

# Oregon Association for Home Care

## Advanced Coding Education (ACEs)

### & Certification\*

6/15, 6/17, 6/22, 6/24

6:30 am - 8:00 am PST

\**Certification Exam Online: Thursday June 30, 2021*

*6:00 am - 9:00 am*

### Advanced Coding Education ICD-10 Webinar Series (June 15, June 17, June 22, June 24, 2021)

*This 4 part webinar series will allow the learner to participate from their own location and will cover a full day of learning. HOME HEALTH - Accurate coding under PDGM will require an increased skill set and knowledge of ICD-10 coding guidelines and conventions. HOSPICE – Correct coding of terminal illness and comorbidities are necessary for the claim, understanding case mix and to avoid ADR's. Why gamble with coding and your reimbursement? Make sure your agency has a "full house" of coding experts. JLU will provide the training needed for your members to receive Advanced Coding Education and become an "ACE-10" in coding.*

Staff will achieve confidence when coding by attending this specially designed, comprehensive class which covers all aspects of home health & hospice coding. This year's live webinar series will allow the coder to participate from their agency, saving time. *This course may also be utilized as a preparation course for any of the home health coding certifications (ACE, HCS-D, BCHH-C).*

### Coding Certification (June 30, 2021)

**What Does Certification Mean?** Certification represents achievement of a standard of knowledge recommended by the American Health Information Management Association. A certified coding staff will assist your agency in meeting the necessary standards to assure reliability when coding. The ACE certification (for home health OR hospice) is valid for 3 years.

Four major areas are covered:

1. Code structure & Conventions
2. Coding Guidelines
3. Primary & Other Diagnoses
4. Chapter Specific – Diagnostic Information (Including many *Test Your Knowledge* cases)

**Target Audience:** This class is designed for anyone who would like advanced knowledge in coding and validation of their proficiency. Participants should have an experience with coding. Participants will be required to have a current ICD-10-CM manual to access for the webinars. **Agencies need certified coders for accuracy with PDGM.**

**Scoring:** Participants not attaining a passing grade are given a one-time opportunity to take the examination again, free of charge, within 3 months of the original examination date. Currently exams are administered on paper. The certification is valid for three years.

**Presenter:** *Joan L. Usher, BS, RHIA, ACE, HCS-D*, President and Founder of JLU Health Record Systems is a nationally recognized expert in the field of home health coding and health information management. Joan is an AHIMA Approved ICD-10-CM trainer. Usher has a degree in Health Information Management (HIM) and has been consulting for over 30 years. She is a certified Coding expert with extensive knowledge in OASIS and Hospice. Joan is Past President, Massachusetts Health Information Management Association (MaHIMA), a component organization of the American Health Information Management (AHIMA) that is considered the premier organization which credentials individuals as certified coders. She has taught ICD coding for over 20 years and has educated over 25,000 people in nationwide. Joan received the Distinguished Member Award in 2017 from MaHIMA.



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### Registration Fees

	Member Rate	Non-Member Rate
ACEs Course	\$250	\$350
Certification or Recertification Exam (Register through JLU Health Records at 781-829-9632 or <a href="http://www.jluhealth.com">www.jluhealth.com</a> , Events tab	\$199	\$199

Registration deadline: **June 8, 2021.**

### Payment/Cancellation Policy:

Payment must be made by the start of the program. Payment can be made by cash, check, VISA and Mastercard. Refunds will be issued for those that cancel up to three (3) days prior to the program. Cancellations made less than 3 business days, or 'no shows' will forfeit the registration fee. Cancellations must be received in writing via e-mail.

Amount Enclosed: \$ \_\_\_\_\_

Agency \_\_\_\_\_

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

Attendee Name: \_\_\_\_\_ Email \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email \_\_\_\_\_

### PAYMENT METHOD

Check (payable to the Association)  VISA  MasterCard

Cardholder's name (print) \_\_\_\_\_

Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV/Security Code: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

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

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