

Session 1 - Technology in Your Toolbox – Angela Huff

Presenter – Angela Huff, RN – BKD, LLP

Description: 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.

Objectives:

1. Explain the PHE flexibility for telehealth that CMS made permanent in the final rule.
2. List pieces of technology and how they can be used to facilitate a virtual touchpoint with the patient.
3. Describe strategies for compensation to clinicians for virtual touchpoints.

Session 2 - Hot Topics in 2021: Ohio Law and Rule for Nurses (Category A Session)

Presenter – Terry L. Pope, MSN, RN, NPD-BC - Nursing Institute for Continuing Education

Description: This is a new session for 2021 that is based on some of the most frequent, rule and law questions and issues presented by licensed nurses to the Ohio Board of Nursing in 2020. This activity gives an overview of those rules/laws and provides information regarding how nurses can stay compliant with rule/laws for nurses and not place their license at risk. Content primarily based on ORC and OAC 4723.4 and 4723.6.

Learner Outcome: Nurses attending this session will gain knowledge of Ohio's law and rules that they can apply to their respective practices and settings.

Session 3 - OASIS: Focus on Function

Presenter - Cindy Krafft PT, MS, HCS-O - Kornetti & Krafft Health Care Solutions

Objectives:

- Break the cycle of data collection errors and rework in the review process
- Discuss strategies for improving the accuracy of OASIS data collection with respect to functional ability.
- Connect the M and GG components of the functional assessment

Session 4 - The Proposed Home Health Final Rule

Presenter – Melinda A. Gaboury, COS-C - Healthcare Provider Solutions, Inc.

Description and Objectives coming soon!

Session 5 - Where Did Therapy Go? Why Do Knees And Hips Only Need 3 Visits Today versus 12 In 2019?

Presenter – Shelly Barrett – Peak Consulting

Description - When PDGM hit our industry, we realized we had to do things differently to remain in business. In this month's webinar, we wanted to zero in on therapy and how things have changed since 2019 since we have some time under our belts in the PDGM world. Here are the things we will look at during this webinar:

Objectives

1. Changes to service frequencies in PDGM
2. Decreasing the number of therapy visits without decreasing outcomes
3. Improving patient satisfaction in PDGM
4. Integrating the PDGM care plan
5. Maximizing the visit regardless the discipline
6. Increasing profits in the process

Session 6 – Recruitment and Retention (Part 1)

Presenter - Scott Warrick, JD, MLHR, CEQC, SHRM-SCP

Description and Objectives coming soon!

Session 7 - Understanding the New Home Health Medicare Cost Report and Lessons Learned – CMS Form 1728-20

Presenter – Dave Macke, CHFP, FHFMA – VonLehman CPA & Advisory Firm

Description - This program will focus on the new Medicare Home Health Cost Report Form – 1728-20. CMS has made numerous changes that will require more detailed recordkeeping and reporting. The new data requirements will be identified and next steps will be summarized. Lessons learned from Year 1 of the new forms will be presented and discussed. The program will also show attendees how to e-file the cost report using MCR eF.

Objectives

1. Review the updated changes in the new Medicare Cost Report form for home health agencies
2. Identify changes needed in recordkeeping and data requirements
3. Summarize next steps – action items
4. Lessons Learned from first year of new forms
5. How to e-file the cost report using MCR eF / latest updates

Session 8 - Therapy Management and Outcomes Under PDGM

Presenter – Arnie Cisneros - Home Health Strategic Management

Kimberly McCormick, RN, BSN - Home Health Strategic Management

Description - Since the installation of PDGM in 2020, HH Providers have delivered care under this Impact Act Value reforms. All agencies have dealt with the modifications to operational structure, diagnostic buckets, 30-60 day episodes, and the changes to reimbursement based on removing therapy from the payment formula. But few Providers have internalized the "Volume to Value" shift PDGM requires for success. This is most apparent in the management of Therapy Services, and the lack of successfully rewiring rehab for PDGM limits their clinical and financial outcomes.

PDGM rehab success requires numerous performance levels not necessary for success under the previous PPS model. These requirements often remain un-addressed, and Value-based therapy programs suffer as a result. OASIS ADL accuracy is the key to FIL Therapy programming and management under PDGM, and many HH Providers still mistakenly operate as if therapy involvement is required for ADL accuracy. Lack of Medicare-required documentation also fails to address reporting requirements that assure a value care path. Finally, PDGM, and all Medicare Value models, require a timely approach to care and outcomes, and most HH agencies haven't educated staff to this important element.

This progressive presentation outlines how PDGM was developed to address these areas as they pertain to rehab success. Don't miss the opportunity to improve rehab managed care programs to improved clinical and financial outcomes.

Objectives

- 1) Outline changes for therapy in PDGM compared to PPS
- 2) Identify how failure to rewire rehab for PDGM compromises clinical and fiscal results
- 3) Demos outdated rehab programming approaches that fail to produce optimal PDGM results
- 4) Identify PDGM-based rehab operational requirements for success
- 5) Present Case Demos of HH Providers who required rehab for success under PDGM

Session 9 - Improving Revenue Accuracy by Improving Coding

Presenters - M. Aaron Little, CPA - BKD

Nanette Minton, RN, CHPCA, HCS-D, HCS-H - MAC Legacy

Description: Improving your home health coding practices can have a significant impact on quality reporting and revenue accuracy. Yet, often there is a knowledge gap between clinicians and financial managers to measure the impact and understand the significance of everyday clinical documentation scenarios that drive quality reporting and financial results.

This session will explore various coding scenarios and resulting financial impact to deepen participants' understanding of how to adopt best practices in documentation and process to drive coding and resulting financial accuracy.

Objectives:

1. To empower attendees to recognize typical weaknesses in coding practices that result in poor quality reporting and financial accuracy.
2. To relate common coding documentation scenarios to specific financial results.
3. To apply methods for assessing coding accuracy in relation to quality reporting and financial performance.

Session 10 - Home Health Revenue Cycle – The NOA in 2022

Presenter – Melinda A. Gaboury, COS-C - Healthcare Provider Solutions, Inc.

Description and Objectives coming soon!

Session 11 - Home Health Value Based Purchasing: Is Your Agency Ready?

Presenter - Cindy Krafft PT, MS, HCS-O - Kornetti & Krafft Health Care Solutions

Objectives

- Analyze the Home Health Proposed Rule for 2022 as it relates to HHVBP
- Examine the fundamental elements of HHVBP
- Explore strategies for meaningful management of outcomes in home health

Session 12 - Recruitment and Retention (Part 2)

Presenter - Scott Warrick, JD, MLHR, CEQC, SHRM-SCP

Description and Objectives coming soon!

Session 13 - Medicare Advantage and Medical Review: Care and Compliance

Presenter - Joe Osentoski, BAS, RN-BC – Gateway Home Health Coding & Consulting

Description - Medicare Advantage (MA) continues to increase penetration across the country with national 2020 enrollment topping 24 million--39% of—beneficiaries. This includes 42% for Ohio. Medicare Advantage plans expect home health to provide quality care for a lower cost. Many agencies see MA as a key component of their payer mix as they navigate the PDGM payment model changes. Along with the provision of care for these new payers comes the need for maintaining compliance with coverage requirements to maintain payment for the care provided. With agency attention focused on Review Choice Demonstration (RCD) success it is too easy to let MA compliance slip. While similar to traditional Medicare claims, MA plans often have variances and differences that generate a risk if the home health agency does not pay attention to these. This session covers the types of MA plans, common patterns of MA generated medical reviews, and agency actions to preempt denials in case of reviews.

The differences in the MA versus CMS appeals process are covered to afford the home health agency maximum chance of a successful outcome.

Presentation attendees will be able to:

- Identify the four types of MA plans and how these affect agency care and documentation.
- Identify the most common MA denials and agency education needed to prevent them.
- Define the main differences between MA and Medicare FFS/PDGM coverage requirements and how these are applied to medical review activities.
- Implement staff education and agency processes to minimize disruption from MA plan reviews or outcomes.

Who benefits Most by Attending This Presentation?

- Administrators/Managers
- Clinical Supervisors/Managers
- Directors of Nursing
- QA/QI Staff

Session 14 - HOPE is on the Horizon

Presenter – Angela Huff, RN - BKD

Description: 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.

Objectives:

1. Explain the history of the HOPE assessment and reporting tool
2. List some of the CMS objectives for the HOPE and current state of testing of the assessment and reporting tool
3. Describe strategies for planning the HOPE tool implementation into operations

Session 15 - Why you need to hardwire PDGM Value Operations for Future

Presenter – Arnie Cisneros - Home Health Strategic Management

Kimberly McCormick, RN, BSN - Home Health Strategic Management

Description - Prior to the pandemic, most PDGM education focused on billing or coding aspects of the reform, with little attention to operational and care delivery requirements. As a result, many HH clinicians don't understand exactly how PDGM works, the Value-based care changes, and the legacy HH approaches that compromise clinical and fiscal outcomes. With most Providers just returning to a pre-2020 level of care, many of the operational requirements remain un-addressed. This scenario not only compromises current programming results, but leaves the HH agency vulnerable to subsequent reforms. This progressive presentation addresses areas that directly affect quality care outcomes under PDGM, from both a front-line delivery and in-office managerial aspect. Learn how to hardwire for tangible results, driving costs down and fiscal margins up, while you achieve 5 Star Ratings with single digit readmissions. And by improving financial margins through efficient, Value-based care operations, Medicare literally pays you to improve. Don't miss this interactive presentation that will change your agency today and tomorrow.

Objectives

- 1) Identify areas of PDGM programming that require hardwire changes compared to the PPS era
- 2) Outline successful changes to legacy HH Operations for PDGM success
- 3) Present how PDGM hardwired operations prepares HH Providers for future Impact Act changes
- 4) Provide Case Studies of rewired PDGM HH Outcomes

Session 16 - PDGM Analytics: What we have learned

Presenter – Rob Simione - SimiTree

Nick Seabrook - SimiTree

Description - With two quarters of year two in the rear-view mirror, home health agencies are dealing with cash flow problems and a host of issues with Medicare requirements. Join us for a look at trends over the last three quarters of claims data, along with recommendations on clinical and financial best practices to support operational improvements. Discussion will include industry developments to understand what may lie ahead financially – in terms of payment adjustments and other operational challenges like the Notice of Acceptance.

Learning Objectives

- Identify common issues for home health agencies with respect to clinical and financial operations under PDGM using Medicare claims data analysis
- Understand best practice workflow to minimize problems with claims, sending the NOA, clinical documentation and other areas of operations
- Prepare operations for what might be coming in terms of CMS payment adjustments

Session 17 - Home Health Medical Review in a Medicare Certified World

Presenter – Melinda A. Gaboury, COS-C - Healthcare Provider Solutions, Inc.

Description and Objectives coming soon!

Session 18 - Six New Technology Solutions to Your Recruiting and Retention Challenges

Presenter – Tim Rowan – Rowan Report

Description - No matter what you've heard, the secret to caregiver retention is not hourly rate or employee-of-the-month awards. Retention starts at hiring; "bad hires" don't stick around. Estimates of the cost of bringing on one caregiver are upwards of \$4,000. After you invest in advertising, application processing, interviews, background checks, orientation and training, and salaries of staff who do these things, a new caregiver must work at least 60 days before you break even. When they leave early, you lose some of your investment. What if they disappear without ever taking a first shift? You lose the entire \$4,000. Sadly, agency owners report that this happens frequently. In this interactive session, 30-year home care consultant Tim Rowan will introduce at least five inexpensive tech tools proven to increase longevity and reduce your wasteful bad hire count. If your current method is not working, one or two of these could bring a drastic improvement.

Session 19 - Optimizing and Managing Wound Care Patient Outcomes under PDGM

Presenters - Christopher Attaya - VP of Product Strategy, SHP

Sue Payne, RN, MBA - Home Care Strategies Advisor, Corridor

Description - Wound care patients are the most expensive to care for in home health. Under the PDGM case-mix re-calibration, agencies have a better chance to be successful if they manage costs in caring for the patient. Understanding the clinical picture of wound patients in comparison to patients in other PDGM clinical groups is important. Managing visit utilization, identifying wound supplies to assist with wound healing while managing cost, and employing technology will help to improve outcomes and profitability for wound patients. Join the presenters as they provide a deep dive and case examples into optimizing and managing Wound care patients under PDGM.

Objectives:

1. Understand how wounds compare to other PDGM clinical groupings during first 12 months of PDGM
2. Highlight the differences in 15 visit utilization based on wound diagnosis and other patient attributes
3. Understand how to best manage your wound patients based on clinical picture of the patient
4. Share best practices to improve wound outcomes and profitability

Session 20 - Getting a Clean OASIS: Balancing Speed and Accuracy

Presenter - Cindy Krafft PT, MS, HCS-O - Kornetti & Krafft Health Care Solutions

Objectives

- Discuss the impact of Intake on OASIS accuracy and timeliness
- Examine the impact of clinician engagement on OASIS accuracy and timeliness
- Explore the impact of the quality review process on OASIS accuracy and timeliness.

Session 21 - Hospice VBID – Winning with Medicare Advantage

Presenter – Melinda A. Gaboury, COS-C - Healthcare Provider Solutions, Inc.

Description and Objectives coming soon!

Session 22 - Is Your Home Health Revenue Cycle Ready for 2022?

Presenter - M. Aaron Little, CPA, BKD

Description: The implementation of PDGM in 2020 and no-pay RAPs in 2021 has rocked the home health revenue cycle and significantly impacted cash flow from traditional Medicare and Medicare Advantage. This session will focus on preparing for the next big change, the replacement of RAPs with the new Notice of Admission (NOA) billing transaction effective 01/01/22.

The session will offer the latest on NOA billing requirements and strategies for preparing revenue cycle workflows and assessing software vendor billing and reporting readiness.

The session will also provide updates on other evolving issues, including RCD and other relevant medical review activities. Revenue cycle KPIs and example dashboard management tools will also be shared.

Objectives:

1. To empower attendees with the most current available facts related to billing and payment changes, including no-pay RAPs and the new NOA billing transactions.
2. To provide attendees with the latest information regarding compliance contractor activities, including RCD and activities by other contractors.
3. To provide attendees with strategies for successfully implementing the new NOA billing requirements.

Session 23 - 2022 ICD-10 CM Coding Update

Presenter - Nanette Minton, RN, CHPCA, HCS-D, HCS-H - MAC Legacy

Description:

This presentation will focus on updates made to the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code set for 2022. The material will cover code changes and updates specific to homecare and hospice set to take effect on October 1st, 2021.

Objectives:

1. Identify key updates related to the 2022 ICD-10 code set as it applies to homecare and hospice.
2. Explain what new and revised codes will require more detailed documentation for coding support.

Session 24 - Whole Person Care: Embracing Social Determinants of Health

Presenter – Cynthia Campbell BSN, RN – Wellsky

Description - Our work revolves around meeting the healthcare and human-care needs of people, over time, where they live. The vibrant and important discussion of value-based healthcare delivery is hollow if we do not look at the stark disparities between the social and economic conditions impacting the people we serve and the predictable impact to their health outcomes when not addressed. Gaining steam with respect to needed attention, Social Determinants of Health (SDoH) are finally being recognized by payers and providers as key to unlocking more equitable and more effective 'whole human care'. The full continuum of healthcare at home has a future role to play in gathering, understanding and acting on the new predictive analytic, SDoH data. This session will engage, educate and motivate providers of care at home in using SDoH to better create health equity through our actions, building a stronger network of whole-human-care.

Learning objectives:

- The learner will be able to describe social determinants of health (SDoH) and their impact on healthcare outcomes and costs.
- The learner will be able to recognize opportunities for their service line to integrate greater awareness and use of SDoH data in developing care plans for people served.
- The learner will identify actions they can take to leverage their integration of SDoH with payers and referral sources, yielding more competitive business development.