

DETAILS/PROGRAM SCHEDULE

Day 1 - Basic Level

February 23, 2009 – Sacramento, CA
February 25, 2009 – Buena Park, CA
Time: 9:00-4:30 (Registration begins at 8am)

Day 2 - Advanced Level

February 24, 2009 - Sacramento, CA
February 26, 2009 – Buena Park, CA
Time: 9:00 – 4:30 (Registration begins at 8am)

Agenda

8:00am-9:00am Registration
9:00am-4:30pm Workshop
(Networking Lunch Included)

WORKSHOP SPECIAL - PPS GROUPEE

Get the latest accurate reimbursement information you need to determine payments using the final PPS regulations, effective January 1, 2009. Find out OASIS scores & all the codes you need including HHRGs, HIPPS, and the OASIS matching Key code. Find out RAP, PEP, LUPA & NRS add-ons and Outlier payments also along with an option to determine financial gains or losses. This user-friendly must-have tool makes complex calculations simple and automatic.
(Software is an Excel-based spreadsheet for PCs. **Newly Updated 01/09**. Developed by Paul Giles)

If previously purchased:

Members: Regular price: \$83.81

Workshop Special: \$75.00

Non-Members: Regular price: \$218.50

Workshop Special: \$150.00

Price includes tax and shipping.

If new purchase:

Members: Regular price: \$164.63

Workshop Special: \$150.00

Non-Members: Regular price: \$434.00

Workshop Special: \$300.00

CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for six (6) 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



Medicare PPS Billing Workshop

February 23 & 24, 2009

The Sterling Hotel
Sacramento, CA

February 25 & 26, 2009

Knott's Berry Farm Resort
Buena Park, CA

Brought to you by:

California Association for
Health Services at Home



Upon offering the PPS Reform workshop in 2008, many providers asked for more training on the direct impact of the reform on Medicare billing.

Attend this two day workshop and learn how the new regulations affect your billing processes. The workshop is offered at a basic and advanced level, giving you an option to attend one or both days.

OBJECTIVES

At the conclusion of DAY 1, you will be able to:

1. Calculate and evaluate the HHRG, HIPPS Code and Episode Exceptions.
2. Effectively verify Medicare Eligibility of patients and complete a RAP and Final Claim form. Calculate Adjacent Episodes.
3. Describe the process for effectively auditing a Chart for purposes of identifying pre-bill issues.
4. List Non-Routine Supplies and steps in billing them.
5. Identify reason codes on electronic Medicare RAs.

At the conclusion of DAY 2, you will be able to:

1. Audit a Chart for purposes of identifying pre-bill issues. Calculate HHRG based on completed OASIS form.
2. Describe the process for effectively billing Medicare Secondary Payer.
3. Identify process for appropriately delegating responsibilities to billing department staff.
4. Discuss reports required for review each month.
5. Analyze tough Billing Scenarios including effects on OASIS data.

ABOUT FACULTY

Melinda Gaboury

Melinda Gaboury is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc. (HPS). Melinda Gaboury and Mark Cannon founded the company in April 2001 to provide financial, reimbursement, clinical and cost reporting services to the home health, hospice and rehabilitation therapy industries.

Melinda Gaboury has been a speaker for several state home care associations. She is also a consultant to reporters for the weekly national home health newsletters.

HOTEL INFORMATION

February 23 & 24, 2009

The Sterling Hotel
1300 H Street ♦ Sacramento, CA 95814 ♦
(916) 448-1300

For Room Reservations call (916) 448-1300 and ask for the CAHSAH room rate. Deadline is February 9, 2009.

February 25 & 26, 2009

Knott's Berry Farm Resort
7675 Crescent Ave. ♦ Buena Park, CA 90620 ♦
(714) 995-1111

For Room Reservations call (714) 995-1111 and ask for the CAHSAH room rate. Deadline is February 9, 2009

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

Day 1 - Basic

- February 23 - Sacramento, CA
 February 25 - Buena Park, CA

Day 2 - Advanced

- February 24 - Sacramento, CA
 February 26 - Buena Park, CA

Both Day 1 & 2

- Feb. 23 & 24 - Sacramento, CA Feb. 25 & 26 - Buena Park, CA

RATE SCHEDULE	Member 1 day	Member 2 days	Non-Mem 1 day	Non-Mem 2 days	Sub-total
Early Bird by Jan. 23rd	\$175	\$340	\$350	\$680	\$ _____
Advanced rate by Feb. 13th	\$195	\$380	\$390	\$760	\$ _____
On-Site - Day Of, space permitting	\$235	\$460	\$470	\$920	\$ _____
Pre-order PPS Grouper Software (see brochure for price rates)					Sub-Total \$ _____
<input type="checkbox"/> Check here if registering 2 or more people - Receive \$10.00 off each registrant. (Must submit at same time)					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 _____

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) _____		