



**REGISTRATION FORM: 6-Part Educational Webinar Series: OASIS-C2/ICD-10 Accuracy with Sharon Molinari**

**Synergy Users – Special Rate**

\$399

**Regular Rate**

\$499

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

**Schedule for 6-Part Educational Webinar Series:  
OASIS-C2/ICD-10 Accuracy with Sharon Molinari**

*\*10 CEUs will be provided by Decision Health for Oasis Credential holders only.*

**Part 1: Tuesday November 29, 2016**

- Introduction: CMS Expectations and Purpose of OASIS
- Relationship to Payment
- Core Reference Documents
- Conventions
- Outcome and Process Measures
- OASIS Requirements for Data Collection
- Physician Communication Requirements

**Part 2: Thursday December 1, 2016**

- Patient Tracking Items: M0010-M0150
  - Clinical Record Items: M0080-M0110
  - History and Diagnosis: M1000-M1028
- \*Note: Not all data items will be addressed*

**Part 3: Tuesday December 6, 2016**

- History and Diagnosis: M1030-1060
  - Living Arrangements: M1100
  - Sensory Status: M1200-M1242
  - Medications: M2001-M2040
- \*Note: Not all data items will be addressed*

**Part 4: Thursday December 8, 2016**

- Integumentary Status: M1300-M1350

**Fax registration form back to 714-229-8750. Thank you!**

HealthCare Synergy, Inc. | 5555 Corporate Avenue, Cypress, CA 90630 | Phone: 714-229-8700

**Part 5: Tuesday December 13, 2016**

- Respiratory and Cardiac Status: M1400-M1511
- Elimination Status: M1600-M1630
- Neuro/Emotional/Behavioral Status: M1700-M1750
- ADL/IADLs: M1800-M1910 and GG0170C

*\*Note: Not all data items will be addressed*

**Part 6: Thursday December 15, 2016**

- Care Management: M2102 and M2110
- Therapy Need and Plan of Care: M2200 and M2250
- Emergent Care: M2301 and M2310
- Transfer and Discharge: M2401-M2430; M0903 and M0906
- Q&As

*\*Note: Not all data items will be addressed*

**METHOD OF PAYMENT**

Visa     Mastercard     American Express     Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Cancellation Policy:**

All approved cancellations/refunds are subject to a \$50 administration fee to offset system and financial charges. Refunds will be credited back to the original credit card used for payment. This fee is based on per transaction. Cancellations will be accepted via fax or email and must be completed 48 business hours prior to November 29, 2016. Cancellations received after the deadline will not be eligible for a refund.