

# Hospice Billing Series 2022

**WEBINAR**

**10/20, 27, & 11/3 – 8:30am – 10:00am**

## 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))

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

## Overview

### Hospice Billing Series 2022

#### Hospice Billing Series - Part 1 – October 20th - (8:30a – 10:00a)

The 2023 Hospice Rule will likely bring changes in reimbursement as well as the content of other regulatory clarifications. New and experienced hospice billers periodically need a review of eligibility requirements and recent reimbursement and election clarifications. This session will examine eligibility verifications, Election Statement and Addendum and Notice of Election requirements under recent regulatory updates. It will walk through the Late Notice of Election and the exceptions process of appeal. A comprehensive review of all eligibility requirements, all aspects of dealing with Election statement changes and all things related to the Notice of Election will be included.

#### Hospice Billing Series - Part 2 – October 27th - (8:30a – 10:00a)

Recent years have been filled with updates to the Hospice Medicare Billing regulations. Accurate monthly claims and understanding of the navigation surrounding the edits and errors is key to getting paid correctly and timely. This webinar will review the step-by-step through these changes. It will also provide examples of how hospices have successfully dealt with these changes and are effectively conducting physician billing. Claims issues that are frequently a challenge will be discussed.

#### Hospice Billing Series - Part 3 – November 3rd - (8:30a – 10:00a)

Face-to-Face requirements, physician billing, and the aggregate cap self-reporting requirement are a few among many of the daily reimbursement related challenges. A review of specific physician billing codes for palliative care will also be addressed to expand your agency's knowledge of palliative care reimbursement. In addition, the current HIS transmission requirements and the impact of noncompliance on reimbursement will be covered. Lastly, medical review denials and how the PEPPER reports affect your hospice will be reviewed.

## About the Presenter

Melinda Gaboury, is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc., an organization out of Nashville, TN that provides financial, reimbursement, clinical and operation services to the home health and hospice industries. With more than 27 years of experience in Medicare Home Health, she is a presenter at both the state and national levels, and is interviewed frequently for national home health publications. Ms. Gaboury is also the author of "Home Health Guide to OASIS D: A Reference for Field Staff." Ms. Gaboury has no conflict of interest in regard to this program.



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## Registration Instructions

Each registration is for one phone connection. Sharing of registration or 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 to verify your status.

**Cancellation Policy:** 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 OAHC must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OAHC at least 48 hours prior to the program.



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## Registration Form

Please complete the following information and mail or fax it to OAHC with payment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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## Make Your Selections:

\_\_\_ **OAHC Member:** \$110

\_\_\_ **NON-MEMBER:** \$168

## Payment Information

Visa  MasterCard  Check (made out to: OAHC)

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

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

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

**Fax completed form with payment to 877-458-8348 or Mail to OAHC, 1249 Commercial St. SE, Salem, OR 97302.**

**Questions? Contact Brandy Sweet at [bsweet@oahc.org](mailto:bsweet@oahc.org)**