

Managed Care Summit

Join The Conversation!

Workshop

January 16, 2019 | 9:00 am – 1:00pm

Registration Fee

OCHCH Member: \$45 per person

Non-Member: \$99 – per person

Registration check-in is from 8:30 am to 9:00 am

Location

OCHCH Headquarters

1105 Schrock Road, Suite 120

Columbus, OH 43229

Hotel Information

Crowne Plaza, 6500 Doubletree Ave., Columbus, OH 43229, PH: 614-885-1885

A hotel room rate of \$94.00 plus tax is available on a space available basis. Please phone the hotel & ask for the **Home Care & Hospice Rate**.

Continuing Education

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide **3.5 contact hours** to RNs, LPNs

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) (OH - 157, 4/1/2019)

Overview

Program Description: OCHCH is excited to announce this summit in partnership with the Ohio Association of Health Plans. The Ohio Association of Health Plans (OAHP) represents 16 member plans providing health insurance coverage to more than 9 million Ohioans. Ohio's health plans include commercial insurers, Medicaid Care Coordination Plans and Medicare Advantage Plans. As the statewide trade association for the health insurance industry, our core mission is to promote and advocate for quality health care and access to a variety of affordable health benefits for all Ohioans.

Program Objectives:

This summit will be set up as an open dialog between attendees and OAHP on the following topics:

- Managed care enrollment
- Prior authorization
- Contracting/credentialing
- Appeals/grievances
- Third Party Liability
- Recoupments & lookback reviews

Continental breakfast is included in the registration fee.



**OHIO COUNCIL
FOR HOME CARE & HOSPICE**

**www.ochch.org
614.885.0434**

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Registration Instructions

Use a separate registration form for each attendee registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**

Registrations will not be accepted without payment in full. Fees must be paid in full in order to participate.

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.

The presenters and planners have declared no conflict of interest for this program and will present fairly and without bias. No commercial support has been provided for this 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 - \$45
(Per Person)

Non-Member - \$99
(Per Person)

Total Amount Due \$_____

Payment Information

Visa MasterCard American Express Discover Check

Name on Card: _____

Card Number: _____ Amount: _____

Exp. Date: _____ Security Code: _____ Date: _____

Signature: _____

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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