

The Home Care Association of New Hampshire presents
“An Overview of the Medicare Cost Report”

A 90-Minute Lunch & Learn Audio-Conference
by

Thomas E. Boyd

Principal, Boyd And Nicholas, Inc.

Thursday, April 1, 2010

******1:00 p.m. to 2:30 p.m. EST******

Audio-Conference Description

Listen and get a better understanding of one of the most difficult filing procedures - Cost Reports! This program is designed to demonstrate to the participant the basic structure and understanding of the Medicare cost report. The program will review the various worksheets that make up the cost report, along with the CMS 339 questionnaire and other required attachments. This session will also help participants to understand what information can be developed from an accurate and completed cost report. The attendees can review many of the documents during the presentation.

Audience Experience Level: All

Objectives:

1. Explain the importance of a properly prepared and completed Medicare cost report.
2. Describe different ways in which the Medicare cost report can be used for management decisions.
3. Demonstrate the process of preparing a cost report and the various related documents.

About the Speaker:

Thomas E. Boyd has over thirty years of Medicare reimbursement experience including almost twelve years with one of Medicare intermediaries for home health agencies. He is the chairperson of the NAHC/HHFMA task force committee on the HHA cost report. He has been a consultant to Medicare certified home health agencies and hospices since 1989 and has been a principal of Boyd and Nicholas, Inc. since 1993.

Tom has a BA in Management/Accounting from Sonoma State University and a MBA in Business Administration from St. Mary's College. He is a member of the HHFMA Advisory Board of Directors, the Association of Certified Fraud Examiners, and the U.S. Chess Federation.

Mr. Boyd has spoken on home health financial and compliance issues before NAHC, NHPCO and more than a dozen state and regional home health care associations.

This is how it works:

Complete the Registration Form for your agency and return to HCANH. Registered locations will be sent an email confirmation on **Monday, March 29th**, with dial-in information, conference ID number and a web link to download handout materials and/or resources. On the day of the conference, simply join the call by dialing the toll-free number and giving your agency name and conference ID number. Gather your staff and listen via speakerphone to the presentation, follow along with the handouts and participate in live, interactive Q&A.

PLEASE NOTE: Registration fees are based on each dial-in connection; multiple call-ins from your agency will be charged. We are unable to accommodate more than one agency per call-in.

**REGISTER TODAY! Save time and travel costs
and include all staff members who will benefit
from this program!**

**Certificates of attendance will be mailed after
evaluations are received.**

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THREE SIMPLE WAYS TO REGISTER

BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

1. **Fax** this completed form below to (603) 225-5817
2. **Mail** completed form to the HCANH Office, 8 Green Street, Concord, NH 03301

Please register by Thursday, March 25th to ensure that you receive e-mailed confirmation details.

Please type or print legibly all information below.

Agency: _____

Contact Person: _____

Address: _____

City/State/Zip Code: _____

Phone: () _____

Fax: () _____

E-mail (mandatory field): _____

Number of Participants Expected to Attend from your Agency: _____

Registration Fees

This fee includes one dial-in connection. Additional fees will be charged if there are multiple dial-ins. Written requests for refunds received on or before **March 25th**, will receive a refund less a \$30 processing fee. Fees are non-refundable after this date; There are no refunds for no-shows.

HCANH Member Agency – \$159 per call-in

Non-Member Agency – \$259 per call-in

PAYMENT METHOD

Check (payable to HCANH) VISA MasterCard

Please bill us. *We understand that we will be billed \$20 for each invoice if not paid within 30 days.*

Cardholder's name (print) _____

Card Number _____ / _____ / _____ / _____ Exp. Date _____

Signature _____ CVM: _____

Another Member Benefit brought to you by the Home Care Association of NH

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