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## Dates and Locations

**February 1, 2012**  
Radisson Hotel Sacramento  
500 Leisure Lane  
Sacramento, CA 95815  
(916) 922-2020

**February 2, 2012**  
Radisson Hotel Ontario  
2200 E Holt Blvd ♦ Ontario, CA  
(909) 975-5000

## Program Schedule

8:00am - Registration  
9:00am - 12:00pm - Workshop  
12:00pm - 1:00pm - Lunch (provided)  
1:00pm - 3:00pm - Workshop

## Continuing Education

Provider approved by the California Board of Registered Nursing (Provider #CEP2463) and by the California Board of Behavioral Sciences (Provider #PCE588) for up to five (5) contact hours of continuing education. Course approved by CAHSAH (CAH11-1110) for up to 5 contact hours of Physical Therapy continuing education. You must be present for the entire workshop to earn CE Credit Hours. *No partial credits can be given.*

California Association for Health Services at Home  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834  
[www.cahsah.org](http://www.cahsah.org)



# Home Health PPS 2012 And Beyond!

## Final Home Health PPS Regulation



**Brought to you by:**

**California Association for  
Health Services at Home**



**Gold Sponsor:**

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# Home Health PPS 2012 and Beyond!



This workshop will cover all details of the 2012 Final Home Health PPS Regulation.

The most critical items covered are the rate changes, case-mix weight redistribution and Table 3 point allocations.

Included in the case-mix redistribution is a significant decrease in reimbursement for high therapy episodes.

Other items addressed in this workshop include the Face-to-Face Requirement and the 2012 clarification, as well as, home-bound status clarification and clarification on Occupational Therapy being a stand alone discipline in home health.

Lastly, this program will cover the Therapy Re-Assessment requirements, including billing issues and calendars to work through scenarios.



**Course Approved for PT Continuing Education**

## About Faculty

### Melinda Gaboury



agencies and hospice.

Gaboury is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc. (HPS). Melinda Gaboury and Mark Cannon founded the company in April 2001 to provide financial, reimbursement, clinical and cost reporting services to home health

Prior to the inception of Medicare PPS Gaboury began researching, auditing and review processes with OASIS, ICD-9 Coding and clinical documentation. She has developed and taught clinician and billing Medicare PPS Training Workshops in a variety of venues. Gaboury's priority remains bridging the gap between clinical and financial issues in home health agencies.

## How to Register

- ON-LINE with your credit card at: [www.cahsah.org](http://www.cahsah.org)
- FAX your registration to: (916) 641-5881
- MAIL your registration to: CAHSAH  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834
- PHONE in your registration with credit card payment to: (916) 641-5795 ext. 113
- QUESTIONS?  
Contact CAHSAH at (916) 641-5795 ext. 113

**CANCELLATIONS:** Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 days of the program. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

## Registration Form

Please select the day/location you wish to attend.

February 1 - Sacramento, CA

February 2 - Ontario, CA

RATE SCHEDULE	By: 1/06/12	By: 1/20/12	On-site	Sub-total
Member rate	\$185	\$205	\$245	\$ _____
Non-Member rate	\$275	\$295	\$335	\$ _____
Register two or more people online and receive \$10 off each registrant. <b><u>SPECIAL OFFER ONLY FOR ONLINE REGISTRATION.</u></b>				
<b>Total: \$ _____</b>				

**Not a CAHSAH member?** Contact CAHSAH at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name \_\_\_\_\_

Attendee Name & Title \_\_\_\_\_

RN/PT Number \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address (Confirmations will be sent to this address) \_\_\_\_\_

### Pre-payment is required

<b>Method of Payment</b>		<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card # _____	Exp. date _____	
Credit Card Billing Address _____	City, State, Billing Zip Code (required) _____	
Cardholder Name (please print) _____		
Signature (required) _____		