

Therapy in a Patient Driven Groupings Model

September 26, 2019

8:30am – 4:30pm

Application for
CEU's Pending

Description: With the current level of scrutiny placed specifically on therapy services, it is *mission critical* that every clinician can clearly defend the medical necessity of the care provided. This will continue to remain an important aspect of auditing practices within the Medicare Part A Home Health benefit in a Patient Driven Groupings Model (PDGM) given the continued existence of established clinical coverage criteria. In PDGM, the overall payment for a home health period of care will be determined by the cumulative effect of identified variables used in the model, with the goal of providing a more accurate payment based on the resources used in different patient groups. This model will mark the shift from a volume- to a value-based system of care for the Medicare Part A Home Health beneficiary, with the intent of better aligning payment for services to patient characteristics.

Therapist understanding of the details of the Medicare Home Health PDGM model is an essential component of agency ratings, outcomes and financial success. Attendees of this course will be provided regulatory and evidenced-based information to facilitate clinical decisioning in commonly treated home health conditions, guidance related to documentation, as well as foster discussions related to resource allocation in a value-based system.

Session will include:

1. Provision of clinical education focused on key elements of Medicare requirements in a Patient Driven Groupings Model (PDGM) of care.
2. Outline components of a sustainable model of care for clinical care and defensible documentation related to provision of therapy services in a value-based payment system.
3. Provide insight, training and resources to support quality auditing of home care clinical documentation in response to value- and outcome-based payment methodologies.

Speaker: **Dee Kornetti**

Dee, a physical therapist for over 30 years, is a past administrator and co-owner of a Medicare-certified home health agency. As Owner/Founder, Dee serves as the CEO for Kornetti & Krafft Health Care Solutions, having an integral role in product and clinical resource development. Dee is a nationally recognized speaker in the areas of home health, standardized tests and measures in the field of physical therapy, training and staff development. She is an active member of the American Physical Therapy Association (APTA) and current President of its Home Health Section (HHS). Dee currently serves as the President of the Association of Home Care Coding and Compliance (AHCC) and a member of its Advisory Board and Panel of Experts, is a published researcher on the Berg Balance Scale, and has contributed articles related to home health for multiple organizations and associations, APTA, its Home Health Section, AHCC and H3.group. Dee has contributed chapter updates to the *Handbook of Home Health Care Administration 6th edition*, and co-authored a book, *The Post-Acute Care Guide to Maintenance Therapy*. Dee received her B.S. in Physical Therapy from Boston University's Sargent College of Allied Health Professions, and her M.A. in healthcare administration from Rider University in Lawrenceville, NJ.



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Westerre Conference Center

September 26, 2019

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Cancellation Policy: There are NO cancellations. Substitutions are accepted and encouraged.

Room block available at the nearby The Marriott Springhill Suites (\$94.00/night)

Can reserve through link here:

https://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkIdData=Virginia%20Association%20for%20Home%20Care%20and%20Hospice%5E3UY%60RICNT%60&app=resvlink&stop_mobi=yes

Application for CE's pending

	Registration Fee	
Therapy in a Patient Driven Groupings Model	\$249 / Member	\$499 / Non-Member

REGISTRATION

Attendee Name _____ Agency Name _____

Agency Address _____ City, State, Zip _____

Attendee email _____

Phone _____ Alternate email _____

PAYMENT

I owe \$ _____ Check payable to is **VAHC** enclosed Charge my Visa/MC

Credit Card Number _____

Expiration Date _____ Security Code _____

Name (as it appears on card) _____

Address (of cardholder) _____

Email (for credit card receipt) _____

Signature (required) _____

SUBMIT FORM

Mail	Fax	Email
Virginia Association for Home Care and Hospice 3761 Westerre Pkwy. Suite B Henrico, VA 23233	804-288-3303	dblom@vahc.org