

Homecare 201

Introduction to Management

Workshop

June 25th | 9:00 am – 4:30pm

Registration Fee

OCHCH Member: \$195 - First Person

\$175 - Each additional from same agency

Non-Member: \$390 – First Person

\$350 – Each additional from same agency

Location

OCHCH Office
1105 Schrock Road, Suite #140,
Columbus, OH 43229

Hotel

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

A hotel room rate of \$92.00 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 **6.5 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)



OHIO COUNCIL
FOR HOME CARE & HOSPICE

www.ochch.org
614.885.0434

Overview

Program Description: This program has been developed to assist experienced home health managers to enhance the operational performance of their home health agency. Our introductory Home Care 101 course provides the basics of home care operations. Home Care 201 is the next level. Improving clinical performance and financial management in a Medicare skilled home health agency is the focus of Home Care 201. Essential to improving agency operations is identifying clinical issues that impact performance. This program will provide strategies to refine and improve billing performance as well as explain the important relationship between clinical and financial areas of the agency. This focus is important as the future viability of home care operations will be determined by the agency's ability to remain current with changing regulations, the ongoing focus on patient outcomes, declining reimbursement, and closer scrutiny by auditors that can lead to denials. Attendees are strongly encouraged to bring to the program a written description of at least one problem that they need to resolve within their agency; the goal is to best serve the individual's purpose for attending the class.

Program Objectives:

- Recognize clinical issues impacting performance management
- Discuss how to manage the relationship between clinical and financial areas of the agency to optimize performance in each area
- Identify the challenges and strategies to improve billing performance and reimbursement issues
- Describe how to enhance financial performance through sound financial decisions in order to ensure the future of the agency
- Identify useful data management techniques through the use of dashboards and benchmarking
- Discuss current audit activities and strategies to minimize denials
- Discuss additional current issues impacting home health agency operations

Who Should Attend: This workshop is best suited to individuals who have a minimum of 1 year experience in home health management and operation of an established Medicare certified agency.

Lunch and continental breakfast are included in the registration fee. **Registration will open at 8:30am**

About the Presenter



Beth Foster, RN, BA, CPHQ, CEHCH is the Regulatory Affairs Director for the Ohio Council for Home Care and Hospice. She has been in this position for the last 13 years. Her home care career began in 1989 as a visiting nurse, progressing into other positions including aide/intake coordinator, hospital system liaison, clinical care manager and director. Previously she served as an Ohio Dept. of Health Surveyor for all provider types including Home Care & Hospice.

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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.



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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 - \$195
(First Person)

Non-Member - \$390
(First Person)

OCHCH Member - \$175
(Each Additional Registration –Same Agency)

Non-Member - \$350
(Each Additional Registration –Same Agency)

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.