



Moving MOUNTAINS

PROACTIVE
MEDICAL REVIEW

SNF Provider Training, Tools and Insight to Conquer 2019 Industry Changes

Online Registration: www.efohca.org • Questions? 614 / 436-4154 • Fax: 614 / 436-0939

1. One Person Per Registration (fill out the facility info and duplicate this form for additional registrants)

Lastname: _____ First: _____ Nickname: _____

Title: _____ Email address: _____

Community/Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ / _____ Fax #: _____ / _____

Registration *will not* be processed unless payment is included.

2. Registration Fees

Individual Webinar Registration Fee:

Members	14 days prior	\$ 55 per location	after 14 days	\$ 75 per location
Non Members	14 days prior	\$130 per location	after 14 days	\$175 per location

Topics below are subject to change pending SNF PPS Final Rule and CMS Interpretive Guidance related to Phase 3

___ January 8, 2019	PDPM: Effective Systems and Coding of Section GG
___ February 5, 2019	Phase 3: Implementing an effective SNF Compliance & Ethics Program
___ March 5, 2019	SNF Quality Reporting (QRP) and SNF Value Based Purchasing (VBP) Programs
___ April 2, 2019	PDPM: Developing ICD.10 Expertise for Effective Coding of Clinical Categories & Non-Therapy Ancillary
___ May 7, 2019	Phase 3: Implementing Successful Staff Training & Competency Programs
___ June 4, 2019	PDPM: Rehab program transitions and provider insight for SNF PT, OT & SLP service reimbursement
___ July 2, 2019	Phase 3: Next Steps for the Infection Preventionist
___ August 6, 2019	Operational Strategies for Success Under PDPM (with expert panel)
___ September 3, 2019	Phase 3: Trauma Informed and Culturally Competent Care
___ October 1, 2019	TBD based on CMS updates and identified transition issues
___ November 5, 2019	TBD

3. Payment - Make checks payable to Educational Foundation of Ohio Health Care Association (EFOHCA)

Mail to: EFOHCA, 55 Green Meadows Dr. South, PO Box 447, Lewis Center, OH, 43035 or Fax: 614 / 436-0939

TOTAL AMOUNT \$ _____ Method of Payment: ___ Credit Card ___ Check

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