Innovation in Reimbursement

Control Your Own Post-Acute Care Destiny

AUGUST 17TH – 18TH 2016

ZIMMET HEALTHCARE SERVICES GROUP, LLC

www.ZHealthcare.com

BORGATA HOTEL & CASINO
ATLANTIC CITY, NJ
Last year marked the 50th anniversary of the Medicare and Medicaid programs. While much has changed since 1965, many structural issues remain in place since the programs’ inception, especially in the domain of post-acute care. The fact is the public health insurance programs’ evolution pales in comparison to advancements realized in other areas of society. For example, 50 years is roughly the same amount of time that elapsed between the Wright Brothers “first flight” at Kitty Hawk and the orbital insertion of Sputnik, the Earth’s first artificial satellite. Meanwhile the “3-midnight” hospital inpatient rule, per diem payment and “pay and chase” still prevail in our world.

Innovation typically follows a steep curve subsequent to a fundamental breakthrough, and after years of incremental change, the Medicare program is finally experiencing a similar, rapid paradigm shift toward “value-based” reimbursement and managed care. We are active participants in the dawn of true risk-based payment models, market “rationalization” and advanced data-analytics. While these concepts represent a logical evolution of our business model, mastering them will require new skill sets, insight and vision to advance beyond the “utilization-driven” system we have known for decades.

Despite these challenges, there are significant opportunities for providers that can demonstrate quality, both in terms of clinical outcomes and operating efficiency.

The purpose of this two-day seminar is to provide your team with the skills required to lead our industry into a new era of measurable quality in the highly competitive world of value-based payment systems, while managing the challenges of “legacy” fee-for-service reimbursement.

**DAY 1**

9:00am – 10:30am  
*Legislative and Lobbying Update*  
This session will cover important regulatory changes and the industry's efforts to shape rational reform of the post-acute care payment system.

10:45am – 12:15pm  
*Medicare PPS Fee-For-Service: It’s Not Over Yet*  
Fee-for-service reimbursement still dominates the post-acute care revenue stream. This program will explain the 2017 Final Rule concerning updates to the Prospective Payment RUG System, changes and revisions to MDS Assessment items effective October 1, 2016, the importance of facility-based quality monitoring and the current audit landscape including the 2016 OIG Work Plan.

12:15pm – 1:15pm  
*Lunch*

1:15pm – 2:45pm  
*Perspectives from CMS*  
A former CMS Administrator will discuss his views on the future of the SNF industry; topics include program financing, market valuations, bundling and managed care.

3:00pm – 4:30pm  
*CCJR: Early Lessons from the Provider Community*  
The Comprehensive Care for Joint Replacement bundled payment model is scheduled for implementation on April 1, 2016 in 67 markets across the country. This session will review early trends/outcomes from this transformative reimbursement system.

**DAY 2**

9:00am – 10:30am  
*Lunch*

10:45am – 12:15pm  
*Medicare PPS Fee-For-Service: It’s Not Over Yet*  
Fee-for-service reimbursement still dominates the post-acute care revenue stream. This program will explain the 2017 Final Rule concerning updates to the Prospective Payment RUG System, changes and revisions to MDS Assessment items effective October 1, 2016, the importance of facility-based quality monitoring and the current audit landscape including the 2016 OIG Work Plan.

12:15pm – 1:15pm  
*Wine & Cheese with Exhibitors*
DAY 2
9:00am – 10:30am
Managed Care Case Management
Medicare Advantage represents nearly one-third of all Medicare beneficiaries, yet most facilities struggle to collect all associated reimbursement to which they are entitled from insurance plans. This session will highlight the 12 most common Medicare Advantage issues impacting SNFs and offer strategies to improve the associated revenue cycle.

10:45am – 12:15pm
Managed Care and Market Leverage
Trade unions in the United States began in response to the social and economic impact of the Industrial Revolution. A similar initiative is taking hold in the provider community, as “competitors” within specific geographic regions are aligning through Independent Provider Associations. The goal of an IPA is to transform an area from an “insurance dominated” to a more advantageous “provider dominated” market. This session will provide an overview of the IPA movement including legal issues, strategies and risks.

12:15pm – 1:15pm
Lunch

1:15pm – 2:45pm
The Quality Imperative of “Value-Based” Payment
This session will provide a detailed explanation of care and outcomes data relating to the new assessment instrument and payment systems currently under development. The presenter will offer strategies for improving your “value-based” profile and requirements for positive outcomes. Highlights will include understanding the interoperability of longitudinal data exchanges to facilitate coordinated care delivery. Updates to the CMS 5-Star rating system will also be covered.

3:00pm – 4:30pm
Technology and Healthcare Reform
Technology is finally catching up to advancements in post-acute care, with hundreds of digital solutions available to assist SNFs with data analytics, quality improvement and hospital re-admission rates. Many providers are overwhelmed by the array of options, resulting in the implementation of costly and often redundant systems. This session will review the broad range of IT solutions currently available to assist in choosing the most appropriate tools for your facility.

Zimmet Healthcare is a full service consulting firm committed to developing innovative solutions to the challenges of operating in the SNF industry. ZHSG services over 1,000 SNFs and related companies nationwide in matters relating to reimbursement, compliance, operations and strategic planning.
The Innovators

Marc Zimmet
President, ZHSG

Sheryl Rosenfield
Partner, Director of Clinical Services, ZHSG

Michael Sciacca
Partner, Director of Operations, ZHSG

Kerry Weems
CEO, TwinMed; former Administrator, Centers for Medicare & Medicaid Services

Marie Infante
Healthcare Counselor at Law, Washington DC

Cynthia Morton
Executive Director, National Association for the Support of Long-Term Care

Steven Littlehale
EVP, PointRight

Visit our website for the complete panel of industry experts participating in this program: zhealthcare.com

Borgata Casino & Hotel
August 17 – 18, 2016
Meeting: Salon B
(866) 692-6742

Registration Fee*
2 Day Program
$725 per attendee
$50 discount if registration WITH payment is received by April 30, 2016
No confirmation will be sent.

* Registration fee includes continental breakfast and lunch for both days, but does not include hotel. Contact hotel directly. Cut-off for LIMITED discounted room block is July 26, 2016. Group Code: GBZHS16

Seminar books will not be provided. Program will be available for viewing/printing from our App.

Send form and Payment to:
Zimmet Healthcare Services Group, LLC
4006 Route 9 South, Morganville, NJ 07751
Phone: (877) SNF-2001  Fax: (732) 970-0736
Register online at www.zhealthcare.com

Cancellation policy:
90% refund if cancelled >7 days prior to program, 25% refund if cancelled within 1 week of program.

This program will be submitted for 12 CE clock hours to the NCE Review Service of NAB Examiners.

Schedule is subject to change.

Note that the Atlantic City airshow is taking place the week of our conference and the hotel expects to be fully booked. Please reserve your rooms as soon as possible and allow extra drive time if you plan to arrive the morning of the 17th.

Name: ____________________________
Title: ____________________________
Kosher Meal □

SNF / Organization: ____________________________

Mailing Address: ____________________________

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