**Day One**

**12:30-1:00: Registration**

**1:00-1:45:**

* Describe What Medical Documentation Facilitates and Medical Necessity
* General Principles of Documentation
* Orders
* Documentation Shortcuts

**1:45-2:45:**

* E/M Capturing the work
* Discuss the medical decision-making table and billing based upon time
* Discuss the definitions outlined by the AMA

**2:45-3:00:**

* Break

**3:00-3:30:**

* Other Coding

**3:30-5:00:**

* Learning lab- participants will code example office notes and group will discuss

**5:00-5:30:**

* Questions and Answers

**Day Two**

**8:00 – 8:30:**

* Registration

**8:30 – 9:15:**

* Understanding the responsibilities of FQHC

**9:15 – 10:00:**

* Discuss the responsibilities of the FQHC
* Define FQHC encounter
* Define who is a qualified provider
* What services are considered covered for Medicare
* Review Medicare G codes and Qualifying Codes

**10:00 – 10:30:**

* Break

**10:30 – 11:00:**

* FQHC Basic Billing and Coding Requirements for Medicare

**11:00 – 12:00:**

* Medicare Preventive Services

**12:00 – 1:00:**

* Lunch

**1:00 – 2:00:**

* Finish Medicare Preventive and discuss non-FQHC services

**2:00 – 3:00:**

* Montana Medicaid Coding and Billing Requirements

**3:00 – 3:15:**

* Break

**3:15 – 4:15:**

* Value-Based Care
* Test your knowledge

**4:15 – 4:45:**

* Questions and Answers

**4:45 – 5:00:** Training Wrap, Evaluation and Adjourn