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KEY=4 - KIERA MADELINE

Section 1557 of the Affordable Care Act

American Dental Association *Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.*

The Medicare Handbook

Medicare Hospice Benefits

A Special Way of Caring for the Terminally Ill

Medicare and You 2006

Medicare & You

Medicare Handbook 2011

Aspen Publishers *The 2010 Medicare Handbook is the indispensable resource you need to clearly understand - and be able to advise on - Medicare's confusing rules and regulations. It has been prepared by an outstanding team of experts from the Center for Medicare Advocacy, Inc., a private, non-profit organization devoted to helping elders and people with disabilities obtain necessary healthcare. These experienced attorneys and healthcare professionals address - from the beneficiary's perspective - issues you need to master to provide effective planning advice or advocacy services, including: Medicare eligibility rules and enrollment requirements Medicare covered services, deductibles, and co-payments Co-insurance, premiums, penalties Coverage criteria for each of the programs Problem areas of concern for the advocate Grievance and appeals procedures For each topic, you'll find an extensive selection of case citations, checklists, worksheets, and other practice tools designed to assist in obtaining coverage for clients, while minimizing research and drafting time. The 2010 Medicare Handbook has been updated to include coverage of: Re-bidding under the competitive bidding for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) as re-introduced in the fall of 2009 Understanding the strengths and weaknesses of the variety of SNPs available under the Medicare Advantage program (Medicare Part C) Continued efforts on educating beneficiaries about their rights, particularly with respect to moving from one care setting to another Developments in the Medicare Hospice Care Benefit, including in-the-home hospice care as opposed to hospice in a skilled nursing facility Ongoing problems with the implementation of the Medicare Part D prescription drug benefit, including providing good information about how to appeal the denial of coverage of drugs not on a plan's formulary*

Health Insurance and Managed Care

What They Are and How They Work

Jones & Bartlett Learning *Health Insurance and Managed Care: What They Are and How They Work is a concise introduction to the workings of health insurance and managed care within the American health care system. Written in clear and accessible language, this text offers an historical overview of managed care before walking the reader through the organizational structures, concepts, and practices of the health insurance and managed care industry. The Fifth Edition is a thorough update that addresses the current status of The Patient Protection and Affordable Care Act (ACA), including political pressures that have been partially successful in*

implementing changes. This new edition also explores the changes in provider payment models and medical management methodologies that can affect managed care plans and health insurer.

Medicaid Eligibility Quality Control

Longshoremen's and Harbor Workers' Compensation Act

Conditions of Participation for Hospitals

The Future of the Public's Health in the 21st Century

National Academies Press *The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.*

Accounting for Social Risk Factors in Medicare Payment

National Academies Press *Recent health care payment reforms aim to improve the alignment of Medicare payment strategies with goals to improve the quality of care*

provided, patient experiences with health care, and health outcomes, while also controlling costs. These efforts move Medicare away from the volume-based payment of traditional fee-for-service models and toward value-based purchasing, in which cost control is an explicit goal in addition to clinical and quality goals. Specific payment strategies include pay-for-performance and other quality incentive programs that tie financial rewards and sanctions to the quality and efficiency of care provided and accountable care organizations in which health care providers are held accountable for both the quality and cost of the care they deliver. Accounting For Social Risk Factors in Medicare Payment is the fifth and final report in a series of brief reports that aim to inform ASPE analyses that account for social risk factors in Medicare payment programs mandated through the IMPACT Act. This report aims to put the entire series in context and offers additional thoughts about how to best consider the various methods for accounting for social risk factors, as well as next steps.

School, Family, and Community Partnerships

Your Handbook for Action

<u>Corwin Press</u> *Strengthen family and community engagement to promote equity and increase student success! When schools, families, and communities collaborate and share responsibility for students' education, more students succeed in school. Based on 30 years of research and fieldwork, this fourth edition of a bestseller provides tools and guidelines to use to develop more effective and equitable programs of family and community engagement. Written by a team of well-known experts, this foundational text demonstrates a proven approach to implement and sustain inclusive, goal-oriented programs. Readers will find: Many examples and vignettes Rubrics and checklists for implementation of plans CD-ROM complete with slides and notes for workshop presentations*

Essentials of Managed Health Care

<u>Jones & Bartlett Learning</u>

The Promise of Assistive Technology to Enhance Activity and Work Participation

<u>National Academies Press</u> *The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the*

civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults.

Corporate Compliance Answer Book

Representing the combined work of more than forty leading compliance attorneys, Corporate Compliance Answer Book helps you develop, implement, and enforce compliance programs that detect and prevent wrongdoing. You'll learn how to: Use risk assessment to pinpoint and reduce your company's areas of legal exposureApply gap analysis to detect and eliminate flaws in your compliance programConduct internal investigations that prevent legal problems from becoming major crisesDevelop records management programs that prepare you for the e-discovery involved in investigations and litigationSatisfy labor and employment mandates, environmental rules, lobbying and campaign finance laws, export control regulations, and FCPA anti-bribery standardsMake voluntary disclosures and cooperate with government agencies in ways that mitigate the legal, financial and reputational damages caused by violationsFeaturing dozens of real-world case studies, charts, tables, compliance checklists, and best practice tips, Corporate Compliance Answer Book pays for itself over and over again by helping you avoid major legal and financial burdens.

Leadership by Example

Coordinating Government Roles in Improving Health Care Quality

National Academies Press *The federal government operates six major health care programs that serve nearly 100 million Americans. Collectively, these programs significantly influence how health care is provided by the private sector. Leadership*

by Example explores how the federal government can leverage its unique position as regulator, purchaser, provider, and research sponsor to improve care - not only in these six programs but also throughout the nationâ€™s health care system. The book describes the federal programs and the populations they serve: Medicare (elderly), Medicaid (low income), SCHIP (children), VHA (veterans), TRICARE (individuals in the military and their dependents), and IHS (native Americans). It then examines the steps each program takes to assure and improve safety and quality of care. The Institute of Medicine proposes a national quality enhancement strategy focused on performance measurement of clinical quality and patient perceptions of care. The discussion on which this book focuses includes recommendations for developing and pilot-testing performance measures, creating an information infrastructure for comparing performance and disseminating results, and more. Leadership by Example also includes a proposed research agenda to support quality enhancement. The third in the series of books from the Quality of Health Care in America project, this well-targeted volume will be important to all readers of To Err Is Human and Crossing the Quality Chasm - as well as new readers interested in the federal governmentâ€™s role in health care.

Hearing Health Care for Adults Priorities for Improving Access and Affordability

<u>National Academies Press</u> *The loss of hearing - be it gradual or acute, mild or severe, present since birth or acquired in older age - can have significant effects on one's communication abilities, quality of life, social participation, and health. Despite this, many people with hearing loss do not seek or receive hearing health care. The reasons are numerous, complex, and often interconnected. For some, hearing health care is not affordable. For others, the appropriate services are difficult to access, or individuals do not know how or where to access them. Others may not want to deal with the stigma that they and society may associate with needing hearing health care and obtaining that care. Still others do not recognize they need hearing health care, as hearing loss is an invisible health condition that often worsens gradually over time. In the United States, an estimated 30 million individuals (12.7 percent of Americans ages 12 years or older) have hearing loss. Globally, hearing loss has been identified as the fifth leading cause of years lived with disability. Successful hearing health care enables individuals with hearing loss to have the freedom to communicate in their environments in ways that are culturally appropriate and that preserve their dignity and function. Hearing Health Care for Adults focuses on improving the accessibility and affordability of hearing health care for adults of all ages. This study examines the hearing health care system, with a focus on non-surgical technologies and services, and offers recommendations for improving access to, the affordability of, and the quality of hearing health care for adults of all ages.*

The Future of Nursing

Leading Change, Advancing Health

<u>National Academies Press</u> *The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.*

Registries for Evaluating Patient Outcomes

A User's Guide

<u>Government Printing Office</u> *This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or*

medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

Unmanageable Care

An Ethnography of Health Care Privatization in Puerto Rico

<u>NYU Press</u> *In Unmanageable Care, anthropologist Jessica M. Mulligan goes to work at an HMO and records what it's really like to manage care. Set at a health insurance company dubbed Acme, this book chronicles how the privatization of the health care system in Puerto Rico transformed the experience of accessing and providing care on the island. Through interviews and participant observation, the book explores the everyday contexts in which market reforms were enacted. It follows privatization into the compliance department of a managed care organization, through the visits of federal auditors to a health plan, and into the homes of health plan members who recount their experiences navigating the new managed care system. In the 1990s and early 2000s, policymakers in Puerto Rico sold off most of the island's public health facilities and enrolled the poor, elderly and disabled into for-profit managed care plans. These reforms were supposed to promote efficiency, cost-effectiveness, and high quality care. Despite the optimistic promises of market-based reforms, the system became more expensive, not more efficient; patients rarely behaved as the expected health-maximizing information processing consumers; and care became more chaotic and difficult to access. Citizens continued to look to the state to provide health services for the poor, disabled, and elderly. This book argues that pro-market reforms failed to deliver on many of their promises.The health care system in Puerto Rico was dramatically transformed, just not according to plan.*

Microfilming Records

Medicare coverage of diabetes supplies & services

Elder Law Practice in Tennessee

<u>LexisNexis</u> *Elder Law Practice in Tennessee covers all aspects of elder law as it currently exists in Tennessee. This one volume treatise addresses senior citizens and the law relevant to the legal practitioner and others providing allied services. Using this book as a guide, you can feel confident when: • planning for medical, financial, and quality of life decisions, • setting up a conservatorship, • making ethical considerations in elder law practice, • choosing housing options for an elderly client, and • planning for long-term care. The appendices include an Elder Law Planning Questionnaire for client use, a table of current public benefits figures, life estate and life expectancy tables, as well as a resource directory.*

Clinical Mental Health Counseling Elements of Effective Practice

<u>SAGE Publications</u> *Referencing the 2016 CACREP standards, Clinical Mental Health Counseling: Elements of Effective Practice by editors J. Scott Young and Craig S. Cashwell combines solid foundational information with practical application for a realistic introduction to work in community mental health settings. Top experts in the field cover emerging models for clinical interventions as they explore cutting-edge approaches to CMH counseling. With case studies integrated throughout, students will be well prepared to move into practicum and internship courses as well as field-based settings.*

Health Data in the Information Age Use, Disclosure, and Privacy

<u>National Academies Press</u> *Regional health care databases are being established around the country with the goal of providing timely and useful information to policymakers, physicians, and patients. But their emergence is raising important and sometimes controversial questions about the collection, quality, and appropriate use of health care data. Based on experience with databases now in operation and in development, Health Data in the Information Age provides a clear set of guidelines and principles for exploiting the potential benefits of aggregated health data-- without jeopardizing confidentiality. A panel of experts identifies characteristics of emerging health database organizations (HDOs). The committee explores how HDOs can maintain the quality of their data, what policies and practices they should adopt, how they can prepare for linkages with computer-based patient records, and how diverse groups from researchers to health care administrators might use aggregated data. Health Data in the Information Age offers frank analysis and guidelines that will be invaluable to anyone interested in the operation of health care databases.*

Extending Medicare Coverage for Preventive and Other Services

National Academies Press *This report, which was developed by an expert committee of the Institute of Medicine, reviews the first three services listed above. It is intended to assist policymakers by providing syntheses of the best evidence available about the effectiveness of these services and by estimating the cost to Medicare of covering them. For each service or condition examined, the committee commissioned a review of the scientific literature that was presented and discussed at a public workshop. As requested by Congress, this report includes explicit estimates only of costs to Medicare, not costs to beneficiaries, their families, or others. It also does not include cost-effectiveness analyses. That is, the extent of the benefits relative to the costs to Medicareâ€"or to society generallyâ€"is not evaluated for the services examined. The method for estimating Medicare costs follows the generic estimation practices of the Congressional Budget Office (CBO). The objective was to provide Congress with estimates that were based on familiar procedures and could be compared readily with earlier and later CBO estimates. For each condition or service, the estimates are intended to suggest the order of magnitude of the costs to Medicare of extending coverage, but the estimates could be considerably higher or lower than what Medicare might actually spend were coverage policies changed. The estimates cover the five-year period 2000-2004. In addition to the conclusions about specific coverage issues, the report examines some broader concerns about the processes for making coverage decisions and about the research and organizational infrastructure for these decisions. It also briefly examines the limits of coverage as a means of improving health services and outcomes and the limits of evidence as a means of resolving policy and ethical questions.*

Report to the Congress, Medicare Payment Policy

Managed Care Credentialing

Compliance Strategies for Health Plans, CVOs and Delegated Entities

The role of the MSP is expanding to include payer enrollment and delegated credentialing responsibilities for managed care organizations. Traditionally siloed, MSPs are now beginning to take on both responsibilities, which means they must

learn the nuances of managed care credentialing as well as the regulatory and accreditation requirements of NCQA, CMS, and URAC. Managed Care Credentialing: Compliance Strategies for Health Plans, CVOs, and Delegated Entities provides the answers to MSPs' inevitable questions as they begin to manage the tasks of payer enrollment and delegated credentialing. Author Amy M. Niehaus guides readers through each payer's requirements, the differences between hospital and managed care credentialing, and how to help their organization establish delegated credentialing agreements and prepare for audits. As new and existing MSP responsibilities begin to collide, this resource also outlines ways MSPs can modify their current processes to reduce duplication of efforts and develop a comprehensive and compliant managed care credentialing program. Whether you are new to managed care credentialing or are taking on delegated credentialing responsibilities, this book will help you: Learn the regulatory and accreditation requirements related to managed care credentialing Streamline the provider enrollment process through delegation Meet your organizational goals of compliance, operational efficiency, cost savings, and practitioner satisfaction Identify the differences between hospital and managed care credentialing

The Promise of Assistive Technology to Enhance Activity and Work Participation

National Academies Press *The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults.*

The Treatment of Emergencies

Health Professions Education

A Bridge to Quality

<u>National Academies Press</u> *The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.*

Medicare Demonstration PPOs

Financial and Other Advantages for Plans, Few Advantages for Beneficiaries

<u>DIANE Publishing</u> *Preferred provider org. (PPO) are more prevalent than other types of health plans, but, in 2003, only 6 PPOs contracted to serve Medicare beneficiaries (BE) in Medicare+Choice. The Centers for Medicare & Medicaid Services (CMS) initiated 2 demonstrations that include a total of 34 PPOs. This study: (1) describes how CMS used its statutory authority to conduct the 2 demo's., (2) assessed the extent to which demo. PPOs (DP) expanded access to Medicare health plans & attracted enrollees, (3) compared CMS's est. of out-of-pocket costs that BE incurred in DP with those of other types of coverage, incl. fee-for-service Medicare, M+C plans, & Medigap policies, & (4) determined the effects of DP on Medicare spending. Charts & tables.*

Principles and Practice of Clinical Trials

Springer Nature *This is a comprehensive major reference work for our SpringerReference program covering clinical trials. Although the core of the Work will focus on the design, analysis, and interpretation of scientific data from clinical trials, a broad spectrum of clinical trial application areas will be covered in detail. This is an important time to develop such a Work, as drug safety and efficacy emphasizes the Clinical Trials process. Because of an immense and growing international disease burden, pharmaceutical and biotechnology companies continue to develop new drugs. Clinical trials have also become extremely globalized in the past 15 years, with over 225,000 international trials ongoing at this point in time. Principles in Practice of Clinical Trials is truly an interdisciplinary that will be divided into the following areas: 1) Clinical Trials Basic Perspectives 2) Regulation and Oversight 3) Basic Trial Designs 4) Advanced Trial Designs 5) Analysis 6) Trial Publication 7) Topics Related Specific Populations and Legal Aspects of Clinical Trials The Work is designed to be comprised of 175 chapters and approximately 2500 pages. The Work will be oriented like many of our SpringerReference Handbooks, presenting detailed and comprehensive expository chapters on broad subjects. The Editors are major figures in the field of clinical trials, and both have written textbooks on the topic. There will also be a slate of 7-8 renowned associate editors that will edit individual sections of the Reference.*

The CMS Hospital Conditions of Participation and Interpretive Guidelines

In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines, we include key Survey and Certification memos that CMS has issued to announced changes to the emergency preparedness final rule, fire and smoke door annual testing requirements, survey team composition and investigation of complaints, infection control screenings, and legionella risk reduction.

EMTALA Answer Book 2022 Edition

Aspen Publishers *EMTALA Answer Book, 2022 Edition*

Case Management and Care Coordination

Supporting Children and Families to Optimal Outcomes

Springer *New collaborative models of health care service delivery are contributing to quality and cost improvements, especially in treating children and families. At the same time, deficits in communication between systems sharing patients can not only lead to confusion and waste, but also to increased risk of harm. Case Management and Care Coordination offers an evidence-based framework, best practices, and clinical common sense to meet this ongoing challenge. Focusing on families of children with chronic health issues, it outlines the processes of case management and care coordination, clarifies the roles and responsibilities of team members, and models streamlined, patient-centered service delivery. This analysis cuts through much of the complexity of case management while emphasizing collaboration, flexibility, and advocacy in pursuing best outcomes for patients. And as an extra dimension of usefulness, the book is accessible to lay readers, empowering families to make informed decisions and have a more active role in their own care. Included in the coverage: Essential skills for integrated case management. Children and youth with special health care needs. Transitional care and case management settings for children and families. Case management and home visitation programs. Managed care and care coordination. Technology and care coordination. Effectively illustrating the possibilities and potential of health care reform, Case Management and Care Coordination is an essential resource for pediatricians and health care professionals, as well as for families of children with special health care needs.*

A Dictionary of Acronyms

Rules and Guidance for Pharmaceutical Manufacturers and Distributors (Orange Guide) 2017

Commonly known as the Orange Guide, this book remains an essential reference for all manufacturers and distributors of medicines in Europe. It provides a single authoritative source of European and UK guidance, information and legislation relating to the manufacture and distribution of human medicines.

Telemedicine & Telehealth Reference Guide - First Edition

AAPC *Grow your practice and improve your patient outcomes with a thriving telemedicine program. Telehealth and telemedicine services are growing rapidly—and with growth comes evolving guidelines and regulations. Meeting compliance and coding protocols can be daunting, but it doesn't have to be. Trust the experts at AAPC to leverage the advantages of telehealth and build your practice's volume. The Telemedicine & Telehealth Reference Guide will put you on the path to reimbursement, walking you through covered services, new code options, proper modifier use, conditions of payment, security protocols, and more. This end-to-end resource takes the guess work out of best practices and Federal regulations governing virtual care. Nail down the ABCs of telemedicine and discover how to put them to work for you. Give your patients the care options they expect with a vital telemedicine program: Navigate the Ins and Outs of Telemedicine and Telehealth Discover Best Practices for Billing Telehealth Services Nail Down Where Telehealth Services Can Take Place and Who Can Perform Them Tackle HIPAA and Compliance Issues for Telemedicine and Telehealth Get to Know the Basics on Telehealth Reimbursement Ace Accurate Coding for Telemedicine and Telehealth with Practical Examples Learn How to Modify the Modifiers for Telehealth Services Get Up to Speed on Credentials and Privileges Power Up Your Claim Submittals for Services Furnished Via Telehealth Gain Tips for Managing the Rapidly Changing Telehealth Technology Capitalize on New Telemedicine Options from CMS Glossary of Telemedicine and Telehealth Terminology And much more!*