



Blueprint for OASIS Accuracy

2-Day OASIS-C Workshop *New OASIS-C Data Collection Rules & Guidance*



Workshop Dates

October 18 & 19

8:00am – 4:00pm

and

COS-C Exam

October 20

9:00am – 11:30am

Workshop/Exam

Location

Bulova Corporate Center
75-20 Astoria Boulevard
East Elmhurst, NY 11369
(VNSNY Office)

Hotel Information

Courtyard Marriott LaGuardia
90-10 Grand Central Parkway
East Elmhurst, NY 11369
\$179 per room
Phone: (800) 321-2211
Ask for the "HCA" rate.

Walk-in registrations cannot
be accommodated.

Spend **two intense and fun days** learning all there is to know to collect the OASIS-C accurately. Understand the specifics of the new items, changed items and process measures. Learn what you need to know about changes to data collection rules and conventions. Demonstrate mastery of learned concepts through participation in application scenarios.

Educational Goals:

- To support the educational needs of home health clinicians in achieving comprehension and accuracy in OASIS data collection using guidelines established by the Centers for Medicare & Medicaid Services (CMS)
- To enhance compliance with the OASIS Prospective Payment System (PPS)
- To provide a preparatory review for candidates for the COS-C (Certificate for OASIS Specialist-Clinical) examination
- To provide the learner with the latest CMS documents to facilitate researching answers to future questions and to support data collection in special situations.

The **Blueprint for OASIS Accuracy** workshop offers effective, timely, comprehensive and at times, entertaining education, directed at **the field data collectors and their supervisors**. Rather than provide opinions, assumptions, or unfounded interpretations, the "*Blueprint*" presenters will provide up-to-the-minute education on what information IS available and what questions remain unanswered.

Two OASIS experts at each training offer the motivated learner the highest quality and most preferred OASIS training available with unprecedented access for questions.

Join us in our commitment to enhancing OASIS accuracy by attending this upcoming workshop!



Contact Hour Offering:
Approved for
13 Contact Hours

www.hca-nys.org



Blueprint for OASIS Accuracy



2-Day OASIS-C Workshop
New OASIS-C Data Collection Rules & Guidance
October 18 & 19, 2010

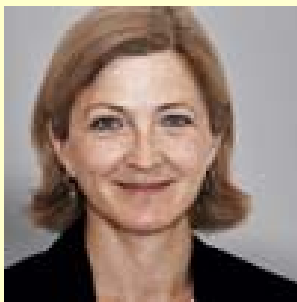
Workshop Facilitators

Kim Marie Corral, BSN, Ma Ed, HCS-D, COS-C



Kim is a registered nurse, practicing since 1984. She has extensive experience in home health education and program development and has developed and implemented national training initiatives in wound care, OASIS, ICD-9 Coding, performance improvement, regulatory compliance and PPS. Kim has extensive experience speaking for national home care organizations on OASIS data collection and strategies, documentation standards, operational processes to support OASIS and ICD-9 coding accuracy. She holds both the Certificate for OASIS Specialist-Clinical and the Home Care Coding Specialist-Diagnosis certification. Kim is an Associate Consultant with OASIS Answers, Inc.

Debbie Chisholm, RN, BSN, CPHQ, COS-C



Debbie is a registered nurse practicing since 1978 in critical care, home health, hospice and quality improvement. She served as the Home Health Manager at the Delmarva Foundation for Medical Care where she was involved in the national implementation of OBQI. She was trained in OASIS at the Center for Health Services Research, at the University of Colorado and provided OASIS education for the CMS Data Accuracy Verification (DAV) Project as well as the OASIS Education Coordinators. Currently she manages the CMS OASIS Q&A Mailbox contract as well as provides content expertise. Debbie is a Certified Professional in Healthcare Quality (CPHQ), has earned the Certificate for OASIS Specialist-Clinical (COS-C) designation, and is a Senior Associate Consultant with OASIS Answers, Inc.

To register for this workshop go to www.eventville.com/hcanys or complete the attached registration form.

www.hca-nys.org



OASIS Certificate and Competency Board, Inc. COS-C Exam

October 20, 2010

The OASIS Certificate and Competency Board's COS-C (Certificate for OASIS Specialist-Clinical) examination will be administered the day following the *Blueprint for OASIS Accuracy* training. The scope of the COS-C exam includes CMS instructions related to the OASIS-C time points, regulations, patient populations and item specific scoring and always tests on guidance that is current as of the testing date.

The OASIS Certificate and Competency Board (OCCB) is a non-profit organization dedicated to promoting greater reliability in OASIS data, through consistent application of guidelines provided by the Centers for Medicare & Medicaid Services (CMS). Efforts to achieve that goal include offering a *voluntary certificate examination* which home care providers may take in order to demonstrate and establish their expertise and commitment to OASIS data accuracy.

Candidates who successfully complete the examination are awarded the Certificate for OASIS Specialist – Clinical (COS-C) designation. Call the OCCB at (337) 231.6981 or visit www.oasiscertificate.org to learn more or to register for the COS-C examination.

East Elmhurst COS-C Exam: **October 20 - 9:00am to 11:30am**

Bulova Corporate Center
75-20 Astoria Boulevard
East Elmhurst, NY 11369

Exam Registration Fees

\$250 – State Homecare Association Member
\$300 – Non-Members

Renewal Exam Fees:

\$200 – State Homecare Association Member
\$250 – Non-Members

***To register for the COS-C Exam use the attached form. For more information call the OCCB at (337) 231-6981 or visit www.oasiscertificate.org. Registrations for the exam must be received two weeks prior to the exam date.**



Blueprint for OASIS Accuracy

2-Day Workshop
October 18 & 19, 2010

REGISTRANT INFORMATION

Once complete please fax to: (518) 426-8788. You will receive a confirmation via email.

Register Online for the workshop only at www.eventville.com/hcanys

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____
(Required)

WORKSHOP FEES

- Member Fee** **\$499**
Non-Member Fee **\$685**
VNS35 Participant

Workshop fee includes instructors for two days, lunch, breaks and handout materials.

Walk-in registrations cannot be accommodated.

Individuals may register for the workshop, the exam, or both. Note: Registration and payment for the workshop is through HCA Education and Research, while registration and payment for the COS-C exam is through the OCCB.

To register for the COS-C Exam use the attached form or go to www.oasiscertificate.org

PAYMENT

Please check method of payment:

_____ Check* _____ MasterCard _____ VISA _____ American Express

*Make checks payable to: HCA Education and Research and mail to 194 Washington Avenue, Suite 400, Albany, NY 12210. Payment must be received by workshop date.

Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____

Refunds will be issued for those that cancel up to three days prior to the workshop, less a 25% administrative fee. Cancelling in less than three days or no shows will forfeit the registration fee. Substitutions are permitted for the workshop. Cancellations must be received in writing via e-mail at info@hca-nys.org

Fax to (518) 426-8788



OASIS CERTIFICATION AND COMPETENCY BOARD, INC: COS-C Exam Application

Please provide the following information, printing clearly. If you have any questions, call the OCCB at 337-231-6981. If you wish to pay with a credit card, please fill in this form and fax to 337-231-0089. If you wish to pay by check, mail the completed form and check to:

OCCB, Inc. 850 Kaliste Saloom Rd, Suite 123, Lafayette, LA 70508. You may also register online at www.oasiscertificate.org

Mail-in and online registration payments MUST be received in the office in advance of the testing date.

Indicate COS-C Exam Testing Location/Date:	City :	State:	Exam Date:
Candidate's Name: (As you would like it to appear on your certificate) PLEASE PRINT!			
Candidate's Home Address: (The address to which you would like your results mailed)			
**Phone/ Fax: (Where may we reach you?)			
**Candidate's E-mail Address:			
Agency/Company Name:			
Estimate the number of OASIS assessments (at all time points) that you have conducted during the past 12 months:	<input type="checkbox"/> > 400 (more than 8 assessments per week) <input type="checkbox"/> 250-400 (5 to 8 assessments per week) <input type="checkbox"/> 100 – 249 (2 to 5 assessments per week) <input type="checkbox"/> 10-99 (less than 2 assessments per week) <input type="checkbox"/> 1– 9 total assessments in the past 12 months <input type="checkbox"/> I have not conducted an OASIS assessment in the past 12 months <input type="checkbox"/> I have never conducted an OASIS assessment		
What is your primary role related to OASIS?:	<input type="checkbox"/> Data collector in the field <input type="checkbox"/> Auditor of OASIS assessments <input type="checkbox"/> User of OASIS-based reports/data for quality/compliance/reimbursement functions <input type="checkbox"/> Educator/trainer/consultant <input type="checkbox"/> CMS contractor (i.e., OEC,OAC, QIO, Surveyor) <input type="checkbox"/> Researcher <input type="checkbox"/> Other (specify)		
Please indicate your discipline:	<input type="checkbox"/> RN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Other		
is your organization a member of your State Home Care Association?:	<input type="checkbox"/> No <input type="checkbox"/> Yes, which association:		
Select your registration rate: (based on state association membership)	<p style="text-align: center;">COS-C INITIAL Examination</p> <input type="checkbox"/> \$250.00 (Member) <input type="checkbox"/> \$300.00 (Non-Member)		
	<p style="text-align: center;">COS-C RENEWAL Examination</p> <input type="checkbox"/> \$200.00 (Member) <input type="checkbox"/> \$250.00 (Non-Member)		
	*Date and State of initial COS-C exam: _____ (Reduced fee only if renewal exam is taken by 3-year anniversary date of passing last exam.)		
Type of Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		
Credit Card Number			
Expiration Date /	3 or 4 digit Security Code:		
Total to be billed to this card:	<input type="checkbox"/> \$200.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$300.00		
Card Holder's Name			
Signature:			Date: