

The Missouri Alliance for Home Care presents a **Virtual Conference**

Join us as we
Navigate the Future



**The 2021 MAHC Annual Virtual Conference
and Home Care Exhibition—
*now Virtual, Live and Online!***

June 29 & 30

*Select sessions featuring LIVE Q&A
All recorded sessions available for 60 days (24/7 access)*

2021 Virtual MAHC Conference

The 2021 MAHC Annual Conference and Exhibition is now **VIRTUAL, LIVE, and Online!** MAHC has partnered with *AccelEvents* virtual conference software to partially RECREATE the conference experience with *general sessions, breakouts, exhibit booths, networking, games, awards and all the fun of an in-person conference!*

About This Conference: **Navigate the Future**

As we navigate our way through the second year of the COVID-19 Pandemic, the Missouri Alliance for Home Care is grateful for your commitment to the patients you have worked tirelessly to keep safe and well day after day.

The pandemic has challenged us all relentlessly. It has required continuous shifting of course to adapt to ever-changing directives and policies. There have been struggles and significant challenges, but even more, creative initiatives developed to succeed in the face of those challenges.

It is a dynamic, challenging, and exciting time for home care providers. With the impact of COVID-19 and a “new normal” home care services are at the forefront of transforming care around patient and family wishes and the needs of the broader healthcare system. This year’s conference theme “Navigate the Future” embraces that concept. Hope for the future and resiliency are the keys to ongoing excellence and achieving new aspirations.

In our second year of hosting a “Virtual Conference” we have improved the conference platform allowing for specific concurrent sessions with LIVE question and answer opportunities. In addition, we are offering 60-day access to over 40 educational sessions along with our virtual exhibit hall, live video chat options and gamification points with a competition and prizes. Our line-up of expert speakers from across the country are here to re-energize you, provide expert advice and practical strategies as we move forward together to our next chapter in healthcare.

Don’t delay, make plans to attend today!

Advantages of Attending a Virtual Conference:

- ◆ Access to far more content than ever before, plus the opportunity to see and hear concurrent education programs.
- ◆ Conveniently learn and engage with fellow attendees, speakers, sponsors, and exhibitors from anywhere with internet access and from any mobile device.
- ◆ Zero risk to your health. Virtual events provide a safer way to learn without sacrificing an interactive and informative experience.
- ◆ No travel costs! No hotel room needed, no miles to drive,
- ◆ While you are taking in the latest updates and insights from the conference, you can simultaneously maintain a presence at home and at your office.
- ◆ Hot/cold, cold/hot. It is challenging to adjust hotel temperatures to please everyone. Stay comfortable by adjusting the temperature how you like it.
- ◆ Support your state association! Help offset our lost revenue due to cancelled in-person events by registering.

Please note: Medicaid specific sessions will be offered separately at a later date. Agencies /individuals who register for the MAHC Virtual Annual Conference will have the option to attend the Medicaid sessions free of charge. Please be sure to watch your email for further details.

2021 Virtual MAHC Conference

Visit our Virtual Exhibit Hall – Your Chance to Win Prizes!

Social distancing won't stop us from providing you with a tradeshow showcasing home care and hospice industry vendors whose representatives will be accessible throughout the conference 60-day timeframe to discuss their products and services and how they can help grow and improve your agency.

The Virtual Exhibit Hall is easy to navigate, and you can chat one-on-one, view demos, schedule future meetings and more! Be sure to engage with our sponsors and exhibitors for multiple chances to win prizes!

You receive points for visiting exhibitor booths at the MAHC Conference:

- Initial visit to an exhibitor: 5 points
- Return visit to an exhibitor: 1 point
- Download their stuff: 5 points
- Chat with the exhibitor: 20 points

During the conference, a leader board will show who the winners are!

See the prizes below!

Prizes:

- 1st Place - A free 2022 MAHC Annual Conference Registration for one individual
- 2nd Place - \$100 Visa Card
- 3rd Place - \$50 Visa Card

2021 MAHC Awards

The Missouri Alliance for Home Care annually recognizes individuals and volunteers for their exemplary service and care. The dedication and compassionate care these individuals have displayed is to be commended. Therefore, please be sure to check out the videos of each of this year's award recipients. Congratulations to all of our winners!

HOW IT WORKS:

- ◆ Anyone needing access **MUST** be registered and listed with his/her name and email address on the registration form.
- ◆ Registrants will receive an email with instructions on how to access the virtual platform, including a link to create their own unique profile, allowing them access to all sessions as well as the virtual exhibit hall. The registration form is available on Page 14 of the brochure and lists pricing options.
- ◆ June 29th & 30th sessions will consist of LIVE General Sessions each day and two sets of three concurrent breakout sessions with opportunities for LIVE Q&A.
- ◆ The virtual conference will be available for 60 days after the live events on June 29th & 30th. During this time, you can listen to any or all of the pre-recorded sessions of your choice. Listen at home, work or on your mobile device. Available 24 hours a day!
- ◆ Therapy CE or a Certificate of Attendance will be available for all sessions. Simply complete the verification of attendance, session surveys and the over-all conference survey, which will be emailed to you when you register. (Please note, due to the change in format from live to virtual, MAHC will NOT be offering its normal Nursing CE's through Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.)

2021 Virtual MAHC Conference

LIVE Conference at a Glance

See selected sessions and all descriptions & session lengths on pages 5 through 12

Tuesday, June 29th

9:00 am—10:30 am	Welcome & General Session featuring Lisa Coots
10:30 am—10:45 am	Break / Visit Exhibits
10:45 am—12:15 pm	Concurrent Sessions featuring LIVE Q&A <i>(subject to change)</i> #23— Forge a Path To Success Through Survey Readiness - Sharon Litwin #20— Navigating Coding and Documentation for the Future - J'non Griffin #19—The ADR / TPE / & UPIC Audit Documentation Master Class - Michael McGowan & Kristi Bajer
12:15 pm—12:30 pm	Break / Visit Exhibits
12:30 pm—2:00 pm	Concurrent Sessions featuring LIVE Q&A <i>(subject to change)</i> #4— Navigating the Future & Avoiding Medicare Setbacks - Nykesha Scales #7—PDGM – Revenue Cycle Management Changes! - Melinda Gaboury #32— 20/20 View on Wage-Hour Issues - Bill Ford

Wednesday, June 30th

9:00 am—10:30 am	Welcome & General Session featuring Bill Dombi
10:30 am—10:45 am	Break / Visit Exhibits
10:45 am—12:15 pm	Concurrent Sessions featuring LIVE Q&A <i>(subject to change)</i> #21—Building a Successful QAPI Program for the Future - Lisa McClammy #15—Hospice Eligibility Documentation - Melinda Gaboury #3—Navigating the Future: Finding Direction in the Documentation - Cari Atkinson
12:15 pm—12:30 pm	Break / Visit Exhibits
12:30 pm—2:00 pm	Concurrent Sessions featuring LIVE Q&A <i>(subject to change)</i> #24—How to Effectively Navigate Complex Coding Scenarios - Sharon Litwin #29—Technology in our Future Toolbox - Karen Vance & Angela Huff #26—OASIS Timepoints - Teresa Northcutt

****Both General sessions and ALL 41 education sessions are available with 24/7 access for 60 days following the LIVE portion of the conference***

2021 Virtual MAHC Conference

LIVE General Sessions

Tuesday, June 29th: 9:00-10:30 am

Bureau Update: Navigating the Storm

Come sail away with Lisa Coots, Captain of the Bureau of Home Care, along with her shipmates as they navigate the deep sea of homecare with you. You will learn of common compliance issues, and specific ways to help navigate the survey process. We hope to give you great tips so that when we come for a visit, you will not need to send an SOS. During the voyage, you will be able to view the reflections in the water of all the lessons learned during the pandemic and how to prepare to meet the regulations if another storm is encountered before reaching land. As we look ahead, we will discover beyond the horizon a beautiful sunrise of hot topics and sail to land. We will then end the trip by docking for a question and answer session.



Lisa Coots, RN, Bureau Administrator, Department of Health & Senior Services, Bureau of Home Care & Rehabilitative Standards

Wednesday, June 30th: 9:00-10:30 am

The View from Washington: A National Update for Home Care, Home Health and Hospice



As President of the National Association for Home Care & Hospice (NAHC), William Dombi has shown exemplary leadership throughout the COVID-19 Pandemic. His unique vantage point of the recent federal policy changes impacting home health and hospice agencies across the nation include myriad legislative and regulatory developments that have dramatically overhauled home-and-community-based care, with more changes in sight. During this information-packed session, Bill will examine federal policy and program changes in response to COVID-19 and lessons-learned from the pandemic. This session brings up-to-the-minute details on the legislative, regulatory, and legal matters that directly impact home care. Don't miss this opportunity to benefit from the insight of one of the industry's leading voices and get your questions answered.

Bill Dombi, President, National Association of Home Care & Hospice

2021 Virtual MAHC Conference

FINANCE/LEADERSHIP TRACK

1. Powerful Practices for Virtual Training that Drive Referral Growth - (32 minutes)

Hear from industry experts on how to maximize your training time and budget with new approaches to a changing marketplace. In this interactive, experiential session, you'll take away tips on how to introduce a virtual training program that drives referral growth, promotes your agency's value, and boosts the customer experience. From the first ring to the next referral, this session is designed to help your team engage new business and generate growth now. **Melynda Lee, MBA, Director, Growth Solutions, SimiTree Healthcare Consulting**

2. Navigating Financial & Operational Management in PDGM - (1 hour 4 minutes)

In this presentation attendees will learn the financial and operational key performance indicators (KPIs) that drive both revenue and expenses under the Patient Driven Groupings Model (PDGM) that Medicare adopted on January 1st, 2020. The presentation demonstrates how the industry is performing thus far just over a year into PDGM on each of these KPIs and includes national benchmark through Q4 of 2020. Attendees will be able to understand how to identify financial and operational opportunities utilizing the key performance indicators. Lastly, attendees will be able to incorporate PDGM key performance indicators into their future strategy and get insights into successful budgeting practices under PDGM. **Mike Simone, Director, SimiTree Healthcare Consulting**

3. Navigating the Future: Finding Direction in the Documentation- (1 hour 7 minutes)

Piecing together home health requirements can leave you lost in documentation. Find out what documentation to include in your claim submission. During this session, we will review home health certification requirements and documentation to support the need for home health services. We will discuss the criteria necessary for homebound and supporting need as well as what services are considered as reasonable and necessary. The presentation will include links to references and examples to illustrate the concepts.

Cari Atkinson, RN, ADN, BA, MHA, Senior Provider Education Consultant, CGS Administrators, LLC

4. Navigating the Future & Avoiding Medicare Setbacks- (1 hour 5 minutes)

Join your MAC, CGS, as we ensure providers are aware of recent and upcoming Medicare billing changes, including an overview of current Change Requests (CRs) impacting your agencies with an emphasis on PDGM and recent RAP changes. Updates relating to current denials, common billing errors, resources and important reminders will also be provided. MyCGS and recent enhancements to this web portal will be highlighted. **Nykesha Scales, MBA, Sr. Provider Relations Representative, CGS Administrators, LLC**

5. Navigating the Future of Cash Flow - (1 hour 30 minutes)

This session will provide attendees with the latest updates on billing and revenue cycle matters related to PDGM, particularly the no-pay RAP billing requirements and filing for an exception to the timely filing requirement. This session will also provide the latest on medical review activities focused on pre-and post-pay claims. This session is 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 will also be provided industry benchmarks for measuring revenue cycle performance.

M. Aaron Little, CPA, Managing Director, BKD, LLP

6. Navigating with Key Performance Indicators to Drive Success - (1 hour 3 minutes)

The challenges for home health and hospice leaders in maintaining sustainable operating margins while improving patient outcomes will require a partnership of financial and clinical leadership staff. Productivity, case capacity and outcome achievement in the new health care environment indicates the necessity for a team of knowledgeable managers to drive organizational performance. Realistic goal expectations should include clinical as well as financial operational measurements that are developed and understood by all leadership responsible for successful operations of the organization. This program explores how a home health and/or leader can take on the role of a strategic team leader to bring about organizational success.

Mark Sharp, CPA, Partner, and Amber Popek, CPA, Partner, BKD, LLP



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2021 Virtual MAHC Conference

*7. PDGM – Revenue Cycle Management Changes! -

(1 hour 19 minutes)

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.

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

8. Preparing for the New Home Health Medicare Cost Report Requirements - *(34 minutes)*

Attendees will learn the components of a cost report, about the changes to the cost report, about skilled nursing costs, therapy costs, and how to prepare detailed labor summaries broken out by hours paid and benefits. And attendees will also learn how to properly prepare for their next cost report.

Tiffany Karlin, Partner, Consulting Services & Director of Healthcare and Natalie Alexander, Healthcare Cost Reporting Senior Associate, Mueller Prost

9. Navigating the Future of Home Health Billing - *(1 hour 25 minutes)*

Attendees will take a deep dive into all the rapid changes with PDGM and RAP Claims. The future changes within Home Health will also be discussed. Let Mueller Prost experts update you on the everchanging Home Health Billing landscape.

Tiffany Karlin, Partner, Consulting Services & Director of Healthcare and Jena Weitzer, Healthcare Billing Supervisor, Mueller Prost

10. Overview-COVID-19 Relief Funds Update - *(44 minutes)*

This presentation will discuss the different types of Covid-19 relief funding that is available to Home Health and Hospice providers. This session will review the requirements for each type of funds including EIDL and PPP loans, Medicare Advanced Payment and Covid-19 Stimulus Relief. Attendees will walk away with the knowledge on how to account for these funds and what reporting and requirements are necessary for the agency to realize the revenue based on meeting the requirements.

Rob Simione, CPA, Principal, Growth Solutions, SimiTree Healthcare Consulting

11. Buying, Selling, Partnering Key Legal and Financial Due Diligence - *(1 hour 9 minutes)*

Purchase and sale transactions and collaborative partnerships, in the post-acute care industry continue at an all-time high and may increase when the Supplemental Payment regulations are finalized. This presentation will review the importance of a risk, governance, state and federal reimbursement and tax and financial assessments as part of the due diligence process.

Tiffany Karlin, Partner, Consulting Services & Director of Healthcare, Christopher Volz, Partner, Director of Business Valuation and Litigation Services, Kyle Krahl, Supervisor, Business Valuation, Mueller Prost and Sean Fahey, Partner, Hall Render Killian Heath & Lyman

12. The Future of Work is Now— Leadership for an Unknown Future - *(Time Pending)*

A pandemic, a divisive political climate, an economic crisis: Any of these things by themselves are enough to create significant disruption. In 2020, we saw all of them at once. Disruption happened in every industry and every sector of society. Businesses worldwide are grappling with significant impacts on employment, adjusting to new technologies, remote work, and access to talent, among other changes. Explore how a culture of transparency, trust, and teamwork can lead your organization into the future. Considerations for the new way of working. Measure what your company is currently doing to develop future leaders and determine how at risk you are regarding a leadership gap. Build a case internally for the need to develop future leaders. Employ effective strategies for identifying and developing future leaders.

Adrian Killebrew, MBA, Regional Vice President of Business Development, Axxess



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2021 Virtual MAHC Conference

HOSPICE TRACK

13. HOPE is on the Horizon - (28 minutes)

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.

Angela Huff, BSN, Managing Consultant, BKD, LLP

14. Hospice Federal Update - (1 hour 12 minutes)

An overview of the current state of affairs in hospice along with an eye towards the future is the focus of this session. CMS released the FY2022 hospice proposed rule containing a wide array of new policies that may shape the hospice landscape for years to come. We will discuss the impact of the proposals as well as hospice survey reform that is on the horizon. We will also provide an update of important legislative activity and key issues impacting hospices.

Katie Wehri, Director, Home Care & Hospice Regulatory Affairs, National Association for Home Care & Hospice

***15. Hospice Eligibility Documentation - (1 hour 22 minutes)**

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. The webinar 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.

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



16. Hospice Medical Review in the Hospice Medicare Certified World - (1 hour 20 minutes)

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 you can 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. We 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. Do not 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.

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

17. Piloting the Terminal Diagnosis in Hospice with Accurate Coding - (57 minutes)

With the growing hospice numbers and increased federal dollars comes increased scrutiny which will be ongoing. It is imperative that hospice agencies look at their overall processes and determine weak areas, one of which is lack of support of the terminal diagnosis and prognosis. This presentation will aid hospice staff in identifying the importance of appropriately coding the principal hospice diagnosis and the required documentation to support coding the primary diagnosis with accuracy. In addition, we will identify ICD-10 coding rules and terminology to better understand their application to hospice coding.

Nanette Minton, RN, CHPCA, HCS-D, HCS-H, Senior Clinical Coding Manager, MAC Legacy

18. The Balancing Act - Stratifying Referral Sources - (1 hour 6 minutes)

Length of stay is one of the primary determinants in a hospice agency's clinical, quality, and financial success. The most effective way to impact the length of stay is by stratifying referral source types. Faculty will detail best practice approaches to effecting change in the average and median length of stay through analysis of current census and referral source diversification.

Cindy Campbell, MHA Healthcare Informatics, BSN, RN Director Operational Consulting, Wellsky



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2021 Virtual MAHC Conference

HOME HEALTH TRACK

*19. The ADR / TPE / & UPIC Audit Documentation

Master Class - (52 minutes)

Home health ADR, TPE and UPIC audits are on the rise for 2021 with the OIG having 5 active work-plans in place for home health. Since home health auditing has been quiet during the pandemic and throughout 2020, we are in a unique situation. We have a new payment model that is now over a year old coupled with a pandemic response-- and neither have been audited.

Michael McGowan, Founder and President and Kristi Bajer, BSN, RN, COS-C, Clinical Operations, OPERACARE

*20. Navigating Coding and Documentation for the Future

- (1 hour 11 minutes)

Documentation in home health has always been a challenge. Throw in that coding is now a large part of the revenue that your agency receives, make documentation more important than ever. The struggles with outside documentation from providers, and clinician documentation are enough to drive a quality review department crazy. In this session we will discuss what is needed to get it right the first time.

J'non Griffin, RN MHA HCS-D, HCS-H, HCS-C COS-C, Director, SimiTree Healthcare Consulting

*21. Building a Successful QAPI Program for the Future -

(1 hour 11 minutes)

This session will provide the home health provider with a look at Quality Assessment Performance Improvement (QAPI) from a global perspective. We know that all areas of healthcare have faced challenges in recent months and there is now an even greater focus on keeping patients at home and providing the highest quality of care. We will talk about QAPI requirements and how the data you are collecting every day is reported and how it can help determine those areas of need in your agency. We will then discuss a practical approach to getting staff involved and motivated, as well as tips for how to keep the momentum going. This session will help lay the foundation to implement an agency-wide and data-driven QAPI program that not only meets the requirements but improves outcomes for their patients.

Lisa McClammy, BSN, RN, COS-C, HCS-D, Senior Clinical Education Consultant, MAC Legacy

22. Conditions of Participation: Practical Applications -

(1 hour 28 minutes)

Following the conditions of participation changes since 2018 have been challenging, from updated guidance to Covid waivers concerning the CoPs. In this session we will discuss common deficiencies for agencies, and the practical applications you can put in place to ensure your best chance at receiving a deficiency free survey.

J'non Griffin, RN MHA HCS-D, HCS-H, HCS-C COS-C, Director, SimiTree Healthcare Consulting

*23. Forge a Path To Success Through Survey Readiness -

(1 hour 27 minutes)

The key to survey readiness is having a thorough knowledge of the survey process and how to conduct mock surveys! In this session you will learn the difference between standard and condition level deficiencies. We will show you how having an effective QAPI program will help your agency avoid deficiencies and you will learn how to perform mock surveys so that your agency can forge a path for success!

Sharon Litwin, RN, BSHS, MHA, HCS-D, Senior Manager of Coding & Clinical Consulting Healthcare Provider Solutions, Inc.

*24. How to Effectively Navigate Complex Coding

Scenarios - (1 hour 28 minutes)

PDGM has been in effect now for more than a year and for many agencies, accurate coding still remains a challenge. In this session, through case study analyses, we will delve into some of these challenging coding issues and present action plans and best practices to empower your agency to effectively navigate through complex coding scenarios!

Sharon Litwin, RN, BSHS, MHA, HCS-D, Senior Manager of Coding & Clinical Consulting Healthcare Provider Solutions, Inc.

25. Navigating Wounds to Avoid a Shipwreck -

(1 hour 35 minutes)

The conflicting guidance on pressure ulcers, PDGM coding conundrums, getting into the Wound Grouper when the focus is on wound care - the challenges seem endless as home care agencies navigate the treacherous world of wounds. Identify how OASIS-D1 guidance and ICD-10 coding guidance differ on pressure ulcers, review the definitions of different wound etiologies, learn the latest coding guidance on diabetic, arterial and venous ulcers, and examine how diagnosis sequencing can affect the PDGM Clinical Grouper.

Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H, Selman-Holman & Associates LLC



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2021 Virtual MAHC Conference

26. OASIS Timepoints - (1 hour 44 minutes)

While the OASIS requirements did not change under PDGM, there are some important considerations that will impact the timing of assessments and the type of OASIS that is done in various situations. Learn how Admission Source is affected by your choice to do a SOC or ROC after an inpatient stay, and the differences between an acute hospital vs. a post-acute care facility discharge. The only payment information from an OASIS is the functional score, which may change your agency's criteria for an Other Follow-up OASIS. We will also discuss what assessment to do when patients throw you a curveball: unplanned discharges, the Transfer RFA 6 or RFA 7, single visit in a quality episode, a ROC visit that ends up being the last visit, and more. The PHE waivers have affected OASIS time points, but what happens when the PHE ends - how to stay in compliance with OASIS guidance and the CoPs. **Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H, Selman-Holman & Associates LLC**

27. Medical Review in the Home Health Medicare Certified World - (1 hour 17 minutes)

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. This session will review some State specific PEPPER data so you can tell where you stand compared to others in the state. 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 home health truly is accurately documenting. **Melinda A. Gaboury, COS-C Healthcare Provider Solutions, Inc.**

28. Value Based Purchasing Program - (58 minutes)

The Home Health Value-Based Purchasing (VBP) Model is expected to improve patient outcomes in home health, while lowering costs. Required as part of the Affordable Care Act (ACA) and a part of IHI (Institute for Health Improvement). Transitions home health from fee-for-service payment models toward value-based purchasing. Rewards HHAs that provide better quality care per outcomes. **Melinda A. Gaboury, COS-C Healthcare Provider Solutions, Inc.**

29. Technology in our Future Toolbox - (57 minutes)

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.

Angela Huff, BSN, Managing Consultant, and Karen Vance, BSOT, Senior Managing Consultant, BKD, LLP

30. How to Marry Clinical and Operational Excellence for Organizational Success - (58 minutes)

As trends and challenges continue to change the landscape of care in the home, home care organizations face significant challenges adapting best practices for clinical excellence and the operational processes that can be monitored, measured, analyzed, and improved to ensure their clients receive the best possible care. Join Axxess' home care experts to learn best practices in clinical and operational excellence to grow revenue.

Brian Nelson, Product Marketing Manager, and Lisa Malone, Clinical Product Manager, Axxess

31. They're Not Handoffs, They're Patients - (1 hour 16 minutes)

Referral and Intake is one of the most complex processes in the home care industry. 2020 saw even sicker and more complex patients coming home. And our aging population is expected to double in the next 25 years. Join us to examine the current challenges in care transitions and discover best in class solutions to ensure your patients and referral sources have a top-notch customer experience. We'll identify communication strategies to ensure timely and informed transitions and build referral source relationships.

Laura Wilson, RN, BSN, COS-C, Managing Director, and John Rabbia, PT, DPT, MBA, MS, COS-C, Senior Manager, SimiTree Healthcare Consulting



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2021 Virtual MAHC Conference

MISCELLANEOUS TRACK

* 32. 20/20 View on Wage-Hour Issues - (40 minutes)

Wage and Hour compliance violations continue to be the number one employment law/financial liability for employers across all states and industries. Further, the home care profession has been targeted by the Department of Labor as an Industry that has a significant amount of noncompliance. As such, it is critical that MAHC members understand and comply with federal and state wage-hour regulations. SESCO Management, our human resource and employment law partner, will be presenting on the basics of wage and hour rules, compliance thereof and common violations to avoid.

Bill Ford, President, SESCO Management Consultants

33. Your Safety Matters - (30 minutes)

Your safety is important. Many caregivers go into homes alone and at all hours of the day and in some rough neighborhoods. Come learn about Conditions of the Mind, situational awareness, pre-planning for bad things, de-escalation tips, and general safety. Know your instincts, have a plan.

Mike Valley, CPIP, Investigator, Missouri Medicaid Audit & Compliance (MMAC)

34. COVID-19 Lessons Learned: Emergency Preparedness, Infection Control Challenges and Home Health/Hospice Provider Solutions - (52 minutes)

During this presentation we will provide a summary of the regulatory changes and operational challenges faced by home health and hospice agencies as a result of COVID 19, especially related to emergency /pandemic planning and Infection prevention and control. A review of innovative provider solutions implemented to meet patient, staff, and family needs during this crisis will be shared, along with strategies to facilitate ongoing infection control, pandemic planning and survey readiness that home health and hospice providers may incorporate into daily operations.

Kimberly Skehan, RN, MSN, HCS-D, COS-C, Director of Compliance, Regulatory & Quality for SimiTree Healthcare Consulting

35. Transitional Care: A Growth Opportunity Along the Care Continuum- (59 minutes)

With visitation restrictions at assisted living facilities across much of the country, many families are exploring ways to transition their loved ones back home. Private duty organizations are poised to become an even more valuable partner in the continuum of care for assisted living facilities and hospitals, all while supporting caregivers and families in the home.

Tammy Ross, Senior Vice President of Professional Services, Axxess

36. The Value of Engaging Caregivers Early in Their Journey - (1 hour 24 minutes)

Supporting caregivers is an opportunity to improve both the experience of care for the patients and the economic outcomes for patients and the healthcare institutions serving them. In 2018, North Carolina-based Guiding Lights Caregiver Support Center partnered with Alignment Healthcare, a mission-based Medicare Advantage plan with more than 7,000 members, on a pilot study to examine the impact of caregiver interventions on patient health outcomes and healthcare savings when working with high-risk Medicare recipients. Based on the observed financial and utilization data from this pilot study, there appears to be a significant return on investment for health care agencies and plans providing low-cost, tailored telephonic caregiver support interventions focused on vetted resources and referrals.

Cooper Linton, MBA, MSHA, & Nicole Clagett, Director of Community Development, Duke HomeCare and Hospice at Duke University Health Systems

37. Legal Updates and New Issues for Home Care Providers - (1 hour)

Despite Covid-19-related waivers, enforcement action continues under the anti-kickback statute. 'Low hanging' fruit for enforcers still centers on relationships with medical directors. During this session, strategies to avoid common pitfalls will be presented with regard to this issue. Additionally, patients' right to freedom of choice of providers remains a 'hot' industry topic. Providers have new allies in physicians. An update on this issue will be presented, as well as an overview of the new Medicare Conditions of Participation for discharge planning for hospitals, which impact all types of home care providers. Learn all about it during this session.

Elizabeth Hogue, Esq., Hogue Homecare



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2021 Virtual MAHC Conference

THERAPY TRACK

38. The New Approach for Therapy Utilization Using Technology - (44 minutes)

Virtual care communication platforms have helped agencies become more cost-effective under PDGM and COVID-19. The technology enables agencies to supplement in-person therapy with virtual visits and ongoing messaging that can address the long gaps between visits. Telehealth also helps agencies maximize the productivity of their PTs and PTAs and support therapy patients with high-quality individualized care while improving agency profitability. Patients are more engaged in their treatment and their own role in self-care and therapists are more satisfied with their ability to better manage their patients and treat more patients.

AnnaMaria Turano, MBA, Vice President of Marketing, Synzi

39. How Therapists Can Demonstrate Their Value to a Home Health Agency - (47 minutes)

As healthcare changes, therapists need to demonstrate their value to a home health provider in new ways. How do therapists demonstrate value to their patients and customers in a healthcare world shifting toward value-based care? How do you advocate for it? The Devil is in the details. How does your visit intervention and ultimately the documentation of that visit contribute to agency's overall mission to provide timely and efficient delivery of care to patients under its care? This course will begin the discussion into that self-examination of care, documentation, and outcomes.

Shannon Liem, MS, CCC-SLP; COS-C, National Clinical Director-Home Health Services, Aegis Therapies

40. Therapy Management and Outcomes Under PDGM - (1 hour 19 minutes)

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.

Arnie Cisneros, CEO/President, Home Health Strategic Management, LLC

41. Therapeutic Alliance – Your Presence Means More Than You Know - (1 hour 5 minutes)

Taking a look at how you show up for your patients, your coworkers and your employer. Let's take stock in what you and your patients are feeling, thinking and doing and help pull back the curtain on how it's all connected to patient outcomes. Learn techniques on how to optimize your presence to help yourself and all those around you.

Vicki Landers, DPT, CPC, ELI-MP, In Progress Coaching & North Kansas City Hospital Home Health Agency



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2021 Virtual MAHC Conference

Continuing Education

Therapy — all sessions have been approved for continuing education hours in co-sponsorship with the Missouri Physical Therapy Association. To receive therapy credits you will be required to fill out the verification of attendance, mark each session you attend, and complete the evaluation for that session.

Nursing — due to the change in format from live to virtual, MAHC will not be offering our normal Nursing CE's through Midwest Multistate Division, an accredited approver by the American Nursing Credentialing Center's Commission on Accreditation. However, nurses will receive a certificate of attendance. To receive the certificate you will be required to fill out the verification of attendance, mark each session you attend and complete the evaluation of that session.

Conference Tracks

-  General Sessions (2)
-  Finance/Leadership Track (12)
-  Hospice Track (6)
-  Home Health Track (13)
-  Miscellaneous Track (6)
-  Therapy Track (4)
-  Virtual Exhibit Hall
-  Awards
-  Networking Lounges

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