The Premier Event for Home Care and Hospice Leaders

July 15-17, 2018 At the Austin Fairmont in Austin, Texas

FMC2018.NAHC.org
2018 Financial Management Conference

The Financial Management Conference brings you a unique focus on innovative insights and education, as well as tested strategies for improving the financial performance of your home health agency. If your focus is financial management in home care or hospice, join us and share strategies and resources with the top executives and thinkers in our industry.

The Financial Management Conference features:

- 20 in-depth education sessions
- Panel discussions with industry leaders
- Networking opportunities with key colleagues
- The latest policy and regulatory information from NAHC staff

NAHC insiders will answer critical questions:

- How will trillions of dollars in proposed cuts to Medicare and Medicaid affect home health and hospice?
- Is regulatory relief coming to home health and hospice?
- Your own questions at the Financial Manager Open Forum

Classroom sessions will drill down into key topics, including:

- Surviving a home health or hospice audit
- Value-based purchasing and star ratings
- Payment reform (HHGM and Unified Post-Acute)
- Revenue cycle management for home health and hospice

Cutting-edge solutions at the Expo:

- 70 home care & hospice vendors, many focused on home health agency finances
- Nine hours of expo, with 6.5 hours dedicated to your potential partners

And plenty of time to network with colleagues, faculty and solution providers!

"FMC is like the World Series. It occurs once a year, bringing together the best minds of consulting, provider, technology, and other suppliers of the home health and hospice industries for a thoughtful and intense discussion of the most relevant issues and challenges we face. You simply cannot afford to miss it."

— Walter W. Borginis III, Visiting Nurse Association of Philadelphia
Keynote and General Sessions

Opening General Session: Washington Update ★ Sunday, July 15

The Congress and federal agencies have had a long history with home care and hospice through Medicare, Medicaid, VA, and other government programs. With an ambitious Administration and Congress into its second year of action, what do they have in store for us? It looks more like a year of regulatory action, given the upcoming elections in November. We can expect to see Medicare home health payment reform advance and serious consideration of reducing regulatory burdens.

This annual opening session brings Washington to the stage with up-to-the-minute details on the legislative, regulatory, and legal landscape along with a forecast of the impact of national politics on health care.

Home Care & the (Re)emergence of Managed Care: Implications for Home Health & Hospice ★ Monday, July 16

Keynote Speaker Fred Bentley, Vice President of Avalere, advises clients on health delivery and payment innovation, providing analytic and strategic insight on issues related to the delivery of care. As an expert in fields ranging from payer strategy to hospital-physician alignment, and post-acute care, he has worked with providers, including integrated delivery networks, academic medical centers, post-acute providers, and long-term care organizations as well as national and regional health plans. Over the past five years, his work has focused on supporting health systems engaged in Medicare and Medicaid payment and delivery system transformation initiatives.

Prior to joining Avalere, Fred was a Principal in the Accountable Care Solutions practice at The Chartis Group. In this role, he worked with leading hospitals and health systems in developing strategic roadmaps to guide their clinical innovation, population health, and cross-continuum integration initiatives. He also served as a Managing Director with The Advisory Board Company, managing a team of consultants and analysts who supported provider organizations ranging from physician groups and health systems to post-acute care providers.

Financial Managers Open Forum ★ Tuesday, July 17

You ask questions. HHFMA experts answer them. Any and all questions related to home health and hospice is fair game during this ‘open mic’ session that concludes the conference. If almost 37 hours of education hasn’t covered everything for you, now is the time to ask. Nobody walks away without an answer from our panel of the top minds in the industry.
Education for Financial Planners

PRE-CONFERENCES

On Sunday, July 15, there are two pre-conferences you can add to your registration for an additional cost. Each session starts at 9:00am until 3:00pm and includes breakfast and lunch.

**Home Health Summer Camp**

Home health personnel new to the industry, as well as veterans in home health services, will benefit from a detailed understanding of the fundamental financial tools and operational strategies for developing and maintaining positive financial outcomes. This updated program is designed for beginner-to-intermediate level financial staff members who have some experience in home care financial management and who wish to expand their knowledge in the diverse world of home care finance.

This pre-conference is focused on:

- Current Medicare reimbursement issues faced by home health agencies;
- Essential benchmark data needed to manage a home health agency;
- Integration of back office and clinical technologies;
- How to best use the Medicare cost report as a management resource tool;
- Achieving compliance with reporting responsibilities on organizational change and structure;
- Establishing billing oversight processes; and
- Undertaking a feasibility analysis for instituting new programs, expanding service areas, and creating branch offices.

**Hospice Summer Camp**

This program provides an updated and thorough overview of the financial aspects of hospice, including discussion of emerging national economic and policy changes which will impact hospice operations, regulatory issues and revenue enhancing strategies. It is structured for intermediate to advanced hospice executives. The Hospice Summer Camp is designed specifically for professionals seeking to sharpen the skills and knowledge needed to improve management hospice financial operations in this changing environment.

The session topics will include:

- Financial accounting for all hospice services including bereavement, physician services, volunteers, therapies including music, massage, pet, liaisons or community representatives;
- New Hospice Cost Reporting – Lessons Learned;
- Compliance best practices;
- Hospice staff compensation, strategies for improved productivity and case capacity
- Palliative Care Services and impact on Hospice Services;
- General Inpatient Services, owned or leasing arrangements, respite and residential services;
- Strategies for Revenue Enhancement including public education and marketing methodologies;
- Hospice cap calculation updates – how to monitor during the year; and
- CMS Form 855A proper reporting.

**Pre-conference Cost Before May 15, 2018**

- NAHC & HHFMA Members, $250
- Non-Members, $350

“...The education program is exceptional – offering up-to-date, relevant information that all attendees can learn from and impart that knowledge at their own organization.”

— Nick Seabrook, BlackTree Healthcare Consulting

CONCURRENT SESSIONS

**HHVBP and Star Ratings – Updates and Keys to Success**

The Quality of Patient Care Star Ratings criteria changed in 2018 and the HHVBP program criterion has been updated. These changes identify the importance of designing clinical operations to directly address areas of outcome weakness to optimize their results to achieve a 5 Star status and HHVBP bonuses. Objectives: Identify the latest updates and trends in HHVBP and Star Rating measure scores Identify typical clinical operation models and issues. Success your opportunities for improvement across the HHVBP and Star Ratings scores Identify the best practices in clinical operations that will enhance your outcomes and improve your HHVBP scoring that will lead to bonuses.

**Home Health Payment Reform – HHGM and Unified Post-Acute Payment**

The purpose of this presentation is to discuss how different home health reimbursement methodologies will affect what agencies get paid and the implications for how they run their business. Objectives: Discuss the concepts behind HHGM and unified post-acute payment and contrast with the current HHRG methodology. Show the financial impact of each HHGM reimbursement factor – early/late, institutional/community, primary diagnosis set, co-morbidity or not, functional level and how they segment on a national basis. Describe how a unified post-acute payment approach would actually work in the marketplace and the questions yet to be answered. Discuss what an agency can do to transition to each of these new reimbursement systems.

**Navigating Payer Minefield – Contract Management**

As managed care and commercial payers squeeze payment rates, increase requirements, and introduce value-based and other alternative payment models, home care

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leaders need to ensure their reimbursement contracts are organized and favorable. There are many different kinds of reimbursement contracts and new ones will likely appear as reimbursement systems and requirements become more complex. Understanding how to negotiate terms and conditions of contracts is increasingly important, as is the need to implement operations to attain success in managing contracts. Objectives: Identify the various types of reimbursement contracts for home health and hospice Outline the various different strategies in preparing for contract negotiations Develop simple tools to determine what your service costs are in preparing for contract negotiations Provide ideas to assist with contract management How to monitor contract performance Provide ideas to assist with management of authorizations and audits Learn about Medicare sequestration provisions in Medicare Managed Care contracts Increase your knowledge regarding alternative payment models and special reimbursement incentives

Hospice Business Improvement: Part 1
Hospices face daily challenges in navigating an increasingly regulated and competitive marketplace. As a result, the need to accurately monitor all performance aspects of your hospice is more critical than ever. Where do you start? How do you create and maintain a relevant dashboard to monitor on a daily basis how your operations are performing? How do you gather the appropriate data in order to make meaningful decisions? This session will give you the tools to develop a dashboard of key performance indicators for your hospice. Objectives: Identify the key performance indicators that drive success in hospice Understand the various sources of data feeding your dashboard and selecting the best sources of data for your dashboard Organize the key performance indicators into a daily dashboard to effectively monitor your performance

Forget What You Knew about Mergers, Acquisitions, Joint Ventures in Home Health and Hospice: It’s a Whole New Ball Game
In the past, you could count on the “nationals” and large regionals to continue on a path of consolidation within their niches. No more. With alternative payment models re-writing the value proposition of health care providers, size is no longer the goal. In fact, it may be a liability. Objectives: Attendees will gain and understanding of the issues that have fundamentally changed the value proposition in health care delivery Attendees will learn how these changes have re-written the rules for who is buying home health and hospice providers, why they’re buying, where, and the implications of remaining on the sidelines Attendees will gain insight into new ways to compete, prosper, and increase their value in this dynamic environment

Grow Your Agency Through Outpatient Therapy or Behavioral Health Programs
Home health leaders are searching for alternative programs to broaden and deepen their agency service lines. Outpatient therapy services can be successfully delivered by home health agencies to reach new populations of non-homebound patients. Other home health agencies are delivering behavioral health services using several different models. Is one right for your agency? Learn how others have successfully incorporated outpatient therapy or behavioral health programs into their home health agencies. Objectives: Identify program design considerations for home health agency-based outpatient therapy programs, including efficient practice settings, clinical documentation and outcomes Outline the process to gain payer approval and bill outpatient therapy claims Describe pros and cons of types of behavioral health programs by home health agencies, including consideration of a separate mental health team versus integrated cross trained nurse teams Identify relevant regulatory, documentation and billing considerations for described behavioral health programs

Hospice Business Improvement: Part 2
As part of a comprehensive program to manage the performance of your hospice, a dashboard of key performance indicators was developed in Part One. Now that you have this dashboard, it is very important to understand how to interpret what the dashboard is telling you about your hospice operations. Using this information, you can make the best educated decisions on how to adjust your operations and strengthen your hospice program. This session will focus on actual case studies and best practices in order to identify specific suggestions on how to improve your key performance indicators. Objectives: Learn how to monitor and analyze your dashboard to identify problem areas Understand how to deal with variances in performance as compared to appropriate benchmark data Implement important management decisions and responses to problems identified in order to improve your hospice program

Surviving a Home Health Audit
As Medicare continues to scrutinize home health agencies and their documentation, a survival mentality must prevail. Whether faced with a Zone Program Integrity Contractor (ZPIC) audit, a Recovery Audit Contractor (RAC) or a Targeted Probe & Educate (TPE), there are processes that must be followed in responding to these challenges. In addition to dealing with the audit, how did your agency get there? The risk an agency carries is overwhelming and many need help identifying their greatest risks areas. The session will equip you with all the tools to fight the audit battles and win! Objectives: Identifying some of the key triggers causing agencies to be subject to an audit. Detailing the differences in the levels of audit Developing a checklist of actions that need to take place if faced with an audit Outline the process of responding to the different levels of audit Implementing an initiative to assist the agency in identifying where the agency is at greatest risk and a plan to ensure that risk is managed
Evaluating the Feasibility of Starting a Palliative Care Program

As competition grows in the post-acute care market, so does the need for home health and hospice providers to diversify by offering more services on the continuum of care. A palliative care program can offer agencies the ability to bridge services between their core business while providing patients a holistic care model. But at what cost? Objectives: Identify the market opportunity and how to fit with current service offerings. Provide an outline for starting a Palliative Care Program. Describe payer models, billable services and collection rates. Pinpoint lessons learned by other providers while starting up their Palliative Programs.

Home Health Business Improvements: Part 1

With decreasing payment rates for Medicare, increasing regulatory demands, a growing non-Medicare patient population, and competitive market place, it is of the utmost importance to strategically align your data to drive both financial and clinical outcomes. How do you organize and prioritize your data to maintain meaningful dashboards? What key performance indicators will drive an agency towards a successful operation both financially and clinically? How do you organize data by staff, team, and location? What are the best methods to share the data across the agency to align strategic goals? Objectives: Prioritize data to Identify the key performance indicators that drive success in home health. Organize the key performance indicators into a daily dashboard to effectively monitor your performance. Strategies for sharing key performance indicators across the agency.

Hospice Revenue Cycle Management

Effective management of the hospice revenue cycle is an evolving challenge, as cash flow optimization efforts must always be balanced against potential compliance threats. Individual states continue to adopt Medicaid managed care, significantly complicating the hospice revenue cycle, and the hospice benefit continues to draw interest from both Medicare and Medicaid program integrity contractors. As the possibility of Medicare Advantage coverage for hospice continues to loom, it is important for hospices to take action now to assess for potential revenue cycle optimization opportunities, as the consequences to cash flow can be dire if processes are not effectively managed. Additionally, the Medicare targeted probe and educate (TPE) process implemented late in 2018 has significantly increased the potential risks of poor revenue cycle or documentation management practices. Objectives: Assess the latest information related to Medicare hospice TPE initiatives. Identify strategies for optimizing cash flow and minimizing compliance risks through effective documentation and revenue cycle process management. Apply benchmarks to revenue cycle key performance metrics.

How to Communicate the Value – Hospice

As hospices face increased direct competition, new forms of indirect competition, and narrowing networks, it’s increasingly important to be able to communicate the value of hospice and differentiate your organization from others. Simultaneously targeting both strategic partners as well as day-to-day direct referral sources requires tailored approaches, and today’s partners and referral sources have clear ideas of what they want and need from end-of-life providers. This session will help you hone your targets and messages to allow you to better connect with a wide range of “customers” for your hospice services. Objectives: Differentiate business opportunities between strategic and transactional. Identify what language and messaging resonates with different targets. Understand what interests are top of mind today in terms of solutions that hospices can provide to their referral partners.

Home Health Business Improvements: Part 2

Now that your agency has dashboards with key performance indicators how do you operationalize this information to meet your strategic goals? What are the changes that need to be made to operations, staffing, or structure? What process improvements can be made both clinically and in operationally? How do you meet your agencies strategic growth strategy while still providing quality care to patients? This session will focus on actual case studies and best practices to identify specific suggestions on how to improve the agencies financial and clinical performance. Objectives: Learn how to look beyond the data to make strategic decisions for your agency. How to operationalize data to drive financial and clinical success? Utilize dashboards and key performance indicators to track continued progress towards strategic goals.

Surviving a Hospice Audit

As Medicare continues the scrutiny of hospices and their documentation, survival quickly becomes the mentality. Whether faced with a Zone Program Integrity Contractor (ZPIC) audit, a Recovery Audit Contractor (RAC) or the agency is subject to Targeted Probe & Educate (TPE) audits, there are processes that must be followed when responding to these audits. And why did your hospice get audited in the first place? The risk that a hospice carries is overwhelming and many need help identifying where/what their greatest risks are. This session will delve into the reporting that may trigger an audit, such as PEPPER reports, and will equip you with all the tools to fight the audit battles and win! Objectives: Identifying some of the key triggers causing hospices to be subject to an audit. Detailing the differences in the levels of audit. Developing a checklist of actions that need to take place if faced with an audit. Outline the process of responding to the different levels of audit. Implementing an initiative to assist the hospice in identifying where the agency is at greatest risk and a plan to ensure that risk is managed.

The “How” and “Why” to Outsource/Centralize Operations

There are many new business practices taking shape in the home care/hospice industry. Outsourcing is one business practice used by companies to reduce costs or improve efficiency by shifting tasks, operations, jobs or processes to an external contracted third party for a significant period of time. This same process of centralization is utilized by many companies internally to...
Home care agencies must enact smart change management techniques to prepare for this new practice. Objectives: Identify potential processes for outsourcing/centralization Describe the pros and cons of outsourcing Identify the change management techniques to prepare your organization to centralize/outsourcing business operations

What is Happening in Health Care Outside of Home Care: How it Will Affect You

The transition to value-based purchasing, the rise of new care models, and rapidly changing mandates create a complex set of challenges for healthcare leaders, many of whom have traditionally focused most of their attention on their own environment of care. It is a substantial change to go from focusing on home health care and/or hospice only to where does your agency fit within the healthcare continuum. This change brings significant opportunity. Objectives: Learn the regulatory and financial challenges confronted by acute care providers, skilled nursing facilities, assisted living facilities, inpatient rehab facilities, etc. Learn the challenges with the flow of patients within the continuum. Hear from providers who have transitioned from discrete entities to collaborative networks focused on optimizing both outcomes and costs

Home Health Revenue Cycle Management

Effective management of the home health revenue cycle is an evolving challenge, as cash flow optimization efforts must always be balanced against potential compliance threats. As new payers continue to emerge, the complexity of the revenue cycle continues to change and when processes are not effectively managed the consequences to cash flow can be dire. Additionally, the Medicare targeted probe and educate (TPE) process implemented late in 2018 has significantly increased the potential risks of poor revenue cycle or documentation management practices. Objectives: Assess the latest information related to Medicare home health TPE initiatives. Identify strategies for optimizing cash flow and minimizing compliance risks through effective documentation and revenue cycle process management. Apply benchmarks to revenue cycle key performance metrics

How to Communicate the Value of Home Health

As post-acute networks mature, physician referral patterns evolve, and managed care expands, the ability to communicate your value proposition becomes one of the most critical success factors for home health providers. Objectives: Investigate the environmental factors that are changing the behavior of your hospitals and physicians. Understand the key components of a compelling value proposition. Explore best practices in developing meaningful relationships and improving preferred provider status with referral sources

How to Prepare Your Hospice for the Future

There are a myriad of environmental changes impacting hospice providers, and an appropriate strategic response is necessary to maintain financial viability. An increased focus on operational excellence, improved collaboration, and a strong understanding of reimbursement and regulatory changes will be paramount in this evolving health care landscape. Operational teams within the organization will need to be engaged – to foster collaboration internally and externally, open discussions on best practices, and search for insights into ways that can best prepare the hospice to sustain success along with future viability of the organization. Objectives: Explore the possibilities related to hospice payment reform. Understand what is occurring from a regulatory perspective, and how to respond to the increasingly complicated regulatory environment. Understand the value in each level of care the hospice offers, its cost and its ability to provide leverage for a network or a health system. Investigate strategies that leading hospice providers are implementing to achieve operational excellence. Discuss best practices for success in an evolving environment

Staffing, Recruitment and Retention

The expansion of home care services has led to a shortage of qualified home health field staff. Hospice providers have additional challenges given the turnover rates of nurses and aides. Agencies that meet their staffing requirements will be able to meet the increasing demand for services. Objectives: Discuss proven techniques to recruit home health and hospice field staff. Describe how various compensation models impact retention of personnel. Analyze the impact of employee benefits and other employee engagement programs on retention. Describe methods to improve work/life balance for employees.
Register for the Financial Management Conference before May 15 for the best rates!

Registration is $1,025 for the conference before May 15. Add a pre-conference for $350.

NAHC members pay $750 for the conference ($250 to add a pre-conference)

Register online at FMC2018.NAHC.org.

Austin Sets the Stage

This year’s conference is being hosted by the Fairmont Austin, one of the city’s newest hotels, opened in early 2018. The hotel offers luxury accommodations and beautiful views in the heart of the city’s bustling business district as well as state-of-the-art meeting rooms for this year’s conference.

Make your hotel reservation today. Special rates for the conference start at $219 per night.

Austin is one of the top travel destinations in the U.S., and it’s easy to see why. With more than 250 live music venues, a vibrant arts scene, award-winning barbeque, local craft breweries, and an abundance of outdoor space there’s something for everyone. For a real taste of Texas, visit one of its popular restaurants or grab a bite from one of its famous food trucks.

Reserve your room at the Fairmont.

Who should attend?

- Owner
- President
- Chief Executive Office
- Principal
- Chief Financial Officer
- Chief Operating Officer
- Controller
- Director of Finance
- Executive Director
- Managing Director
- Vice President of Financial
- Any roles involved in the financial management of home care and hospice agencies

“An excellent conference to network with professionals who willingly share their ideas. I always walk away with at least one new initiative for my business.”

— Marcylle Combs, Foundation Management Services

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