



*Educational webinars on topics that are at the
forefront of hospital and healthcare industry needs*

February 2012

Programs

Preventing Avoidable Hospital Readmissions

DATE: February 2, 2012

TIME: 12:00pm—1:00 pm EST

Overview

Improving transitions of care is in the forefront of reducing preventable hospital readmissions. CMS is looking to support community-based transition of care teams and Accountable Care Organizations that will address coordination of transitions. Moving beyond discharge planning to better care coordination and transitions requires a change of the process, culture, and individual behavior. This webinar will review the elements of reducing preventable hospital readmissions by improving transitions and care coordination.

Who Should Participate

CEO, CFO, COO, CMO, CNO, Board Members, Case Managers, all Clinical Nursing Leadership, Pharmacy Director, Dietary Director, Social Services, Discharge Planners, The Joint Commission Coordinators, Performance Improvement Directors, Risk Managers, Safety Officers, and anyone else who is interested in preventing unnecessary hospital readmissions

Objectives

At the completion of this program, the participant will have:

1. Discussed the benefits of effective discharge planning
2. Identified the critical elements that will prevent avoidable hospital readmissions

Faculty

Cheri Lattimer, RN, MSN is the CEO and President of CMI, an innovative consulting and management company providing outsourcing and advisory services to the care management and health care industries. Cheri leads one of the most creative teams in the medical association and care management consulting industry. She serves as the Executive Director for the Case Management Society of America, the Executive Director for the Case Management Foundation and is the Coalition Director for the National Transitions of Care Coalition. Her leadership in quality improvement, case management, care coordination and transitions of care is known on the national and international landscape. She serves on several National Boards and Committees; URAC, Roundtable on Critical Care Policy, CMS Caregiver Workgroup and participates on several of the Society of Hospital Medicine Advisory Committees; Diabetes, Hospital Collaborative Care & Better Outcomes for Older Adults through Safe Transitions.

CEUs: 1.2

Medicare Provider enrollment and the CMS-855 Forms: Ensuring Compliance

DATE: February 7, 2012

TIME: 9:30 am—11:00 am EST

Overview

On August 31, 2011, the U.S. Office of Management and Budget approved changes to the Medicare Provider-Supplier Enrollment Applications (CMS-855). They were updated from the 2008 versions; there is also a new CMS-855O application form. Learn strategies from an expert to ensure compliance with the changes to this regulation.

Who Should Participate

CEO, COO, CFO, CMO, All Coding, Billing and Claims Transaction Staff, Financial Analysts, Compliance Personnel, Accreditation and Licensing Personnel, Physicians, Non-Physician Practitioners, DME Suppliers, Clinics, Cost Report Personnel, and Other Personnel Interested in Billing Privileges with the Medicare Program

Objectives

At the completion of this program, the participant will have:

1. Discussed the Medicare enrollment process through the use of the various CMS-855 forms
2. Reviewed the CMS Conditions for Payment (CfPs)
3. Discussed the Medicare concerns surrounding billing and payment for services and supplies
4. Reviewed the purpose and use of the six different CMS-855 forms
5. Identified the common information requirements embedded in the CMS-855 forms
6. Discussed the 5-year cycle revalidation process
7. Reviewed how other required reporting, such as the NPIs and Provider-Based reporting connect with the Medicare enrollment
8. Reviewed the need to develop organizational resources to maintain multiple CMS-855 forms
9. Discussed the proper use of the Internet-based PECOS process
10. Reviewed current and anticipated changes for maintaining billing privileges with Medicare
11. Discussed the need to establish contact with knowledgeable personnel at the Fiscal Intermediary, Carrier and/or geographic MAC

Faculty

Duane Abbey is a management consultant and president of Abbey & Abbey Consultants. For over 20 years, Duane has provided healthcare consulting services to hospitals, physicians, and medical clinics. The focus of his consulting has been in the areas of compliance, payment, and delivery systems. In addition to his consulting, Dr. Abbey is an invited presenter for hospital associations, medical societies, and other groups. He also has published both articles and books on healthcare topics. Dr. Abbey earned his graduate degrees from the University of Notre Dame and Iowa State University.

CEUs: 1.8

**Positioning Hospitals and Physicians
for Success: Understanding How Providers and Payors
are Responding to Healthcare Reform
DATE: February 7, 2012
TIME: 1:00 pm—2:00 pm EST**

Overview

The healthcare delivery system is undergoing rapid changes in response to the Patient Protection and Accountable Care Act (PPACA). While some health insurance carriers, hospitals, and providers are simply trying to cope with the many changes, others are implementing strategies designed to support the goals of improving efficiency and value. In fact, in many cases, these strategies were being considered well before PPACA was enacted.

Who Should Participate

CEO, COO, CFO, CMO, Board Members, Business Development and Strategic Planning Leadership, Managed Care Directors, Physician Services, and Financial Services

Objectives

At the completion of this program, the participant will have:

1. Discussed how a health system practically moves from volume-based to value-based reimbursement while avoiding an erosion in margins
2. Discussed the time and investment required to evaluate new reimbursement methodologies, and should organizations focus on their Medicare strategy, commercial payor strategy, or both simultaneously?
3. Discussed whether it is more advantageous to be proactive or reactive relative to payor strategies?
4. Polled participants on what innovative value-based approaches are organizations contemplating?
5. Discussed how do health systems manage situations where the provider is taking on some risk but does not have control over patient choice in PPO-like products

Faculty

Terri Welter leads the firm's Managed Care Contracting practice, which focuses on establishing favorable contract arrangements between hospitals, medical groups, and health plans. She has extensive experience in the area of managed care and provider reimbursement, including strategy development, the development of reimbursement structures, contract negotiations, and operations. She has assisted dozens of hospitals and medical groups in the financial planning, assessment, and negotiation of their health plan contracts.

Charlie Brown works in ECG's Managed Care practice, where he focuses on strategic health plan contracting, negotiation, and revenue recovery. With more than 18 years of healthcare management and consulting experience, he has been successful in improving the bottom line of clients' financial and operational performance. His expertise was developed while he was Director of Managed Care/Vice President of Practice Operations at Founders Health Care (Allegheny Integrated Health Group) and an Operations Manager/Medical Center Administrator at FHP Inc.

CEUs: 1.2

The Basics of DNV Accreditation and ISO 9001

**DATE: February 9, 2012
TIME: 1:00 pm—2:00 pm EST**

Overview

The DNV Healthcare accreditation program is called the National Integrated Accreditation for Healthcare Organizations (NIAHO®). As part of its program development, DNV Healthcare has cultivated highly motivated field surveyors throughout the country. Working in tight-knit teams comprised of clinicians, generalists and life safety specialists, DNV Healthcare surveyors will visit hospitals annually to ensure progress and help hospitals meet their quality goals. This program is designed to provide information regarding DNV Healthcare accreditation process, overview of ISO 9001:2008 as a part of the accreditation and summary of the updates to their accreditation requirements.

Who Should Participate

CEO, COO, CFO, CMO, Board Members, The Joint Commission Coordinators, Performance Improvement Leaders, Risk Managers, Safety Officers, and Compliance Officers

Objectives

At the completion of this program, the participant will have:

1. Reviewed key ways DNV Healthcare's approach is different from other accreditation models
2. Discussed how ISO 9001:2008 quality management system can be an effective approach to improving manage processes more effectively and improve performance
3. Discussed how DNV Healthcare's accreditation program is designed to move hospitals beyond traditional approaches to quality and performance improvement
4. Discussed what to expect of a DNV Healthcare hospital accreditation survey:
 - Approach to the survey process
 - Demeanor of the survey team
 - Follow up process for corrective actions to address noncompliance

Faculty

Pat Horine is responsible for oversight and management of the National Integrated Accreditation of Healthcare Organizations (NIAHO®) program for DNV Healthcare, Inc. He has played an integral role in the development of the NIAHO® Accreditation Program, pursuant to recognition of deeming authority from the Centers for Medicare and Medicaid Services (CMS). Patrick has more than 20 years of healthcare management experience and holding leadership positions in hospitals. His experience includes positions as Chief Executive Officer, Chief Operating Officer, and Vice President for Quality and Business Development. His expertise includes hospital operations, performance improvement, patient safety, data inventory development and analysis, and adverse event investigations. Patrick has presented numerous seminars as well as worked on-site with healthcare organizations on an international level.

CEUs: 1.2

Advance Directives Update 2012
Includes CMS (effective October 2011), Joint Commission, Federal Law and More

DATE: February 14, 2012

TIME: 10:00 am—11:30 am EST

Overview

This program will cover advance directives such as living will, durable power of attorney, organ donation, mental health declaration, and do not resuscitate orders. It will include Joint Commission, CMS Hospital Conditions of Participation, case law discussion, organization position statements on DNR (do not resuscitate) and other federal laws on advance directives. Learn from an expert strategies to ensure compliance with these advance directives.

Who Should Participate

CEO, COO, CMO, CNO, Director of Registration, Behavioral Health Staff, Psychiatrist, Consumer Advocate, All Clinical Nursing Leadership, Nurses, Physicians, Nursing Supervisors, Department Directors, The Joint Commission Coordinators, Performance Improvement Directors, Risk Managers, Safety Officers, and Compliance Officers

Objectives

At the completion of this program, the participant will have:

1. Reviewed the CMS CoP requirements for advance directives for hospitals
2. Discussed the 2012 Joint Commission standards on advance directives
3. Reviewed what is required of hospitals under the federal law on the Patient Self Determination Act
4. Discussed the CMS new regulations on visitation and what is a visitation advance directive

Faculty

Sue Dill Calloway has been a nurse attorney and consultant for more than 30 years. Currently, she is President of Patient Safety and Healthcare Education and Consulting and also the Chief Learning Officer for the Emergency Medicine Patient Safety Foundation. Prior to Sue's current role, she was the director of hospital patient safety for The Doctors' Company and OHIC Insurance Company. She has done many educational programs for nurses, physicians, and other health care providers. Sue has authored over 100 books and numerous articles. She is a frequent speaker and is well known across the country in the area of healthcare law, risk management, and patient safety. **The speaker has no real or perceived conflicts of interest that relate to this presentation and there will be no discussion of unlabeled uses of drugs/devices.*

CEUs: 1.8

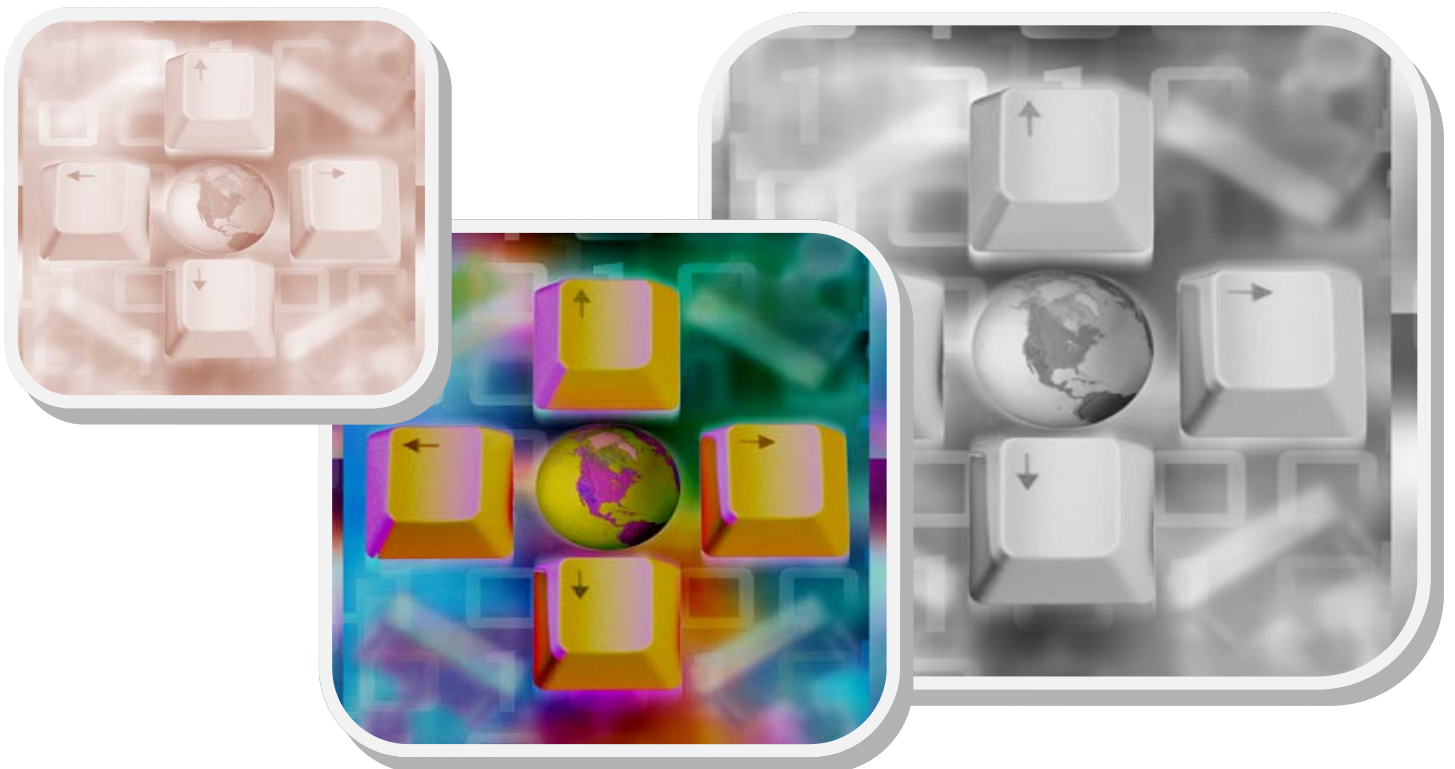
CEU Information

The West Virginia Hospital Association is approved as a provider of continuing education for registered professional nursing in West Virginia, #WV2001-0339RN.

WVHA/HEF is approved as a provider of continuing education for licensed practical nursing in West Virginia, #WVBPN170.

All participants will receive a Certificate of Attendance at the conclusion of the seminar. Many national, state and local licensing boards and professional organizations will grant continuing education credit for attendance at this seminar when you submit the course outline (save the brochure) and your Certificate of Attendance. It is recommended you contact your own board or organization to find out what is required.

NOTE: Full attendance for the entire session(s) is a prerequisite for receiving full continuing education credits. If a participant needs to leave early, his or her continuing education credits will be reduced.



Registration Form

Name

First / Middle Initial / Last _____

Title _____

Facility _____

Facility Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-Mail _____

Materials for programs will be sent via e-mail

To register for this seminar, please complete the form above and return with remittance to Tamra Goodall CAP-OM, 100 Association Drive, Charleston, WV 25311. Please make all checks payable to HEF.

Credit Card Information (please check one):

___ VISA ___ MasterCard ___ Discover ___ American Express

Card Number _____ Exp Date _____

Cardholder's Name _____

Signature _____

You may fax your registrations to (304) 414-0210, or e-mail tgoodall@wvha.org. All fax/e-mail registrations must be accompanied by a credit card payment.

Cancellation Policy

All cancellations are subject to a \$25 non-refundable processing fee. There will be no refunds on or after **two weeks prior to the program**, but substitutions are permitted.

HEF has the right to change presenters for this program. Also, HEF reserves the right to postpone or cancel this program for which registrants will be fully refunded. If you register late, please contact HEF at 304/344-9744 prior to the program to confirm your reservation.

February 2012 Programs

Circle each for which you are registering, and total all lines

AMOUNT

Preventing Avoidable Readmissions
February 2, 2012

Member: \$149 Non-Member: \$214 _____

CMS-855 Forms
February 7, 2012

Member: \$149 Non-Member: \$214 _____

How Providers & Payers are Responding to HC Reform
February 7, 2012

Member: \$149 Non-Member: \$214 _____

The Basics of DNV Accreditation & ISO 9001
February 9, 2012

Member: \$149 Non-Member: \$214 _____

Advance Directives Update for 2012
February 14, 2012

Member: \$149 Non-Member: \$214 _____

ALL 5 PROGRAMS

Member \$650 _____

Non-Member \$1060 _____

TOTAL OF ALL LINES \$ _____