



Training Classes/Presentations 2012

JLU HEALTH RECORD SYSTEMS OFFERS TRAINING AND PRESENTATIONS IN:

- 1 ICD-9-CM Coding: basic, intermediate, and advanced level for Home Health and Hospice
- 2 ICD-9-CM ACE Coding Certification
- 3 ICD-10 Coding: how to prepare; basic classes
- 4 OASIS C: Basics, preparation for COS-C examination
- 5 HIPAA, Privacy & Security Issues
- 6 Electronic Health Records Issues & Compliance Activities
- 7 Other Clinical Topics for new staff/agencies: Medicare 101; Skilled Care; Preparing for Survey
- 8 Classes for Support Staff: Medical Terminology

EASY FORMATS All courses include up to date educational material designed to reinforce the information learned during the training experience. All classes have been revised for 2012 regulations.

All classes are available onsite (face to face) or webinar format. Webinars are conducted in a 90 minute format.

Ninety (90) minute onsite classes are provided with a minimum of 2 classes booked at the same location on the same day. Three (3) hour onsite classes promote the ability to have 2 classes in one day.
Sample Schedule: 9 am-12 pm and 1 pm-4 pm.

MANDATORY PURCHASE* Due to the complexities of coding and case mix, many Coding classes require the purchase of the Rapid Reference Guide as a companion guide (state associations must purchase 1 RRG for each participant; agencies must purchase 1 RRG per 3 participants. The RRG (Rapid Reference Guide) is utilized by participants in the classes and useful in their everyday work.

Webinars do not require the purchase of RRG but is recommended.

NEW CLASSES are periodically added throughout the year; please check our website at www.jluhealth.com for more listings. Customized classes are also available to meet your specific need.

TO SCHEDULE A CLASS CONTACT JLU at 781-829-9632 or via email at jluhealth@verizon.net

Listing of Training Classes/Presentations 2012

Basic (B): class is designed for the beginner

Intermediate (I): class is designed to expand knowledge

Advanced (A): class is designed for the experienced person

ID #	Course Title	Level	Who should attend
	CODING		ICD-9-CM
C1.01A	Fundamentals of Coding/Coding 101* <i>Updated</i>	B	New & inexperienced coders, clinicians and clerical staff
C1.01B	<i>NEW</i> Understanding Case Mix & Coding/Coding 102*	B	New & inexperienced coders, clinicians and clerical staff
C1.02	Clinicians ICD-9 Workshop	B	Clinical staff
C1.03	Correct Coding for Hospice	B	Hospice supervisors, clinical and clerical staff
C1.04	Intake: A Key Part of the Coding Process	B	Clinical staff, Intake, Liaisons for home health or hospice
C1.05	Coding Practice* <i>NEW</i>	B	Clinical staff, Intake, Liaisons for home health or hospice
C2.01	Up to the Minute Coding 2012* <i>Updated</i>	I	Supervisors, clinical and experienced clerical staff
C2.03	Dressing Up Your Wounds* <i>Updated</i>	I	Anyone looking for hands on reinforcement
C2.04	Manifestation Coding, A Hidden Jewel*	I	Intermediate coder, QI, OASIS nurses
C2.06	Furthering Your Coding Knowledge* <i>Favorite</i>	I	Supervisors, Intermediate coder, experienced clinical staff
C2.07	Best Practices in Coding* <i>Favorite</i>	I	Supervisors, Intermediate coder, experienced clinical staff
C2.08	Taking Therapy Coding to a New Level*	I	Therapists, Supervisors, QI
C2.09	Coding Decisions*	I	Supervisors, Intermediate coder, experienced clinical staff, QI
C2.10	Coding Diagnostics Series – Pick 3*	I	Supervisors, Intermediate coder, experienced clinical staff, QI
C2.11	Coding Conclusions* <i>NEW</i>	I	Supervisors, Intermediate coder, experienced clinical staff, QI
C3.01	Experience Hands On Coding* <i>Favorite</i>	A	Advanced coding knowledge recommended
C3.02	Coding Management, The Buck Stops Here*	A	Administrators, CFO's, Coding managers
C3.03	Effective Management of Coding*	A	Administrators, CFO's, Coding managers
C3.04	Coding Complexities*	A	Supervisors, Intermediate coder, experienced clinical staff, QI
C3.05	Coding Compliance, Don't Get Caught Unprepared!*	A	Supervisors, QI
C3.06	Coding Reimbursement Readiness <i>NEW</i>	A	Supervisors, QI
C4.01	ACE - Advancing Coding Education <i>Favorite</i>	A	Recommended for experienced coders

	CODING		ICD-10
D1.05	ICD-10 Fundamentals NEW	B	Supervisors, QI
D1.06	ICD-10 Not Too Early to Start Planning NEW	B	Administrators, Supervisors, QI
D1.07	Coding Connections between ICD-9 and ICD-10 NEW	B	New & inexperienced coders, clinicians, Supervisors
	OASIS		OASIS C
O1.01	OASIS C Training Updated	B	Clinical staff
O2.01	OASIS: The Crosswalk Between Documentation & Reimbursement	I	Supervisors, QI, OASIS nurses
O2.02	OASIS Accuracy & Auditing	I	Supervisors, QI, OASIS nurses
O4.03	OASIS C Prep for COS-C Examination Favorite	A	Staff who would like to take the COS-C exam
	HIPAA & RELEASE OF INFORMATION RECORD RETENTION		PRIVACY/ SECURITY COMPLIANCE/REGULATORY
H1.01	Protecting Health Information and Staying in Compliance Updated	B	All staff, Compliance Officers
H1.02	Legal Pitfalls of Record Retention Favorite	B	CFO, Compliance Officers, Supervisors
H1.03	Protecting the Agency from Breaches	B	All Staff
H1.04	HIPAA Privacy & Security Compliance Updated	B	All Staff
H1.07	RAC Audits – Preparing for RAC, Lessons Learned from Hospitals NEW	B	QI, Compliance Officers, Supervisors
H1.08	Social Media & Threats to Confidentiality NEW	B	All staff
H1.09	Protecting Portable Information on Laptops, Flash drives, Smartphones NEW	B	All staff
H2.01	Managing Record Retention- Setting a Document Retention Schedule Favorite	I	CFO's, Compliance Officers, QI, Supervisors
	ELECTRONIC HEALTH RECORDS		EHR, EMR
E1.01	Learning to Love your EMR System	B	Administrators, Supervisors, QI
E1.02	Maintaining a Legally Sound Record Favorite	B	Administrators, Supervisors, QI
E1.03	Navigating the EMR	B	Administrators, Supervisors, QI
E1.04	Beginning the EMR Conversion	B	Administrators, Supervisors
	OTHER CLINICAL TOPICS		
T1.01	Medicare – Skilled Services Favorite	B	Clinical staff, Intake
T1.02	Conducting a Home Visit	B	Clinical Staff, Supervisors
T1.03	Continuous Survey Readiness NEW	B	QI, Compliance Officers, Supervisors
T1.04	Medical Terminology Favorite	B	Support staff who file, read, or enter data into the MR or computer

ICD-9-CM CODING

C1.01A Fundamentals of Coding/Coding 101*

3 hour course designed for inexperienced coders. Basic coding skills are reviewed for staff not familiar with coding. Review how to utilize coding books and learn how to code accurately. **Course is available with a home health or hospice focus.**

Objectives:

- Understand the five steps to correctly assign ICD-9 Codes
- Understand coding conventions necessary for proper code assignment
- Identify how to code specific diagnostic areas by example: Neoplasm, Diabetes, CVA, Cardiac, Rehab (PT, OT, ST) and assign procedure codes
- Learn ways in which accurate coding can benefit your agency

C1.01B Understanding Case Mix & Coding/Coding 102*

3 hour course provides the inexperienced coder or clinician with a basic understanding of case mix and Prospective Payment System (PPS).

Objectives:

- Review the importance of correct coding
- Discuss diagnostic categories and what diagnosis/codes are included within category
- Review relationship between Coding and other OASIS M questions

C1.02 Clinicians ICD-9 Workshop

90 minute presentation to field staff discussing the importance of accurate coding. Review of common case mix diagnoses.

Objectives:

- Understand coding terminology of specific diagnostic categories
- Comprehensive overview of common home health diagnoses
- Understand why accurate coding is essential
- Coding impact on reimbursement

C1.03 Correct Coding for Hospice

3 hour course designed to assist Hospice's in selecting Primary and Secondary diagnosis for correct coding.

Objectives:

- Understanding correct coding and its role in Hospice
- Determine how to select the specific terminal diagnosis and supporting secondary diagnoses
- Review Regional Home Health Intermediary's (RHHI) edits for Hospice diagnoses

C1.04 Intake: A Key Part of the Coding Process

3 hour class divided into 90 minute sessions. The agency provides actual Intakes for review by consultants followed by group discussion and customized presentation. **Course is available with a home health or hospice focus.**

Objectives:

- Identify valuable information to collect during the Intake process
- Understand the referral diagnosis, resolved conditions and home health/hospice diagnosis
- Learn which co-morbidities impact the plan of care & must be included

C1.05 Coding Practice*

3 hour course provides the inexperienced person with hands on experience of coding cases in a group setting.

Objectives:

- Review common diagnoses used in home health
- Utilize case study format to code
- Review answers and provide feedback

C2.01 Up to the Minute Coding 2012*

3 hour course covering current hot topics in the industry. Case studies are utilized to illustrate 2012 changes effective 10/01. **Updated annually to reflect CMS changes to official coding guidelines. New cases reviewed & discussed.**

Objectives:

- Learn the new coding changes impacting home health for 2012
- Understand coding terminology for specific diagnostic categories
- Coding of home health case studies

ICD-9-CM CODING *continued...*

C2.03 Dressing Up Your Wounds*

3 hour course will covers all aspects of skin lesions and wounds. Wound care coding will require a basic understanding of clinical terminology & OASIS. Actual case studies are utilized. **Includes wound updates from WOCN, NPUAP and OASIS Q&A's.**

Objectives:

- Understand the different types of wounds, lesions, ulcers and appropriate codes assignment
- Case studies will include surgical and trauma wounds, pressure & stasis ulcers
- Complex cases including wound VAC, VAD, skin grafts & PICC lines

C2.04 Manifestation Coding, A Hidden Jewel*

3 hour course designed to build coding knowledge and identify manifestations which enhance reimbursement.

Objectives:

- Understand the principles for manifestation coding
- Identify how to access manifestation codes
- Code by example utilizing manifestation principles and diagnoses

C2.06 Furthering Your Coding Knowledge*

3 hour course designed for the intermediate coder and experienced clinical staff to expand their knowledge by coding actual case studies of hot topic areas.

Objectives:

- Emphasis on recent coding changes including **2012 updates impacting home health**
- Demonstrate understanding of coding complexities
- Actual case studies utilized throughout the course

C2.07 Best Practices in Coding*

3 hour course designed for the coders and clinical staff with experience to review the best practices of common home health coding.

Objectives:

- Emphasis of common coding errors made at agencies
- Review of best practice areas
- Examples of correct coding provided

C2.08 Taking Therapy Coding to a New Level*

3 hour course designed specifically for guiding the therapist to the correct coding process.

Objectives:

- Understanding rehab diagnosis coding terminology
- Assigning late effects and aftercare codes
- Coding of therapy case studies (PT, OT, SLP)

C2.09 Coding Decisions*

3 hour course covering multiple diagnosis categories that require a decision on when to include *or not to include* the diagnosis as Primary or Secondary diagnosis

Objectives:

- Discuss coding guidelines for selection of a Primary & Secondary diagnosis
- Examples of diagnoses may include GERD, GI bleed, Depression, Falls
- Review of Asymptomatic, Resolving, and Historical Conditions

C2.10 Coding Diagnostic Series – Pick 3*

60 minute classes that allow the agency/association to chose 3 in-depth topics for presentation.

A minimum of 3 classes are required for onsite scheduling.

Diabetes
Respiratory
Psychiatric
Cardiac
Neurological

Maternal Child Health
Orthopedic
Renal
Gastrointestinal
Urinary

Pediatrics
Neoplasms
V-Codes

ICD-9-CM CODING *continued...*

C2.11 Coding Conclusions*

3 hour course designed for the intermediate coders to challenge their knowledge to determine the correct diagnostic selection.

Objectives:

- Review Specific Coding Cases
- Actual case studies used throughout course
- Discuss how the codes were selected

C3.01 Experience Hands on Coding*

3 hour course will cover several areas of advanced coding and challenge participants utilizing case studies to determine correct diagnoses and sequencing.

Objectives:

- Code specific home health cases
- Discuss accuracy of coded cases
- Promote the usage of co-morbidities and manifestation codes
- Understand Aftercare coding and sequencing of V-codes

C3.02 Coding Management, The Buck Stops Here*

90 minute course that looks at the structuring and organizing of the coding function. Are you responsible for the coding department? This course provides leadership with an understanding of how effective coding management contributes to sound business decisions.

Objectives:

- Provide a foundation for effective coding management
- Identify areas of coding quality improvement and coding compliance
- Review coding function and competency
- Using coding for business decisions

C3.03 Effective Management of Coding*

90 minute course that looks at what is needed for talent & resources to have an effective coding program. This course provides guidance on the components of the coding function and the metrics needed to measure coding productivity.

Objectives:

- Understand structure & organization of the coding function & how best to utilize this limited resource
- Through benchmarking metrics determine when additional coding support is needed
- Timeline for training new coders
- Correct & effective query processes

C3.04 Coding Complexities*

3 hour course where actual case studies are utilized throughout to understand how coding impacts reimbursement in a more interactive class format. Attendees should be intermediate coders or experienced clinicians.

Objectives:

- Attendee will assess their coding knowledge
- Difficult cases will be discussed such as a non-healing surgical wound that begins healing; infected hernia mesh; dual diagnoses and many others

C3.05 Coding Compliance, Don't Get Caught Unprepared!*

90 minute course analyzes the coding function and reimbursement.

Objectives:

- Discuss the efficiency of the coding process
- Discuss the competency of those providing that function
- Discuss auditing of records for compliance
- Review types of external audits & common target areas

C3.06 Coding Reimbursement Readiness

3 hour course focuses on coding for reimbursement and understanding how coding impacts reimbursement.

Objectives:

- Review the impact coding has on reimbursement
- Understand the difference in case mix payments relating to coding
- Use case examples to demonstrate differences in payment

ICD-9-CM CODING *continued...*



C4.01 ACE - Advancing Coding Education

8 hour comprehensive training designed for coders who would like to validate their proficiency. Participants should have an understanding of coding principles and experience with OASIS. 8 hours of classroom instruction. ACE certification is awarded to those candidates who pass the examination.

Objectives:

- ACE certification (additional information & details available)
- 2 ½ hour examination (separate pricing)
- Validates proficiency
- Valid for 3 years

ICD-10 CODING

D1.05 ICD-10 Fundamentals

90 minute course will review the components of ICD-10 and its functionality compared to ICD-9-CM.

Implementation date by CMS 10/01/13

Objectives:

- Understand the structure of ICD-10
- Review common home health diagnoses in ICD-9-CM
- Review Generic Equivalent Mapping (GEM) into ICD-10

D1.06 ICD-10 Not Too Early to Start Planning

90 minute course will review the how to prepare for the major change with ICD-10 and what is needed to prepare for the change. *Implementation date by CMS 10/01/13*

Objectives:

- Discuss the major impact the change in coding will have on agencies
- Review training time & methods of education
- Checklist to prepare for ICD-10 implementation

D1.07 Coding Connections Between ICD-9 and ICD-10

3 hour course that explores ICD-9 conversion to ICD-10 with actual case studies showing both code sets.

Objectives:

- Overview of timeline for conversion to ICD-10
- Understanding the major differences between ICD-9-CM & ICD-10
- Understand ICD-10 conventions of coding
- Code specific home health cases

OASIS Classes

O1.01 OASIS C Training

3 hour course designed for clinicians. Clinicians will learn OASIS C guidelines for M responses, timelines, the primary diagnosis verses inpatient diagnosis, and the diagnosis selections impact on reimbursement.

Objectives:

- Overview of timelines and reporting requirements
- Provide clinicians with overview of OASIS items & common diagnoses
- Differentiate between selection of Primary & Secondary diagnosis & Inpatient diagnosis
- Impact diagnosis selection on the HHRG/ HIPPS code

OASIS Classes *continued...*

02.01 OASIS, The Crosswalk between Documentation & Reimbursement

3 hour course will review areas where agencies collect conflicting information which may lead to down coding and impact reimbursement.

Objectives:

- Identify conflicts between M responses and documentation
- Identify specific diagnostic categories and the related M items
- Understand diagnostic categories requirement for additional clinical or functional reimbursement
- Review of diagnoses that impact Non-Routine Supplies (NRS)

02.02 OASIS Accuracy and Auditing

90 minute course will review the agencies obligations under CoP 484.20 for accurate OASIS information

Objectives:

- Discuss areas impacted by OASIS data: outcome measures, reimbursement
- Review requirements & strategies for clinical record audits
- Review requirements & strategies for data entry audits
- Review requirements & strategies for clinical audit visits
- Best ways to summarize & report audit activities

04.03 OASIS C Preparation for the COS-C Examination

8 hour course is designed to review all the components of OASIS C in preparation of the COS-C examination.

Note: JLU has no affiliation with OCCB who administers the COS-C examination and does not guarantee certification of candidate.

Objectives:

- Detailed review of all requirements under OASIS C
- Review of OASIS time points, documents, measures, item guidance
- Review of OASIS Q & A's

HIPAA Privacy & Security Classes

H1.01 Protecting Health Information and Staying in Compliance

90 minute course designed to refresh and update staff on release of information. Current media cases and how they relate to your organization are discussed. Electronic devices for recording or storing of information protected under HIPAA are discussed.

Objectives:

- Identify what is considered PHI
- Understand the pitfalls of new technology
- Review current headlines on breeches of confidentiality
- Understand what information may be released

H1.02 Legal Pitfalls of Record Retention

3 hour course to discuss the importance of establishing a retention schedule of all documents to protect business operations.

Objectives:

- Understand why establishing a retention schedule is necessary for an effective record management program
- Review regulations governing the retention process
- Provide an overview of the major types of documents & retention period kept by the business

H1.03 Protecting the Agency from Breeches

3 hour course to discuss areas of vulnerabilities at agencies and how to properly protect information.

Objectives:

- Identify what is considered Protected Health Information (PHI) & Personal Information (PI)
- Understand what information can be released and what method
- Understand the pitfalls of new technologies (camera phones, texting, social media)
- Discuss Breech Notification & review current "headlines" on breeches

HIPAA Privacy & Security Classes *continued...*

H1.04 HIPAA Privacy & Security Compliance

3 hour course to discuss the importance HIPAA privacy & security.

Objectives:

- Review of the HIPAA Privacy & Security regulations & how it applies to home health & hospice
- Understanding privacy as it relates to internal, external customers & business associates

H1.07 RAC Audits – Preparing for RAC, Lessons Learned from Hospitals

90 minute course to discuss latest issues concerning home health.

Objectives:

- Review the current issues under RAC
- Determine how to effectively comply with requests
- Lessons learned from the hospital experience

H1.08 Social Media & Threats to Confidentiality

90 minute course to discuss uses of social media & staff understanding of what is acceptable.

Objectives:

- How to educate staff on acceptable behavior with social media
- Review the agency's risk including HIPAA violations
- Review sample social media policy/ guidelines for staff

H1.09 Protecting Portable Information on Laptops, Flash drives, Smartphones

90 minute course to discuss vulnerabilities and protections needed for portable media.

Objectives:

- Review different types of portable media used by the agency
- Review recent HIPAA violations
- Discuss policies and education needed for compliance

H2.01 Managing Record Retention – Setting a Document Retention Schedule

3 hour course will review the steps to establishing a sound records management program.

Objectives:

- Discuss the steps on “how to” develop a successful program
- Review of some suggested timeframes for retention
- Determine what policies are needed for the program
- Understand the designation & duties of a Record Officer

Electronic Health Records

E1.01 Learning to Love your EMR System

3 hour course to review how to use the EMR to comply with CoP requirements & other regulations.

Objectives:

- Discussion about the future of the Electronic Medical Record (EMR)
- Asking for customized reports
- Using audit tools & Benefits from EMR reminders, prompts & warnings
- How to correct the EMR
- Review of the EMR policies you should have in place

E1.02 Maintaining a Legally Sound Medical Record

3 hour course to discuss the importance of understanding the regulations surrounding the EMR.

Objectives:

- Four principles that must be met for an EMR to be admissible
- Discussion of the legal business record to support a claim
- Definitions of a legal EHR, HIPAA designated record set
- Discussion of e-discovery & meta data

Electronic Health Records *continued...*

E1.03 Navigating the EMR

3 hour course to discuss understand how to navigate the issues with EMR.

Objectives:

- Understand the types of possible documentation errors & how to properly utilize the correction process
- How to determine the proper storage & retention methods
- Using electronic audit trails
- Understand the EMR to avoid common mistakes when developing e-processes
- Checklist of policies needed for the e-record

E1.04 Beginning the EMR Conversion

90 minute course to discuss the major considerations of EMR conversion.

Objectives:

- Getting key players working together (Clinical, Medical Records, Fiscal, IT)
- Overview of policies required for EMR
- Review of standards for e-record, CCHIT & meaningful use requirements

Other Clinical Topics for New Staff/Agencies

T1.01 Medicare – Skilled Services

3 hour course designed to educated new home health agencies and new staff on Medicare guidelines for the home health patient.

Objectives:

- Describe conditions of coverage by CMS for the home care patient
- Describe skilled services and who provides them
- Describe part time & intermittent, reasonably & necessary, and homebound

T1.02 Conducting A Home Visit

90 minute course to describe the objectives of the home visit.

Objectives:

- Discussion of the purpose of the home visit, observation and data collection efforts
- Review of the pre and post visit duties and how to most effectively accomplish the task
- Review how to efficiently collect information for the OASIS, Care Plan, Narratives

T1.03 Continuous Survey Readiness

90 minute course to review the top compliance areas for the survey. Course is designed for agencies accredited by the Joint Commission, CHAP, ACHC.

Objectives:

- Review areas of vulnerabilities at agencies
- Provide tips for staying in compliance
- Discuss education areas required for staff

T1.04 Medical Terminology

16 hour course designed to help support staff who file, read, or enter data into the medical record or computer system to provide knowledgeable support to clinicians. Quizzes are utilized each class to track participants understanding and progress.

Objectives:

- Read and understand medial terminology
- Recognize standardized abbreviations
- Pronounce common diagnoses appropriately