

# **ATHOMES**

## **How to Respond to Audits**

A 90-Minute Lunch & Learn Audio Conference  
by  
**Elizabeth E. Hogue, Esq.**

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**Thursday, April 25, 2024**

**\*\*\*\*1:00 p.m. to 2:30 p.m. Eastern Time\*\*\*\***

**Replay: May 2, 2024 (Recorded playback available for 24 hours)**

### **Audio-Conference Description**

Home health, hospice, private duty, and HME providers are routinely subject to audits of all kinds; including by MACs, SMRCs, RACs, and UPICS. The purpose of this teleconference is to help providers respond successfully to all types of audits. What is the first step providers should take to respond to audits? What should providers do if they find deficiencies in documentation? Can providers supplement and/or amend records before submission? If so, how should providers do so? What about summaries of records? Are they useful and, if so, how? What should be included in summaries? Providers continue to take a beating from auditors, so now is the time to understand the best way to beat them. There will be plenty of time for questions during the teleconference and extensive handouts will be provided.

### **About the Speaker:**

Elizabeth Hogue is an attorney in private practice with extensive experience in health care. Prior to becoming an attorney, she was employed as a personnel manager by a Blue Cross-Blue Shield Plan. She studied at the University of Maryland School of Law, concentrating in health law, and gained considerable clinical experience, course work, and employment experience in this area. Following her admission to the Bar, she developed an active practice in health law. She represents clients all over the country. Her clients are professional associations, managed care providers, and institutional health care providers; including hospitals, long-term care facilities, home health agencies, durable medical equipment companies, and hospices. Ms. Hogue gives numerous presentations each year on health-related topics. Her articles are regularly included in trade association publications and other journals. Ms. Hogue is a member of the American Health Lawyers Association.

### **How it works:**

Complete the Registration Form for your agency and return to [elizabethhogue@elizabethhogue.net](mailto:elizabethhogue@elizabethhogue.net). Registered locations will receive an e-mail confirmation two days prior to the teleconference with instructions on how to join the audio conference, access handouts, additional resources, etc. Participate in the live, interactive Q&A session via your telephone.

**PLEASE NOTE:** Registration fees are based on one phone connection; multiple site participation from your agency will be charged a separate registration fee for each.

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

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## **THREE SIMPLE WAYS TO REGISTER**

**BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:**

1. **Register Online** at: \_\_\_\_\_.
2. **Fax** this completed form below to: \_\_\_\_\_.
3. **Mail** completed form to: \_\_\_\_\_.

Please type or print legibly all information below.

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email (Mandatory Field):** \_\_\_\_\_

### **Registration Fees**

This fee includes one phone connection. Additional fees will be charged if there are multiple connections. **No refunds will be given.**

	<b>Member</b>	<b>Non-Member</b>
<input type="checkbox"/> <b>April 25<sup>th</sup></b>	<b>\$125</b>	<b>\$125</b>
<input type="checkbox"/> <b>May 2<sup>nd</sup> Replay Date</b>		

### **PAYMENT METHOD**

Check (payable to \_\_\_\_\_)  VISA  MasterCard  American Express

**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 \_\_\_\_\_

<b>For office Use</b> Received _____ M / NM
DB _____ Paid \$ _____
Ck//CC# _____ Auth _____
Q _____ Due \$ _____
Inv/date _____
Confirm Sent _____