

# Blueprint for OASIS Accuracy

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



### Workshop Date

Sept 20 & 21

8:00am – 4:00pm

and

### COS-C Exam

Sept 22

9:00am – 11:30am

### Hilton Garden Inn

6004 Fair Lakes Road  
East Syracuse, NY 13057

Phone: (315) 431-4800

\$109 per room

Call by August 19

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.

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](http://www.hca-nys.org)



# Blueprint for OASIS Accuracy



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

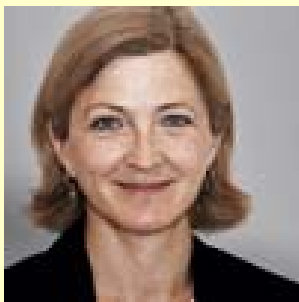
## Workshop Facilitators

**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](http://www.eventville.com/hcanys) or complete the attached registration form.

[www.hca-nys.org](http://www.hca-nys.org)



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

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](http://www.oasiscertificate.org) to learn more or to register for the COS-C examination.

## **SYRACUSE COS-C Exam:** **September 22 - 9:00am to 11:30am**

Hilton Garden Inn  
6004 Fair Lakes Road  
East Syracuse, NY 13057

### **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](http://www.oasiscertificate.org). Registrations for the exam must be received two weeks prior to the exam date.**



# Blueprint for OASIS Accuracy

## 2-Day Workshop

### 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](http://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

**Walk-in registrations cannot be accommodated.**

To register for the COS-C Exam use the attached form or go to [www.oasiscertificate.org](http://www.oasiscertificate.org)

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

### 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](mailto: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](http://www.oasiscertificate.org)

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

<b>Indicate COS-C Exam Testing Location/Date:</b>	City :	State:	Exam Date:
<b>Candidate's Name:</b> (As you would like it to appear on your certificate) PLEASE PRINT!			
<b>Candidate's Home Address:</b> (The address to which you would like your results mailed)			
<b>**Phone/ Fax:</b> (Where may we reach you?)			
<b>**Candidate's E-mail Address:</b>			
<b>Agency/Company Name:</b>			
<b>Estimate the number of OASIS assessments (at all time points) that you have conducted during the past 12 months:</b>	<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		
<b>What is your primary role related to OASIS?:</b>	<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)		
<b>Please indicate your discipline:</b>	<input type="checkbox"/> RN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Other		
<b>is your organization a member of your State Home Care Association?:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, which association:		
<b>Select your registration rate:</b> (based on state association membership)	<p style="text-align: center;"><b>COS-C INITIAL Examination</b></p> <input type="checkbox"/> \$250.00 (Member) <input type="checkbox"/> \$300.00 (Non-Member)		
	<p style="text-align: center;"><b>COS-C RENEWAL Examination</b></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.)		
<b>Type of Credit Card</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		
<b>Credit Card Number</b>			
<b>Expiration Date /</b>	<b>3 or 4 digit Security Code:</b>		
<b>Total to be billed to this card:</b>	<input type="checkbox"/> \$200.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$300.00		
<b>Card Holder's Name</b>			
<b>Signature:</b>			<b>Date:</b>