

2021 HOSPICE FINANCIAL MANAGEMENT ACADEMY, INCLUDING POST-COVID REPORTING, PLANNING AND OPERATIONS



September 13 - 14, 2021
Paris Las Vegas Hotel & Casino



Registration Now Available

INTRODUCTION

We are very excited about the 2021 Hospice Financial Management Academy and the ability to provide live programming again. The networking opportunities coupled with the ability to react to the needs of attendees make live programming so much more beneficial than webinars and other forms of education.

For 2021 we are focusing on prospective financial issues of hospices while still addressing retrospective reporting issues. We recognize the importance of preparing for the integration of hospices into Medicare Advantage Plans (“MA”) based on our experience with other providers’ dealings with MA as well as the financial results of not being part of a Medicare Advantage Organization (“MAO”). For this reason, we have two outside presenters addressing both the structure of the hospice benefit as part of an MAO as well as detailed financial and patient information monitoring processes to assist hospices in assessing activities and becoming a provider of choice.

Hospice payment rates and CAPs are proposed for revision as part of CMS efforts to better control hospice expenditures. These revisions, as all modifications, will result in financial winners and losers, and are largely derived from cost report filings. Hospices need to develop ongoing tools for monitoring changes in reimbursements as well as managing, avoiding, or minimizing CAP liabilities and continue to focus on identified cost report issues based on Medicare filings. Significant focus will be given to the prospective nature of this financial information.

While hospices continue to modify operations based on the COVID-19 PHE experience, CMS continues to modify enrollment and revalidation filings, increase the frequency of claim audits, and permanently address some of the changes that were incorporated during the PHE. The program will include a panel discussion at the conclusion of the program when attendees can initiate conversation with the panelists and other attendees regarding regulatory waivers placed in affect during the PHE, address telehealth, and other issues currently impacting, or expecting to impact hospice operations and finances into the future. There is nothing like live programming for maximizing the benefit of the event.

We hope you will be part of this event and look forward to seeing you in Las Vegas. Space is limited to enhance the quality of the program.

ABOUT THE HEALTH GROUP, LLC

The Health Group, LLC was formed in 2010 by William T. (Ted) Cuppett, formerly a Member and Home Health/Hospice Niche Leader with Dixon Hughes Goodman. The professionals at The Health Group, LLC have provided quality financial and consulting services to healthcare providers for many years and have provided quality educational programming since 1993. On August 1, 2018, The Health Group, LLC affiliated with Gray, Griffith & Mays – Morgantown, PLLC to enhance audit, tax, and accounting services to healthcare clients. Currently, The Health Group, LLC serves healthcare clients in 43 states and Puerto Rico.

GENERAL PROGRAM INFORMATION

REGISTRATION – Registration is \$595 for the two-day program. Register by July 15, 2021 and save \$50 (\$545). Additional attendees from the same organization save an additional \$50 from published rates (\$495 for early registration and \$545 thereafter). Registration includes all materials, buffet breakfast and lunch, as well as refreshments on both days of the program.

CONFERENCE CANCELLATIONS – The Health Group, LLC reserves the right to cancel any program due to circumstances that might arise. If such were to occur, all registration fees would be refunded; however, any cancellation by an attendee must be received 15 days prior to the conference to receive a refund. Any cancellation received after that date will not be refunded but may be applied to a future program.

HOTEL RESERVATIONS – Special rates have been secured with Paris Las Vegas Hotel & Casino; 3655 South Las Vegas Boulevard, Las Vegas, NV 89109; however, to secure these rates you must inform the hotel that you are attending the Hospice Financial Management Academy when making reservations. Online reservations can be made at <https://book.passkey.com/go/SPHOS1>.

GENERAL PROGRAM INFORMATION (continued)



The Health Group, LLC is a registered sponsor with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State Boards of Accountancy has the final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of Sponsors through its website <https://www.nasbaregistry.org/>.

COMPLAINTS OR PROBLEMS – If any issues arise that need addressed (complaints, problems, or other issues), do not hesitate to contact Ted Cuppett at (304) 241-1261 or ted.cuppett@healthgroup.com. It is our intent to provide you with educational programs that meet or exceed your expectations.

SPACE IS LIMITED – Programs offered by The Health Group, LLC are limited to ensure the quality of the program and provide the best networking opportunity available to attendees. We encourage you to register early. The program will be compliant with any COVID-19 requirements that may be in effect at the time of the program.



THE PROGRAM

The tentative agenda has been provided; however, The Health Group, LLC retains the authority to modify the published agenda to better ensure the up-to-date quality of the program. Other topical coverage may be added based on events and circumstances at the date of the program.

HOSPICE FINANCIAL AND ADMINISTRATIVE OVERSIGHT

A Board Member and Consultant's Perspective

Monday, September 13, 2021 (9:00 a.m. – 10:15 a.m.)

Ryan Lindsay currently serves as a Board Member for a tax-exempt hospice serving a large geographical area and operating multiple inpatient units. Additionally, as a Director at The Health Group, LLC and Gray, Griffith & Mays, a.c. Ryan consults with all types of healthcare providers, including hospices. This program will provide a high-level focus on financial management information and financial insights going forward based on the direction of hospice and the COVID-19 experience of hospice providers. Regardless of size, tax-exempt or proprietary, this program is intended to:

- Provide attendees with the importance of communication with owners (boards),**
- Assist attendees in the determination of information of importance to management,**
- Assist attendees in modifying high-level reporting information to address financial operations, and**
- Prepare for healthcare delivery changes and hospice's role in addressing these changes.**

Speaker: J. Ryan Lindsay, CPA

CPE: 1.5 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None

PROVIDER RELIEF FUNDS – STATUS AND REPORTING

Monday, September 13, 2021 (10:30 a.m. – 11:45 a.m.)

The U.S. Centers for Medicare & Medicaid Services had originally planned that providers would report qualifying expenses and lost revenues through December 31, 2020 by February 15, 2021. A second report, if necessary, would be completed for qualifying expenses and lost revenues through June 30, 2021 by July 31, 2021. To date, CMS has not opened the portal for any reporting, and it is now anticipated that final reporting for the use of Provider Relief Funds will not occur until late 2021 at the earliest. This program will bring attendees up to date on current COVID-19 PHE reporting requirements. Specifically,

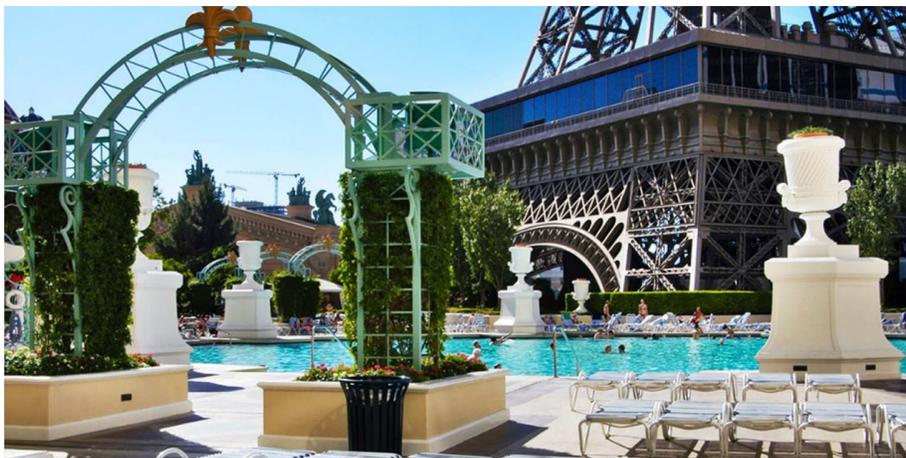
- **Attendees will be provided with illustrative computations and examples of qualifying expense calculations, including offsets of other expense reimbursements,**
- **Attendees will be provided with illustrative computations of lost revenues,**
- **Discussion will be provided regarding unique calculations for lost revenues, and**
- **Guidance will be provided regarding provider’s preparation for potential federal agency audit follow-up of reported qualifying expenses and lost revenues.**

Speaker: William T. (Ted) Cuppett, CPA

CPE: 1.5 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



COST REPORTS AND CHANGES TO HOSPICE PAYMENT RATES

Monday, September 13, 2021 (1:00 p.m. – 2:15 p.m.)

The Hospice Cost & Data Report is now being used to set hospice reimbursement rates. For 2022, CMS is proposing to reset the labor component of the reimbursement rate which will significantly alter payment rates. As providers, you need to remedy data and reporting errors that are influencing rates. As cost report preparers, you need to correct those errors that are influencing rates, including the new labor components. This session will specifically:

- Assist providers to help themselves by providing quality information to preparers,
- Address those areas where inaccurate data is influencing payment rates,
- Prepare attendees to deal with additional data elements expected to be required going forward, and
- Provide attendees with the latest CMS focus on rates and updated 2022 payment rules.

Speaker: William T. (Ted) Cuppett, CPA

CPE: 1.5 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



**TRANSFORM YOUR ORGANIZATION WITH USE OF BUSINESS INTELLIGENCE
TO BE THE PROVIDER OF CHOICE FOR
MEDICARE ADVANTAGE!**

Monday, September 13, 2021 (2:30 p.m. – 4:10 p.m.)

The Medicare Advantage Carve In (“MA Carve In”) is expected to be a major disruptor for Hospice providers. As a result, providers need to prepare for change and look to have a better understanding of costs, revenue cycle, process optimization and reporting on quality and outcomes. Business Intelligence (“BI”) is a proactive approach allowing your hospice to put the proper processes in place to deal with this new reimbursement model, to meet the expected increased demands on quality, pressure on costs and oversight from insurance providers. A strategic commitment to a BI platform can support transformation within your organization to overcome challenges and position your organization to be the provider of choice in your area. This Session will demonstrate how using a Business Intelligence platform can transform your Organization and help prepare for MA Carve In by:

- **Transforming quality and patient care outcomes,**
- **Maximizing revenue and resulting cash flow, including preparing for revenue concessions, and**
- **Bring visibility to costs so hospices can maximize margin.**

Speaker: Maureen M. Lehsten, CPA

CPE: 2.0 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



**HOSPICE CAP UPDATE; MANAGING CAP –
ADDRESSING PROPOSED AND ANTICIPATED CHANGES**

Tuesday, September 14, 2021 (9:00 a.m. – 10:40 a.m.)

The number of hospices exceeding the aggregate payment limitation (“CAP”) continues to increase. The Health Group, LLC is a national leader in understanding, monitoring, and assessing CAP liabilities. If MedPAC is successful, the percentage of hospices exceeding the CAP could double. This session is intended to go beyond any previous program on the subject focusing on the current and future CAP implications to hospices, including hospices who never experienced a liability in the past. Specifically, the program objectives include:

- **Provide attendees with an understanding of the CAP, impact on provider finances, and reporting implications,**
- **Provide attendees with sample monthly reporting flash reports to track key components of CAP issues and other critical financial measures,**
- **Provide tools for assessing the impact of CAP liability losses or margin erosions,**
- **Demonstrate to attendees the potential impact of MedPAC recommendations for modifying CAP liability computations, and**
- **Discuss CAP alternatives including provider consolidations, patient transfers, elections available, and other strategies.**

Speaker: William T. (Ted) Cuppett, CPA

CPE: 2.0 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None

Advance Preparation: None



ENROLLMENT CHANGES FINALIZED

Tuesday, September 14, 2021 (11:00 a.m. – 11:50 a.m.)

Changes to the requirements for Medicare provider enrollment significantly expand future enrollment and revalidation submissions. The finalized changes provide CMS the authority to rescind enrollment of providers if they are associated with bad actors and are deemed to pose a risk to the Medicare program due to these relationships. While revalidations have been paused due to the COVID-19 PHE, revalidations will be restarted soon, and CMS may be sending requests for affiliation disclosures when made aware that a provider has at least one affiliation that identifies the provider as problematic.

The program will cover the reporting changes including:

- **Who is deemed to be an affiliate?**
- **What are reportable events?**
- **What are required disclosures?**
- **How can a provider begin to capture required information?**

Speaker: William T. (Ted) Cuppett, CPA

CPE: 1.0 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



UNDERSTANDING THE MEDICARE ADVANTAGE CARVE IN: HOW DOES THE MODEL WORK?

Tuesday, September 14, 2021 (1:00 p.m. – 2:40 p.m.)

The time has come for Medicare Advantage (“MA”) to offer coverage to hospice patients under the MA benefit, previously exclusive to home health patients. There are numerous Medicare Advantage Organizations (“MAO”) that will participate and offer coverage in multiple states. In addition to hospice care, an expansion of palliative care services will be offered to patients through the MAO. CMS is testing how the Hospice Benefit Component can improve beneficiary care through greater care coordination, reduced fragmentation, and transparency in line with recommendations by the Office of Inspector General (OIG), the Medicare Payment Advisory Commission (MedPAC), and others. CMS will require MAOs to provide beneficiaries with broad access to the complete original Medicare hospice benefit.

This session will address the Value-Based Insurance Design (VBID) Model – Hospice Benefit Component, and the VBID demonstration which began on January 1, 2021, including all aspects of the demonstration to assist hospices for the reality of Medicare Advantage.

Speaker: Melinda A. Gaboury

CPE: 2.0 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



FINANCIAL MANAGEMENT PANEL – OPEN DISCUSSION

Tuesday, September 14, 2021 (3:00 p.m. – 3:50 p.m.)

So many issues, so little time. The program will conclude with the panel of speakers providing further discussion regarding proposed hospice payment and CAP revisions, financial management and cost reporting issues, enrollment modifications, the upcoming integration of the hospice benefit into Medicare Advantage Plans, increasing provider claims audit activities, and other hospice delivery and reimbursement aspects associated with the end of the COVID-19 PHE. This is an opportunity to gain from the shared experience of the presenters as well as other attendees.

Panelists: Melinda A. Gaboury, Ted Cuppett, Maureen M. Lehsten, CPA, and J. Ryan Lindsay, CPA

CPE: 1.0 CPE credits (Specialized Knowledge)

Program Level: Basic

Prerequisites: None Advance Preparation: None



PRESENTERS

William T. (Ted) Cuppett, CPA

ted.cuppett@healthgroup.com



Ted Cuppett has over 30 years of experience serving clients. He was the Hospice/Home Health Niche Leader for Dixon-Hughes, PLLC from 2001 until August 2010 and serves all types of healthcare clients, providing a vast array of accounting, auditing, tax, and consulting services. Clients served include hospitals, nursing homes, hospices, home health agencies, physicians and clinics, and others. His experience with healthcare providers includes auditing, strategic and organizational planning, corporate compliance, reimbursement, litigation support, mergers and acquisitions, and tax filings for taxable and tax-exempt entities. Ted is a frequent speaker for national and state healthcare organizations and frequently authors on healthcare financial matters. He served on the AICPA "Healthcare Expert Panel" and the "Healthcare Audit and Accounting Guide Revision Task Force". He is a previous member

of the AICPA MCS Executive Committee, MCS Practice Standards Subcommittee, and numerous healthcare committees and task forces of the AICPA. Ted currently maintains memberships in numerous organizations including the AICPA and American Health Lawyers Association.

J. Ryan Lindsay, CPA

rlindsay@ggmcpa.net



Ryan Lindsay, CPA, CHFP, CGMA, a current Director at Gray, Griffith & Mays, a.c., has over 15 years of experience in accounting, auditing, tax, and consulting services. He currently focuses on attestation engagements, compliance, prospective financial statements, and strategic planning. A significant portion of his practice is serving healthcare providers. Effective August 1, 2018, Ryan became a Director with The Health Group, LLC, focusing significant time on the healthcare clients currently served by The Health Group, LLC in addition to the healthcare clients at Gray, Griffith & Mays, a.c. He is a member of the AICPA, Healthcare Financial Management Association, and West Virginia Society of CPAs.

PRESENTERS

Maureen M. Lehsten, CPA

maureen.lehsten@freedmaxick.com



Maureen Lehsten is a Principal with Freed Maxick and is responsible for leading strategic and performance initiatives to hospice, palliative care, and serious illness providers. Most recently, Maureen spent 17 years as Chief Financial Officer of a not-for-profit health care organization in Western New York. She was responsible for overseeing finance and operations in the health system comprised of hospice, home health, foundation, palliative care, physician, education, and research entities. In addition, she spent eight years in private practice and 10 years with a Big Four accounting firm, where her leadership focused on financial services, technology, and not-for-profit organizations.

Melinda A. Gaboury, COS-C

mgaboury@healthcareprovidersolutions.com



Melinda A. Gaboury is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc. (HPS). HPS provides financial, reimbursement, billing, operational and clinical consulting to the home care and hospice industries. With more than 29 years in home care, Melinda has over 20 years of executive speaking and educating experience, including extensive day-to-day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PPS training, billing, collections, case-mix calculations, chart reviews and due diligence.

PROGRAM REGISTRATION

To register, remit payment and this completed registration form to The Health Group, LLC, 1300 Fort Pierpont Drive, Suite 102, Morgantown, WV 26508, fax to (304) 241-1265 with credit card information, or email with credit card information to conference@healthgroup.com.

On-site registration will not be accepted. Registration on or before July 15, 2021 is \$545 for the first individual and \$495 for additional individuals from the same organization. After July 15, 2021, registration is \$595 for the first individual and \$545 for additional individuals from the same organization.

Name of Attendee (as it should appear on name badge)	E-Mail	Cost of Program
Total:		\$

Organization _____ Telephone _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Please fill in amount enclosed:

Registration fee(s) \$ _____ Check enclosed Bill my credit card

Visa Card # _____ Master Card # _____

Name of Cardholder _____ Exp. Date _____

Signature of Cardholder _____ Date _____

Sorry – We do not accept American Express or Discover