

**Session Key Codes:**

**(HH) Home Health, (HOS)- Hospice, (PSA)- Personal Services Agency**

**Tuesday, April 16<sup>th</sup>**

**Day 1 - Keynote Presentation: 9:00 – 10:30 AM**

**101 – More Information Coming! (HH HOS PSA)**

**-Effie Carlson**

**Sponsor: FORVIS, LLP**

**Day 1 – General Session: 10:45 AM - 12:15 PM**

**102 - Someone stop the bus, I want to get off: Legal Update 2024 (HH HOS PSA)**

**- Robert W. Markette, Jr.**

If there is one constant in the homecare world, it is legal and regulatory change and last year proved to be yet another year of significant change. Changes that came about last year include: Hospice Special Focus Program, Hospice 36 Month Rule, additional home health budget neutrality cuts, increased DOL enforcement, a proposal by DOL to increase the salary levels for white collar exemptions, new NLRB rules, new survey wrinkles, backlogs at CMS and sooo much more. This session will provide an overview of these issues and other changes that impact homecare provider operations in 2024 and beyond.

**Learning Objectives:**

- Attendees will understand the major statutory and regulatory changes at the state and federal level impacting home health, hospice and private duty providers.
- Attendees will understand how these changes impact their operations and what operational and related changes are necessary for compliance.
- Attendees will learn key considerations for compliance strategies so that they can take steps to ensure compliance at their agency.

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## **Day 1 - Concurrent Sessions: 1:45 - 3:15 PM**

### **103 - Hospice Special Focus Program (SFP) & Provisional Period of Enhanced Oversight (PPEO) (HOS)**

**- Melinda Gaboury**

Major scrutiny of the Hospice Benefit is well underway nationwide. This session will review the details of both programs and what Hospices can expect. The Special Focus Program (SFP), will monitor hospices identified as poor performers based on selected quality indicators. Hospices selected for the SFP will be under additional oversight to enable continuous improvement. This required program includes the development and implementation of enforcement remedies for noncompliant hospice programs, as well as procedures for appealing determinations regarding these remedies. These enforcement actions can be imposed instead of, or in addition to, termination of the hospice program's participation from the Medicare program. Through the PPEO, new providers or suppliers are subject to prepayment medical reviews designed to address improper billing practices right out of the gate. This program is for newly certified hospices as well as change of ownership. This is a must attend session.

*Healthcare Provider Solutions*

### **104 - Raising Transformational Funds for Hospices with a Small Staff (HH/HOS)**

**-Jake Lyons**

Participants will learn the 5 key strategies to fundraising substantial dollars to make a real and transformational impact in their mission. We will break down how best to spend limited staff time to move the needle and drive revenue to the bottom line. Each of the 5 strategies will come with specific and actionable examples that participants can implement immediately to increase funding for their organizations.

#### **Learning Objectives:**

Understand the 5 pillars of successful small staff fundraising, know the common fundraising mistakes and how to avoid them, learn where and how to spend limited time to drive ongoing revenue to fund their mission.

*PRIDE Philanthropy*

### **105 - What I Wish I Would Have Known: The Importance of Orientation for Improved Patient Outcomes and Staff Retention (HOS)**

**- Rianne Melton**

Often overlooked in the world of hospice, orientation is abbreviated or bypassed to get the staff out the door to provide patient care. A bias exists that if you are a nurse,

hospice aide, social worker, or chaplain, you already know how to provide hospice care. In this stories from the field presentation participants will explore how staff orientation improves patient outcomes, staff retention, and organizational success.

**Objectives:**

- Describe two benefits of why staff orientation supports organizational growth.
- Learn three essential components of a successful orientation program.
- Take-away two recommendations to enhance your staff orientation program.

*Axxess*

**106 - Current Revenue Cycle Challenges: Medicare Advantage and TPE (HH)  
- M. Aaron Little**

The home health revenue cycle continues to be challenged by numerous industry issues, two of the most significant being the continued growth in Medicare Advantage (MA) and widespread Medicare Targeted Probe and Educate (TPE) audits.

Nearly 50% of eligible Indiana Medicare beneficiaries are currently enrolled in a MA plan and the typical Indiana home health agency has seen its traditional Medicare patient volume drop to around 55%. This shift in volume to MA payers continues to challenge the home health revenue cycle, as MA plans present numerous obstacles to getting paid timely. This session will focus on lessons learned with MA payers and provide resources for navigating the MA billing and payment landscape.

Agencies selected for Medicare TPE audits continue to experience high payment denial rates and severe disruptions to operations and cash flow. This session will include a focus on lessons learned for successfully navigating the TPE process, including relating common denial reasons to revenue cycle process.

This session will also provide attendees with the latest updates on other current billing and revenue cycle matters.

Specific topics include:

- The latest information on the MA landscape.
- Lessons learned for successfully navigating billing and payment with MA payers.
- Status updates and lessons learned related to Medicare TPE audits and other current program integrity activities.
- Other to-date updates on hot topics related to billing and payment.

This session would be targeted at revenue cycle and financial personnel, as well as compliance and management personnel. In addition to the latest information on these important revenue cycle matters, attendees would also be provided industry benchmarks for measuring revenue cycle performance.

### **Learning Objectives:**

- To empower attendees with the most current available facts and strategies related to MA billing and payment.
- To provide attendees with the latest information for successfully navigating cash flow through Medicare TPE audits.
- To update attendees on the latest other billing and payment hot topics.

*FORVIS, LLP*

### **107- Using Life Stories to GUIDE Us: Focusing Dementia Care Management (HH HOS PSA)**

**-Patricia Piechocki & Angelica Baginske**

Starting July 1, 2024, the Centers for Medicare and Medicaid Services will be launching the new GUIDE (Guiding an Improved Dementia Experience) model. This model will focus on dementia care management and aims to improve quality of life for people living with dementia, reduce strain on their unpaid caregivers, and enable people living with dementia to remain in their homes and communities. In order to provide these services, organizations will need to provide superior memory support to distinguish themselves from other programs. Life Stories are an underutilized tool that can help professionals identify the interests, support needs, and services individuals and caregivers need. Will life stories GUIDE you?

### **Learning Objectives:**

- Summarize the Guiding an Improved Dementia Experience (GUIDE) Model as proposed by the Centers for Medicare & Medicaid Services (CMS).
- Identify potential needs of those living with dementia, and their unpaid caregivers.
- Examine the use of life stories, and ways professionals miss opportunities to GUIDE...
- Give examples of how professionals can translate information to help improve communication, care, support, and well-being.

*Alzheimer's and Dementia Services of Northern Indiana*

### **108 - Homecare Employment: A Few Important Considerations. (HH HOS PSA)**

**- Robert W. Markette, Jr.**

There are a number of common questions and concerns homecare employers have regarding their workforce. From questions of employee classification and overtime to employee screening, homecare employers have many employment related concerns.

This session will review a number of these concerns. Ranging from, “Should I continue drug testing staff, now that the statute requiring testing has been repealed?” to “is it a good idea to require my field staff to be CPR certified?” We will consider not only drug testing and CPR, but also verification of employment eligibility, employee classification (exempt v. non-exempt and employee v. independent contractor), employee pay, employee bonus programs, responding to inquiries from other employers about former employees, and, time permitting more.

### **Learning Objectives:**

- Attendees will understand the legal and regulatory framework that impacts a number of key homecare employment issues.
- Attendees will understand the considerations with drug free workplace policies and CPR training.
- Attendees will understand the requirements for proof of eligibility to work and how to document the employee meets them.
- Attendees will understand the issues surrounding answering questions from a former employee’s potential new employer.

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### **109 - Optimizing Home Health, Hospice and Private Duty operations utilizing LEAN strategies.**

**- Melissa Gordon**

- Introduce the concept of LEAN and its relevance in our industry
- Discuss the benefits of adopting LEAN to improve efficiencies, and better patient outcomes
- Review tools and strategies and address common challenges and potential solutions
- Summarize and review of case study.

*SimiTree*

**Day 1 - Concurrent Sessions: 3:30 - 5:00 PM**

### **110 - Medicare Advantage: Digging In the Details (HH)**

**- Melinda Gaboury**

Home Health providers are grappling with the shift in the Medicare eligible population into Medicare Advantage Plans (MA Plans). Providers are asking: What are the implications of current demographic trends? What operational and financial issues

should providers expect as their payer mix shifts to mostly Managed Care? Being successful in this environment of these payer mix changes requires agencies to understand their costs of treating these patients and other impacts on their operations on an individual contract basis.

*Healthcare Provider Solutions*

### **111 - Manning the Crow's Nest – Using Relevant Metrics and KPI's to Drive Achievement of Agency Objectives (HH/PSA) - Phil Feldman**

Achieving agency success, or even just survival, is more complex than ever. The main goals - providing excellent client care, achieving growth, and optimizing financial results, are inescapably intertwined. However, it is inordinately inefficient to review and react to reams of data to determine which areas require attention to accomplish agency objectives. This presentation discusses how to identify relevant metrics and KPI's (Key Performance Indicators), based on agency objectives and environment, that can be used to impact behaviors needed to achieve those goals.

#### **Learning Objectives:**

- Identify relevant metrics and KPI's which will optimize home care agency achievement of objectives from a financial and operational perspective
- Ascertain the overlapping impacts of metrics from different areas of the organizational process
- Determine how to compile these metrics based on agency management system reports

*Sandata Technologies*

### **112 - Digesting the Alphabet Soup of Home Health Reimbursement (HH) - Mike Carr**

Home Health reimbursement (PDGM and VBP) is one of the most complicated payment systems in the health care delivery continuum. It is not a wonder that organizations are having difficulty digesting this alphabet soup! This presentation will break down the payment system so that organizations can thrive with the recommended best practices presented. Don't miss your chance to improve both top line and bottom-line revenue with the tips provided by our experts!

#### **Learning Objectives:**

- Explore the evolution of PDGM and HHVBP for home health reimbursement.

- Understand the payment determinants for PDGM and VBP as a foundation for building operational and financial best practices.
- Understand the importance of positive patient outcomes and experiences as they relate to value based purchasing and explore methods for “winning” with VBP.

Axxess

### **113 – 34 Questions to HHCAHPS Success (HH) -Brandi Tayloe-Jones and Deb Polkowski**

This session will provide a fundamental understanding around the nature of the HHCAHPS survey structure. HHCAHPS scores contribute to both patient satisfaction star ratings and VBP scoring in a significant manner with potential for financial, operational, growth, and quality impacts. We will review how quality data is tied to OASIS-E accuracy, Star Ratings, case mix weight, Value Based Purchasing, and reimbursement with a focus on HHCAHPS excellence.

#### **Learning Objectives:**

- To demonstrate results and opportunities linking quality data to Star Ratings, case mix weight, Value Based Purchasing, and reimbursement as it relates HHCAHPS scores
- To understand the HHCAHPS survey structure and how it impacts patient response
- To provide strategies for success in overcoming HHCAHPS barriers and challenges

*Ascension at Home Together with Compassus*

### **114 - Hospice Special Focus Program??? Do I want to be this special? (HOS) - Angela Huff**

Hospice was impacted by the Home Health Final Rule this year with the roll out of a new Special Focus Program. Agencies selected for this program will be a subset of bottom 10% performing hospices based on a new algorithm that includes survey, claims and CAHPS data. If selected, agencies will be subject to an every 6 month survey that will result in one of two outcomes which is either successful graduation or termination from the Medicare program. The stakes are high and operationally challenging for these organizations. Come to this session to learn about the specific selection criteria elements and how they are utilized in the algorithm that will be utilized for agency selection as well as how to improve these areas to mitigate the risk of selection. This session will also discuss preparation strategies for the SFP if your agency has a potential of being selected.

## **Learning Objectives:**

- To understand what the Hospice Special Focus Program is and what the underlying drivers are that led to its creation.
- To help identify the elements that utilized in the algorithm that CMS is utilizing to identify poorly performing hospices.
- To provide strategies to potentially improve outcomes and to mitigate the risk of being selected.

*FORVIS, LLP*

## **115 - Becoming the Outcome-Driven Champion: Strategies for Success in Home Health (HH HOS PSA)**

**- Michelle Mullins & Hannah Vale**

Developing an outcome-driven workforce in the home health and hospice industry enhances patient care and reduce costs. This approach shifts the focus from processes to results, starting with the crucial step of defining outcome metrics, such as patient satisfaction and reduced hospital readmissions.

Building an outcome-driven workforce is an ongoing process that requires continuous improvement, innovation, and experimentation. This multi-faceted approach encompasses clear metrics, communication, goal setting, training, collaboration, performance tracking, and continuous improvement, creating a culture focused on delivering exceptional patient care and achieving desired outcomes. Let us help position home health and hospice agencies for success in this everchanging industry!

## **Learning Objectives:**

- **Recognize Importance:** Understand the shift to an outcome-driven approach in home health, leading to better patient care, reduced costs, and higher satisfaction.
- **Learn Key Steps:** Acquire knowledge of crucial steps, such as defining metrics, setting goals, fostering collaboration, implementing tracking systems, and feedback mechanisms for an outcome-focused workforce.
- **Implement Effectively:** Gain insights into effective strategies for transitioning to an outcome-driven approach, including communication, training, and continuous improvement.

*HealthRev Partners*

## **116 - Utilizing Essential Data to Boost Growth**

**- Camala Mueller**

- Learn the steps necessary to evaluate the people, processes, technology, and data available to support your program's growth



- Learn the options available to garner market data that aligns with your organization and growth objectives
- Learn the structure of a solid growth strategy and how to execute

*SimiTree*

## **Wednesday, April 17th**

### **Day 2 - Keynote Presentation: 8:30 – 10:00 AM**

#### **201 - FSSA Update (HH HOS PSA)**

**- Dr. Daniel Rusyniak, M.D.**

Hear from FSSA and the latest news and updates to the Pathways program, the Aged and Disabled Waiver transition, and all other program changes happening in the state programs.

**Sponsor:** *FORVIS, LLP*

### **Day 2 - Concurrent Sessions: 10:15 – 11:45 AM**

#### **202 - Elements in Your Home Health Chart that Affect Your Reimbursement (HH)**

**-Celeste Miller**

There are a number of items within the home health world that affect payments on claims. Learn those items that affect payment and how quality over quantity is rewarded. Each element has strategically been created by Medicare to ensure they decrease fraud, waste, and abuse. The chart as a whole will determine your overall payment. Learn strategies to help your agency be successful.

#### **Learning Objectives:**

- Understand items in your home health chart that can increase or decrease your claim payments.
- Quality within the Patient's chart will result in quality in payment.
- How to keep your clinicians rewarded to perform quality work.

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#### **203 - Employee Safety: Assessing and responding to workplace violence and other risks to homecare workers. (HH HOS PSA)**

**-Robert W. Markette, Jr.**

Over the last two years two homecare workers were murdered in clients' homes. These shocking cases bring into focus the need to address the safety of our employees. Employees face a wide range of potential threats in the home. Employees may be harassed, discriminated against, touched inappropriately or even assaulted by patients, patients' family members, patients' friends, or others in the home. Employees also face dangers from pets, firearms, or other environmental hazards. Homecare employers must assess these risks and implement policies and procedures to address them. This can include adding risk assessment components to your intake process. Training staff in how to respond to threatening situations. Developing for cause discharge policies and more. We will also review and address the risks that arise in the office setting that can create risk for your administrative staff as well. This session will review the threats your employees face in the home and assess strategies to utilize to keep your personnel safe.

### **Learning Objectives:**

- Attendees will understand the legal requirements related to workplace safety and the potential liability issues employers face when employees are subjected to workplace violence.
- Attendees will understand the myriad of risks that present themselves in the home.
- Attendees will learn strategies that can be implemented to mitigate risks and better protect staff.

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### **204 - VBP: Strategies for Optimizing Performance (HH) -M. Aaron Little & Angela Huff**

By the time of this event, year one of the VBP national expansion will be completed and year two will be approaching mid-year. The stakes are high for year two performance with a potential 5% payment adjustment in 2026. Agencies will have limited time to apply strategies to impact performance and allow for a strong finish to year two.

This session will review key elements that make up and impact the VBP TPS and explore practical strategies for improving specific performance measures. The session will explore strategies specific to each of the three scoring areas, with particular focus on those measures that are most heavily weighted. The session will also focus on the known changes to the VBP performance measures planned for 2025.

This session will also assess various scoring examples and measure the impact of how improving the score on specific measures can impact the total TPS and estimated payment adjustment.

## **Learning Objectives:**

- To analyze VBP performance data examples and assess strategies for a strong finish to year two performance.
- To empower attendees with practical strategies for improving individual components impacting the Total Performance Score (TPS).
- To help participants identify and enhance ways to measure and manage the key elements of VBP utilizing existing QAPI and reporting activities.

*FORVIS, LLP*

## **205 - How Well Do You Know Your GG's? (HH)**

**-Jennifer Osburn**

Prepare now for the 2025 Discharge Function Score- the change from current outcomes measures based on the M1800 OASIS items to a single measure that relies on the GG OASIS items and impacts 20% of the VBP Total Performance Score. Despite having a full set of GG0130 and GG0170 OASIS items for five years, home health clinicians and clinical leadership staff often remain unable to accurately assess and score (code) the GG items. This session will cover interpreting how the calculation of the Discharge Function Score works for administrators and clinical leadership, as well as instructions for accurately coding the GG items using real-world scenarios and focusing on the most misunderstood aspects of the GG items for clinical leadership and clinicians.

*Healthcare Provider Solutions*

## **206 - Power Tools for Shared Decision Making in Hospice (HH/HOS)**

**- Jenna Head**

There are many difficult discussions and decisions for patients and caregivers in hospice. This session will discuss the importance of shared decision making between the patient/caregiver and hospice team. We will review improved strategies for sharing education and promoting a care plan. We will demonstrate specific tactics on how to educate patients/caregivers in meaningful, engaging, and non-confrontational ways.

## **Learning Objectives:**

- Identify what you believe about end-of-life issues, symptoms, medications and more.
- Discuss alternative tactic to the “fire-hose method” of hospice education.
- Create a gameplan to address patient objections to changes in care plan.
- Demonstrate how to impart truth about end of life and more in a non-confrontational way.

**207- Driving Agency Success Through Process Improvement (HH)  
- Cynthia Rushing**

Achieving success in an agency can be achieved by creating new processes, but assessing the current agency's workflow and existing processes is vital. Standardizing operations, analyzing current workflows, identifying any choke points in your technology, tools and training are recommended. This session will inform agencies on how to go about the process of assessment, improvement, and implementation of a roadmap to process improvement leading to agency success.

Sections will include:

- Objectively evaluating current workflows and practices.
- Standardizing operations.
- Identifying obstacles within your tools and technology that may hinder progress.
- Developing and implementing a roadmap to improvement

By the conclusion of this course agency owners, admins, and staff should be able to embark upon an assessment, adjustment, and implementation plan to reach optimal process protocols, leading to achievement of larger agency goals.

*Alora Healthcare Systems*

**208- PathWays Presentation - FSSA**

More Information Coming Soon!

*FSSA*

**Day 2 - Concurrent Sessions: 1:15 – 2:15 PM**

**209- Does Coding Matter? (HH/HOS)  
- Celeste Miller**

ICD-10 coding is essential in the home health and hospice industry. Mistakes in coding can decrease payment, deny claims, increase scrutiny, and cause abnormal trending. Learn the most updated tips and tricks to ensure you have clean claims, justified reimbursement, and stay under the radar of records requests. Learn how diagnoses by

the provider transfers over to our codes placed on our claim and how to assess accuracy. Practice coding scenarios and discuss.

### **Learning Objectives:**

- Coding accurately for clean claim submission.
- Most recent updates and clarifications from the coding clinic.
- Common coding mistakes
- Correct coding of coding scenarios

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### **210 - Things I lost at the Physician's office: Orders, Certifications and other physician documents required in Homecare. (HH HOS PSA) - Robert W. Markette, Jr.**

Home health and hospice providers are dependent upon a number of documents from physicians. These include: orders for care, certification of eligibility, face-to-face encounter notes, face-to-face certifications, narratives and more. Failing to have these documents, or having documents that do not meet the regulatory requirements can be fatal to claims for reimbursement and lead to survey findings. This session will review the content, timing and related requirements for these documents. We will address obtaining these documents from physicians. Which ones can be provided by Non-Physician Practitioners. Whether the physician or NPP can be out of state. How to follow-up with physicians when documentation is deficient or delayed.

### **Learning Objectives:**

- Attendees will understand the physician documents needed to provide care and to be paid for providing that care.
- Attendees will understand the content, timing and signature requirements for these documents.
- Attendees will understand how to address deficient and missing documentation.
- Attendees will also learn strategies for dealing with physicians/NPPs who are not timely with the provision of document.

*Hall, Render, Killian, Heath & Lyman, P.C.*

### **211 - Growing your business through Third-Party Payers (PSA) -Jacob Taitel**

This session outlines the process of engaging with third-party payers such as Veteran Affairs (VA), Medicaid, and Medicare Advantage in the home care sector. It covers the benefits of payer diversification including increased revenue, competitive positioning,

improved caregiver retention, and community impact. Attendees will learn practical strategies for navigating government and other 3rd-Party payer relationships.

**Learning Objectives:**

- Grasp the strategic value of diversifying payer sources like VA, Medicaid, and Medicare Advantage for risk mitigation, increased profitability, and competitive edge
- Understand the ins and outs of various Third-Party Payers (3PPs) available, exploring operational aspects and benefits pertinent to the home care sector.
- Acquire actionable insights for starting, growing, and successfully managing a diverse payer mix to ensure streamlined operations and focused growth initiatives.

*Paradigm Senior Services*

**Day 2 - Plenary Session: 3:00 – 4:30 PM**

**212 – Q&A Indiana Department of Health (HH HOS PSA)**

Please send any questions for IDOH ahead of time to Tori at [tori@iahhc.org](mailto:tori@iahhc.org).

**Sponsor:** *Anthem*