

DETAILS/PROGRAM SCHEDULE

Basic:

November 5, 2009 - Long Beach, CA*
Workshop: 8:00am - 4:30pm (Networking Lunch Provided)

Advanced:

November 6, 2009 - Long Beach, CA
Workshop: 8:00am - 4:30pm (Networking Lunch Provided)

Please make travel arrangements to arrive before 8:00 am and leave after 4:30 pm. Allow time for traffic before and after the workshop. You must attend the workshop in its entirety to obtain continuing education credits. Partial credits will not be given. No exceptions.

WHO SHOULD ATTEND

Basic: This is a must-attend program for all new clinicians and a great refresher for the experienced clinician in the Home health field.

Advanced: Designed for managers and directors and Medicare-certified home health agency staff who have experience and are ready to look at Medicare from a more advanced perspective. Additionally, this training takes an in-depth look at key areas to monitor to run a successful Medicare-certified business.

CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for seven (7) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SACRAMENTO, CA
PERMIT NO. 1971

California Association for Health Services at Home
3780 Rosin Court, Suite 190
Sacramento, CA 95834
www.cahsah.org



Basic Medicare Documentation AND Advanced Training to Run a Medicare Business

~~November 3, 2009~~
~~Sacramento, CA~~ **CANCELED**

November 5 & 6, 2009
The Queen Mary
Long Beach, CA

Brought to you by:

California Association for Health Services at Home



Supported by:

Strategic Healthcare Programs, LLC



AGENDA

BASIC PROGRAM: Medicare Documentation

Back by popular demand, this interactive training session is designed to bring nursing and therapy staff up to date on the many rules and regulations under the Medicare program. Documentation will make or break the Medicare-certified provider. Most survey deficiencies and dollar recoupment is the result of poor documentation. Learn the secrets of comprehensive documentation to support Medicare criteria and avoid survey deficiencies. Specific practice and issues will be discussed and solutions provided. Plan on common sense help with documentation to remain in compliance and pass the documentation scrutiny with flying colors. This is a must-attend program for all new clinicians and a great refresher for the experienced clinician.

ADVANCED PROGRAM: Key Operational Strategies to Run a Successful Medicare Company

Transform your agency into a Medicare Powerhouse! Learn how the Medicare Drill Sergeants think! Learn the secrets of high-performance to increase revenue, compliance, productivity and smooth operational management. Designed for managers and directors, this interactive training program will help you discover how to trim the confusion through a look at the Medicare "sticking points" and minimize financial risks as you learn what to track, benchmark and change. Receive simple tools to calculate gross margins and provide confidence in your decisions.

HOTEL INFORMATION

November 5 & 6, 2009

The Queen Mary
1126 Queen's Highway
Long Beach, CA 90820
(800) 437-2934

FACULTY

Basic Course:

Patricia Jump, RN, MA, COS-C

Advanced Course:

Patricia Jump, RN, MA, COS-C
AND

National Government Services (NGS) Representative

Patricia Jump, RN, MA, COS-C

Patricia Jump has specialized in regulatory compliance training for over 20 years. Previously a home care CEO, she recognizes the need for well-trained Medicare experts to remain compliant with regulations and to lead a successful Medicare company. With nearly 24 years of Medicare experience, Pat will guide you into success to meet Medicare standards and avoid costly mistakes. As a sought-after professional trainer and publisher, Pat conducts seminars across the country for all levels of employees in businesses, professional associations, educational organizations, and governmental agencies.

HOW TO REGISTER

- **ON-LINE** with your credit card at: www.cahsah.org
- **FAX** your registration to: (916) 641-5881
- **MAIL** your registration to:
CAHSAH
3780 Rosin Court, Suite 190
Sacramento, CA 95834
- **PHONE** in your registration with credit card payment to: (916) 641-5795 ext. 113
- **QUESTIONS?**
Contact CAHSAH at (916) 641-5795 ext. 113

CANCELLATIONS: Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 days of the program. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

REGISTRATION FORM

November 5, 2009 (Basic) Long Beach, CA

November 6, 2009 (Advanced) Long Beach, CA

RATE SCHEDULE: PER DAY	Member	Non-member	Sub-total
<input type="checkbox"/> Early Bird Registration Must be received by October 2, 2009	\$175	\$350	_____
<input type="checkbox"/> Advance Registration Must be received by October 16, 2009	\$195	\$390	_____
<input type="checkbox"/> On-Site Registration Day of program - space permitting	\$235	\$470	_____
Save \$10 off each registration when registering two or more people from the same agency. ONLINE DISCOUNT ONLY		Total \$ _____	

Not a CAHSAH member? Contact CAHSAH at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name _____

Attendee Name & Title _____

RN Number _____

Attendee Name & Title _____

RN Number _____

Company Mailing Address _____

City _____

State _____

Zip Code _____

Phone # _____

Fax # _____

Email Address (Confirmations will be sent to this address) _____

Pre-payment is required

Method of Payment		<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card # _____	Exp. date _____	
Credit Card Billing Address _____	City, State, Billing Zip Code (required) _____	
Cardholder Name (please print) _____		
Signature (required) _____		