

Presents

Dancing with Your Data in 2008: The New Paradigm

Teleconference - Wednesday, February 13, 2008

11:30 a.m. to 1:00 p.m. EST – CD Audio Recording Available

Focusing on the right data related to diagnosis and best practice resource utilization assures high-level performance and successful management of disease conditions. In this continuation of the entertaining program presented at NAHC for two years running, you will learn the right steps and stay in rhythm with the complicated 2008 HHPPS rules. Make sure that finance and clinical field staff work together collaboratively so they can do a mean Tango instead of just a Tap Dance.

Program Objectives:

- 1) Identify the new vision of clinical, operational and financial data necessary to optimize superior performance.
- 2) Identify diagnostic data for analysis, reporting, and benchmarking for best practice.
- 3) Employ methods to assure clinical and financial staff are effective partners to win the competition.

Speakers:

Barbara Rosenblum, BSN, MAOM, is Founder and CEO of Strategic Healthcare Programs, LLC in Santa Barbara, California. Ms. Rosenblum has twenty years experience with performance improvement, quality, and use of data and technology in post-acute healthcare settings; is a frequent author and speaker on national level; and is a "Strategic Data Partner" to NAHC. She currently analyzes and reports data to over 1,800 home health agencies nationwide.

Pat Laff, CPA, is Managing Principal of Laff Associates in Hilton Head Island, South Carolina. He is a former home health agency Owner, Administrator and CFO. He has hands-on operational knowledge and expertise with all "backroom" clinical and financial functions and processes necessary to efficiently and effectively document and bill for home care services. He is considered an expert in the areas of fiscal and operations management, diversification and reorganization, budgeting, cash management and strategic structuring and positioning. He regularly conducts national and regional workshops and lectures. Mr. Laff is the Vice Chair of the board of the National Association for Home Care Home Health Financial Manager Association. The presenters have the following vested interest in regard to this program – they are providers of consultative services to the home health and hospice industry.

Cost:

Registration fees are for one (1) phone connection. For additional sites, please copy this registration form and send in with proper payment amount. **SHARING OF REGISTRATION OR REGISTRATION FEES WITH OTHER AGENCIES AND/OR INDIVIDUALS IS PROHIBITED.**

Registration fees are as follows: **OCHC members are \$125.00 per call-in site. Non-members are \$250.00 per call-in site.** To apply for continuing education credit, mail an evaluation form and a processing fee for each individual requesting CE credits, **\$10.00 for OCHC Members and \$20.00 for Non-Members.** Additionally, send in a completed sign-in sheet, listing the individuals at your facility that participated and noting those requesting CE credit. Individuals requesting CE credit will receive a certificate and year end transcript of hours earned. Please make sure that you enter the Contact Person's name on the Registration Form. All correspondence and site registration information will be sent to this person.

Continuing Education:

No commercial support has been provided for this program. The program planners have no vested interest in regard to this teleconference. Continuing Education Credit is available to RNs, LPNs and CPAs that participate in the entire presentation. The Ohio Council for Home Care is an Approved Provider for The Accountancy Board of Ohio (number CPE.122).

The Ohio Council for Home Care (OH-157/4-1-10) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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TELECONFERENCE REGISTRATION FORM

February 13, 2008 (11:30a.m. – 1:00p.m. EST)

REGISTRATION INSTRUCTIONS:

1. Use a separate form for each registration. Photocopy of original is acceptable. Each registration is for one (1) phone connection only. **SHARING OF REGISTRATION OR REGISTRATION FEES WITH OTHER AGENCIES AND/OR INDIVIDUALS IS PROHIBITED.**
2. **No registration will be accepted without payment in full** by either a credit card or business check (Personal checks cannot be accepted). Visa and MasterCard are acceptable forms of credit card payments. The teleconference fee must be paid in full before the registrant will be allowed to participate in the program. A confirmation will be sent via email to verify site registration, as will the handouts, PIN number for placing conference call, and instructions for participation. If your **Contact Person** does not receive the E-mail confirmation two (2) business days prior to the teleconference, contact OCHC's office to verify your status.
3. **Faxed registrations will be accepted only with payment by a credit card (Visa or MasterCard).** Credit card information must be complete and contain the authorized signature. Send completed forms to OCHC, 1395 E. Dublin-Granville Rd., Ste.350, Columbus, Ohio 43229, or FAX (614) 885-0413. Mail and/or faxed registrations represent your commitment to attend and OCHC cancellation policies will apply.
4. **Please note the following cancellation policy:** If you cancel your registration before **February 6, 2008**, you will receive a refund less 30% for administrative costs. All cancellations must be made in writing. No refunds for cancellations or exchanges after **February 6, 2008**. If due to unforeseen circumstances OCHC must cancel this event, registrants will receive a full refund.
5. Payments to OCHC are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible under other provisions of the IRS.
6. Any individual requiring special arrangements as stated by the Americans with Disability's Act, please notify OCHC at least 48 hours prior to the meeting at (614) 885-0434.

Please complete the following information and mail or fax (a Visa or MasterCard must be used to provide payment at the time of faxing a registration) back to OCHC with payment to:

**Ohio Council for Home Care
1395 E. Dublin-Granville Rd., Columbus OH, 43229
Fax: 614-885-0413, Ph: 614-885-0434**

Contact Person: _____

E-mail: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

REGISTRATION FEE PER SITE/PHONE CONNECTION:

Registration fees are for one (1) phone connection. For additional sites, please copy this registration form and send in with proper payment amount. Indicate if you will be calling into the live teleconference or purchasing the CD audio recording (fee is the same). The live teleconference includes the opportunity to ask questions of the presenter. Contact hours may be earned for listening to the audio recording up to 2 months following the live teleconference. If you desire to purchase both the live teleconference and the CD audio recording, pay the registration fee and an additional \$30. **SHARING OF REGISTRATION OR REGISTRATION FEES WITH OTHER AGENCIES AND/OR INDIVIDUALS IS PROHIBITED.**

OCHC Member

\$125.00 per call-in site

NON-MEMBER

\$250.00 per call-in site

TOTAL AMOUNT ENCLOSED

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Live teleconference or CD recording? Live Teleconference CD Audio Recording

I wish to purchase the live teleconference AND the CD recording (Pay registration fee and an additional \$30)

Payment Information: Visa MasterCard Check

Name on Card: _____

Card Number: _____

Exp Date: _____

Amount: _____

Date: _____

Signature: _____

For OCHC Use Only

Date Rec'd: _____

Amount Rec'd: _____

Check Number: _____

Check Date: _____

Processed by: _____

D.O.D.: _____