

Faculty:

Thomas E. Boyd

Thomas E. Boyd has over thirty years of Medicare reimbursement experience including almost twelve years with one of Medicare intermediaries for home health agencies. He is the chairperson of the NAHC/HHFMA task force committee on the HHA cost report. He has been a consultant to Medicare certified home health agencies and hospices since 1989 and has been a principal of Boyd and Nicholas, Inc. since 1993.

Tom has a BA in Management/Accounting from Sonoma State University and a MBA in Business Administration from St. Mary's College. He is a member of the HHFMA Advisory Board of Directors, the Association of Certified Fraud Examiners, and the U.S. Chess Federation.

Mr. Boyd has spoken on home health financial and compliance issues before NAHC, NHPCO and more than a dozen state and regional home health care associations.

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

An Overview of the **Medicare** Cost Report

AUDIO CONFERENCE

Thursday April 1, 2010
10:00 a.m. to 11:30 a.m. PST



Brought to you by:
California Association for Health Services at Home



What's it about?

Listen and get a better understanding of one of the most difficult filing procedures - Cost Reports! This program is designed to demonstrate the basic structure and understanding of the Medicare cost report. The program will review the various worksheets that make up the cost report, along with the CMS 339 questionnaire and other required attachments. This session will also help participants to understand what information can be developed from an accurate and completed cost report. The attendees can review many of the documents during the presentation.

OBJECTIVES

- Explain the importance of a properly prepared and completed Medicare cost report.
- Describe different ways in which the Medicare cost report can be used for management decisions.
- Demonstrate the process of preparing a cost report and the various related documents.

Continuing Education Credits

Provider approved for one and one half (1.5) contact hours of continuing education. Please mail an evaluation form and a completed sign-in sheet, listing the individuals at your facility that participated and noting those requesting contact hours. Certificates will be mailed after evaluations are received.

Enjoy the convenience and cost-efficiency of a telephone workshop!

There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line. All you need to participate is a speaker telephone and a room large enough for your staff.

The teleconference will take place from 10:00 a.m. until 11:30 a.m. PST. Due to the expense of using the teleconference hook-up, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference*. The handout will be emailed to you prior to the call to the email address you provide.

Your email confirmation will include: Details of how to dial into the teleconference on a toll-free telephone line, the handout, agency roster, and evaluation. Please submit the roster, along with the evaluation in order to receive continuing education credits. Fees will be refunded only if written cancellation is received by CAHSAH two weeks prior to the workshop, and are subject to a handling fee. **No refunds will be given after the dial-in number is sent to your agency.**

***Please note that all phone lines are tracked. Each dial in location will be charged accordingly**

Registration

Medicare Cost Reporting - April 1st

Fee Schedule	Member	Non Member
Deadline is March 26th	\$199	\$299
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: _____

Contact Name: _____

Company Mailing Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Pre-payment is required

Method of Payment: <input type="checkbox"/> Check (Payable to CAHSAH)		
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Credit Card #	Exp. Date	CSV#
Billing Address		City, State, Zip
Cardholder Name (please print)		
Signature (required)		