Two Special Messages from HCA’s Executive Team

To: HCA Members
From: HCA President Joanne Cunningham
Re: Women’s Summit

As a woman leader of a statewide association, I can look across my career to mentors, professional development opportunities and exceptional colleagues that helped

To: Home care, Hospice and MLTC colleagues
From: HCA Executive Vice President Al Cardillo
Re: Emergency Preparedness Training

As you know, a sprawling set of federal emergency preparedness rules for home care and other sectors is fast approaching, with an implementation date of November 16. This rule is also part of the home health conditions of participation (CoPs). Even

HCA Targets Focus Bills for Final Month of Session

With less than a month left on the state legislative session calendar, HCA is targeting a series of priority measures to achieve relief and support for the home care, hospice and Managed Long Term Care (MLTC) constituencies. This work is both proactive – continuing our charge on bills advanced by HCA and/or system partners – as well as responsive to legislative proposals of concern that require amendments or outright rejection.

See TARGETS p. 4
MENTORS from p. 1

me to take on new challenges and learn new skills to grow.

I have always been grateful for these opportunities and am thrilled to have the chance at HCA to build a leadership program designed for my women leader colleagues and emerging women leaders in the health care space that will help propel them forward to higher levels.

Don’t miss the opportunity to learn, reflect, reenergize and gain new skills with dozens of women leaders across New York State at the upcoming HCA Women in Healthcare Leadership Summit on June 7-8 in Saratoga. Please see the brochure at http://hcanys.org/wp-content/uploads/2017/04/HCA-Women-In-Healthcare-Leadership-Summit-Brochure-2017.pdf or visit our website for online registration.

Last year’s event was outstanding – with exceptional leadership presentations, networking opportunities and fun vendors that helped us all unwind after a day of presentations. It was a terrific event and one that HCA is so proud of and so thrilled to continue to offer.

I hope to see you or a colleague on June 7-8 at HCA’s Women in Healthcare Leadership Summit. If you can’t make it, please be sure to invite a peer to join us. I guarantee it will offer you and colleagues the professional development leadership event that will propel you forward!

Joanne Cunningham
HCA President
though the CoPs were delayed, the emergency preparedness provisions nevertheless go into effect in just 6 months!

A recent article in McKnight’s, a news service for the long term care community, makes the urgency clear in a headline earlier this month: “Don’t wait to train for emergencies: CMS”!


This comprehensive program features clinical and operations expert Barbara Citarella, of RBC Limited, who will delve into all of the intricacies for making your emergency preparedness plan and activities compliant with the new federal rules.

I hope that you take the time to join us. I look forward to seeing you on June 28.

Al Cardillo  
HCA Executive Vice President

### Important Upcoming Deadlines

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Effective/Due Date</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Home Care Worker Wage Parity Certification forms for entities that contract with managed care plans, CHHAs and/or LTHHCPs (for services provided in NYC, Long Island and/or Westchester)</td>
<td>June 1, 2017 for the period of June 1 to August 31, 2017</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-02-17_wageparity_alert.htm">https://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-02-17_wageparity_alert.htm</a></td>
</tr>
<tr>
<td>Fair Labor Standards Act (FLSA) attestations due from managed long term care plans, CHHAs, LTHHCPs, LHCSAs and fiscal intermediaries</td>
<td>June 9, 2017</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm">https://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm</a></td>
</tr>
<tr>
<td>“Rate Hotline” Appeals for 2017 Initial Personal Care Rates</td>
<td>June 30, 2017</td>
<td><a href="https://commerce.health.state.ny.us/public/homepage?cs_login.html">https://commerce.health.state.ny.us/public/homepage?cs_login.html</a> (Health Commerce System) for rate sheets; questions go to <a href="mailto:bltcpc@health.ny.gov">bltcpc@health.ny.gov</a></td>
</tr>
</tbody>
</table>
Many of these bills were reported in detail in last week’s edition of The Situation Report.

Some of these have been introduced only in the Senate, some only in the Assembly, and others are sponsored in both houses. On the bills we support, HCA is working to achieve two-house sponsorship, as well as a path for advancement in each chamber through the respective committee processes. We are also on high alert for any new or advancing legislation that poses a threat to the provider, plan or patient populations, requiring our objections or amendments.

HCA will be strongly supporting bills aimed at improving the program, regulatory and fiscal environment for home care, MLTC and hospice. As the session proceeds, we will be honing the association’s advocacy on a specific subset of bills that target the highest priority areas of benefit and concern (from among the literally thousands of bills introduced, amended or newly emerging). In addition, HCA will engage on any others that merit our attention and/or involvement on behalf of the field.

Our focus bills for priority action include legislation to: foster physician-homecare collaboration (S.6345) drafted and advanced by HCA; eliminate the confusion over NYS Labor Department regulations for 24-hour/live-in home care cases, which have become the subject of controversial court rulings creating vulnerability for home care providers, MLTCs, the state and patient access to care (A.7488); create a partnership model for community paramedicine in which system partners can come together to design, establish their procedures for and operate the program, within the integrity of existing jurisdictions, including Article 36 home care, and professional practice licensure laws/scope (S.5588/A.2733-A), co-drafted by HCA; provide “essential personnel” status of home care and hospice workers in public emergencies (S.5016/A.6549), co-drafted by HCA; and amend a state budget provision requiring an authorization process for fiscal intermediaries (FIs) under the consumer directed personal assistance program (S.5544/A.7216).

HCA will be providing the membership with reports on these and other strategic bills, further outlining the steps we are taking, the bills on which we need priority focus, and those on which your specific grassroots advocacy will be essential.
Come see us at a location near you, enjoy a meal or a snack, and chat about what’s on your mind!

HCA’s hitting the road to meet members and to hear what’s on your minds at ten locations covering every region of the state.

In June and July, we’re inviting you to meet up with us at local restaurants and other informal settings near you where there’s no pre-planned agenda – just a time and a place, over a meal or a snack, to discuss your concerns, your ideas and your input for HCA’s continued work on your behalf.

Each session, complimentary with your HCA membership, will have representatives from the HCA policy and operations teams to listen-in, discuss your ideas and answer your questions.

How to Join Us

Please visit the online link below and pick one of the locations that’s closest to you! A list of times and locations are printed at right. (We’ll have more specific venue selections soon, each offering group dining and a comfortable setting to chat.)

https://www.surveymonkey.com/r/ASKHCA.

Please limit your registration to one or two people from your organization, so that this session can be a small, intimate conversation.
DOH Focuses on MLTC in Value Based Payment Update

The state Department of Health (DOH) has provided important updates on the state’s Medicaid transition to Value Based Payment (VBP), focusing especially on Managed Long Term Care (MLTC). These updates were provided at a May 16 meeting of the VBP Steering Committee; HCA is member of this committee.

DOH Medical Director Dr. Khalil Alshaer walked through proposed VBP quality metrics for MLTC, selected with input from a VBP-convened MLTC Clinical Advisory Group (CAG). The core metrics in the proposal relatively align with those currently used in the Department’s quality incentive payment program for MLTCs. The details are reviewed in the meeting slide deck at http://hca-nys.org/wp-content/uploads/2017/05/VBP-Workgroup-Slides_05162017_Final.pdf.

State Medicaid Director Jason Helgerson reported on VBP fiscal latitude under MLTC. He noted that opportunities for VBP shared savings under MLTC appear limited to Medicaid, given that the U.S. Centers for Medicare and Medicaid Services (CMS) has yet to permit New York to include Medicare payments (and thus Medicare shared savings) within the state’s VBP model. He further indicated that MLTC VBP under Medicaid, in the initial period, is most likely to be driven by the quality measures and targets incentivized and paid through the quality incentive payment program.

HCA and other committee representatives expressed concern that this limited financing was not of the level or approach needed to soundly incentivize and support MLTCs and provider partners in achieving the substantial goals and capabilities of VBP. Assuming this as the now-likely starting point, HCA, DOH and committee members discussed concepts for strategically moving to VBP and meeting required state/federal milestones.

Payment and policy complexities and inadequacies working against VBP

HCA Executive Vice President Al Cardillo, joined by other committee voices, made the point with Mr. Helgerson that current policy and payment structures should be examined for their counter-effects to VBP.

Mr. Cardillo cited the recent and aggregating layering of mandates, lack of synchronized funding, new budget cuts, additions of new complex service categories, and other complicating and costly requirements on MLTCs, which work against the Department’s VBP goals for both plan and providers. Among these is the maze of requirements that have been levied upon the labor payment process for plans and providers, which are straining finances and procedures.

Strategies for VBP

In strategizing MLTC arrangements for VBP, the committee discussed, as an example, the five metrics for avoidable hospitalization. We noted that three of five avoidable hospitalization metrics — sepsis, urinary tract infections and respiratory infections — would be items captured via use of the new HCA Sepsis Screening Tool and Intervention System. (MLTCs and/or providers interested in accessing the sepsis tool should e-mail sepsistool@hcanys.org.)

DOH encouraged MLTCs and home care agencies to unite on ideas for effective VBP strategies. HCA has been working to provide steady information to plans and providers for this purpose, not only through our sepsis tool, but, recently, with a feature segment at our Annual Conference and other education programs.

Continued on next page
**Continued from previous page**

**VBP pilot projects, related updates and May 22 DOH VBP meeting for MLTCs**

DOH and committee discussion included an update on pediatric VBP developments as well as the status of VBP pilot projects approved by DOH. Under these initial pilots, sought by applicants, seven provider organizations and eight managed care organizations will be working together on 13 distinct contracts, contracting VBP arrangements for: Total Care for General Population, Integrated Primary Care, Health And Recovery Populations, and School Readiness.

The meeting slide deck, previously linked in the article, lists the approved pilots and participating plans and providers.

Today (May 22), **DOH is hosting a meeting on VBP for health plans directly**. The meeting is being held at the Empire Plaza (Meeting Room 1) in Albany; the MLTC portion of the meeting is from 2 to 4 p.m., and the portion for mainstream plans is from 10:30 a.m. to 1:30 p.m.

**CMS Delays Medicare Payment Models**

The U.S. Centers for Medicare and Medicaid Services (CMS) has announced a delay in the start of numerous Medicare payment models.


CMS is delaying the start date of three new Episodic Payment Models (EPMs) and Cardiac Rehabilitation (CR) incentive payment models so that these models’ performance year-one would start on January 1, 2018 and end on December 31, 2018.

It has also delayed the effective date of the Comprehensive Care for Joint Replacement Model (CJR) regulation amendments that will now be effective on January 1, 2018.

A January 3, 2017 Federal Register rule implemented three new Medicare Part A and Part B EPMs and a CR incentive payment model, and made changes to the existing CJR model.

Under the three new EPMs, acute care hospitals in certain selected geographic areas will participate in retrospective EPMs targeting care for Medicare fee-for-service (FFS) beneficiaries receiving services during acute myocardial infarction (AMI), coronary artery bypass graft (CABG), and surgical hip/femur fracture treatment (SHFFT) episodes. All related care within 90 days of hospital discharge will be included in the episode of care.

Under the CR incentive payment model, acute care hospitals in certain selected geographic areas will receive retrospective incentive payments for beneficiary utilization of cardiac rehabilitation/intensive cardiac rehabilitation services during the 90 days following the hospital discharge that initiated an AMI or a CABG episode.

These models may offer opportunities for home care providers to collaborate with hospitals to reduce costs and improve outcomes post-discharge and as part of the full episode of care in each bundled model. HCA will keep members informed of updates on their implementation so that providers can continue to advance or initiate discussions with system partners on ways to help achieve shared savings and clinical performance measures.
DOH Posts 2016 CHHA Cost Report Software

The state Department of Health (DOH) recently posted the 2016 Medicaid cost report software for non-hospital based CHHAs. It is on the Health Commerce System at: https://commerce.health.state.ny.us.

The CHHA cost report, operator’s certification, and accountant’s certification are due no later than July 15, 2017, which is significantly earlier than previous years’ cost reports.

An accompanying Dear Administrator Letter (DAL) emphasizes that the inclusion of non-CHHA data in the cost report (in particular, LTHHCP costs) is inconsistent with the declaration made in the operator’s certification that the included costs are “incurred to provide patient care service in the CHHA and that the costs shown as attributable to the CHHA are not a duplication of costs reported for use in the calculation of reimbursement rates for other programs.” Thus, CHHAs should not include LTHHCP costs or other non-CHHA costs in the report.

Please note the following change in the 2016 Cost Report:

- General Information Page 1 – Providers must enter the Begin Date and End Date of the period covered by the report (lines 015 and 016). If your agency’s Medicaid operating certificate was in effect on or before January 1, 2016, and remained in effect through December 31, 2016, please enter beginning and ending dates of January 1, 2016 and December 31, 2016, respectively. If your agency’s operating certificate was effective after January 1, 2016, please enter the effective date as the Begin Date. If the operating certificate was discontinued during 2016, due to closure or sale of the agency, please enter the last date it was in effect as the End Date.

For questions, contact the helpline at 1-866-529-1890. Specific questions regarding the CHHA cost report should be directed to DOH’s Russ Smith at (518) 473-4421.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

DOH Posts 2016 Personal Care Cost Report Software

The state Department of Health (DOH) recently posted the 2016 Medicaid cost report software for non-New York City personal care providers to the Health Commerce System (HCS) at: https://commerce.health.state.ny.us. A detailed Dear Administrator Letter (DAL) has also been posted.

The personal care cost report software will be used to determine the 2018 Medicaid rates. Please note the following cost report instruction:

- Part II Statistics – only directly billed Medicaid hours through a local district contract should be reported in the “Medicaid” column. All hours billed to a third party, including those billed to managed long term care plans for Medicaid patients, should be reported in the “Other” column.

The cost report must be electronically filed by July 15, 2017. The operator’s certificate and accountant’s opinion is also due July 15, 2017, which is significantly earlier than previous years’ cost reports. Late cost reports/certifications could result in a two-percent rate reduction.

DOH’s DAL also notes that the HCS will be discontinuing access for computers running Windows XP and Microsoft Internet Explorer 9 (IE9) and older web browsers as they pose a security risk to HCS applications. Windows XP users must upgrade their operating systems and IE9 users must upgrade their browser by June 1,
2017 to continue using the HCS, as the HCS will block connections from computers running Windows XP and IE9 browsers and older.

To certify your cost report electronically, the CPA and agency signatory must each have an HCS account. For both the operator and CPA certifications, a current “Electronic Certification Access Request Form” must be on file with the Department. If a form was submitted for the 2015 Cost Report and the same individuals are providing the certifications in 2016, a new form is not required. If one or both of the certifiers have changed, a new form must be completed (once the agency and CPA accounts are established).

For questions, providers can contact the helpline at 1-866-529-1890. Specific questions regarding the personal care cost report should be directed to DOH’s Kathy Omecinsky or Richard Kappes at (518) 473-4421.

For further information, contact Patrick Conole at (518) 810-0661 or pconole@hcanys.org.

**HCA Input Sought on New Draft NHTD Audit Protocols**

The state Office of the Medicaid Inspector General (OMIG) has sought HCA’s feedback on its latest version of draft audit protocols for the Nursing Home Transition and Diversion (NHTD) waiver program.

Last October, OMIG shared draft NHTD audit protocols with HCA. We submitted comments with LeadingAge NY and the New York State Association of Health Care Providers in November, partially based on feedback from HCA members.

OMIG has incorporated some, but not all, of our suggestions from November in this version.

In addition, these revised draft protocols include two new protocols: Failed to Obtain Authorized Practitioner’s Signature Within Required Time Frame;

**Continued on next page**
and Missing Documentation of Required Criminal History Check.

With these new components, HCA is again seeking feedback from our members who provide NHTD services; those who want to review the draft audit protocols should contact Andrew Koski at akoski@hcany.org. OMIG is asking for our feedback by May 30.

May 25 Webinar Prepares Launch of LTC Workforce Initiative

The state Department of Health (DOH) has announced a May 25 webinar on the new, upcoming $245 million long term care workforce investment program (see bottom of the article for registration). HCA has been extensively covering and discussing this program with the membership for the past several years, including in our education programs, committees, newsletters and other communications.

As of the last design shared with HCA, the program is intended to fund advanced or special areas of training in the long term care workforce through regional “Workforce Education Centers of Excellence.” Under DOH’s concept, home care agencies would direct their staff to these centers for training, and the centers would be paid using funds cycled through managed long term care plans. The funds overall are being provided through the state’s 1115 waiver with the federal government.

The specific design and scope of this program have been in flux throughout the development process, so the exact details will need to be fleshed out during the webinar or other venue.

HCA has provided extensive input over the entire developmental process. As of the last update from DOH, many key portions of the program reflect this input. HCA, along with our MLTC and provider members, have sought a streamlined and direct approach to determining, accessing and paying for the training. Despite progress on substantive elements, the mechanics of this approach have not found favorable ears at CMS – a huge frustration as the outcome was appearing overly complicated, burdensome and disconnected from workforce capacity needs. Even as the final design is revealed, we will continue every effort to shape the rollout in a way that minimizes pressure on an already overburdened system for plans and providers, and optimizes the meaningful impact to workers, providers, plans and, most importantly, patient care.

Information on the May 25 webinar is below.

Webinar Registration:

Topic: MLTC Workforce Investment Program
Date and Time: Thursday, May 25, 2017 at 2 p.m.

1. Go to https://meetny.webex.com/meetny/onstage/g.php?MTID=e03334041073cafe59c0e0439ef1672c1
2. Click “Register”.
3. On the registration form, enter your information and then click “Submit.”

Once the host approves your registration, you will receive a confirmation e-mail message with instructions on how to join the event.
Worker Wage Parity Certification Forms Due June 1

Form is different from FLSA attestation

The next round of state-required vendor Home Care Worker Wage Parity Law certification forms is due June 1 for LHCSAs and other entities that contract with CHHAs, LTHHCPs and/or managed care organizations (MCOs) to provide Medicaid-covered aide services in New York City, Long Island and Westchester.

CHHAs, LTHHCPs and/or MCOs that contract with LHCSAs are required to obtain a written certification on a quarterly basis from the LHCSA or other entity which attests to the LHCSA’s or other entity’s compliance with the state’s Home Care Worker Wage Parity Law for defined certification periods and on a prospective basis.

The form due June 1 covers the period June 1, 2017 through August 31, 2017 and is sent to the CHHA, LTHHCP and/or MCO, not the state Department of Health (DOH).

The certification forms developed by DOH are available at https://www.health.ny.gov/health_care/medicaid/redesign/2016/2016-02-17_wageparity_alert.htm. (Even though the form states “Annual Certification of Compliance with Home Care Worker Wage Parity,” this is the correct form.) In completing the form, HCA recommends adding a date after the signature and noting on the form that the certification covers the June 1, 2017 to August 31, 2017 period.

The state Department of Health (DOH) is expected to post certification forms for fiscal intermediaries (FIs) sometime later (at the above link) as the state wage parity law will apply to personal assistants delivering consumer directed services in New York City, Long Island and Westchester, starting July 1, 2017. Those certification forms will cover July 1 to August 31.

The required wage parity levels for New York City, Long Island and Westchester are at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm.

The wage parity certification forms are different from the Fair Labor Standards Act (FLSA) attestations that are required to be sent to DOH by June 9 (changed from the original May 5 deadline); these forms are at http://www.health.ny.gov/health_care/medicaid/redesign/fair_labor_standards_act.htm.

Continued on next page
Continued from previous page

During the past state budget deliberations, HCA submitted language to ensure managed long term care (MLTC) and home care agency rate and payment adequacy. This included assurance of coverage for all statutory and regulatory labor fees and requirements, including minimum wage, FLSA, rate adjustments to address regional cost factors for plans and providers, and vital workforce and operating expenses (staff training, quality assurance/innovation, technology, etc.).

While both the Senate and Assembly “one-house” bills included these concepts, the Executive did not agree to them in the final budget. Instead, the Executive agreed to a “side letter” that included several elements of rate adequacy, such as rate adjustments for high-cost/high-need home health and personal care and nursing home cases via separate “rate cells.” HCA is exploring how these rate fixes could leverage our aims in overall discussions with state officials on payment adequacy and recognition of the mounting state mandates, cuts and underfunding in home care and MLTC.

UAS Update

The state Department of Health (DOH) has announced a new functionality associated with running Aggregate Reports in release version 1.3 of the Uniform Assessment System (UAS-NY) tool, and also issued additional instructions for the Offline Application upgrade on June 1.

Beginning on June 1, 2017, UAS-NY Aggregate Reports will function slightly differently to eliminate time out errors.

A short video posted on the UAS-NY Training Environment demonstrates how the new functionality will work. It is available under Course 8900, Section 1. DOH strongly recommends that agencies view this video prior to release version 1.3 on June 1, 2017.

Offline Application

To assist in the upgrade to version 1 of the Offline application, DOH has provided the following guidance.

On Wednesday, May 31, 2017, Offline Application users should perform a synchronization by no later than 4 p.m. to remove all records from their offline client. While this step is not mandatory, it is strongly recommended (Users will not be able to perform a synchronization using the existing Offline Application beginning at 5:30 p.m. on May 31, 2017.)

Beginning at close of business on Wednesday, May 31, 2017, users should upgrade all laptops running Version 1.2.59 of the Offline Application; this should be done using the patch installation program.

On June 1, 2017, the user must perform a synchronization once the patch upgrade is successfully installed. The upgrade will not work if the user fails to complete this step. Note that the full installation of version 1.3 of the Offline Application should only be done on new laptops you deploy or if you first remove/uninstall version 1.2.59.

Last week’s edition of The Situation Report included an article on the June 1 release of version 1.3.

If you have any questions or need additional information, contact the UAS-NY Support Desk at 518-408-1021 or uasny@health.ny.gov.
PHHPC Committee Acts on Provider Applications

This week, the Public Health and Health Planning Council (PHHPC) Committee on Establishment and Project Review met.

The agenda, along with supporting documents, is at https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2017-05-18/.

At the meeting, the following applications received a recommendation for approval to the Full Council:

- An entity to become the active parent of a hospice;
- A Certified Home Health Agency (CHHA) that serves some downstate counties to purchase a CHHA that serves Dutchess and Suffolk counties, and to add personal care to its authorized services;
- An entity to become the active parent of a CHHA;
- 35 entities to establish Licensed Home Care Services Agencies (LHCSAs); and
- Six LHCSAs for changes of ownership.

An application by a “special pilot” CHHA to extend its limited life operating certification for three years was deferred to the next meeting.

The next full PHHPC meeting is June 8.

OIG Releases Compendium of Unimplemented Recommendations

The federal Office of Inspector General has released a “Compendium of Unimplemented Recommendations.”

It is at https://go.usa.gov/xNZUc.

In the report, OIG focuses on the top 25 unimplemented recommendations that, according to OIG, would most positively affect the U.S. Department of Health and Human Services’ (HHS) programs in terms of cost savings, program effectiveness and efficiency, and quality improvements and should, therefore, be prioritized for implementation. The recommendations come from OIG audits and evaluations.

Those that affect home care, hospice and managed care include OIG’s calls for:

- The U.S. Centers for Medicare and Medicaid Services (CMS) to reform hospice payments “to reduce the incentive for hospices to target beneficiaries with certain diagnoses and those likely to have long stays.”
- CMS and states to strengthen program integrity of Medicaid personal care services “to ensure beneficiaries receive safe, quality care.”

Continued on next page
Continued from previous page

- CMS to ensure that state Medicaid agencies do not claim “unallowable and unsupported costs related to providing services under home- and community-based services waiver programs.”

- CMS to ensure that Medicaid data are complete, accurate, and timely.

- CMS to facilitate state Medicaid agencies’ efforts to screen new and existing providers by ensuring the accessibility and quality of Medicare’s Provider Enrollment, Chain and Ownership System (PECOS) data.

- The Office of the National Coordinator for Health IT and CMS to develop a comprehensive plan to address fraud vulnerabilities in electronic health records.

In the report, OIG states that it continues to focus on several priority areas that require HHS and state improvements to reduce Medicaid fraud and patient harm.

NGS Offices Closed on Memorial Day 2017

National Government Services (NGS) will be closed on Monday, May 29. This includes the: Electronic Data Interchange (EDI) Help Desk; Provider Contact Center; Provider Enrollment Line; and Telephone Reopening Unit.

Electronic claim files transmitted after 5 p.m. on Friday, May 26, 2017 will have a claim receipt date of Tuesday, May 30, 2017. EDI front-end acknowledgement transactions will be created as expected as EDI claim files are received. The FISS/DDE Provider Online System will be available on Friday, during regular hours. While DDE will be available, there will be no support available to respond to any issues.

However, providers can access NGSConnex or use NGS’s Interactive Voice Response (IVR) system at 1-866-275-3033. NGS's offices will reopen on Tuesday, May 30 for normal business hours.

For further information, contact HCA’s Patrick Conole at (518) 810-0661 or at pconole@hcany.org.

Resources

- “I Can Take Care of Myself! Patients’ Refusals of Home Health Care Services,” a report from a Roundtable Sponsored by United Hospital Fund and the Alliance for Home Health Quality and Innovation
  http://tinyurl.com/kwght3a

- “Medicaid Cuts in House ACA Repeal Bill Would Limit Availability of Home- and Community-Based Services,” by the Center on Budget and Policy Priorities

- “Medicare Beneficiaries’ High Out-of-Pocket Costs: Cost Burdens by Income and Health Status,” by the Commonwealth Fund

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.
June 7 & 8, 2017
Excelsior Springs at the Courtyard Marriott
47 Excelsior Avenue
Saratoga Springs, NY 12866

The Second Annual
WOMEN IN HEALTHCARE LEADERSHIP SUMMIT

Own Your Voice: Leading with Strength, Certainty & Style
Building on the success of last year’s inaugural program, HCA is excited to present the second annual Women in Healthcare Leadership Summit on June 7-8 to help women leaders from across the health care spectrum cultivate their unique talents and strengths as leaders.

Hear from women executives, leadership consultants and other engaging presenters who will help you leverage tools and insights for professional advancement, enhance your potential for leadership growth, and further develop your talents as women leaders in health care.
Welcome Reception!

Wednesday, June 7, 2017

Courtyard by Marriott Saratoga Springs
Canfield & Carousel Rooms (Main Hotel – lower level)

5:00 – 7:00 PM
Tell Me About It: Networking & Cocktail Reception
Mix and mingle with like-minded power-house women in the healthcare industry while you enjoy hors d’oeuvres, a cocktail (or two) and peruse items from Stella & Dot and LuLa Roe.

Finding your fit… Brassiere Consultation
We women spend a lot of time, effort and money to look professional and polished, yet many of us have never invested in a custom bra fitting! Here is your opportunity to get measured and pick up a high-quality bra that fits you perfectly and helps you look your best! Don’t miss this opportunity to discover a healthier, more stylish and COMFORTABLE fit for this everyday necessity. Consultations provided by Madame Pirie: www.madamepirie.com

Inspiring & Indulgent Door Prizes
We will be hosting pop-up prize drawings throughout the event starting with our networking reception giving you the opportunity to win one of our inspiring and indulgent door prizes, but you must be present to win!
Thursday, June 8

Programming will be held in the Excelsior Springs Building located at 47 Excelsior Avenue.

8:00-9:00AM
Women of Influence Networking Breakfast

9:00 – 9:15 AM
HCA President’s Welcome

9:15-10:45AM
Staying the Course: Leadership Through Challenge & Uncertainty Panel Discussion – Presenters TBA
As leaders and executives, we all face challenges that teach us lessons about our strengths and weaknesses and, most importantly, how to improve and advance. Listen to this panel of dynamic women leaders in the health care field who have climbed the executive ladder and learned valuable leadership lessons along the way. Hear insights, strategies and lessons learned that will enlighten and equip you to face your own challenges and difficulties head on.

10:45-11:00AM
Break

11:00-Noon
DIY Leadership Edition: Use Existing Skills & Resources to Customize Your Own Leadership Experience
Katherine Detwiler, Strategic Alliances Manager, Relias Learning Founder & Co-Chair, Relias Women’s Leadership Initiative President, NC Triangle Chapter of Ellevate

In an ongoing study by leadership consultancy Zenger Folkman, women are consistently rated by their peers, bosses, direct reports and other associates as better overall leaders than their male counterparts. Further, two of the measures on which women outscore men to the highest degree — taking initiative and driving for results — have long been thought of as particularly male strengths.

While the lack of gender diversity in leadership remains one of the biggest challenges for organizations, our opportunities to lead don’t have to depend solely on corporate structure or title changes! In this interactive session, find out how to uncover leadership opportunities where you are right now, leverage existing resources at work and in your community, and create your own path to becoming the leader you are meant to be.

Noon-1:30PM
Networking Luncheon & Leadership Roundtables
Enjoy a sumptuous lunch with your colleagues as you explore a leadership topic of your choice such as managing work/life balance, the rewards of joining a board, negotiating compensation, engaging men in the advancement of women leaders, and more.
Thursday, June 8 – continued

1:30-3:30PM
DO less and BE More—Courageous Leadership
Corey Jamison, President & CEO, Corey Jamison Consulting

Courageous leadership calls us to a higher level of competence and commitment to serve people and organizations. It calls us to do less, and BE more. It calls us to be COURAGEOUS as women, leaders, team members and human beings, in good and challenging times.

With the pressure of external forces on healthcare we are all facing, a Transformational Leader mindset is essential to positioning the right people, to do the right work at the right time in our organizations. Transactional Leaders manage process, Transformational Leaders focus on effectively leading, engaging and inspiring human beings at all levels so that they can sustain momentum, change and evolve to serve our clients with the highest level of care.

Join us for this thought provoking, interactive (and FUN!) session where we will explore our own courage to live and model the 3 Key Practices of Transformational Leaders.

3:30-4:00PM
Laughter Recharges Us – Plus, Chicks are Funny!
Professional women today are juggling their careers along with the needs of loved ones, personal commitments and community responsibilities. With so many serious responsibilities, we all need to laugh with each other to unwind, recharge and refresh. Comedienne Erin Harkes will round out the Women’s Leadership Summit with some humor we can all relate to, keeping you laughing on your drive home.

4:00PM
Closing Remarks and Adjournment
The new state-of-the-art lobby at Courtyard by Marriott Saratoga Springs provides greater flexibility and choices for their guests, including spaces to work or relax in, free Wi-Fi throughout and easy access to the latest news, weather and airport conditions via the GoBoard. The highlight of the new lobby experience is The Bistro - Eat. Drink. Connect. which provides guests with healthy food and beverage offerings in the morning and evening dinner service with cocktails. The hotel is just a few minutes walk to downtown Saratoga. The hotel offers complimentary local shuttle service, a well equipped fitness center, indoor pool and whirlpool. A 24-hour business center and boarding pass printing service are also available and train access is nearby.

Courtyard by Marriott Saratoga Springs
11 Excelsior Avenue
Saratoga Springs, NY 12866
Phone: (866) 210-9325

HCA has reserved a limited block of rooms at the Courtyard by Marriott Saratoga Springs for the night of Wednesday, June 7th at a discounted rate of $159 per night. To receive this special rate, please call (866) 210-9325 prior to Wednesday, May 10th and ask for the Home Care Association of NYS group rate.
REGISTRANT INFORMATION – Please register by May 25.

Name: ____________________________________________________________
Title: _______________________________________________________________________
Agency: _______________________________________________________________________
Address: _______________________________________________________________________
City/State/Zip: _______________________________________________________________________
Phone: _______________________________________________________________________
Ext. __________ Fax: _______________________________________________________________________
Email: _______________________________________________________________________
(Required)

HCA REGISTRATION FEE
HCA encourages participants with advanced level leadership experience to serve as a ‘mentor’ for a colleague who is a high-potential leader and invite them to join you at the summit at a discounted ‘mentee’ rate. Each mentor may sponsor up to 5 mentees at the discounted rate.

□ HCA Member/Mentor $279 per person $___________
□ HCA Member/Mentee $229 per person $___________
Mentee Name(s): ___________________________________________________________

□ Non-Member/Mentor $379 per person $___________
□ Non-Member/Mentee $329 per person $___________
Mentee Name(s): ___________________________________________________________

PAYMENT – Please check method of payment:

______ MasterCard  ____VISA  ____American Express  ____Check*

*Make checks payable to: HCA Education and Research and mail to 388 Broadway, 4th Floor, Albany, NY 12207. Checks must be received by June 5.

Card Number __________________________ __________________________
Expiration Date __________________________ Security Code __________________________

Mailing Address of Card Holder _______________________________________________________

City, State, Zip _______________________________________________________

Name on Card _______________________________________________________

HCA Cancellation Policy

HCA registration cancellations received by May 26 are refundable less a 25% administrative fee. No refunds will be issued after this date.

Cancellations must be received in writing at info@hcanys.org. Substitutions are permitted.

Please note Courtyard Marriott’s cancellation policy when making your reservation.

Special Needs
In accordance with the Americans with Disabilities Act, or special dietary needs, please let us know how we can accommodate you:

_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________
_________________________ __________________________ __________________________

Register online at www.eventville.com/hcanys or FAX completed form to HCA at (518) 426-8788