



**How will you  
prepare for value  
reforms?**

## **Let Medicare Pay You To Prepare for HHGM and Other Home Health Reforms**

**Hosted by Axxess Technology Solutions**

Recently proposed HHGM reforms outline significant changes for Home Health Providers in the near future as Medicare begins the shift from Volume to Value. Initial analyses of the HHGM structure, as confirmed by NAHC and other professional associations, demonstrate how the proposed model will greatly affect agency operations and margins, forcing many Providers out of business as margins are decreased or eliminated. By splitting the cert period into two thirty-day episodes, reducing payment for community-referred patients, and removing therapy from the payment formula, Medicare plans to rewire Home Health through installation of HHGM proposed for January 1<sup>st</sup>, 2019.

The expectation is that despite the objections made by HH Providers and professional organizations to the proposed installation of the HHGM process, these homecare changes will be coming to us eventually, probably sooner rather than later. As agencies internalize these programming changes, they must formulate a plan to deal with the reforms, and doing nothing further imperils the Provider's future. This progressive webinar presentation on the HHGM model asks the Home Health Provider *"Why not let Medicare pay you to convert to Value-Based Care required under HHGM?"*

The key to success under the HHGM model is a question of clinical Utilization Review (UR) control, the management of patient programs based on qualified care content. Under the current HH PPS model, agencies who improve the efficiency of their care practices post better clinical results than other homecare Providers, and these are evident in the 4.5-5.0 Star Ratings they obtain. But in addition to clinical outcome improvements, efficient care programs improve after-cost Home Health financial margins. HH Providers experience an increase of >30% in bottom line fiscal improvements when transitioning to UR-managed care, so forward-thinking Providers are starting today to prepare for tomorrow's HHGM. Agencies who wait until HHGM is here to begin preparations will make the necessary changes on their own dime, so begin your switch from Volume to Value today, and let Medicare pay you to transition your care processes to better outcomes.

**When:  
Thursday, October  
19th at 11:30 AM  
EST**

**Presented By:**



**Arnie Cisneros, P.T.**  
*President/Founder  
Home Health Strategic  
Management*

**REGISTER  
HERE!**

