8:00 a.m. – 9:30 a.m.  Strategies for Building a Strong Physician Advisor Program Today  
This session will provide an overview of the constantly changing and evolving role of the Physician Advisor over time and focus on the breadth and scope of these responsibilities, how to effectively juggle them all and set priorities to achieve a best-in-class Physician Advisor program in your hospital.

9:30 a.m. – 10:15 a.m.  What to Do When an Auditor Knocks on Your Door  
This update will provide information on the latest audit activities, including MAC pre-payment review, OIG audits, DOJ investigations, and the Recovery Audit permanent program. Participants will better understand the focus areas of each of these groups, how to best respond to audit requests, and how to proactively prepare for future audit scrutiny.

10:15 a.m. – 10:30 a.m.  Morning Break

10:30 a.m. – 11:15 a.m.  Developing a Leading Utilization Review Plan and Committee  
This session will focus on the relationship between the Physician Advisor and Case Management, the importance of a strong admission review process, the composition of an effective Utilization Review Committee, and the role of the Physician Advisor in Utilization Review.

11:15 a.m. – 12:00 p.m.  Physician Documentation Improvement For Medical Necessity  
As medical necessity continues to be a hot-button issue in the healthcare industry, certifying the correct setting for care (inpatient vs. outpatient/observation) every time is not only necessary, but critical in order to remain compliant with the Medicare Conditions of Participation (CoP). This session will focus on the differences between documentation for coding and medical necessity, as well as best practices for implementing accurate and thorough physician documentation that supports admission decisions.

12:00 p.m. – 12:45 p.m.  Lunch

12:45 p.m. – 1:30 p.m.  Clinical Documentation Improvement and ICD-10  
This session will provide a broad overview of ICD 10 Clinical Documentation Improvement criteria and best practices for the most efficient way to help educate your hospital’s physicians on the use of CDI/ICD-10 and how the criteria help support a thorough utilization review process. This session is focused on provider documentation improvement for ICD 10 from the provider’s point of view.

1:30 p.m. – 2:15 p.m.  A Crash Course in InterQual® Screening Criteria  
This session will provide a broad overview of InterQual criteria, the evidence-based research that goes into the development of the criteria and best practices for helping to educate your hospital’s physicians on case management’s use of InterQual and how the criteria helps to support a thorough medical necessity review.

2:15 p.m. – 2:30 p.m.  Afternoon Break

2:30 p.m. – 3:15 p.m.  A Closer Look at Denials and Appeals Strategies  
This session will provide updates on current trends in commercial payor denials, best practices for proper documentation to demonstrate medical necessity, and the benefits of implementing a consistent utilization management process across all payor types and patient populations. Procedures, timelines, tools and best practices to appeal denied claims through effective physician advisor involvement will also be discussed.

3:15 p.m. – 4:00 p.m.  Becoming a Champion of Physician and Hospital Alignment: Focusing on Length of Stay, Discipline and Standards of Care  
Medical Staffs have often tried to steer clear of the “business” side of healthcare. This separation has created frustrations and challenges for Hospital administration in managing payor denials, length-of-stay, resource utilization, and clarity of documentation. This session will focus on how to champion this shift in your hospital and guide fellow physicians in achieving excellence in length of stay, discipline and standards of care management.