

DETAILS/PROGRAM SCHEDULE

The workshop will discuss the workings of the medical review process, Local Coverage Determinations (LCDs), RAC, claim denials, ADR's, and the appeal process. It will also help attendees gain a better understanding of the RHHI's role and how to effectively collaborate and work with the RHHI. Additionally, the program will reveal top medical Review denials, why NGS are seeing those denials, and documentation tips on avoiding those denials. Attendees will also learn what NGS is looking at in the data to start a medical review audit.

Workshop Agenda

May 24, 2010 - Sacramento, CA

May 25, 2010 - Ontario, CA

9:00am - 3:30pm (Networking lunch provided)

Registration begins at 8:00am

WHO SHOULD ATTEND

This workshop is recommended for all Hospice administrators, managers, and clinicians. It is also recommended for quality assurance personnel.

RESOURCE SPECIAL

Palliative Care Nursing: Quality Care to the end of life

Palliative Care Nursing provides more comprehensive newly updated content, knowledge, attitudes, skills, and cutting-edge teaching and learning strategies to achieve the AACN End-of-Life nursing competencies providing a lifespan approach.

NOW ON SALE AT THE CAHSAH BOOKSTORE

Members: \$75.00

NonMembers: \$90.00

Visit the CAHSAH website for more information www.cahsah.org

CEUs

Continuing Education Units will be provided to participants who attend the program in its entirety. Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for five (5) 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



Hospice ADR's: Behind the Magic Curtain

Unveiling the Mysteries of Medical Review

May 24, 2010
Radisson Hotel
Sacramento, CA

May 25, 2010
Marriott Ontario Airport
Ontario, CA

Brought to you by:

California Association for
Health Services at Home



Supported By:

Kinnser Software

FACULTY

Annette Lee, RN, MS, COS-C

Ms. Lee has been an RN for 20 years, with 12 years of experience in home health management and patient care service delivery. Over the last 10 years she has provided review and education at the Regional Home Health and Hospice Intermediary (RHHI) level for home health and hospice providers.

Annette has a wide array of experience that makes her accessible and a valuable resource to providers. An RN since 1990, she continued her education to obtain her Master's in Health Care Administration. Her career has had an emphasis in community health care, with positions ranging from a community case manager to The Provider Outreach and Education Coordinator at Cahaba GBA. These experiences have made Annette an expert in both the clinical and quality medical review sides of coverage for home health and hospice. She also teaches on an array of governmental forms and requirements such as the OASIS, HHABN and the Hospice and Home Health LCDs and documentation. Annette is the founder of Provider Insights, Inc.

Corrinne R. Ball, RN, CPC

Corrinne is a graduate of Southern State Community College (1986) as a Licensed Practical Nurse and 2001 with an Associates Degree in Nursing. Her clinical experience has focused on Neurology, Pulmonology, Pediatrics, Telemetry and Critical care. Most of her clinical experience was obtained at Scripps Clinic in San Diego, California. She has worked for National Government Services for six years. Two years as a Medical Review Analyst and 4 years in Provider Outreach and Clinical Education Consultant. She was certified in 2009 as a Certified Professional Coder.

HOTEL INFORMATION

May 24, 2010

Radisson Hotel
500 Leisure Lane
Sacramento, CA 95815
916-922-2020

May 25, 2010

Marriott Ontario Airport
2200 East Holt Blvd.
Ontario, CA 91761
909-975-5000

TOP 10 OBJECTIVES

1. Review and explain data from intermediaries medical review
2. Review and explain Medicare's Additional Development Request, and Progressive Corrective Action processes
3. Review the components of the Hospice LCD and explain ways to use the LCD for compliance and documentation.
4. Review and explain CMS guidelines for hospice services and the levels of care. Discuss documentation that would support these needs.
5. Review and explain Recovery Audit Contractors (RACs)
6. Review and explain Comprehensive Error Rate Testing (CERT)
7. Discuss National Government Services' Medical Review top denials and ways to avoid those denials
8. Discuss Coverage and Documentation
9. Discuss Local Coverage Determination
10. Discuss and review real-life Scenarios pertinent to the material presented

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

May 24, 2010 - Sacramento, CA

May 25, 2010 - Ontario, CA

RATE SCHEDULE	Member	Non-Member	Sub-total
<input type="checkbox"/> Early Bird Registration Must be received by April 26, 2010	\$175	\$350	_____
<input type="checkbox"/> Advance Registration Must be received by May 10, 2010	\$195	\$390	_____
<input type="checkbox"/> On-Site Registration Day of program - space permitting	\$235	\$470	_____
Register two or more people online and receive \$10 off each registrant. SPECIAL OFFER ONLY FOR ONLINE REGISTRATION.			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) _____		