

2023 HOSPICE FINANCIAL MANAGEMENT & ADMINISTRATION CONFERENCE (Special Focus on Hospice Integrity)



November 9-10, 2023

Lago Mar Beach Resort, Fort Lauderdale, Florida



Registration Now Available; Welcome to the Beach

PROGRAM INTRODUCTION

The Health Group, LLC is excited about our return to Florida for the 2023 Hospice Financial Management & Administration Conference. The networking opportunities coupled with the ability to react to the educational needs of attendees make live programming so much more beneficial than webinars and other forms of distance education. We limit attendance at our programs to further enhance the benefits of the program.

For 2023 we are focusing on prospective financial and compliance issues of hospices, while still addressing retrospective reporting issues. This is especially important now as CMS and federal legislators are focusing on integrity as evidenced by the proposed rules for FY2024. We recognize the importance of integrity efforts, compliance, preparing for the integration of hospices into Medicare Advantage Plans (“MA”), accurate and meaningful financial reporting, and meeting the various financial challenges facing hospices today and in the future. Although numerous topics are scheduled for the 2023 program, it is our intent to clearly focus on the interrelationship of diverse topics and hospice integrity.

Hospice payment rates and the hospice CAP 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. Hospices need to develop ongoing tools for monitoring changes in reimbursements, compliance, enhanced claims review processes, and managing, avoiding, or minimizing CAP liabilities. As the government and other payors increase efforts to reduce reimbursement, compliance and reporting issues are increasingly important.

While hospices continue to respond to 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. A successful hospice operation must be continuously informed regarding current and expected financial issues. This program is intended to provide comprehensive coverage regarding matters which impact the hospice today and into the future.

Our program is directed at not just financial management personnel, but also administrative personnel, outside consultants, and accounting staff. We hope you will be part of this event and look forward to seeing you in Fort Lauderdale.

ABOUT THE HEALTH GROUP, LLC

The Health Group, LLC was formed in 2010. The professionals at The Health Group, LLC have provided quality financial and consulting services to healthcare providers for many years, as part of The Health Group, LLC, and previous associations, 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 forty-four states and Puerto Rico.

GENERAL PROGRAM INFORMATION

REGISTRATION – Registration is \$695 for the two-day program. Register by July 1, 2023, and save \$50 (\$645). Additional attendees from the same organization save an additional \$50 from published rates (\$595 for early registration and \$645 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 by September 30, 2023, 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 the Lago Mar Beach Resort & Club; however, to secure these rates, call (855) 829-2923 and inform the hotel that you are attending **“The Health Group, LLC Hospice Financial & Administration Conference”** or online at <https://lagomar.com>.

When making reservations online, go to reservations, click on group code, and enter 2311THEHEA. Select the dates you will be staying, even if the dates are indicated as not available, select them and your room type. All attendees are offered Executive One Bedroom Suites at \$235/night. Resort fees have been waived for our attendees. If you have a problem, please call the hotel. The hotel is making the \$235/night available for two (2) days prior and two (2) days after the program dates.

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 have 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 us at (304) 241-1261 or contact@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 accept a limited number of attendees to ensure the quality of the program and provide the best networking opportunity available to attendees. We encourage you to register early.



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, including finalization of the FY2024 Payment Rule and additional efforts directed at hospice program integrity.

THE CURRENT STATUS AND FUTURE OF HOSPICE SERVICES – POST COVID

THURSDAY NOVEMBER 9, 2023 (9:00 a.m. – 10:15 a.m.)

Hospices have entered a new, post COVID-19 period which includes altered service delivery and changes in the costs incurred to deliver services. Most hospices are dealing with increased costs, increased competition, and preparing for the financial implications of dealing with Medicare Advantage or preparing for Medicare Advantage. This session will focus on providing attendees with an understanding of the status of the industry and provide discussion regarding how hospices are addressing and coping with these changes and the financial impact on operations, both current and anticipated. The session will prepare attendees for the detailed topics presented throughout the course of the program. The session is also intended to facilitate interactive discussion among attendees regarding current issues impacting their respective hospices.



THE FY 2024 HOSPICE RULE, HOSPICE INTEGRITY EFFORTS, AND FINANCIAL MANAGEMENT IMPLICATIONS

THURSDAY NOVEMBER 9, 2023 (10:30 a.m. – 2:15 p.m.)

The Medicare Program: FY2024 Hospice Wage Index and Payment Rule Update (“Proposed Rule”) goes well beyond updating Medicare payments. In addition, this rule proposes updates to the Hospice Quality Reporting Program; discusses the Hospice Outcomes and Patient Evaluation tool; provides an update on Health Equity and future quality measures; and provides updates on the Consumer Assessment of Healthcare Providers and Systems, Hospice Survey Mode Experiment. This rule also proposes to codify hospice data submission thresholds and discusses updates to hospice survey and enforcement procedures. Additionally, the rule proposes to require hospice certifying physicians to be Medicare-enrolled or to have validly opted-out. Additionally, CMS is soliciting comments from the public, including hospice providers, beneficiaries, and patient advocates related to the following: increasing access to higher levels of hospice care; CMS’s analysis of nonhospice spending during a hospice election; ownership transparency; hospice election decision making; and ways to examine health equity under the hospice benefit.

This session will provide attendees with an understanding of the current and proposed efforts of CMS, both current and expected, which will significantly influence hospice financial operations. Additionally, attendees will obtain valuable information in dealing with current and future financial implications to better ensure financial success. Analysis will be provided regarding the information provided by national associations to influence and direct CMS hospice integrity efforts.



HOSPICE MEDICAL REVIEW IN A MEDICARE-CERTIFIED WORLD

THURSDAY NOVEMBER 9, 2023 (2:30 p.m. – 4:10 p.m.)

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 Targeted Probe & Educate (TPE) and outline the structure of how to respond to any level of medical review that may occur, including UPIC, RA, SMRC. 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 comfortable position of believing that everything is okay. Attendees will take away information that will assist in assuring that your hospice truly is accurately documenting.

DEALING WITH MEDICARE CAP TODAY AND IN THE FUTURE; IMPACT OF POTENTIAL CHANGES IN CALCULATION

FRIDAY NOVEMBER 10, 2023 (9:00 a.m. – 10:15 a.m.)

Over 19% of hospices currently exceed CAP according to the Medicare Payment Advisory Commission (“MedPAC”). How can your hospice deal with and monitor the liability? The number of hospices exceeding the CAP could rapidly double if the government moves to implement MedPAC's recommendations. Even if your hospice has never had a problem, this session will be eye opening. This session will also address the CAP implications of claims denials and other current CAP related issues, as well as how the Medicare Administrative Contractors are addressing these matters. Various current CAP-related implications, including changes in methods, live discharges, and ongoing monitoring strategies will be provided, including where data is available to assist you.

We love to hear from attendees.

“This was my first hospice conference, and I thoroughly enjoyed the topics and presenters! What a great way to start off my hospice career.”

**Lucia Garcia, Hospice Program Director
Healing Hands Healthcare**

**MEDICARE ENROLLMENT UPDATE – WHERE ARE WE HEADED
AND WHAT IS ALREADY OCCURRING – ARE YOU PREPARED?**

FRIDAY NOVEMBER 10, 2023 (10:30 p.m. – 12:10 p.m.)

Medicare enrollment is taking center stage both nationally and state directed. Disclosures are significantly changing (hospice ownership now available to the public). Is Medicare moving toward enforcing regulations that currently exist as well as changes never enforced? Everything indicates this enforcement is upon hospices. Historical amnesty for hospices failing to report information timely is not expected to continue.

This session will focus on Medicare enrollment changes being implemented and enforced. Attendees will be guided regarding where their efforts should be focused, monitoring changes that need to be reported, reporting those changes, and developing and assigning the monitoring of enrollment critical elements.

**COST REPORTING UPDATE – FOCUS ON CHANGES POST-COVID
AND IMPORTANCE IN FUTURE RATE SETTING**

FRIDAY NOVEMBER 10, 2023 (1:00 p.m. – 2:15 p.m.)

The Hospice Cost & Data Report is being used to set hospice reimbursement rates. In fact, CMS has already used the data to rebase reimbursement rates and reset the labor component of the reimbursement rate. Both changes significantly altered payment rates to the hospice. Additionally, reporting costs have been altered because of COVID-19.

As providers, you need to remedy data and remedy 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 address cost reporting changes, including capturing and reporting telehealth costs. As a hospice provider, you need to be aware of the information contained in your cost report, whether the report is prepared internally or by an outside consultant.

HOSPICE VBID UPDATE 2024

FRIDAY NOVEMBER 10, 2023 (2:30 p.m. – 4:15 p.m.)

This session will cover the details of the Value-Based Insurance Design (VBID) Model – Hospice Benefit Component. Medicare Advantage (MA) has long had coverage for home health patients, but there has never been coverage for Hospice under the MA benefit. VBID is a demonstration that began January 1, 2021, has now been extended through 2030. There are multiple Medicare Advantage Organizations (MAO) that are participating and have coverage in multiple states. 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. Hospice must prepare as more and more MAOs are participating in VBID to offer the hospice benefit to their beneficiaries.



FACULTY

William T. (“Ted”) Cuppett, CPA
ted.cuppett@healthgroup.com



Ted Cuppett has over 30 years of experience serving healthcare 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 sizable portion of his practice is serving healthcare providers. Effective August 1, 2018, Ryan became a Director with The Health Group, LLC, focusing considerable 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.

FACULTY

Melinda A. Gaboury, COS-C

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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 30 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.

Christy Conaway

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Christy Conaway is a manager with The Health Group, LLC with over 20 years of experience in public accounting. Her primary focus at the firm is serving healthcare clients, including hospitals, nursing homes, RHC/FQHCs, home health agencies and hospices. During the past 10 years, Christy has principally provided cost reporting, CAP reporting, CMS 855 filings and related services and has become a frequent speaker on these subjects. Other experience includes nonprofit tax return preparation and financial statement audits and compilations. Her experience with a variety of healthcare providers and services to those providers enhances all the services with which she is associated and provides

substantial benefit to attendees at education programs. Christy is a member of numerous professional organizations including the AICPA, American Health Lawyers Association and Health Care Compliance Association.

FACULTY

Amanda Makon

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Amanda Makon is a Senior Associate with The Health Group, LLC with over 16 years of experience in accounting. Her primary focus at the firm is serving hospice and home health agency clients. During the past seven years with The Health Group, LLC, Amanda has principally provided cost reporting, CAP reporting, and reimbursement-related services. Other healthcare client experience includes accounting and financial statement services. Amanda is a member of numerous professional organizations including the American Institute of Certified Public Accountants (AICPA), Healthcare Financial Management Association (HFMA), Health Care Compliance Association (HCCA), and West Virginia

Society of Certified Public Accountants (WVSCPA).

LAGO MAR BEACH RESORT - AN AWARD-WINNING GEM OF MANY FACETS

While Lago Mar is first, last, and always a bastion of traditional hospitality, it offers many interpretations of that most endearing quality. It is the quintessential Fort Lauderdale beach resort. It is one of the finest private clubs in Fort Lauderdale. It is a favored destination for family beach vacations in Florida. It is an exceptional Fort Lauderdale meetings resort. Lago Mar is also a renowned location for weddings in Fort Lauderdale.

Lago Mar's list of awards is both lengthy and enviable. It was the first resort chosen in Broward County to be on the Condé Nast Gold List Edition of the "World's Best Places to Stay." The City of Fort Lauderdale has presented Lago Mar with two awards for "Best Architectural Design." The Fort Lauderdale Garden Club has recognized the resort with an award for its beautiful landscaping and plant life. Lago Mar has been honored with the AAA Four Diamond Award every year since 2001. Recently named one of the top resorts in Fort Lauderdale by U.S. News & World Report, Lago Mar also ranks among the highest-rated resorts in the area on TripAdvisor.

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, email with credit card information to conference@healthgroup.com, or call us at (304) 241-1261.

On-site registrations are not accepted. Registration on or before July 1, 2023, is \$645 for the first individual and \$595 for additional individuals from the same organization. After July 1, 2023, registration is \$695 for the first individual and \$645 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 _____