

A Lunch & Learn Audio-Conference

The second in a series of legal topics presented by the Home Care Association of Colorado

"Patient Referrals: What's Legal and What's Not?"

Thursday, June 24, 2004

Mountain Daylight Time

11 a.m. to 12:30 p.m.

Presenter

Elizabeth E. Hogue, Esq.

Health Care Attorney & Consultant
Burtonsville, MD

Moderator

Ellen Caruso

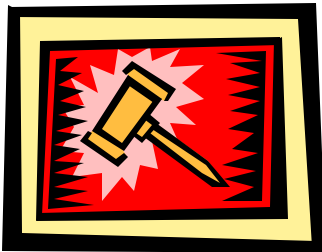
Executive Director
Home Care Association of Colorado

Overview: Providers need a steady stream of referrals. However, the referral process, regardless of setting, raises a variety of legal issues related to patients' right to freedom of choice of providers, fraud and abuse and antitrust. Case managers may be concerned about making referrals inside or outside the system; there may be special consulting or provider relationships to consider; and there are many misconceptions on the provider side about what is legal and what is not. This presentation will cover:

1. Common reasons for reluctance to refer;
2. Legal implications of the failure to refer appropriately for services;
3. Strategies to overcome barriers to referrals, and
4. Implications for compliance.

When completed, the participant will be able to:

1. Describe three reasons why referral sources may be reluctant to refer.
2. Identify two types of liability that referral sources may incur when they fail to refer appropriately.
3. List three requirements of the Balanced Budget Act of 1997 (BBA) with regard to patient referrals.



This is how it works...

Complete the Registration Form for your agency and return to HCAC. On Monday, June 21st, registered locations will be sent an email confirmation with dialing information and a web link to download handout materials and/or resources.

Join the call by dialing the toll-free number and giving the confirmation number. Gather your staff and listen via speaker phone 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.

Certificates of attendance will be mailed after evaluations are received.

REGISTER TODAY!

Save time and travel costs and include all staff members who will benefit from this timely topic!

Please complete the registration form and send to HCAC by **Friday, June 18, 2004.**

Another Member Benefit brought to you by the Home Care Association of Colorado
7853 East Arapahoe Court #2100 • Centennial, CO 80112-1361 • www.hcaonline.org

Registration Form
A Lunch & Learn Audio-Conference
Presented by the Home Care Association of Colorado

**“Patient Referrals:
What’s Legal and What’s Not?”**
Thursday, June 24, 2004
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FIVE SIMPLE WAYS TO REGISTER

BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

**Register by
June 18, 2004!**

1. **Register Secure On-line** at: <http://www.hcaonline.org>
2. **Email** a message to hcac@assnoffice.com
3. **Fax** the completed form below to (303) 694-4869
4. **Mail** completed form to HCAC, 7853 E. Arapahoe Court #2100, Centennial, CO 80112-1361
5. **Call** the HCAC Audio-Conference Reservations Line at (303) 694-4728, ext. 53

Please register by Friday, June 18th to guarantee that you receive confirmation details and handouts. Confirmations with calling instructions will be sent via email.* Please type or print legibly all information below.

Agency Name _____

Contact Person _____

Address _____

City/State/ Zip Code _____

Phone _____ Fax _____

Email* _____

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.

Registration Fee:

HCAC Member Agency – \$149 per call-in

Non-Member Agency – \$249 per call-in

Check (payable to HCAC) 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 _____

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