



# Home Health Nuts & Bolts: Beyond the Basics

Thursday, February 29, 2024 from 7:00– 10:00 a.m. Pacific



## DESCRIPTION

After the basic foundations, or "Nuts and Bolts" of home health comes the layers of application for documentation by field clinicians, such as survey preparedness, payment audits and the Payment Driven Groupings Model! Presented by Annette Lee from Corridor, a former medical review nurse for the CMS Medicare Administrative Contractor (MAC), she will create step by step learning to simplify these sometimes complicated areas with a checklist approach- and the "whys" behind the scenes. We will cover and provide examples and tools of "real world" documentation- from FTF to homebound and medical necessity! Lastly, YOU will play the role of the medical reviewer and make decisions on some clinical records to confirm your knowledge. This class will take you to the next level in your home health expertise- and arm you with insights and tools to be successful!

## OBJECTIVES

- Define the Face-to-Face Encounter and apply to daily clinical scenarios.
- Understand and learn documentation requirements to support homebound status.
- Define Medical Necessity and learn to apply tools and documentation strategies.

## FACULTY

### **Annette Lee, RN, MS, HCS-D, COS-C**

Annette is a registered nurse, with a Master's in Health Care Administration, practicing since 1990, with the majority of her nursing experience in home health. For over a decade she worked with the CMS Medicare Administrative Contractor (MAC) where she provided review of, and education on home health and hospice documentation. Annette then began providing outreach and provider education regarding Medicare reimbursement issues and effective documentation strategies, assisting providers with ADRs and appeals. Today she marries together her experience in the "real world" and the inside knowledge of Medicare to ensure providers can meet the requirements of CMS, and ensure compliant, efficient operations. She presents nationally on the Conditions of Participation, (COPs), OASIS, PDGM, HIS, LCDs, and

documentation and coverage for both the home health and hospice benefits. Annette holds both the Certificate for OASIS Specialist-Clinical and the Home Care Coding Specialist-Diagnosis certification.

## **CONTINUING EDUCATION CREDITS**

This program has been designed to meet the continuing education requirements for the Minnesota Board of Nursing for 3.0 contact hours. It is the responsibility of the participant to ensure that this program meets the licensing and continuing education requirements of their state board and to retain the required documents in their personal file. Attendees must participate in the entire presentation for contact hours to be awarded – partial credit will not be available. To apply for nursing contact hours, within one week following webinar participation, a completed sign-in sheet and evaluations from each individual must be returned to MHCA. Certificates will then be issued by e-mail.

## **CONFIRMATION**

The cost of this education is **per person**.

Prior to the webinar, a Zoom Webinar link will be e-mailed to you. You will need to click on this link to access the webinar, a dial-in number and an access code to listen in via telephone will also be provided. You will also be sent any pertinent handouts if available and evaluation link to the email address you provide.

## **WEBINAR RECORDING**

This webinar will not be recorded. A second opportunity to view the program has been scheduled for March 5 from 10-1 p.m. Pacific.

## **QUESTIONS?**

Please contact Brandy Sweet at [bsweet@oahc.org](mailto:bsweet@oahc.org) with questions.



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## REGISTRATION

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

| Registration Fees: | Standard Rate      |
|--------------------|--------------------|
| Member Rate        | \$225 (per person) |
| Non-Member         | \$325 (per person) |

## PAYMENT INFORMATION

Visa  MasterCard  Check (payable to OAHC)

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

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

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax completed form with payment to (877) 458-8348 or Mail to OAHC, 417 2<sup>nd</sup> St. Ste. 101, Lake Oswego, OR 97034.**