

Understanding the New Home Health Medicare Cost Report – CMS Form 1728-20

WEBINAR

February 3rd | 11:30am – 1:00pm

Registration Fee

OCHCH Member: \$35

Non-Member: \$75

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)

This program will provide **contact hours** to RNs, LPNs.

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

Overview

This program will focus on the new Medicare Home Health Cost Report Form – 1728-20. CMS has made numerous changes that will require more detailed recordkeeping and reporting. The new data requirements will be identified and next steps will be summarized. The program will also show attendees how to e-file the cost report using MCR eF.

Objectives

1. Review the updated changes in the new Medicare Cost Report form for home health agencies
2. Identify changes needed in recordkeeping and data requirements
3. Summarize next steps – action items
4. How to e-file the cost report using MCR eF

Presenters:

VonLehman CPA & Advisory Firm



OHIO COUNCIL
FOR HOME CARE & HOSPICE

www.ochch.org
614 885 0434

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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:

NON-MEMBER:

\$35 (Per Attendee)

\$75 (Per Attendee)

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

Payment Information

Visa MasterCard American Express Discover Check

Name on Card: _____

Card Number: _____ Amount: _____

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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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