“After years of picking up a class here and there, this boot camp brought everything. Was a learning experience for beginners and for the long time employees.”

—Katrina Gurley-Chase, RAC Coordinator, Wayne Memorial Hospital, Goldsboro, NC

“Best seminar ever! Learned so much. Professional, clear, interesting, knowledgeable instructor. I will recommend to others and will sign up again. The group dynamic was great, too.”

—Clare Abadie, Director Claims, Desert Oasis Healthcare, Palm Springs, CA

“I return every couple of years to keep up with all the changes. I think this class is very beneficial and worth the cost, as it is very hard to keep up with and understand the frequent changes from CMS.”

—Christine Bartel, Director of Clinical Effectiveness, Sutter Medical Center, Santa Rosa, CA

“Worth every penny and then some. Needed this course last year when I was given Medicare accounts. Needed straight answers and facts. Thank you.”

—Mindy Smith, Business Office Biller, Tehachapi Hospital, Tehachapi, CA

See inside for remaining 2012 dates and locations!

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HCPro Boot Camps lead the industry in Medicare compliance and reimbursement education

YOU CAN DO THIS. HCPro WILL HELP.

• Understand the complex Medicare rules and how they fit together
• Defend yourself against RAC and other government audits
• Identify missed revenue opportunities and prevent denials
• Maintain compliance with the latest rules and regulations

Why choose an HCPro Medicare Boot Camp?

• HCPro Boot Camps provide learners with specific insight tailored to their own setting and/or department concerns
• We’ll give you a solid foundation on target areas identified by RACs and other auditors to assist in risk assessment and future appeals
• The intensive learning format pioneered by HCPro Boot Camps® provides the significant end-to-end understanding needed for real mastery
• You’ll leave the course with confidence that you can excel at the job

These are the only Medicare Boot Camp courses of their kind. Check out all the benefits of the most comprehensive course available today:

• Focus on the rules: Learn to find, prioritize and apply up-to-the-minute CMS rules and guidance to ensure that hospital services furnished to Medicare beneficiaries are billed accurately and appropriately.
• Custom-Designed Course Materials: Materials, source documents, and exercises are developed by instructors specifically for this intensive learning format. You’ll take these unique course manuals home with you for future reference.
• Hands-On Learning: You’ll work on a set of exercises/case studies after each module to ensure you understand the concepts and know how to apply them in real-world situations.
• Highly Rated, Well-Established Program: Participants consistently rate these courses at 4.75 or higher on a 5.0 scale. We currently conduct over 30 Medicare Boot Camp courses each year.
• Expert Faculty: HCPro instructors have deep expertise in Medicare reimbursement rules and the intricacies of applying them, but even more importantly, they are the best teachers you can find. Hands down.

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Use your Boot Camp Catalog promotion code (located on the catalog back cover) and get a $100 discount on your registration!
Are continuing education credits provided?
Visit us at www.hcprobootcamps.com for complete information about continuing education credits. Depending on the particular Boot Camp, continuing education credits are offered from the following organizations:

- American Academy of Professional Coders (AAPC)
- American Health Information Management Association (AHIMA)
- Healthcare Certification Compliance Board (HCCB)
- Nursing Contact Hours—Association of Clinical Documentation Improvement Specialists (CCDS)

Who should attend an HCPro Medicare Boot Camp?
Billing specialists
Auditors and analysts
Case managers
Clinical documentation improvement specialists
Clinical managers and department heads (i.e.—emergency, lab, pharmacy, radiology, surgical)
Chargemaster coordinators and managers
Compliance officers
Coders and coding managers
Finance and reimbursement managers
Fiscal intermediary personnel
Healthcare consultants, CPAs and lawyers
HIM directors and managers
RAC coordinators
Provider-based clinic personnel
Physician advisors
Health plan financial analysts, claims processing, and provider relations professionals
Patient access/admitting staff

What about making hotel arrangements for classroom training?
Detailed information about the hotel accommodations for each boot camp around the country is available on our website at www.hcprobootcamps.com.

Special room rates are available for HCPro Boot Camp attendees—book early!
We have negotiated a special rate for a limited number of rooms at each course location. Rooms are available on a first-come, first-serve basis and may sell out before the cutoff date. Make your hotel reservations immediately to guarantee the hotel rate and availability, and be sure to identify yourself as a participant of an HCPro Boot Camp.

Registering for a course
The registration fee listed for each Boot Camp includes the course workbook. Depending on the class, there may be coding manuals required for attendance which are not included in the course fee. For information regarding administrative policies, such as cancellations, transfers, refunds, or comments, call 800/780-0584 or visit www.hcprobootcamps.com.
Medicare Boot Camp®—Hospital Version

REGISTRATION FEE: $1,699

Learn to unlock the answers to all your Medicare questions

Using a combination of lecture, class discussion, and hands-on exercises, this intensive four-and-a-half-day course will teach you the rules and their application and give you the tools and skills to prioritize and research your own Medicare questions long after the Boot Camp. Course content covers target areas identified by RACs and other auditors to assist in risk assessment and future appeals. You will identify opportunities to improve processes and practices in your organization that will strengthen both reimbursement and compliance in your department and organization.

Comprehensive sections cover information on:
- Medicare appeals processes
- Intricacies of the three-day rule
- Physician supervision
- Condition 44 and observation services
- Medically unlikely and other NCCI edits
- ABN use and applicable billing rules
- Self-administered drugs
- Inpatient-only procedures

2012 Remaining Class Dates and Locations

| August 20–24 | Boston, MA |
| September 17–21 | Denver, CO |
| October 8–12 | Charlotte, NC |
| November 12–16 | San Antonio, TX |
| December 3–7 | San Diego, CA |

Class times are: 8 a.m. to 5:00 p.m. Monday–Thursday, and 8 a.m. to 1 p.m. Friday.

REGISTER FOR 2012 CLASSES TODAY!

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Agenda

MODULE 1
Finding and Understanding Medicare Information
- Researching Medicare issues and finding Medicare resources
- How to understand statutes, regulations, manuals, transmittals and other Medicare rules and guidelines
- Medicare Part A and B
- The role of Medicare contractors, including MAC and RAC

MODULE 2
Decoding the UB-04
- Key UB-04 fields applicable to hospital services, including proper use of condition codes, revenue codes, and HCPCS codes
- Review of ICD-9 coding for outpatient services
- Review of POA coding guidance

MODULE 3
Medicare Claims Submission: Must-know Fundamentals
- Timely Filing
- Repetitive, non-repetitive and recurring services
- The three-day payment window and preadmission services

MODULE 4
Medicare Systems and Processes Related to Claims
- Medicare claims flow and processing systems, including the outpatient code editor and Medicare (inpatient) code editor
- Medicare Secondary Payer, including conditional payments
- Medicare appeals process

MODULE 5
Medical Necessity and ABNs
- Overview of limitations of liability and when notice is required
- The advance beneficiary notice (ABN) forms and instructions
- How to bill for non-covered outpatient services

MODULE 6
Correct Coding Edits, including the Proper use of Modifiers
- Column 1/Column 2 (bundling), and mutually exclusive edits
- Medically Unlikely Edits (MUEs) for excess units of service
- Proper use of modifiers with NCCI edits

MODULE 7
Nuts and Bolts of the Outpatient Prospective Payment System
- Overview of the OPPS system and ambulatory payment classifications (APCs)
- How to use Addendum A and B and status indicators to understand APCs
  - Determining separately paid services and how they are paid
  - Determine services that are packaged
- Understand composite APCs

MODULE 8
Calculating Outpatient Payment and Outliers
- How to calculate the Medicare allowable for a HCPCS
- How to calculate the patient's coinsurance
- Understand and calculate outpatient outlier payments

MODULE 9
Hospital Provider-Based Departments and Clinics
- Incident to Coverage of Outpatient Therapeutic Services
- Elements of Incident to Coverage including Physician supervision
- E/M coding for clinic services and emergency departments
- Critical care and trauma activation
- Proper application of modifier–25

MODULE 10
Drugs, Biologicals and Devices
- Coverage of drugs, including self-administered drugs
- Billing of packaged drugs, biologicals, and devices
- Separately paid drugs, biologicals, and devices
- Discarded Drugs

MODULE 11
Surgical and Radiology Services under OPPS
- Physician supervision of hospital diagnostic services
- Terminated/discontinued surgical and radiology procedures
- Surgical procedures implanting devices received at reduced cost
- Proper reporting of bilateral procedures
- Never Event procedures

MODULE 12
Laboratory Services
- National coverage determinations for laboratory services
- Clinical Diagnostic Laboratory Fee Schedule
- Reference laboratory billing
- Blood, blood products, and blood processing and storage

MODULE 13
Patient status: Observation services and inpatient admissions
- Coverage and proper billing of observation services
- Identification and billing of inpatient only procedures
- Inpatient coverage rules
- Requirements for utilization review
- Changing patient status with condition code 44
- Payment under Part B for services furnished to inpatients

MODULE 14
Inpatient Hospital Payment System and Special Billing Issues
- Overview of the Inpatient Prospective Payment System
- Medicare severity diagnosis related groups (MS DRGs)
- Hospital Acquired Conditions (HACs)
- Hospital Issued Notices of Non-coverage (HINNs)
- How to bill conditions arising during or from a non-covered stay

MODULE 15
Calculating Inpatient Payment
- How to find and use standardized amounts and wage indices
- The effect of the Indirect Medical Education (IME) and Disproportionate Share Hospital (DSH) adjustments
- Inpatient deductible, coinsurance, and life time reserve days

MODULE 16
Inpatient Payment Adjustments
- Payment for transfers and the post acute care transfer policy
- Policy for devices received without cost or with substantial credit
- New technology add-on payment
- Inpatient outlier basics

Course agenda subject to change
REGISTRATION FEE: $1,199

More rules apply to Critical Access Hospitals than you think. Master the ones that matter.

Medicare Boot Camp – Critical Access Hospital Version, is a one of a kind three–day intensive course on Medicare coverage, billing, coding, and payment for critical access hospitals. It gives you the knowledge and tools to find the answers to your most pressing Medicare coding, billing, and reimbursement questions pertaining to this unique setting.

This one–of–a–kind class will show you which rules apply to your setting so you can successfully submit claims and get paid appropriately. It will also teach you how to prepare for and respond to RAC and other government audits.

You will obtain the knowledge and confidence to:
• Find the answers to your specific Medicare questions relating to critical access hospitals
• Submit accurate claims to Medicare
• Ensure appropriate reimbursement
• Avoid compliance pitfalls
• Identify risk for RAC and other government audits

2012 Remaining Class Dates and Locations

2012 DATES HAVE SOLD OUT! FUTURE DATES AND LOCATIONS TBD.
IF YOU HAVE AN IMMEDIATE NEED, PLEASE CONTACT US AT 877/233-8828.
**Agenda**

**MODULE 1**
Medicare Basics: Finding and Understanding Medicare Information
- Researching Medicare issues and finding Medicare resources on the Web
- Understand statutes, regulations, manuals, transmittals, and other Medicare rules and guidelines
- Medicare Part A and B
- The role of Medicare contractors, including MAC and RAC

**MODULE 2**
Overview of Critical Access Hospital (CAH) Designation
- How to qualify for CAH designation
- Understand the limitations on number of beds and length of stay
- Understand distinct part units for psychiatric and rehabilitation services

**MODULE 3**
Decoding the UB-04 Claim Form and Medicare Claims Submission
- Identify key UB-04 fields applicable to CAHs, including proper use of condition codes, revenue codes, HCPCS codes, diagnosis codes and present on admission (POA) indicators
- Billing repetitive, non-repetitive, and recurring services, including claims frequency
- Application of coding guidelines for outpatient and inpatient services
- Separation of claims for outpatient and inpatient services on the day of admission

**MODULE 4**
Medicare Systems and Processes Related to Claims
- Understand the Medicare claims flow and processing systems, including the outpatient code editor (OCE) and the Medicare code editor (MCE) for inpatients
- Understand the Medicare appeals process
- Identify when Medicare is secondary to other payers, including conditional payments

**MODULE 5**
Correct Coding Edits including Proper Use of Modifiers
- Understand the composition and application of NCCI edits, including Column 1/Column 2, Mutually Exclusive, and Medically Unlikely Edits (MUEs)
- Understand the proper use of modifiers, including -59 and -91
- Identify special considerations and practical issues for CAHs related to NCCI edits

**MODULE 6**
Outpatient Medical Necessity and the ABN
- Overview of limitations of liability and when advanced notice is required
- Advance beneficiary notice (ABN) form and instructions
- How to bill for non-covered outpatient services including never events

**MODULE 7**
Overview of the Cost-Based Reimbursement System
- Understand the basics of the cost-based reimbursement system
- Understand the differences between Method I and Method II billing
- Determine how to qualify for the CRNA pass-through exemption
- Understand how to calculate the patient’s responsibility, including deductible, coinsurance, and life time reserve days for outpatient and inpatient services
- Understand when split billing is required

**MODULE 8**
Coverage, Coding and Billing for Outpatient Services
- Coverage of hospital outpatient services under the hospital incident-to provisions
- Special consideration for physician supervision of hospital therapeutic and diagnostic services in CAHs
- Proper E/M coding, including clinic, emergency department, critical care and trauma activation
- Proper application of modifier- 25
- Understand coverage of drugs, including self administered drugs (SADs) and correct reporting of units
- Modifiers for terminated/discontinued surgical and radiology procedures
- Proper reporting of bilateral procedures
- Special consideration for CAHs when implanting devices and diagnostic radiopharmaceuticals received at reduced or no cost
- Identify special considerations for inpatient-only procedures performed in CAHs
- Billing for reference laboratory services
- National coverage determinations for laboratory services
- Blood, blood products, and blood processing and storage

**MODULE 9**
Coding Coverage and Billing for Observation Services and Inpatient Admissions
- Understand the coverage and proper billing of observation services
- Understand when inpatient services begin and the related coverage rules
- Understand patient status changes from inpatient to outpatient, including proper use of condition code 44
- Identify when payment can be made under Part B for services furnished to inpatients
- Understand the Medicare severity diagnosis related groups (MS-DRGs), including hospital acquired conditions as applicable to CAHs
- Application of limitation on liability to inpatient services, including hospital-issued notices of non-coverage (HINNs)
- How to bill conditions arising during or from a non-covered stay

**MODULE 10**
Coverage and Billing for Swing Bed Admissions
- Identify coverage rules and level of care requirements for swing bed services
- Understand the reimbursement methodology and the patient’s coinsurance responsibility
- Understand how CAH swing beds are excluded from SNF consolidated billing rules and major exclusions list

Course agenda subject to change
ICD-10 Basics
Boot Camp Online™

REGISTRATION FEE: $995

The biggest change to the coding industry is coming faster than you think.
Learn ICD-10 from the coding experts.

This introductory course gives you the fundamentals of ICD-10 coding for all those professionals that need to understand ICD-10, but may not be coding in the system. This online course uses a combination of online lecture, interactive course work, coding exercises, and instructor conference calls.

After taking the course, you will be able to:
• Identify the chapter-specific differences between ICD-9-CM and ICD-10-CM
• Explain the new structure for procedure coding for inpatient services
• Categorize procedures by root operation
• Master the use of ICD-10-PCS tables
• Identify the benefits of transitioning to ICD-10
• Apply new conventions in the ICD-10-CM coding guidelines

2012 Online Class Start Dates

<table>
<thead>
<tr>
<th>AUGUST</th>
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2012 online classes are two weeks long and include an office hours call with an instructor at the conclusion of the two weeks. Registration closes the week prior to the class start date. The online course material will be accessible for six weeks following the end of the class.

REGISTER FOR 2012 CLASSES TODAY!
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Use your Boot Camp Catalog promotion code (located on the catalog back cover) and get a $100 discount on your registration!
DAY ONE

MODULE 1: Introduction to ICD–10–CM
- Historical Perspective— Why Do We Need ICD–10–CM?
- Structural Differences in ICD–9–CM versus ICD–10–CM

MODULE 2: ICD–10–CM Conventions/Official Guidelines for Coding and Reporting
- Placeholders
- 7th characters
- Laterality
- Excludes notes
- Default codes
- The “dash” (–)

MODULE 3: ICD–10–CM Chapter Specific Coding (including selected applicable Official Guidelines for sequencing)
- Infectious and Parasitic Diseases
  - HIV
  - Sepsis/septicemia
- Neoplasms
  - Neoplasm table
- Diseases of the Blood and Blood Forming Organs
- Anemia
- Endocrine, Nutritional and Metabolic Diseases
  - Diabetes mellitus
  - Obesity and BMI’s
- Mental Disorders
  - Depression
  - Substance abuse and dependence
- Diseases of the Nervous System
  - Seizures and epilepsy
  - CVAs
- Diseases of the Circulatory System
  - CAD
  - Acute myocardial infarction
- Diseases of the Respiratory System
  - Pneumonia
  - COPD
  - Asthma
- Diseases of the Digestive System
  - GI hemorrhages
  - Hernias
- Diseases of Skin and Subcutaneous Tissues
  - Pressure ulcers
- Diseases of Musculoskeletal System and Connective Tissue
  - Osteoporosis
- Diseases of the Genitourinary System
  - Chronic kidney disease
  - Acute kidney failure/injury
- Pregnancy, Childbirth and the Puerperium
  - 7th character
  - Pregnancy related complication codes
  - Outcome of delivery codes
- Newborns/Congenital Disorders
- Principle diagnosis
- Symptoms/Signs and Abnormal Findings, NEC
  - Guideline review
  - Glasgow coma scale
- Injury Poisoning and Certain Other Consequences of External Causes
  - Injuries and fractures
  - Burns
  - Poisonings and adverse effects
- External Causes of Morbidity
  - Place of Occurrence
  - Activity Codes
- Exercises

DAY TWO

MODULE 4: Introduction to ICD–10–PCS
- Historical Perspective – Why Do We Need ICD–10–PCS?
- Structural Differences in ICD–9–CM Volume 3 versus ICD–10–PCS
- Review of ICD–10–PCS Coding Guidelines

MODULE 5: ICD-10-PCS
- Procedure Coding
  - Overview of the Sections
  - Section 0—Root Operations That:
    - Take Out Some or All of a Body Part
    - Take Out Solids/Gases from a Body Part
    - Put in/Put Back or Move Some/All of a Body Part
  - Section 0—Root Operations That:
    - Alter the Diameter/Route of a Tubular Structure
    - Always Involve a Device
    - Involve Examination Only
    - Include Other Repairs
    - Include Other Objectives
  - Section 1—Obstetrics
  - Overview of Ancillary Sections 2–9 and B–D and F–H
  - Exercises

All Boot Camps are also available to bring onsite to your organization.

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Boot Camp alumnae will be able to use the Quarterly Updates to stay on top of new changes all year long. If you are not a Boot Camp alumnus, you can still use the service to gain the analysis you can’t find anywhere else, prioritize the latest changes, and identify action points for your organization.

Order your Medicare for Hospitals Quarterly Update Service now, and don’t fall behind on CMS changes.

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The Revenue Cycle Institute (www.revenuecycleinstitute.com) specializes in regulatory monitoring and guidance, education, and training customized to your organization’s unique needs. The Institute’s regulatory experts developed and lead the nationally recognized HCPro Boot Camps, and offer customized onsite training, and blended learning programs for all audiences within your organization.

We specialize in customized regulatory monitoring and guidance services for organizations including:

- The Medicare Regulatory Watchdog Service
- The Medicare Membership Program
- The ICD-10 Membership Program

Watchdog Service and Membership clients include acute care hospitals/networks/systems, critical access hospitals, consulting firms, 3rd party administrators, staffing firms, and payers.

These clients benefit from monthly conference calls and electronic newsletter updates, which are created and tailored individually by Institute regulatory experts to analyze, prioritize and match each client’s own profile of services, issues and concerns each month. Some of the tailored monthly coverage offered to clients covers general acute care and specialty hospitals and the affiliated or owned services specific to the client profile, including issues around ambulance, ESRD, professional services, SNFs, home health and more.

To learn more, please call us at 877/233-8734 or email info@hcpro.com.

Take advantage of the HCPro free e-newsletters

- Medicare Weekly Update
- Medicare Update for Physician Practices
- Medicare Update for CAHs
- The RAC Report

These weekly email newsletters provide free updates and news on changes coming out of CMS. Signing up to receive one or all of these e-newsletter is easy—just visit us online at www.hcmarketplace.com/free/e-newsletters.

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- CDI Boot Camp
- CDI Boot Camp—ICD-10
- Certified Coder Boot Camp—Inpatient Version
- Certified Coder Boot Camp—ICD-10-CM/ICD-10-PCS
Course Registration Form

Please mail or fax the completed form to:
HCPRO, Inc.
P.O. Box 3049
Peabody, MA 01961-3049
FAX: 800/738-1553

Or order by phone by calling 800/780-0584

INCLUDE YOUR CATALOG SOURCE CODE
(found on the catalog back cover) on your order, and SAVE $100!

REGISTRATION RATE: $_______________

COURSE SELECTION

- $1,699  Medicare Boot Camp®—Hospital Version
- $1,199  Medicare Boot Camp®—Critical Access Hospital Version
- $995   HCPRO ICD-10 Basics Boot Camp Online™ (CM/PCS)
- $149   Medicare Boot Camp for Hospitals Quarterly Update Service

Course Location __________________________________________________________
Course Dates __________________________________________________________________

Name ________________________________________________________________________
Organization __________________________________________________________________
Title ________________________________________________________________________
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City________________________________ State______ Zip_____________

Phone________________________ Email __________________________________________

PAYMENT TYPE

- A check for my course fee is enclosed (made payable to HCPRO, Inc.)
- Charge my course fee to (circle one) 
  VISA  Mastercard  American Express  Discover

Name on Card ________________________________________________________________

Cardholder Street Address_____________________________________________________ Zip____________________

Card Number _______________________________________________________________ Exp. Date _______________

Upon receipt of this form and your course fee, we will send confirmation of your registration, including hotel
information and information about any manuals/texts required for class. This information is also available on our
2012

HCPro Boot Camps®
Medicare Reimbursement Catalog

Go to www.hcprobootcamps.com
for 2012 dates and locations!

Meet the Medicare Boot Camp Faculty

Kimberly Anderwood Hoy, JD, CPC, is the director of Medicare and compliance for HCPro, Inc. Hoy is a lead consultant for the HCPro Revenue Cycle Institute and the lead instructor for the HCPro Medicare Boot Camp—Hospital Version®. She is a national expert in Medicare compliance and regulatory issues and has vast experience conducting billing compliance audits and internal investigations. She has served as a compliance officer and in-house legal counsel for hospitals and has developed and implemented corporate-wide compliance programs for two hospitals.

Judith L. Kares, JD, is an instructor for the HCPro Medicare Boot Camp—Hospital Version® and the Medicare Boot Camp—Critical Access Hospital Version®. She spent a number of years in private law practice, representing hospitals and other healthcare clients, and then as in-house legal counsel prior to beginning her current legal/consulting practice.

Debbie Mackaman, RHIA, CHCO, is an instructor for the HCPro Medicare Boot Camp—Hospital Version® and the Medicare Boot Camp—Critical Access Hospital Version®. A former hospital compliance officer and HIM director, she has more than 21 years of experience in the healthcare industry, including both inpatient and outpatient Prospective Payment Systems (IPPS and OPPS) and critical access hospital coding and reimbursement issues.

Hugh Aaron, CPC, CPC-H, is the original developer of the HCPro Medicare Boot Camp—Hospital Version®. He is a senior advisor for Healthcare for Virginia Capital Partners, LLC, a private equity fund based in Richmond, VA. He also owns The Aaron Group, LLC, a consulting firm that focuses on coding and reimbursement issues. He is an adjunct assistant professor at the University of Richmond, where he teaches healthcare regulation.

Shannon E. McCall, RHIA, CCS, CCS-P, CPC, CPC-I, CEMC, CCDS, is the Director of HIM and Coding for HCPro, Inc. She is an AHIMA-certified ICD-10 trainer and developed the HCPro ICD-10 Basics Boot Camp™ and the Certified Coder Boot Camp®—ICD-10 Version. As a lead regulatory specialist for HCPro’s Revenue Cycle Institute, McCall works with hospitals, medical practices, and other healthcare providers on a wide range of coding-related custom education sessions. She has extensive experience with coding for both physician and hospital services.

Jennifer Avery, CCS, CPC-I, CPC-H is an instructor for the HCPro ICD-10 Basics Boot Camp™. She is an AHIMA certified ICD-10 trainer. Avery is a regulatory specialist for HCPro’s Revenue Cycle Institute, where she utilizes her extensive experience in both inpatient and outpatient coding by developing custom training and education sessions.