



Home Health Medicare PPS Billing Workshop

Featuring: Melinda Gaboury, CEO



Calculate Medicare PPS Billing Effectively

Be the first to be current on all Medicare billing regulations implemented in 2014.

The Home Health PPS Regulation for implementation January 2014 has brought about changes to the PPS System, but most importantly the threat of more cuts in reimbursement. The billers and collectors are extremely important to agencies thriving in the current system so do not miss this needed education!

This workshop will lay a concrete foundation for home health billing, as well as, financial staff by giving billers a more effective approach to the Medicare PPS regulation, conducting Medicare verifications and understanding adjustments.

We will discuss Medicare verifications on patients with HIQH screen examples & review adjacent episode calculations - field by field on claim forms. We will review the process of auditing a pre-bill for final claim purposes, both Medicare and Non-Medicare Payers, and review the details of billing for Non-Routine Supplies using billing guidelines. More and more scrutiny of agency records has been taking place in the form of ADR and RAC reviews. This session will outline the current risks and outline steps to manage that risk.

If you are part of the revenue cycle in your agency this workshop is a must.

Faculty:

Melinda Gaboury, Founder & CEO of Healthcare Provider Solutions, Inc. Melinda Gaboury and Mark Cannon founded the company in April 2001 to provide financial, reimbursement, clinical and cost reporting services to home health agencies and hospice. Prior to the inception of Medicare PPS Gaboury began researching, auditing and review processes with OASIS, ICD-9 Coding and clinical documentation. She has developed and taught clinician and billing Medicare PPS Training Workshops in a variety of venues. Gaboury's priority remains bridging the gap between clinical and financial issues in home health agencies. Gaboury has been a speaker for several state home care associations. In addition to her speaking engagements and consulting, she is author of Home Health Pocket Guide to OASIS-C.

Program Schedule:

8:00am - 9:00am Registration
9:00am - 12:00pm Workshop
12:00pm - 1:00pm Lunch (provided)
1:00pm - 5:00pm Workshop

How to Register

ON-LINE at <http://cahsah.org/14HHPPSBilling.html>

FAX registration to: (916) 641-5881

PHONE in registration to (916) 641-5795 ext. 113

MAIL registration to: CAHSAH

3780 Rosin Court, Suite 190, Sacramento, CA 95834

Continuing Education Units

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for six (6) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

Choose the location and date you wish to attend:

February 25, 2014

9:00am - 5:00pm
Courtyard Sacramento Midtown
4422 Y Street
Sacramento, CA 95817
916.455.6800

February 27, 2014

9:00am - 5:00pm
DoubleTree by Hilton Hotel
Ontario Airport
222 North Vineyard Ave.
Ontario, CA 91764
909.937.0900

RATE SCHEDULE	Member	Non - Member	Sub-total
EARLY BIRD January 28, 2014	\$185	\$240	\$ _____
ADVANCED February 11, 2014	\$205	\$260	\$ _____
Late/On-Site rate	\$245	\$300	\$ _____
DISCOUNT: Register two or more people from the same agency on-line and SAVE \$10 off each registration. www.cahsah.org		Total Due:	\$ _____

Is your organization not a CAHSAH member?

Contact Membership at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name _____

Attendee Name & Title _____

RN License # (if applicable) _____

Company Mailing Address _____

City _____

State _____

Zip _____

Phone # _____

Fax# _____

Email Address (for confirmation letter) _____

Pre-payment is required

(registration will not be processed without payment)

Method of Payment	
<input type="checkbox"/> Visa	<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex
Credit Card # _____	Exp. Date _____
CC Billing Address _____	City/State _____ Billing Zip Code _____
Cardholder Name (please print) _____	Cardholder Signature _____

CANCELLATIONS: Received 10 business days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 business days of the program. Refunds will **NOT** be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.