

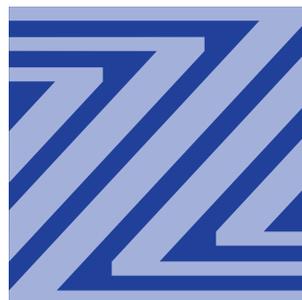
ZIMMET HEALTHCARE SERVICES GROUP, LLC



2019 Signature Education

PDPM

SNF Payment Reform Series



www.zhealthcare.com



Zimmer Healthcare is pleased to announce our 2019 web-based Signature Education Series. The focus this year is Medicare Part A's Patient-Driven Payment Model ("PDPM"), scheduled for implementation on October 1, 2019.

CMS promotes PDPM as a system designed to "reduce the administrative burden on providers," yet the new model is far more complex than its predecessor. The intricacies of the new payment system, and the resources needed to properly prepare, will challenge even the most competent providers.

PDPM is not a singular payment system change – it is comprised of three distinct new rate setting methodologies, in addition to the latest iteration of the familiar "nursing" RUG model. SNF "Eligibility" rules do not change, but PDPM will make mundane issues such as length of stay and daily clinical monitoring seem like novel concepts that can disrupt the industry's delicate revenue / compliance equation. Meanwhile, PDPM will create wide variations among SNFs' per diem rates, with the potential to suddenly destabilize established provider networks.

Preparation requires an accretive, multidisciplinary approach that is meticulously structured, effectuated, measured and continually refined.

This webinar series will provide a comprehensive approach to PDPM success (with sensitivity to the diverse "local" nature of market-reform), absent the rhetoric, misinformation and "fear factor" distorting the true opportunities PDPM holds for most SNFs. Presenters will discuss structural and operational issues, in addition to new analytics and technology solutions required in a world where "Value" is favored over "Volume." Each session will offer insight targeted to the entire reimbursement-management team, including the new professionals whose services were not subject to pre-PDPM Medicare challenges.

Access to the series is "subscription-based," whereby a one-time fee gives staff access to all programs, including unlimited replays. There is no need to pay for multiple programs throughout the year. Our Signature Series is the most economical and convenient way for your entire staff to stay on top of the ongoing changes impacting post-acute care. Participants earn valuable education credits* (for Administrators and CPAs**) for every "live" session they attend. While each program covers specific subject matter, the Series adheres to the principle of **accretive learning** - each session enhances concepts covered in preceding lessons.

Structure, Strategy, Success: ZHSG's Signature Education Series offers the keys to all three.

Mark your calendar as you won't want to miss a single session!

The Signature Education Series annual subscription fee is \$750 per facility. This works out to \$63 per month for up to 3 registered participants per webinar for an exceptional educational experience. While registration for individuals not covered by a subscription is available for \$95 per webinar, capacity is limited and subscribing facilities are granted priority access to the programs. Please visit <https://www.zhealthcare.com/events/> or call (732) 970-0733 / (877) SNF-2001 for more information or to register today.

* 1 or 2 CEUs or CPA credits will be awarded to the participant that LOGGED IN WITH THE EMAIL USED TO REGISTER FOR EACH WEBINAR. Additional persons who are VIEWING the presentation but NOT LOGGED IN WITH A REGISTERED EMAIL CANNOT receive credit, per NAB and NJ State Board of Accountancy guidelines. Replays do not earn credits.

Please note each webinar is one hour long, except for the January and September webinars which are each two hours. 2 CEUs or CPA credits will be awarded for the two-hour webinars.

** Zimmer Healthcare Services Group, LLC is a New Jersey State Board of Accountancy CPE sponsor. CPA registrants should contact their governing agency to determine if these courses will qualify towards their CPE requirements.

JANUARY

Wednesday, January 9, 2019 (2 hours); 1pm – 3pm EST

PDPM “C-Level” Overview

This session will provide a comprehensive overview of PDPM structural mechanics, management strategies and compliance concerns in a non-therapy-centric environment. Financial modeling (using ZSHG’s proprietary Rate Stimulator) will illustrate changes to provider “behavior changes” and management strategies from Ancillary contracting to the “Zimmet opportunity Index” (A to Z, get it?) for success – based on ZHSG’s implementation timeline for corporate planning.

Part two of this two-hour session will address how PDPM will resonate through “local” healthcare markets. Given the highly uneven penetration of Medicare Advantage/ISNP enrollment and market-specific dominance of upstream providers heavily vested in Alternative Payment Models, PDPM will disrupt locales in different ways that managers must understand early in the transition process.

FEBRUARY

Wednesday, February 6, 2019; 1pm – 2pm EST

Clinical Policies & Procedures for a “Value-Based” World

PDPM will require broad changes to clinical tracking and documentation to maintain compliance and optimize reimbursement. “New players” must also be welcomed into the reimbursement-management process. To what extent? “When was the last time you sought reimbursement input from your facility’s dietician, otolaryngologist, or psychologist?” You’ll want to get to know these professionals – they may factor into every aspect of your resident’s Composite score.

Fast-track Care Planning, “Admission to discharge” work flow and daily clinical monitoring strategies will define this session specifically targeted to the entire clinical team.

MARCH

Wednesday, March 6, 2019; 1pm – 2pm EST

Component Focus: PT/OT & SLP in a Non-Therapy-Centric Environment

PDPM relieves the pressure of Ultra-High Rehab capture (and the ensuing audits) endemic to RUG-IV. PDPM requires SNFs to retrofit treatment protocols necessary to align clinical conditions and comorbidities with financial realities. The presenter will detail the new diagnosis-driven system driving the PT/OT & SLP PDPM components, including payment groupings, profile-specific treatment protocols, secondary Component splits, outcome measures, resource utilization and operational efficiencies that drive payment, without sacrificing quality and outcomes that have come to define contemporary post-acute care.

APRIL

Wednesday, April 10, 2019; 1pm – 2pm EST

Component Focus: Nursing, MDS Capture & Non-Therapy Ancillaries

Resident MDS assessments are the primary driver of care delivery and facility reimbursement. Of the hundreds of items required as part of the resident assessment, facilities must determine who is best responsible for gathering and coding essential information while ensuring supportive facility documentation is maintained in the clinical record. This program will highlight significant items in the 26 plus assessment sections as well as the suggested roles and responsibilities of facility clinicians involved in the multi-layered assessment process.

MAY

Wednesday, May 1, 2019; 1pm – 2pm EST

ICD-10: The “Coding Imperative”

Patient-specific conditions – not arbitrary therapy volume – determine clinical eligibility and reimbursement under PDPM. This concept is both mundane and novel (it’s been there all along but lacked reimbursement-sensitivity) and demands improved accuracy of primary and tertiary diagnoses upon admission and throughout the benefit period. This program will highlight best-practices to capture, coordinate, report and defend accurate ICD-10 coding that serves as the foundation for the PDPM Composite rate specific to every resident in our care.

JUNE

Wednesday, June 12, 2019; 1pm – 2pm EST

Re-Engineering the SNF Therapy Department: Measuring Outcomes and Cost/Benefit Analysis

Physical, Occupational and Speech therapy literally turn from “revenue center” to “cost center” overnight. As volume is untethered from payment, new protocols must be cost-efficient and clinically effective – regardless of whether your department is outsourced or in-house. Assessing (and continually reassessing) therapy department staffing needs/ratios based on the “human array” of clinical profiles will determine a facility’s win/lose status in a Budget Neutral payment system transition. This program will discuss the operational implication of PDPM on therapy department financial management, including safeguards to ensure optimum efficiency without sacrificing quality and outcomes.

JULY

Wednesday, July 10, 2019; 1pm – 2pm EST

PDPM Technology: Functionality v. Fatigue

PDPM will require at least modest new technology solutions to augment the traditional approach to reimbursement management. The SNF market is heavily saturated with newfangled technology “solutions” claiming to be the comprehensive answer to PDPM efficiency, reimbursement optimization and quality improvement. Spoiler Alert: Few SNFs can afford them all; even fewer take advantage of the full functionality offered by any system. The result is an industry plagued with technology fatigue, counter-productive initiatives and buyer’s remorse. The session will empower SNF managers to improve the Return on Investment of both quality and reimbursement, regardless of the system selected to provide specific functionality.

AUGUST

Wednesday, August 7, 2019; 1pm – 2pm EST

PDPM’s Effect on Budgeting & Cost Reporting

PDPM marks the official end to predictability in the Medicare budgeting process. While the transition to PDPM is intended to be Budget Neutral, the aggregate figure will be comprised of per diem rates that vary by hundreds of dollars per-day, per facility, and that will change drastically from month-to-month. This session will provide strategies for managing (and explaining) the budgeting process to Board members, investors and lenders, in addition to introducing compliant protocols to monitor and reconcile variances in compliance with cost reporting guidelines.

SEPTEMBER

Wednesday, September 18, 2019 (2 hours); 1pm – 3pm EST

**Prepare & Deliver (Pray & Motivate):
The Final Countdown to PDPM**

The weeks leading up to October 1, 2019 will undoubtedly be stressful. This panel discussion will provide final thoughts and insight regarding the thousands of rate “Composite” risks and opportunities that await.

This session will address the full spectrum of PDPM issues discussed in the preceding eight sessions, from review of longstanding eligibility requirements detailed in the Medicare Beneficiary Manual to care coordination/capture policies, technology, ancillary services, benchmarking, compliance concerns and optimization strategies. Bring the entire team together to participate in this final “tune up” as we collectively sweep 20 years of SNF reimbursement “under the RUG.”

OCTOBER

Wednesday, October 2, 2019; 1pm – 2pm EST

**Interim Payment Assessments:
Opportunities & Pitfalls**

PDPM uses the 5-day MDS to establish the “Composite Rate” for the entire benefit period. However, changes in patient condition allows SNFs the opportunity to reassess and change scores. The IPA is an optional tool (per the 2019 Final Rule). While it can serve as a powerful payment driver, compliance will require continuous monitoring of qualifying clinical conditions by professionals who are able to make the distinction between opportunity and oblivion, given the inverse relationship among Component rate drivers. This session will provide guidance to ensure your IPA strategy is sound and beneficial – to both compliantly enhance revenue and improve operational efficiency.

NOVEMBER

Wednesday, November 6, 2019; 1pm – 2pm EST

**Reimbursement Defense –
Auditors are Here to Stay**

Despite systemic change from therapy as payment driver, third-party reimbursement compliance audit risk may intensify under PDPM. Instead of defending Ultra High delivery, we expect auditors to focus on far more dynamic (and objective) payment drivers that will be harder to overturn on appeal. This session will review strategies for maintaining compliance (i.e. accurate documentation) for new risk areas specific to SLP end splits, nursing RUG qualifiers and non-therapy ancillaries.

DECEMBER

Wednesday, December 11, 2019; 1pm – 2pm EST

**Next Generation Analytics & Early Benchmarks:
Using the UB-04 to Measure PDPM Performance**

The Medicare claim is the new “it” source document for PDPM interventional analytics. The UB-04 contains both the detailed financial and clinical metrics required to quantify quality/value with reliable comparative integrity. Additionally, detailed Component scores, ancillary charges, diagnoses codes and other previously overlooked “fields” enable reimbursement logic testing without the “false positives” generated from other sources. Tune in to this session to identify revenue & outcome opportunities by distilling the subtleties of UB-04 coding patterns, then benchmark your facility’s performance against local competitors. Everything you need to do so is contained within a few dozen fields of a document you submit to Medicare every month for payment.

Please register online at www.zhealthcare.com or complete the form below and mail with payment to:

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4006 Route 9 South, Morganville, NJ 07751**

Name of Webinar: _____

Date of Webinar: _____

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Legal Name (for CEUs): _____

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- Facility Subscription: Fee \$750; Entire series for up to 3 email registered participants per webinar, with unlimited replays.
- Prepaid Subscription: My Facility previously subscribed. No payment required.
- Individual registration: Fee \$95 per email registration

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Zimmet Healthcare Services Group, LLC

T: 732-970-0733 F: 732-970-0736

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