

PDGM

NATIONAL SUMMIT

A REVOLUTION IN MEDICARE HOME HEALTH PAYMENT

FEBRUARY 21, 2019 | COLUMBUS, OH

Sponsorship & Exhibitor Opportunities

The Patient-Driven Groupings Model (PDGM) will revolutionize the payment methodology for all Medicare Home Health Agencies in the United States. Created by the Centers for Medicare & Medicaid Services, PDGM is slated to debut on January 1, 2020. To help home health leaders prepare, the Ohio Council for Home Care & Hospice (OCHCH), the National Association for Home Care & Hospice (NAHC), the Home Health Financial Management Association (HHFMA), and the Forum of States are co-sponsoring this one-day summit on transitioning to the PDGM. This summit will be held at the Renaissance Westerville in Columbus, Ohio. All aspects of managing the change to PDGM, including operations, financial, clinical, data analysis, and technology, will be covered.

This summit is one of only twelve being offered across the nation and will draw home health leaders from Ohio, Indiana, Kentucky, Michigan and West Virginia. **OCHCH invites you to be one of the select few sponsors and exhibitors at this one-day summit.**

NAHC is also seeking industry partners to sponsor all 12 of the PDGM National Summits. Learn more at pdgm2019.nahc.org.

Presented by:



Step 1: Mark Your Selection(s)

SPONSOR

	OCHCH MEMBER	Non-MEMBER
<input type="checkbox"/> Breakfast Sponsor	\$1,000	\$1,250
<input type="checkbox"/> Lunch Sponsor	\$1,200	\$1,500
<input type="checkbox"/> Morning Break Sponsor	\$500	\$750
<input type="checkbox"/> Afternoon Break Sponsor	\$500	\$750
<input type="checkbox"/> Lanyards (<i>featuring your logo</i>)	\$1,000	\$1,250
<input type="checkbox"/> Packet Inserts (<i>One 8.5" x 11"</i>)	\$299	\$399
<input type="checkbox"/> Packet Inserts (<i>Multiple Pages</i>)	\$499	\$599

All sponsorship will include:

- Your company logo on signage at the event.
- Recognition during the event.
- List of attendees (*before and after*)

EXHIBIT

Table Top Exhibit

A limited number of exhibit spaces are available and include:

- 1 six foot table
- Recognition during the event.
- Two company representatives at booth
- Breakfast and lunch
- List of attendees (*before and after*)

OCHCH Member: \$350 Non-member: \$500

Additional Company Representatives: \$50 each

Step 2: Complete Contact & Payment Information

Contact: _____ Email Address: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Amount Due: _____ **Payment Type:** Check Visa MasterCard AMEX Discover

Card Number: _____ Exp: _____ Security Code: _____

Name on Card: _____ Signature: _____ Date: _____

Please make checks payable to OCHCH.

Submit by Mail: Ohio Council for Home Care & Hospice, 1105 Schrock Rd., Ste. 120, Columbus, OH 43229
Submit by Fax: (614) 899-0192 **Questions?** Contact OCHCH at (614) 885-0434 | OCHCH.org