



Indiana Association for
Home & Hospice Care



Kentucky Home Care Association

2021

Combined Virtual Conference and Trade Show



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NAHC President Bill Dombi

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CONFERENCE DETAILS

Launch Date: May 2021 - August 2021

We will update you once we have the official launch date!

Members Only Pricing:

****Note price is based per person***

Early Bird (Ends May 1st) - \$300

Bring 5 people - \$1,200

(one free registration)

Bring 10 people - \$2,400

(two free registrations)

After Early Bird (After May 1st) - \$325

Bring 5 people - \$1,300

(one free registration)

Bring 10 people - \$2,600

(two free registrations)

Non-Member Pricing:

****Note price is based per person***

Early Bird (Ends May 1st) - \$600

After Early Bird (After May 1st) - \$650

HOW IT WORKS

On our launch date, you will receive your very own login. You will then have full access to our conference website to view all sessions and interact with our Exhibitors, Sponsors, and Speakers!

REGISTER ONLINE

You can register online here!

If you have any issues or need a paper registration instead, please contact Tori at tori@iahhc.org!

REGISTERING 5-10+ PEOPLE?

Contact Tori directly at tori@iahhc.org, with the names/emails of the attendees you'd like to register. She will then register for you and apply the discounts.

SESSION DESCRIPTIONS

Session Key Codes:

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

101 - Home Care & Hospice 2021: An Update from Washington (HH, HOS, PSA)

Bill Dombi, NAHC

Bill Dombi serves as the President of the National Association for Home Care and Hospice and is directly involved in all of the initiatives focused on Home Health, Hospice, and Personal Services at the national level. Bill's presentation will focus on the recent regulatory changes that have affected these industries over the past year, the impact on your agency, and what changes might be necessary to comply with those changes. This includes Conditions of Participation, Payment Rates, Payment Reform (VBP & HHGM), and others. Bill will also focus on the legislative opportunities that will need support from IAHC members in the coming months. Attend this session to hear from the leading expert in our industry.

102 - Home Health Revenue Cycle Update (HH)

Aaron Little, BKD

2021 is a key year for the home health revenue cycle as it marks the second year of Medicare PDGM and the transition from billing RAPs to no-pay RAPs to Notices of Admission (NOAs) starting in 2022. This session will provide attendees with the latest updates on issues impacting cash flow and compliance, including no-pay RAPs, program integrity audits, and the encroaching burden of Medicare Advantage and commercial payers.

103 - Technology in Our Future Toolbox (HH, HOS, PSA)

Primary Presenter: Karen Vance, BKD

Co-Presenter: Angela Huff, BKD

In spite of the 'new normal' 2020 ushered in for us, our end goals remain the same; low avoidable hospitalizations, good clinical outcomes and financial outcomes, but remaining healthy all the while. The new normal has indeed provided us with different ways of looking at things, including how technology can be a powerful addition to our toolbox. Even CMS has made permanent the allowance of telehealth use in a home health plan of care.

This session will open a discussion around this new toolbox of technology as well as what 'telehealth' might look like in the future. How do you define when to do an in person visit versus a telehealth visit? How do you anticipate building those in while developing the plan of care? Is a telehealth visit really going to look the same with traditional equipment and monitoring practices, or will we leverage new technology to augment our touchpoints with the patient? Furthermore, how do we adjust compensation to our clinicians for care provided that does not count on the claim? All of these questions will be discussed in a guided forum with participants.

104 - Hope is the Horizon (HOS)

Angela Huff, BKD

HOPE is on the horizon for hospices and will impact the way agencies collect and submit assessment and quality reporting data surrounding their patients. The HOPE assessment tool will have significant operational and potential financial implications for organizations. The evolution of HOPE will be a key area for hospice providers to be aware of and plan for as this new tool emerges. This session will provide the following key pieces of information for attendees:

- History of the HOPE
- CMS stated objectives for the tool and insights on future uses
 - Current state of the HOPE testing underway by CMS
 - Insights on preparations for implementation of HOPE

This session would be for clinical leadership and clinicians and will include the latest information on HOPE along with industry predictions.

105 - Building a Quality Improvement Program (HH, PSA)

Becky Tolson RN, BS, COS-C, ACHC

This session will provide an overview of what QAPI entails as well as the purpose and importance of having a Quality Improvement Program for both Medicare and Private Duty providers. We will cover the five standards of effective quality management, discuss how to implement a Performance Improvement Project (PIP), and understand how to analyze a project's effectiveness. We will also look at what ongoing considerations your program should include.

106 - Key Steps for Recruiting, Hiring & Onboarding in 2021 (HH, HOS, PSA)

Eileen Maguire, Gilliland, Maguire & Harper, PC

Agencies face unprecedented challenges with recruiting, hiring and onboarding employees during this pandemic, which will likely continue well into 2021. The Biden Administration has also expressed intentions to expand employee protections, which will impact hiring and recruiting practices. This session will break down key steps and legal considerations for successfully recruiting, hiring and onboarding employees in 2021. Key steps will cover legally compliant job postings and applications, compensation packages, background screenings, communicable disease screenings, I-9 and E-Verify, Orientation, and more.

107 - Wage & Hour Update (HH, HOS, PSA)

Eileen Maguire, Gilliland, Maguire & Harper, PC

Will minimum wage increase to \$15 per hour for all nonexempt employees? Will exempt employees' annual salaries increase to more than \$47,000? What is "wage theft" and what does it mean for home care agencies? What should home care agencies be most concerned about in 2021 for managing their labor costs? These are just a few of the many questions agencies should be asking to better prepare for wage and hour compliance under the Biden Administration. This Session will break down the legal changes and challenges ahead for federal wage and hour compliance impacting Agencies' pay practices.

108 - Current and Future Impacts on Health Benefits (HH, HOS, PSA)

John Staub, Remodel Health

Learn the latest data and impacts on health benefits in the U.S. from industry experts and thought leaders Austin Lehman and John Staub of Remodel Health. They will provide a statistical look back at the influence Covid-19 had on health insurance costs and coverages, share a closer look at the newest healthcare laws, and look ahead to the expected changes on healthcare coming from the new Biden administration and how your organization can prepare.

109 - How ADRs fit into the Ever-Changing Healthcare Culture (HH)

Lisa McClammy BSN, RN, COS-C, HCS-D, MAC Legacy

This presentation talks about the various types of ADRs and how to respond. We will talk in detail about the F2F and medical necessity requirements that qualify a home health beneficiary for services. What are the most common denial reasons and how can your agency can avoid them? We will talk about pre-payment and post-payment ADRs and how all of this affects the RCD states. ADRs are still very much a part of our ever-changing healthcare landscape and your agency should be prepared.

110 - Empowering the COVID-19 Caregiver (HH, HOS)

Lynsey Brown, Caregiver Homes from Seniorlink

Healthcare professionals encounter individuals in every setting and at each stage of a transition in care. They know well the challenges that caregivers face when trying to coordinate care and advocate for the person they are caring for. The COVID-19 pandemic has brought a new dimension of stress and care to the caregiver and all healthcare providers must be equipped to know the underlying susceptibility and caregiver support paths to identify resources services and supports in maintaining the continuum of care, identifying behavioral health aspects, and supporting needs in the isolation mandates. This session equips professionals with the knowledge, skills, and confidence to partner with caregivers to support safe transitions through the Pandemic, Flu Season, and Beyond for themselves, the caregiver, and the person they are caring for.

111 - PDGM: Revenue Cycle 2021 and Beyond (HH)
Melinda A. Gaboury, Healthcare Provider Solutions, Inc

The most significant change in Homecare Reimbursement in 20 years went into effect January 2020. The Patient Driven Groupings Model - PDGM is complicated, confusing and overwhelming. CMS has provided some data on the revenue impacts and new PDGM components, but there is more to be considered. Revenue Cycle, from beginning to end, will require changes to adapt. Preparing now is essential in being prepared for the PDGM continuous changes, including Notice of Admission in 2022.

- Outline how agencies made process changes in their revenue cycle as a result of PDGM
- Provide a Checklist RAP & Final billing and details of both
- Outline potential strategies for process revisions and adjustments to achieve a successful NoPay RAP & NOA under PDGM
- Outline billing process changes required by PDGM, including NOA in 2022

112 - Hospice Eligibility Documentation (HOS)
Melinda A. Gaboury, Healthcare Provider Solutions, Inc

Accurate hospice eligibility documentation is critical to fulfilling the CoPs and payment requirements. The lack of supporting documentation for a terminal prognosis is the number one reason for denial. Reviewers often look for a significant decline in patient condition. Although this is not a requirement of hospice care, terminal prognosis is. This session will help clinicians document the slightest changes in baseline measures. More importantly, you'll learn how to capture in documentation the occurring changes that support terminal prognosis – even without a decline in baseline measures. Go beyond the LCDs and common tools for documenting eligibility by drilling down to the details and characteristics that differentiate terminal and chronic patients with the same diagnosis.

113 - Medical Review in the Hospice Medicare Certified World (HOS)
Melinda A. Gaboury, Healthcare Provider Solutions, Inc

This session will take agencies through the winding road of Medicare scrutiny. While billing the Medicare benefit and getting paid relatively easy, there is always a risk of things being reviewed at some point and what can you do to avoid denials. Participants will be able to define the levels of Medical Review that are currently active: including, UPIC, SMRC, MAC ADR, and RAC. The session will review how to respond to any level of medical review that may occur. This session will also discuss PEPPER reports and other data analysis that agencies will need to review to ensure that their risk from medical review is limited. Don't be caught in the position of believing that everything is just okay or that the Public Health Emergency is a shield from medical review. Attendees will take away information that will assist in assuring that your hospice truly is accurately documenting.

114 - Billing Managed Care: Let me show you how to successfully get paid. It's really easy! (HH)

Petria McKelvey-Pierre, Precision Medical Billing

Home Health providers love accepting Traditional Medicare patients, however, accepting Managed Care patients is not favored. Let us show you that it's really not a bad idea to accept and bill Managed Care patients. We will discuss what needs to be done before you accept a Managed Care patient on service. Knowing the difference between Episodic and Per Visit billing is crucial. Also, knowing the difference between checking benefits vs. eligibility vs. prior authorizations is also vital. We will show you the tools that are necessary for you to be successful in billing and getting paid for your Managed Care patients.

115 - The Federal EVV Mandate – Value Beyond Compliance for Providers (HH, HOS, PSA)

Primary Presenter: Phil Feldman, Sandata Technologies

Co-Presenter: Steve Pellito, Sandata Technologies

While EVV is mandated in all states, there is value to the agencies, caregivers, and clients that goes beyond compliance with the Cures Act mandate.

After discussing what EVV is and how it works, we will discuss benefits that EVV brings, including:

- Standardized process across all payer and lines of business
- Maintain various payer requirements, file formats, etc. for EVV reporting
 - Adherence to schedules and real-time alerts to late/missed visits
 - Feed the Aggregator for compliance
 - Drive the payroll and billing processes from a singular data set
- Reductions in rejections and denials because the data used to feed the Aggregator is the same data used to generate claims
- Ability to create patient-specific plan of care and to document against that in the field for task recording/paperless duty sheets.

Then expand on the above in relation to goals in revenue cycle management, operations and care quality. The overriding theme is about utilizing EVV as a tool to optimize those goals.

116 - Stay the Course with Continued Hospice Survey Readiness (HOS)

Sharon M. Litwin RN, BSHS, MHA, HCS-D, Healthcare Provider Solutions

The Key to Hospice Survey Readiness is having thorough knowledge of the survey processes, and how to conduct mock surveys! In this session you will learn the difference between standard and condition level deficiencies. Join us for this informative webinar as we teach you how to perform mock surveys. We will also demonstrate how having an effective QAPI program will help your agency avoid deficiencies...so that your agency can Stay the Course with Continued Hospice Survey Readiness!

117 - Hospice QRP & the Patient Care Connection (HOS)

Sharon M. Litwin RN, BSHS, MHA, HCS-D, Healthcare Provider Solutions

Explore the connection between the Hospice Quality Reporting Program (HQRP) and patient care. This session will familiarize you with the HQRP requirements and explain the impact they have on an agency. HQRP currently consists of two reporting requirements that use data to calculate performance on quality measures: the Hospice Item Set (HIS) and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Learn to identify the measures and understand how the data for both the HIS and the CAHPS hospice survey items correlate to clinical practice and improving outcomes.

118 - Impact Unplanned Hospital Care with Effective Discharge Planning (HH)

Sharon M. Litwin RN, BSHS, MHA, HCS-D, Healthcare Provider Solutions

Reducing Unplanned Hospital Care should be a goal for every home health agency. Discharge planning starts at admission, continues with coordination of care and should be ongoing through patient discharge. Join us to learn the steps involved in effective discharge planning, how to identify patients at high-risk for readmission and how to impact unplanned hospital care with effective discharge planning.

119 - State Survey Protocols - Roadmap to Preparation, Confidence and Success (HH, HOS)

Valerie Cornett, MS, MAC Legacy

Wow – what a year! Despite the curves and turns of 2020, we have navigated through so much. Despite the challenges – agencies must not take their eyes off state survey and the preparation it requires. Join this session to discuss a roadmap for the following:

- Interpretation and Application of the Conditions of Participation
- Types of Surveys, Standards, G-Tags (Home Health), L-Tags (Hospice) and E-Tags
 - Pre-Survey Process
 - Standard and Condition Level Deficiency/Immediate Jeopardy/Sanctions
- On Site Activities - Entrance Conference, Home Visits, Record Review, Paper Compliance, Staff and Leadership Interview
 - Form 2567 – Plan of Correction
 - Implementation and Monitoring

Preparation is the key to peace of mind!

120 - Transition Planning in Home Health & Hospice – Transition Options, Valuation, & Due Diligence Considerations (HH, HOS, PSA)
Alex Fritz, One 2800 Capital Advisors, LLC

This session will help participants understand transition options for their agency including sale of a 100% interest, vs. controlling interest, vs. minority interest. We will also consider a sale to family members, employees, or your management team.

We will dig into the best practices for mergers and acquisitions and discuss the four P's of a successful agency transition (for an agency owner that is interested in purchasing another agency or selling their own): Partner, Plan, Promote, and Purchase. We will discuss each phase of the transition process and spend time discussing how to select the most suitable transition advisor, how a valuation is determined, selection of suitable buyers, and the due diligence process and closing process.

121 - Legal National Update 2021 (HH, HOS, PSA)
Robert Markette, Hall Render

Description coming soon!

122 - Kentucky Legal Update 2021 - KHCA Membership
Robert Markette, Hall Render

Description coming soon!

123 - Indiana Legal Update 2021 - IAHHC Membership
Robert Markette, Hall Render

Description coming soon!

124 - Understanding the NEW home health Medicare Cost Report – CMS Form 1728-20
Dave Macke, CHFP, FHFMA, VonLehman CPA & Advisory Firm

The Centers for Medicare and Medicaid Services (CMS) has issued a new form set for the Home Health Medicare Cost Report Form. The new form will be the Form 1728-20. This is the most significant changes since the start of PPS in 2000. Data that CMS is collecting could have significant impact down the road. This session will describe the changes that are required in financial statement accounting and statistical recordkeeping to comply with the new forms.

You don't want to be caught shorthanded.

125 - Maintenance Therapy in PDGM

Presenters:

**Cindy Krafft PT, MS, HCS-O, Owner / Founder, Kornetti & Krafft
Health Care Solutions**

**Diana (Dee) Kornetti, PT, MA, HCS-D, HCS-C, Owner / Founder, Kornetti & Krafft
Health Care Solutions**

Concerns and questions frequently presented to Kornetti & Krafft Health Care Solutions regarding maintenance therapy focus on proper beneficiary identification, supportive documentation, therapy utilization and billing procedures. Getting this information right is critical for any organization to ensure that the revenue generated by this arm of the benefit is soundly protected in the audit-intensive environment the industry is experiencing. This session intends to provide the attendee/participant with an overview of the do's & don'ts of maintenance therapy.

126 - In Person or Virtual: Managing Patients "Visits" in 2021 and Beyond

Presenters:

**Cindy Krafft PT, MS, HCS-O, Owner / Founder, Kornetti & Krafft
Health Care Solutions**

**Diana (Dee) Kornetti, PT, MA, HCS-D, HCS-C, Owner / Founder, Kornetti & Krafft
Health Care Solutions**

2020 changed the delivery of care in the home in ways that are still unfolding. The collision of PDGM and the pandemic have impacted all home health services and has driven the need for agencies to reevaluate how care is being delivered. This session will explore the level of clinical decision making needed to balance in person and virtual "visits" and examine both telehealth and telerehabilitation options.