

OAMES 35th Annual Meeting & Exhibition

Straight Talk... Serious Solutions

November 17-18, 2015 Columbus, OH

Schedule of Events

Tuesday, November 17

- 8:30 AM..... Registration and Continental Breakfast
- 9:00 AM..... Welcome - Membership Business Meeting
- 9:15 AM..... National Keynote – An Honest Look at the Impact of CMS Bidding Program on Patient Outcomes
- 10:30 AM..... State Keynote – Ohio’s Medicaid Program: Past, Present & Future
- 11:45 AM..... Annual Awards Presentations
- 12:15 PM..... Lunch
- 1:15 PM..... State of the HME Industry: News from Washington & 2016 Forecast
- 2:45 PM..... Coffee break
- 3:00 PM..... Straight Talk Takeaways: What You Heard Today and How to Apply It to your Business
- 4:30 PM..... Social Reception in Exhibit Hall
- 6:00 PM..... Day one adjourns

Wednesday, November 18 - Featuring VGM's Fall Series Program



Day two of our event includes a special collaboration with The VGM Group, presenting their Fall Seminar Series for programming on business strategies, Medicare audit targets, rural roll-out, bundling, bidding preparation and more!

- 8:30 AM..... Registration and Continental Breakfast
- 9:00 AM..... Preparing for the Round 1 2017 Bid Step-By-Step Procedures, Checklists, and Strategies
- 10:30 AM..... Break in Exhibit Hall
- 11:00 AM..... Tips, Tools and Strategies to Optimize your Business in 2016
- 12:15 PM..... Lunch/Networking in Exhibit Hall
- 1:15 PM..... Audit Targets: Don't Be One!
- 2:30 PM..... Break
- 2:45 PM..... HME in 2016 & Beyond: Acquiring a Bid Contract, "MPP" in the Future, Preparing for the Expansion of Bidding to Rural America and Analyzing Your Financial Position
- 4:00 PM..... Conference adjourns

General information

Hotel: Hampton Inn & Suites Columbus/Polaris
8411 Pulsar Place • Columbus, OH 43240
Make your reservation by calling 614-885-8400

Host Facility: Quest Business Center
8405 Pulsar Place • Columbus, OH 43240

Cancellation Policy: Refunds minus a \$25 admin fee are available through November 13, 2015. No refunds will be issued after November 13. Substitutions are welcome and encouraged.

CEs: 10.75 hours of continued education credit is available for the Ohio Respiratory Care Board HME facility license to all full conference attendees. Tuesday only attendees will receive 5.5 hours, and Wednesday only attendees will receive 5.25 hours.

Session Descriptions

TUESDAY, NOVEMBER 17



National Keynote – An Honest Look at the Impact of CMS Bidding Program on Patient Outcomes *Dr. Gary Puckrein – President and CEO of the National Minority Quality Forum*

The HME community is well familiar with the CMS-designed Medicare bidding program when it first launched and the myriad of problems that unfolded from day one – from technical glitches, to state licensure problems, to capacity imbalance, service delays and access issues for patients. Yet in April 2012, one year following implementation of the program, CMS reported that there was no disruption to consumers. This included access to self-monitoring blood glucose (SMBG) supplies among Medicare beneficiaries with diabetes in the test sites and concluded there were no negative healthcare consequences as a result of competitive bidding. With these positive reports, the program was dramatically expanded nationwide in July 2013. The National Minority Quality Forum engaged some of the nation’s leading endocrinologists to undertake a study earlier this year to confirm CMS’s conclusions for beneficiaries with diabetes, however, their results differed greatly from CMS. OAMES is pleased to welcome Dr. Puckrein who spearheaded this work and will join us in Ohio to highlight the revealing results of the Forum’s study and discuss plans for continued analysis of the Medicare bidding program.



State Keynote – Ohio’s Medicaid Program: Past, Present & Future *John McCarthy – Director, Ohio Department of Medicaid*

Since 2011, John McCarthy has served as Ohio’s Medicaid Director. In conjunction with the Governor’s Office of Health Transformation and under Director McCarthy’s leadership, the Ohio Department of Medicaid has achieved great success in modernizing the state’s Medicaid program. Key agency initiatives have included efforts to rebalance long term care spending in favor of home and community based alternatives and designing a health care delivery system that rewards the overall quality of care. Director McCarthy recognizes the importance of home-based care and providers. Today, he will update us on a series of initiatives focused on achieving better health outcome, better care quality, and greater cost savings.

State of the HME Industry: News from Washington & 2016 Forecast *Tom Ryan, CEO/President – American Association for Homecare & Cara Bachenheimer, Senior Vice President, Government Relations – Invacare*

Since 2009, the HME benefit continues to be threatened by the destructive bid program and we’ve reached the critical point where “everyone is in Round 1”; in other words, with the bid rate expansion coming January 1, the entire provider community is at risk and susceptible to very harmful policy and drastically unacceptable reimbursement. For anyone still sitting on the sidelines, you must get plugged in. Hear the latest news, join the lobbying efforts and get positioned for what’s to come.

Our advocacy efforts, under the leadership of AAHomecare, have never been more vital to the HME sector’s survivability given the impact now on rural providers. And we’re pleased to welcome the return of our dynamic duo from Washington DC to lead this presentation. Cara and Tom will update us on the latest issues from Capitol Hill, the grinding work with our HME champions in Congress and our efforts to stop the bidding expansion with a legislative fix prior to 2016. We’ll focus on the breakdown of CMS’ new regions and rural zip codes subject to bidding as well as other regulatory news. Tom is a former HME provider who brings tenacity and industry experience to the fight as our national spokesperson. Cara is a well-respected veteran that has a special, long-standing connection to Ohio and our advocacy work. This is a don’t-miss, power-hitting program!

Straight Talk Takeaways: What You Heard Today and How to Apply It to your Business *John Reed, Vice President – OAMES & Cara Bachenheimer, Senior Vice President, Government Relations – Invacare Policy Solutions*

Conferences are an excellent resource for keeping your organization moving forward but they often bombard you with so much great information and interesting insight that the challenge becomes sorting through this overwhelming volume of news and understanding how to plug it into your own operation. Join John and Cara for a wrap-up session that will help you prioritize what today’s news mean to your business, sort through what’s most relevant to your company and help you hit the ground running when you return to the office to get the most out of your investment at the conference.

WEDNESDAY, NOVEMBER 18 - Featuring a special collaboration with The VGM Group



Preparing for the Round 1 2017: Bid Step-By-Step Procedures, Checklists, and Strategies *Mark Higley - The VGM Group*

HME providers in the nine metro areas have until November 20 to register for the program, and until December 12 to submit their bids. This round represents another “recompete” (with some CBA and product category changes, with a shortened two-year contract period) of the current Round 1 Recompete contracts, which expire December 31, 2016. Mark will again offer a full agenda of the appropriate processes and strategies to submit a qualified bid. The “financial evaluation” methodology will be reviewed, as well as the distribution of VGM’s electronic bid calculation worksheet tool.

Tips, Tools and Strategies to Optimize your Business in 2016 *Dave Lyman - The VGM Group*

The role of leadership in today’s business Today’s HME world has changed and requires a different mindset. With unrelenting reimbursement pressures and regulatory burdens HME providers now, more than ever, need to think differently about their business operations and focus on strategies to make them more efficient, diversified and able to respond to the changing landscape. This track will summarize the current challenges and opportunities facing the independent HME provider, identify key benchmarking metrics to evaluate operations management and offer potential growth strategies to thrive in 2016.

Audit Targets: Don’t Be One!

Kelly Grahovac - The van Halem Group

Almost every Medicare audit has resulted from in-depth and innovative analysis of your claims data. There are certain internal processes, business models, codes, and billing practices that cause red flags and make providers the focus of intense and aggressive audits by government contractors that could result in significant administrative and financial penalties. This presentation will discuss some of the government’s top triggers in the DMEPOS industry and why these actions are concerns to CMS and other government entities. Understanding the mindset of the oversight entities makes it possible for providers to employ appropriate internal controls to avoid unnecessary compliance issues and scrutiny.

This session will include a discussion on the current audit trends, upcoming changes that a supplier can anticipate in the regulatory environment, an update on current pending legislation to ease the burden on suppliers, and the status of pilot programs to reduce the ALJ backlog.

HME in 2016 & Beyond: Acquiring a Bid Contract, the Future of MPP, Preparing for the Expansion of Bidding to Rural America and Analyzing Your Financial Position *Mark Higley - The VGM Group*

Mark will wrap up the day with an update on a number of key issues that will be the primary focus for the HME community in 2016. Unless mitigated by last minute legislation, HME providers throughout the entire country must be prepared for substantial Medicare reimbursement cuts next year due to CMS imminent roll out of competitive bid pricing in non-bid areas. This not only threatens Medicare reimbursement, but any DME payments tied to Medicare often included in Medicaid programs or other third party payers. CMS will use single payment amounts (SPAs) from other nearby CBAs to set the rates for these non-bid areas, including rural areas. This session will analyze a phase-in timeline for these changes, touch on the future of the Market Pricing Program (the industry’s alternative to the bidding program) and offer other business insight such as the electronic “change in financial position” calculator specifically designed for HME providers to analyze the potential effects of these changes on HME businesses and be better positioned for 2016.