

# Hospice Coding Series

**WEBINAR**

**5/27 & 6/3 – 12:00pm – 1:00pm**

## Registration Fee

OCHCH Member: \$99

Non-Member: \$199

## Webinar Access

Webinar login instructions will be emailed to registered attendees.

**Please note:** Each registration is for one phone connection.

## Continuing Education

The Ohio Council for Home Care & Hospice is an approved provider of continuing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

RNs and LPNs must participate in the entire program in order for contact hours to be awarded.

## Overview

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### Hospice Coding Series

#### May 27<sup>th</sup> –

We discuss decline in clinical status criteria and comorbidities and show how both relate to coding. We delve further into some of the more commonly seen diagnoses in hospice and review disease specific criteria and show you how to apply the coding conventions and guidelines to achieve accurate coding.

#### June 3<sup>rd</sup> –

The final webinar in our Hospice Coding series will pull all the pieces of hospice coding together. Through case study analyses of various coding scenarios, we will ensure you understand the key elements so you can achieve accurate Hospice Coding!

## About the Presenter

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**Sharon M. Litwin, RN, BSHS, MHA, HCS-D** - Sharon Litwin is currently Senior Manager of Coding & Clinical Consulting at Healthcare Provider Solutions, Inc. Sharon is the founder and was the senior managing partner of 5 Star Consultants, a national consulting and coding firm specializing in homecare and hospice services since 2003. Sharon was an ACHC and CHAP surveyor, performing Medicare deemed surveys for ten years. She is a current ACHC Certified Consultant.

Sharon assists homecare and hospice agencies in providing quality, meeting regulations, ICD-10 coding, OASIS, increasing outcomes and Star Ratings, and having continued survey readiness. Sharon and HPS staff perform ICD-10 coding and OASIS reviews, QAPI, clinical record reviews, mock surveys and help agencies across the country stay in compliance. Sharon is a regular speaker for education companies, state and national associations and publications.



**OHIO COUNCIL**  
FOR HOME CARE & HOSPICE  
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Each registration is for one phone connection. Sharing of registration of fees with other agencies or individuals is prohibited.

Registrations will not be accepted without payment in full. Fees must be paid in full in order to participate. Webinar instructions and links to materials will be provided in a confirmation email. If the contact person does not receive an email two days prior to the webinar, please contact OCHCH to verify your status.

**Cancellation Policy:** If you cancel your registration prior to five business days before the program, you will receive a refund less a 25% administrative fee. All cancellations must be made in writing. No refunds for cancellations or exchanges within four business days from the date of the program. If due to unforeseen circumstances OCHCH must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OCHCH at least 48 hours prior to the program.

## Registration Form

Please complete the following information and mail or fax it to OCHCH with payment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Make Your Selections:

### OCHCH Member:

\$99.00 (Per Attendee)

### NON-MEMBER:

\$199.00 (Per Attendee)

**NOTE - Only attendees that have registered and paid in full will receive CEU's for this event.**

Webinar Recording with CEU (\$15)

Contact hours may be earned for viewing the webinar recording up to 6 months following the live webinar

## Payment Information

Visa  MasterCard  American Express  Discover  Check

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This fax is provided to keep you informed of OCHCH educational programs. If you'd prefer to not receive contact: [ochch@ochch.org](mailto:ochch@ochch.org)

Fax completed form with payment to (614) 899-0192 or Mail to OCHCH, 1105 Schrock Rd., Suite 120, Columbus, OH 43229.



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