

Home Health Reimbursement: PDGM & Beyond

Workshop

June 2nd & 3rd | 9:00 am – 4:00pm

Registration Fee

Please see page 2 for details

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-001-911)



OHIO COUNCIL
FOR HOME CARE & HOSPICE

www.ochch.org
614.885.0434

Overview

This two-day workshop will take agencies through the current state of PDGM and move through all the aspects of home health reimbursement. PDGM has brought many changes to home health and PDGM is not all that reimbursement is made up of. In addition to working through the fine details of PDGM changes the workshop will also cover extensive examples for LUPA, PEP and Outlier adjustments. There will be a discussion of Pre-Bill claim reviews and the significance of that. The impact of OASIS & Coding and medical review programs have the potential to more directly impact reimbursement than some of the other aspects of PDGM and this workshop will get you up to date on all that. Cash flow has been one of the gravest areas of concern in recent months....let us take you through the basics of cash flow projections and how best to make that work in your organization. Whether you are a biller, collector or Administrator, this workshop is just what is needed to get you up to date on all things Home Health Reimbursement.

Program Goals:

Day 1: Day to Day Revenue Cycle Under PDGM

1. Evaluate the PDGM Structure
2. Detail the significant impact of Intake on Revenue Cycle
3. HIPPS Code & Episode Exceptions Review
4. LUPA, PEP & Outlier Calculations
5. Describe the process for effectively auditing a Chart for purposes of identifying prebill issues, including NonRoutine Supplies
6. Details of Billing RAP & Final Claim
7. OASIS & Coding Impact on Reimbursement

Day 2: Home Health Reimbursement: Beyond PDGM

1. OASIS & Coding
2. Medicare Secondary Payer
3. Detail Credentialing with Managed Care & Issues surrounding getting paid
4. Establish processes for effectively monitoring ADR/RA & UPIC reviews
5. Targeted Probe & Educate
6. PEPPER Reports – monitoring and evaluating

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

About the Presenter

Melinda Gaboury- is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc., an organization out of Nashville, TN that provides financial, reimbursement, clinical and operation services to the home health and hospice industries. With more than 27 years of experience in Medicare Home Health, she is a presenter at both the state and national levels, and is interviewed frequently for national home health publications. Ms. Gaboury is also the author of "Home Health Guide to OASIS D: A Reference for Field Staff." Ms. Gaboury has no conflict of interest in regard to this program.

Home Health Reimbursement: PDGM & Beyond

Workshop

June 2nd & 3rd | 9:00 am – 4:00pm

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.



OHIO COUNCIL
FOR HOME CARE & HOSPICE

www.ochch.org
614.885.0434

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

- 6/2 1 – Day - \$149 (First Member)
- 6/2 1 – Day - \$119 (Each Additional)
- 6/3 1 – Day - \$149 (First Member)
- 6/3 1 – Day - \$119 (Each Additional)

Non-Member

- 6/2 1 – Day - \$299 (First Member)
- 6/2 1 – Day - \$269 (Each Additional)
- 6/3 1 – Day - \$299 (First Member)
- 6/3 1 – Day - \$269 (Each Additional)

- 2 – Day Pass - \$249 (First Member)
- 2 – Day Pass - \$219 (Each Additional)
- 2 – Day Pass - \$399 (First Member)
- 2 – Day Pass - \$369 (Each Additional)

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.