

Jurisdiction L (JL) Educational Events Calendar

Join us for one of our engaging live educational events. Learn more about the Medicare program and discover ways to improve the accuracy and efficiency of your Medicare credentialing or billing process by participating in the free educational events hosted by us. MAC JL includes providers located in Delaware, Maryland, New Jersey, Pennsylvania, and the Washington D.C. Metro Area (Arlington and Fairfax counties in Virginia, the city of Alexandria, VA, the District of Columbia, and Montgomery and Prince George’s counties in Maryland).

[Jump to events >>](#Events)

Event registration is easy!

Access to our events is free with no required accounts to manage. Simply complete a few fields in our registration form and you are ready to participate. Click here to learn more about the process.

Continuing education units (CEUs)

CEUs may be awarded for successful completion of an educational event (e.g., 1 CEU per 60 minutes of attendance). Attendees must participate in the event in its entirety to be eligible for a completion certificate containing the CEU. Completion certificates will be available within 3 - 5 business days after the event within the MyCEUCertificate Gateway.

Click here to learn more about CEUs.

Accessing your CEUs is now easier, faster, and better!

Completion certificates are available via the MyCEUCertificate Gateway located on the Novitas website under the Learning Center. Click here to learn more.

Assistance is available

Need help registering, starting a class, or accessing your completion certificate? Access our step-by-step tutorials:

* Learning Center Step-by-Step Tutorial: Event registration, participation, and handout access
* Learning Center Step-by-Step Tutorial: MyCEUCertificate Gateway

If you still need help, email us at LearningCenterHelpDesk@novitas-solutions.com.

**Target audience:**

 - Part A (facility services billed on a CMS UB-04 claim form or an electronic equivalent)

 - Part B (professional services billed on the CMS-1500 claim form or an electronic equivalent)

 - New provider (providers, billers, coders, office staff, etc., new to the Medicare program or looking for a refresher)

All times listed are in the Eastern Time Zone.

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| Date | Audience Focus | Eastern\_Time (ET) | Event Description | CEUs |
| Tuesday, August 26, 2025 |  | Start:10:00 a.m.End11:30 a.m. | Partial Hospitalization Program Billing and Coverage RequirementsThis webinar will review how the Partial Hospitalization Program (PHP) is structured and the distinctions between other programs related to mental health. We will review the type of care that should be rendered for patients that met the criteria to receive PHP services. We will outline the specific guidelines, requirements and billing related to PHP.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, August 26, 2025 |  | Start:1:00 p.m.End2:30 p.m | Skilled Nursing Facility (SNF) Benefit and Coverage RequirementsJoin this webinar to learn about skilled nursing facility (SNF) coverage requirements including the SNF benefit period. We'll include information on the three-day qualifying hospital stay requirement and medical documentation requirements. We'll also provide some valuable resources to comply with Medicare’s guidelines.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, August 27, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Skilled Nursing Facility (SNF) Consolidated BillingThis webinar is designed to educate Medicare providers on SNF consolidated billing (CB). We will discuss the inclusions and exclusions with an explanation of the major categories. We will review the annual coding files and highlight tips for successful billing. We will conclude with SNF CB scenarios and review the resources available.Graphical user interface  Description automatically generated | 1.5 |
| Thursday, August 28, 2025 |   | Start:10:00 a.m.End11:00 a.m. | Medicare Navigator Medicare Secondary Payer (MSP): FundamentalsThe Medicare Navigator Medicare Secondary Payer (MSP) series supports providers with identifying patient eligibility and billing services to the applicable insurer. Our first webinar of the series will provide an overview of the MSP provisions and define various types of common coverage situations.Graphical user interface  Description automatically generated | 1.0 |
| Thursday, August 28, 2025 |   | Start:1:00 p.m.End2:30 p.m | Medicare Navigator Provider Enrollment: Submitting a Sole Owner Application through the Provider Enrollment, Chain and Ownership System (PECOS)The Medicare Navigator Provider Enrollment series promotes compliance with initial enrollment, record maintenance and revalidation for a variety of Medicare facility, provider and supplier types. During this webinar, we will review how to submit a sole owner application using the Provider Enrollment, Chain and Ownership System (PECOS). A sole owner is defined as the only owner of a Professional Association (PA), Professional Corporation (PC), or Limited Liability Company (LLC) in which the provider renders health care services to the self-owned company, and the business is legally separate from personal assets.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 3, 2025 |  | Start:10:00 a.m.End11:30 a.m. | Modifiers of the Month: Procedural Modifiers 22, 52 and 53The Modifier of the Month workshop series describes commonly used modifiers and outlines common billing scenarios for utilization. Modifiers 22, 52, and 53 are required when billing for an increased, reduced, or discontinued procedure. During this webinar, we will define each modifier, explore common scenarios for use and review applicable supporting documentation requirements.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 3, 2025 |  | Start:1:00 p.m.End2:30 p.m | Skilled Nursing Facility (SNF) Billing GuidanceJoin this skilled nursing facility (SNF) webinar to learn the billing requirements for SNF claims. We will review the components for SNF billing situations such as change in level of care, no-pay claims, benefit exhaust, SNF readmissions, leave of absence, and demand billing. We will provide valuable SNF resources and self-service tools available.Graphical user interface  Description automatically generated | 1.5 |
| Thursday, September 4, 2025 |  | Start:10:00 a.m.End11:30 a.m. | Skilled Nursing Facility (SNF) 5-Claim Probe and Educate and Understanding the Patient Driven Payment Model (PDPM)In this webinar we will review the Skilled Nursing Facility (SNF) 5-Claim Probe and Educate initiative and how it relates to the Patient Driven Payment Model (PDPM). PDPM determines the Medicare Part A reimbursement rate in the SNF setting. We will expolore the components of PDPM. We will review SNF Prospective Payment System (PPS) resources and self-service tools available.Graphical user interface  Description automatically generated | 1.5 |
| Monday, September 8, 2025 |  | Start:1:00 p.m.End2:00 p.m | StayConnected: Implementing Advanced Primary Care Management (APCM) GuidelinesThe Care Management workshop series supports providers in staying connected with Medicare-covered care coordination services. This session will review Medicare’s guidelines for a new service that reflects the essential elements of advance primary care: Advance Primary Care Management (APCM). Join us to review the guidelines and components for this new service. We will discuss billing requirements and provide resources to assist in learning more.Graphical user interface  Description automatically generated | 1.0 |
| Tuesday, September 9, 2025 |  | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Part A: A Guide to Inpatient ServicesThe Medicare Navigator Part A Claims series supports institutional providers billing on the UB-04 claim form (or electronic equivalent) with navigating the billing basics to performing post payment claim correction activities. This webinar will provide an overview of billing requirements for Part A acute hospital inpatient coverage services. We will address various billing scenarios including claim overlaps, transfers and ancillary billing.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, September 9, 2025 |  | Start:1:00 p.m.End2:00 p.m. | StayConnected: Transitioning Patient Care CoordinationThe Care Management workshop series supports providers in staying connected with Medicare-covered care coordination services. Transitional care management (TCM) services are a critical component to bettering patient health outcomes by supporting care coordination and care continuity post facility discharge. During this webinar, we will review Medicare coverage and billing requirements for transitional care, identify types of providers who can render these services, address how to avoid common improper payment errors, and conclude with documentation guidance.Graphical user interface  Description automatically generated | 1.0 |
| Wednesday, September 10, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Provider Enrollment: Revalidating Enrollment InformationThe Medicare Navigator Provider Enrollment series promotes compliance with initial enrollment, record maintenance and revalidation for a variety of Medicare facility, provider and supplier types. Our next event spotlights the Medicare revalidation process, including how to identify revalidation due dates, complete and submit a revalidation application, and monitor the processing status of the application once submitted. We will conclude with an overview of the new "stay of enrollment" status for non-responsive providers.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 10, 2025 |  | Start:10:00 a.m.End11:30 a.m. | StayConnected: Integrating Chronic and Other Care Management Services into Patient CareThe Care Management workshop series supports providers in staying connected with Medicare-covered care coordination services. This webinar will review chronic care management (CCM), principal care management (PCM), principal illness navigation (PIN) and community health integration (CHI) services which are intended to support patients with chronic conditions. We We will define each service, outline patient and provider eligibility and review billing and coverage requirements.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 10, 2025 |  | Start:1:00 p.m.End2:30 p.m. | StayConnected: Documentation Fundamentals for Evaluation and Management (E/M) ServicesStay connected with Medicare Part B updates and requirements by attending the Evaluation and Management (E/M) workshop series. This webinar will spotlight best practices for maintaining compliance with medical record documentation and authentication requirements to avoid common improper payment errors.Graphical user interface  Description automatically generated | 1.5 |
| Thursday, September 11, 2025 |  | Start:10:00 a.m.End11:00 a.m. | StayConnected: Assessing and Managing Patient Cognitive NeedsThe Care Management workshop series supports providers in staying connected with Medicare-covered care coordination services. Medicare patients benefit from Cognitive Assessment & Care Plan Services (CACPS). A cognitive assessment affords the provider an opportunity to more thoroughly evaluate a patient's cognitive function and develop a care plan when signs of cognitive impairment are evident. During this webinar, we will define cognitive assessment and care plan services, identify patient and provider eligibility, and review billing, coverage and documentation requirements.Graphical user interface  Description automatically generated | 1.0 |
| Thursday, September 11, 2025 |  | Start:1:00 p.m.End2:30 p.m. | StayConnected: Self-Help Solutions for Evaluation and Management (E/M) Service RequirementsStay connected with Medicare Part B updates and requirements by attending the Evaluation and Management (E/M) workshop series. During this webinar, we will identify web-based resources and interactive tools designed to assist providers, coders, billers, compliance officers and others with locating and understanding E/M requirements. Join us for live demonstrations of these self-help tools.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, September 16, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Coverage and Policy: Understanding National Coverage Determinations (NCD)The Medicare Navigator Coverage and Policy series is designed to support providers with searching, locating and understanding Medicare coverage requirements. This webinar will provide an overview of national coverage determinations (NCD) and how they aid in determining reasonable and necessary criteria for a variety of services.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 17, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Part B Claims: Billing RequirementsThe Medicare Navigator Part B Claims series supports providers billing on the CMS-1500 claim form (or electronic equivalent) with navigating the billing basics to performing post payment claim correction activities. This webinar will examine the Part B claims process for filing a claim, including how to submit supplemental documentation. We’ll also cover best practices in identifying code selection, Medicare coverage and self-service resources.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 17, 2025 |  | Start:12:00 p.m.End1:00 p.m. | Medicare Navigator Fee Schedules: Identify Part B Reimbursement RatesThis three-part Medicare Navigator webinar series is designed to provide a thorough examination of various Medicare fee schedules and how to effectively use them. We will begin this series by demonstrating how to successfully navigate the Novitas and First Coast provider websites to locate fee schedules and outline how to determine which fee schedule to use.Graphical user interface  Description automatically generated | 1.0 |
| Wednesday, September 17, 2025 |   | Start:2:00 p.m.End3:30 p.m. | National Part A/B MAC Ambulance Supplier Coalition: Second meetingAmbulance suppliers and providers are invited to attend the second virtual National Part A and B Ambulance Provider/Supplier Coalition meeting during EMS week hosted by the MACs. The MACs will respond to pre-submitted provider questions during the event and share beneficial resources. Click [here](https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00301867) to view the full invitation and registration details.Graphical user interface  Description automatically generated | 0.0 |
| Thursday, September 18, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Medicare Secondary Payer (MSP): Identifying the Primary InsurerThe Medicare Navigator Medicare Secondary Payer (MSP) series supports providers with identifying patient eligibility and billing services to the applicable insurer. Our next event outlines approaches to screening patients to obtain insurance coverage information and to validate that information. We will also explore the role of the MSP Contractor and identify resources for patient eligibility and MSP-related questions.Graphical user interface  Description automatically generated | 1.5 |
| Friday, September 19, 2025 |  | Start:10:00 a.m.End11:30 a.m. | Medicare Preventive Services: Wellness VisitsThe Preventive Services series identifies a variety of Medicare covered preventive services and provides an overview of coverage, patient eligibility, and billing requirements. This webinar will focus on the Medicare initial preventive physical examination (IPPE) and annual wellness visit (AWV). We will also review the social determinants of health (SDOH) risk assessment as an optional part of the AWV. Using improper payment errors identified by the Comprehensive error Rate Testing (CERT) program and medial review, we will highlight best practices to prevent these billing and documentation errors from occurring in your practice.Graphical user interface  Description automatically generated | 1.5 |
| Monday, September 22, 2025 |    | Start:11:00 a.m.End12:30 p.m. | StayConnected: Getting Started with MedicareNew to Medicare? Whether you are a provider, biller, coder, compliance officer or serve in some other role, let us connect you to Medicare program requirements and resources by attending our New Provider Roadmap workshop series. Our first event will introduce the Medicare program and contractors, enrollment options, beneficiary eligibility, coverage policies and reimbursement methods.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, September 23, 2025 |    | Start:11:00 a.m.End12:30 p.m. | StayConnected: Enrolling in Electronic BillingNew to Medicare? Whether you are a provider, biller, coder, compliance officer or serve in some other role, let us connect you to Medicare program requirements and resources by attending our New Provider Roadmap workshop series. This webinar will highlight the benefits of billing electronically and review the various electronic billing options available. We will conclude with an overview of the necessary steps to enroll as an electronic biller.Graphical user interface  Description automatically generated | 1.5 |
| Wednesday, September 24, 2025 |    | Start:2:00 p.m.End3:30 p.m. | StayConnected: Billing Part B ServicesNew to Medicare? Whether you are a provider, biller, coder, compliance officer or serve in some other role, let us connect you to Medicare program requirements and resources by attending our New Provider Roadmap workshop series. Our next event will review Medicare billing requirements for Part B professional services, fields on the CMS-1500 claim form (or electronic equivalent) and claims processing expectations.Graphical user interface  Description automatically generated | 1.5 |
| Thursday, September 25, 2025 |    | Start:11:00 a.m.End12:30 p.m. | StayConnected: Billing Part A ServicesNew to Medicare? Whether you are a provider, biller, coder, compliance officer or serve in some other role, let us connect you to Medicare program requirements and resources by attending our New Provider Roadmap workshop series. Our next event will review Medicare billing requirements for Part A institutional services, fields on the CMS-1450/UB-04 claim form (or electronic equivalent) and claims processing expectations.Graphical user interface  Description automatically generated | 1.5 |
| Thursday, September 25, 2025 |    | Start:1:00 p.m.End2:30 p.m. | Updates for the Hospital Outpatient Department (OPD) Prior Authorization (PA) ProgramThis webinar will review the prior authorization (PA) program for hospital outpatient department (OPD) services. Under prior authorization, the provider submits the prior authorization request (PAR) and supportive medical documentation to the Medicare Administrative Contractor (MAC) and receives an affirmed or non-affirmed decision prior to rendering the service. As a condition of payment, a PAR is required for the following hospital OPD services: blepharoplasty, blepharoptosis repair, and brow ptosis repairs; botulinum toxin injections; panniculectomy, excision of excess skin and subcutaneous tissue (including lipectomy), and related services; rhinoplasty and related services; vein ablation and related services; cervical fusion with disc removal, implanted spinal neurostimulators, and facet joint interventions. This webinar will review the PAR process review decision timeframes, common avoidable reasons for non-affirmations and documentation guidelines highlighting botulinum toxin injections; panniculectomy, excision of excess skin and subcutaneous tissue (including lipectomy), and related services;and rhinoplasty and related services. Members of our PA team will be available for questions relating to the PA program.Graphical user interface  Description automatically generated | 1.5 |
| Friday, September 26, 2025 |    | Start:11:00 a.m.End12:30 p.m. | StayConnected: Appealing and Correcting ClaimsNew to Medicare? Whether you are a provider, biller, coder, compliance officer or serve in some other role, let us connect you to Medicare program requirements and resources by attending our New Provider Roadmap workshop series. The last event in our series will review options available to providers when they disagree with Medicare's claim decision or discover an error with a prior claim submission.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, September 30, 2025 |   | Start:10:00 a.m.End11:30 a.m. | Medicare Navigator Part B Claims Process: Billing ComplianceThe Medicare Navigator Part B Claims series supports providers billing on the CMS-1500 claim form (or electronic equivalent) with navigating the billing basics to performing post payment claim correction activities. CMS developed the National Correct Coding Initiative (NCCI) program to promote national correct coding of Medicare Part B claims. This webinar will review the NCCI , which includes the procedure-to-procedure (PTP) editing, modifiers, add-on codes (AOCs), and medically unlikely edits (MUEs) editing.Graphical user interface  Description automatically generated | 1.5 |
| Tuesday, September 30, 2025 |   | Start:12:30 p.m.End1:30 p.m. | Wheelchair Options and AccessoriesThis is your opportunity to hear directly from the Durable Medical Equipment (DME) Medicare Administrative Contractors (MAC) regarding Medicare’s criteria necessary for the coverage of wheelchair options and accessories. Representatives from all four DME MAC jurisdictions will join the Part A/B education staff to explain what is required in the medical records, orders, and related documentation to support the coverage.Graphical user interface  Description automatically generated | 0.0 |
| Tuesday, September 30, 2025 |  | Start:1:00 p.m.End2:30 p.m. | Repetitive Scheduled Non-Emergent Ambulance Transports (RSNAT) Prior Authorization RequirementsThis webinar is for Part B ambulance suppliers enrolled as an independent ambulance supplier that bills for repetitive scheduled non-emergent ambulance transports. Under prior authorization, the supplier submits the prior authorization request and supportive medical documentation to the Medicare Administrative Contractor (MAC) and receives an affirmed or non-affirmed decision prior to rendering the service. Prior authorization helps ensure that applicable coverage, payment and coding rules are met before services are rendered. This webinar will review the ambulance benefit policy, submission requirements, documentation guidelines, and end with an overview of common avoidable reasons providers receive a non-affirmed decision.Graphical user interface  Description automatically generated | 1.5 |

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