

Presents...

# HOSPICE 101

Friday, November 16th, 2007

9:00 a.m. to 4:30 p.m. - Registration begins at 8:30 a.m.

Ohio Council for Home Care Offices  
1395 E. Dublin-Granville Rd., Suite 350  
Columbus, OH 43229 – Ph: 614-885-0434

## Program Description:

The purpose of this program is to give attendees an **overview** of the operations of a Medicare/Medicaid certified hospice. The participants will gain knowledge of the Conditions of Participation (CoP), and the HIM-21 (describes Medicare certification & licensure, defines hospice core services, levels of care, SNF admissions, plans of care, notice of election, revocation, discharge and transfer). A summary of the purpose of cost reporting and the HIM-15 Parts One and Two (cost report completion instruction manual and description of allowable costs) will be outlined for the attendees. Individuals will have an understanding of DNR Comfort Care and the role of patient, family and physician. The fundamentals of HIPAA will also be discussed as will the billing and review process for Medicare and Medicaid.

## Who Should Attend:

This program is developed for newly certified hospice staff including administration, billing and clinical; new staff of an existing hospice; social workers, and private duty hospice administrators considering becoming Medicare certified.

## Location:

This one-day workshop will be held at the **Ohio Council for Home Care Offices, 1395 E. Dublin-Granville Rd., Suite 350, Columbus, OH 43229.**

## Time:

Registration check-in is from 8:30 A.M. to 9:00 A.M. The educational program begins at 9:00 A.M. and will end at 4:30 P.M. Continental Breakfast & Lunch are included in the registration fee.

## Speaker:

Terri Medley, RN, PhD, is an accomplished home care executive with more than 30 years of experience and achievements in the home health industry. Her resume includes a PhD in health care administration, and distinguished service as Vice President & Executive Director with Medicare certified agencies, private pay and hospice. A published author and national speaker, Terri was an adjunct professor at the Ohio State College of Nursing for 10 years and served as a surveyor with the Medicare Fiscal Intermediary for Region V. Terri has been on the Board of Directors for the National Association of Home Care and served as President for the Ohio Council for Home Care and the Center for Community Based Care. Terri has the following vested interest in regard to this program – she's a provider of consultative services to the home health industry.

## Program Objectives:

At the conclusion of this workshop, participants will be able to:

- Interpret HIM 21 and understand guidelines for the Hospice Medicare/Medicaid Benefit
- Interpret the CoPs and the requirements at survey
- Differentiate between DNR Comfort Care – Arrest Order and DNR Comfort Care Order
- Examine Program Integrity, ADR, Denials, Appeals, and Post Payment Audits
- Report on the billing process for Medicare and Medicaid
- Recognize the basic elements of cost reporting
- Discuss the fundamentals of HIPAA

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 **6.0 contact hours** to **RNs** and **LPNs**. Application has been made for continuing education credit for Social Work. All other attendees will receive a Certificate of Attendance. No commercial support has been provided for this program.

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.

**REGISTRATION INSTRUCTIONS:**

1. Use a separate form for each registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**
2. **No registration will be accepted without payment in full** by either a credit card or business check (Personal checks will be accepted from OCHC members only).
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 cancellation policy:** If you cancel your registration before **November 9, 2007**, you will receive a refund less 25% for administrative costs. All cancellations must be made in writing. No refunds for cancellations or exchanges after November 9, 2007. Substitutions in keeping with the registration policy (*instruction #1*) are permitted at any time. 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.

## HOSPICE 101

Ohio Council for Home Care Offices, 1395 E. Dublin-Granville Rd., Suite 350

Columbus, Ohio 43229

Friday, November 16th, 2007

9:00 a.m. to 4:30 p.m.

Registration Form

*(Please copy this form as needed)*

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount enclosed:

**OCHC MEMBER**

\$195.00 1st Person

\$175.00 ea. Additional person -**Same AGENCY**

**NON-MEMBER**

\$390.00 1st Person

\$350.00 ea. Add'l reg.-**Same AGENCY**

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**Credit Card Information:**  VISA  MasterCard

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OCHC OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ D.O.D.: \_\_\_\_\_