Program Description: Health Care Reform has expanded industry audit initiatives and required additional home health data. CMS implemented revised and expanded G codes, effective January 1, 2011, to meet this enhanced data request. How does CMS define these new and revised G-codes? What clinical documentation is vital to drive the selection of these codes and accurately bill Medicare home health services? Would miscoding these claims trigger an audit risk with a CMS contractor? Join this Webinar to hear the nuts of bolts of required clinical documentation that substantiates accurate G code selection. Ensure your clinicians understand how to support Medicare coverage and service delivery requirements as detailed in the Medicare Benefit Manual and recent updated CMS memorandums.

Convenience: Enjoy the convenience and cost-efficiency of a webinar. There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line. All you need to participate is a speaker telephone, a computer or laptop and a room large enough for your staff. You will be given a toll free number and access code for the web-based portion of the activity.

Registration: The registration deadline is April 18, 2011. Due to the expense of using the telephone/web technology, registrations may not be shared between agencies – the agency’s registration covers the access of only one phone line into the webinar. The call in information and web access code will be emailed to you prior to the webinar.

Who should attend: Administrators, agency leadership, clinical and operational staff responsible for supervision, education, planning and support of office and clinical staff.

Upon completion of this program participants will be able to:

1. Detail the new and revised G-Codes required by CMS for billing Medicare home care services;
2. Identify clinical documentation that supports the selection requirements for these G-Codes;
3. Discuss CMS initiatives that will utilize these code changes to track and trend provider audit priorities;
4. List strategies to support compliance with this revised requirement.
REGISTRATION FORM
Once complete please fax to: (518) 426-8788

Upon receipt of completed registration form you will receive a confirmation email.

Agency Name: _____________________________________________________________________________
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Contact Name: _____________________________________________________________________________
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REGISTRATION FEE
HCA Member $129 per line  $___________
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Cancellation Policy: Fees will be refunded only if written cancellation is received by HCA at info@hcanys.org one week prior to the teleconference. In the event of a cancellation, HCA will retain, or charge, $40 of the initial fee per registrant, to cover administrative overhead.

Fax completed registrations to (518) 426-8788 or mail with payment to HCA Education and Research, 194 Washington Ave., Suite 400, Albany, NY 12210. Please contact info@hcanys.org if you need assistance, or call 518-426-8764.

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