with CMS's rule to return the identified overpayment within 60 days of identification or face potential liability under the False Claims Act.

Learning Objectives:

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

- Evaluate the existence of an overpayment through investigation and identify members of the investigatory team.
- Outline options to return identified overpayments to the MAC, OIG or CMS and related processes.
- Summarize the necessary steps for assembling a complete and accurate disclosure to the MAC, OIG or CMS.

Faculty:

Zach Buxton is an attorney with Baird Holm who concentrates his practice on health care law. He represents hospitals, health care facilities, physician practices and other health care providers in regulatory, transactional and reimbursement matters. He has helped clients in a range of health care issues, including compliance with fraud and abuse laws, physician contracting and compliance program assessments. He helps clients navigate nondiscrimination rules of the Affordable Care Act and additional requirements for charitable hospitals under section 501(r) of the Internal Revenue Code.

Kim Lammers is a partner and associate attorney at Baird Holm who assists clients with advice and representation for issues relating to federal health care program fraud and abuse laws, regulatory compliance, Medicare and Medicaid reimbursement, clinical denials and appeals. She is also a Certified Professional Coder through the American Academy of Professional Coders and is an active member of various legal associations, including the American Health Lawyers Association and the Health Care Compliance Association.

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.