

## DETAILS/PROGRAM SCHEDULE

February 9, 2010 - Sacramento, CA  
February 11, 2010 - Ontario, CA

### Agenda

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

## WHO SHOULD ATTEND

This training would be beneficial to any home health agency Administrator, Director of Nursing, Nursing Supervisor, Coder, OASIS Encoder, Clinician, and any financial and billing staff.

## WORKSHOP SPECIAL - PPS GROUPER

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. Developed by Paul Giles)

### If previously purchased:

Workshop Special: \$75.00  
Workshop Special: \$150.00

### If new purchase:

Workshop Special: \$150.00  
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.

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



## Medicare Home Health PPS Billing Workshop

February 9, 2010  
The Doubletree Hotel  
Sacramento, CA

February 11, 2010  
Marriott Ontario Airport  
Ontario, CA

### Brought to you by:

California Association for  
Health Services at Home



Billing is a very critical part of home health. This workshop will lay a concrete foundation for new billers, as well as, experienced billers by giving them a more effective approach to the Medicare PPS regulation, conducting Medicare verifications and understanding adjustments. We will discuss Medicare verifications on patients with HIQH screen examples & review adjacent episode calculations - field by field on claim forms. We will review the process of auditing a pre-bill for final claim purposes, both Medicare and Non-Medicare Payers, and review the details of billing for Non-Routine Supplies using list and billing guidelines. Direct Data Entry Screens will also be reviewed.

## OBJECTIVES

At the conclusion of the seminar, participants 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. Also will be able to calculate Adjacent Episodes.
3. Describe the process for effectively auditing a Chart for purposes of identifying prebill issues and Medicare Secondary Payer Issues.
4. Identify reason codes on electronic Medicare RAs. Analyze tough Billing Scenarios including effects on the new OASIS-C data.

## HOTEL INFORMATION

**February 9, 2010**  
 Doubletree Hotel  
 2001 Point West Way  
 Sacramento, CA 95815  
 (916) 929-8855

**February 11, 2010**  
 Marriott Ontario Airport  
 2200 East Holt Blvd.  
 Ontario, CA 91761  
 (909) 975-5000

## ABOUT FACULTY

### Melinda Gaboury



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.

Prior to the inception of Medicare PPS Gaboury began researching, auditing and review processes with OASIS, ICD-9 Coding and clinical documentation. She has developed and taught clinician and billing Medicare PPS Training Workshops in a variety of venues. Gaboury's priority remains bridging the gap between clinical and financial issues in home health agencies. The one unique thing that Gaboury brings to the home health field is the development of very effective OASIS and ICD-9 Coding Education while being able to also teach the reimbursement aspect and how they are directly related.

Gaboury has been a speaker for several state home care associations. She is also actively conducting OASIS and Billing Seminars throughout the country. In addition to her speaking engagements and consulting, she is also a consultant to reporters for weekly national home health newsletters.

## HOW TO REGISTER

- **ON-LINE** with your credit card at: [www.cahsah.org](http://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

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RATE SCHEDULE	Member	Non-Mem	Sub-total
Early Bird by Jan. 8th	\$175	\$350	\$ _____
Advanced rate by Jan. 22nd	\$195	\$390	\$ _____
Late/On-site rate, space permitting	\$235	\$470	\$ _____
Pre-order PPS Grouper Software (see brochure for price rates)		Sub-Total \$ _____	
Register two or more people online and receive \$10 off each registrant. <b>SPECIAL OFFER ONLY FOR ONLINE REGISTRATION</b>			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

<b>Method of Payment</b>		<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) _____		