

# 2026 HOSPICE FINANCIAL & COMPLIANCE MANAGEMENT CONFERENCE



**October 1-2, 2026  
Paris Las Vegas**



**Recent and Upcoming Compliance Activities Directed at Fraud and Abuse Make This Program Increasing Important**

**Registration Now Available – See You in Las Vegas**

# PROGRAM INTRODUCTION

The Health Group LLC is excited about revisiting Las Vegas for the 2026 Hospice Financial & Compliance Management 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.

The 2026 program will provide significant focus on managing financial issues and compliance initiatives. 2026 has already seen significant activity in attempts to reduce fraud and abuse within the hospice industry. This program is, as always, the most comprehensive hospice fiscal management program available.

The 2026 program, like past programs, is not directed to just fiscal management and accounting staff, but also others desiring a greater financial understanding of keys to hospice financial success including administrative personnel, outside consultants, and clinical management personnel. We encourage your early registration, as consistent with prior programs, space is limited to provide the maximum interaction with and between attendees. We hope you will be part of this event and look forward to seeing you in Las Vegas.



## 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, including several hundred hospices.

## GENERAL PROGRAM INFORMATION

**REGISTRATION** – Registration is \$795 for the two-day program. Register by July 15, 2026, and save \$100 (\$695). Additional attendees from the same organization save an additional \$50 from published rates (\$645 for early registration and \$745 thereafter). Registration includes all materials, full buffet breakfast and lunch, as well as continuous 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 15, 2026, to receive a refund. Any cancellation received after that date will not be refunded but fees may be applied to a future program.

**HOTEL RESERVATIONS** – Special rates have been secured with the Paris Las Vegas; however, to secure these rates, call (877) 603-4389 and inform the hotel that you are attending “**The Health Group Program**” or, more conveniently, secure your room online at <https://book.passkey.com/go/SPTHG6>. Special rates have been secured for the nights of September 29 -30, 2026 and October 1-3, 2026.

**SPACE IS LIMITED** – Programs offered by The Health Group, LLC accepts a limited number of attendees to ensure the quality of the program and the best networking opportunities possible. We encourage you to register early.

## 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/>.

Attendees can qualify for up to fourteen (14) hours of continuing professional education.

**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](mailto:contact@healthgroup.com). It is our intent to provide you with educational programs that meet or exceed your expectations.

**DETAILS** – The program will begin at 9:00 a.m. each day with registration and buffet breakfast at 8:00 a.m. – 9:00 am. The detailed agenda will be made available as soon as possible; however, compliance efforts are being closely monitored which may impact the program.



## PROGRAM REGISTRATION

To register, remit payment and this completed registration form to The Health Group, LLC, 400 Fort Pierpont Drive, Suite 202, Morgantown, WV 26508, fax to (304) 241-1265 with credit card information, email with credit card information to [conference@healthgroup.com](mailto:conference@healthgroup.com), or call us at (304) 241-1261.

On-site registrations are not accepted. Registration on or before July 15, 2026, is \$695 for the first individual and \$645 for additional individuals from the same organization. After July 15, 2026, registration is \$795 for the first individual and \$745 for additional individuals from the same organization.

| Name of Attendee<br>(As it should appear on name badge) | E-Mail | Cost of Program |
|---|--------|-----------------|
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
|   |        |                 |
| <b>Total:</b>   |        | <b>\$</b>       |

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 # \_\_\_\_\_

AMX# \_\_\_\_\_ Discover # \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_