



Home Health Orientation

On-Demand Education

for the

New Home Health Employee and
Those Wanting to Refresh Their Knowledge

Do you have new visiting staff at your home health agency? How about current staff who may benefit from additional education? Is there a new QI nurse or coder in home health? AHHC has compiled the perfect combination of webinar recordings that cover the intricacies of the Medicare Home Health Program. From the Medicare HH Eligibility, Coverage & Payment Basics to OASIS Items to Coding & Quality your staff will find what they need in this packet. Explore the topics and get started right away! Invest your education dollars with those who know you best and advocate for your industry!

Topics explained in greater detail below.

What's Available in the Orientation Portal:

Win With Home Health Fundamentals

A four part series providing an overview of the Medicare HH benefit, its regulatory framework, nursing coverage requirements & documentation, and HH PPS & patient notifications.

Homebound: Do Your Staff Understand What it Means to be Homebound Under the Medicare Home Health Benefit?

Focuses on the Medicare Manual, illustrates the requirements with examples and Q&A, and highlights OASIS questions that support the patient's homebound status.

OASIS: Focus on Accuracy

A five part series that identifies the items that contribute to the new CMS value-based purchasing model and provides tips for accurate completion.

ICD-10 Coding Clarifications & Updates

Provides an overview of the changes of greatest importance to HH agencies and allows participants to see useful examples of the key codes related to HH situations.

Home Health Quality Initiatives Update

Provides an update on the CMS initiatives and specifies resources available to support agencies' quality improvement efforts.

Improving Home Health CAHPS Scores & Patient Experiences

Covers what agencies need to do to obtain the very best CAHPS scores possible and build that solid foundation of quality and care.

What's Available In the Orientation Portal:

Win with Home Health Fundamentals (4 On-Demand Sessions – 6 hours of learning)

Presenter: Judy Adams, RN, BSN, HCS-D, AHIMA Approved ICD-10-CM Trainer

1. Regulatory Framework for Certified Home Health Services

The Medicare Conditions of Participation; Patient BORs; Nursing Responsibilities in Assessment & Supervision; Initial & Comprehensive Assessment Timelines; Coordination of Care; Survey & Sanction Highlights

2. The Medicare Home Health Benefit Overview

Home Health Benefit Qualifying Criteria Including Homebound & Place of Residence; Patient/POC Certification; the Home Health Plan of Care; Patient/POC Recertification; Physician Orders; Exemptions from Home Health Coverage

3. Nursing Coverage Requirements & Documentation

Coverage of Specific Nursing Services; Clinical Documentation for Coverage and Medical necessity; G Codes; the Role of the MAC in Medical Review & ADRs

4. Home Health Prospective Payment System & Patient Notifications

What Makes Up the HHRG with a Nod to Accurate Coding; The Role of the OASIS in Payment; Bundled Services and What That Means; The Role of the MAC in Payment; Beneficiary Notices Required

Homebound: Do Staff Know What It Means to be Homebound Under the Medicare Home Health Benefit?

Presenter: Sherry Thomas, BSN, MPH, is the Senior Executive Vice President for the Association for Home & Hospice Care of North Carolina

In this day and time of increased audits and clinical record/claim review, we need clinicians to have an excellent understanding about what the CMS Medicare Home Health Coverage Manual requires as related to homebound documentation! This 90 minute webinar focuses on the Medicare Manual but also illustrates the requirements with examples and Q&A. The presentation also highlights OASIS questions that support the patient's homebound status.

The webinar handouts will include tips on how to document appropriately given a variety of patient scenarios; a post-test helpful for new or refreshing home health staff; and references.

OASIS: Focus on Accuracy (5 On-Demand Sessions – 7.5 hours of learning!)

Presenter: Heather Jones, MPH, CHES, COS-C, is the Associate Vice President for Quality Initiatives & State Relations for AHHC/SCHCHA

The Centers for Medicare and Medicaid Services (CMS) require the collection of OASIS items on all appropriate home health patients at several time points. CMS provides both annual and quarterly updates to their guidance on how to appropriately respond to the items. Are you current with this evolving guidance?

These educational webinars will focus on assisting home health clinical staff, QI Coordinators and supervisors who want to increase their knowledge related to OASIS completion. The sessions will identify the items that contribute to the new CMS value-based purchasing model and provide tips for accurate completion.

- 1. Part One:** This webinar will cover the OASIS data collection requirements, general conventions, and CMS resources. The Patient Tracking, Clinical Record items, and OASIS credentialing opportunities will be discussed.
- 2. Part Two:** This webinar will cover the Patient History & Diagnoses, Living Arrangements, Sensory Status items
- 3. Part Three:** This webinar will cover the Integumentary Status and Respiratory items
- 4. Part Four:** This webinar will cover the Cardiac Status, Elimination Status, Neuro/Emotional/Behavioral Status, and the ADL/IADL items.
- 5. Part Five:** This webinar will cover the Medication, Care Management, Therapy Need, Plan of Care/Intervention Synopsis, Emergent Care, and Discharge items

ICD-10 Coding Updates & Clarifications

Presenter: Judy Adams, RN, BSN, HCS-D, AHIMA Approved ICD-10-CM Trainer

Can you believe it... more than 2,600 new, deleted and revised code changes will become effective on October 1, 2016!! Since the implementation of the ICD-10-CM code set on October 1, 2015, there has been a steady stream of interim changes to guideline interpretations and code instructions. October 1, 2015 was the largest revision to diagnosis coding ever made, providing more than 5 times as many codes as were available under ICD-9. Due to the newness of the ICD-10 code set, questions and clarifications related to the ICD-10 codes began almost immediately and have required adaptations and interim guidance.

Injuries, Poisoning, & Other Consequences of External Causes are the largest areas of change with more than 1000 changes in Chapter 19 alone. Diabetes comes in at second with 264 new codes that involve greater specification for diabetic ophthalmic complications. The third highest category is Diseases of the Musculoskeletal System. There are 81 circulatory new codes **as well as other codes impacting nearly every chapter in the manual.**

This very timely presentation will provide a brief overview of the changes of greatest importance to home health and hospice agencies and allow attendees to see useful examples of the key codes related to home health and hospice situations.

Home Health Quality Initiatives Update

Presenter: Heather Jones, MPH, CHES, COS-C, is the Associate Vice President for Quality Initiatives & State Relations for AHHC/SCHCHA

The Centers for Medicare and Medicaid Services' (CMS) quality initiatives for home health have picked up the pace over the last year. Quality of Patient Care and Patient Survey 5-Star Ratings are available on the Medicare Home Health Compare website, agencies must now meet an OASIS quality reporting threshold, and a pay-for-performance demonstration project has begun in 9 states. New Conditions of Participation that require a Quality Assessment and Performance Improvement program be implemented are on the horizon. The OASIS data collection continues to evolve and OASIS-C2 is scheduled to be implemented in 2017 with a new cross-setting item. This webinar will provide an update on the CMS initiatives and specify resources that are available to support agencies' quality improvement efforts.

Objectives:

- 1. Describe CMS quality initiatives for home health**
 - a. Home Health Compare Quality of Patient Care and Patient Survey Star Ratings
 - b. Value Based Purchasing Demonstration Project
 - c. Pay-for-Reporting Compliance Thresholds
 - d. Home Health QAPI Requirement in Proposed Conditions of Participation
 - e. Standardized Cross-setting Quality Measures
 - f. OASIS-C2
 - g. PEPPER Reporting
 - 2. Outline resources available to support quality improvement efforts**
 - a. CMS OASIS resources
 - b. Role of state Quality Improvement Organizations
 - c. Home Health Quality Improvement National Campaign
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Improving HH CAHPS Scores & Patient Experiences

**Presenter: Teresa Northcutt, BSN RN COS-C HCS-D, AHIMA Approved ICD-10-CM Trainer
Senior Consultant, CoDR Quality Manager, Selman-Holman & Associates LLC, Denton TX**

We all know that the "Home Health Care CAHPS Survey" or "HHCAHPS" is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies. Survey responses impact your STAR ratings, the perception of your agency by consumers and referral sources – and, if you are in Value Based Purchasing State, the results will impact your Medicare reimbursement as part of your Total Performance Scores. A recent article highlighted the discrepancies between the CMS data used in the STAR ratings and the data from the patient experiences with their home health care! **It's time to understand what your agency needs to do to obtain the very best CAHPS scores possible and build that solid reputation of quality and care!**

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