

Wednesday, September 30th

Keynote Presentation: 9:00 a.m. – 10:30 a.m.

101 – TBD

- *More information coming soon!*

Day 1 - General Session: 10:45 a.m. - 12:15 p.m.

**102 - Legal Update 2026: The Pendulum Keeps Swinging
- Robert W. Markette, Jr.**

Trump's second term continues to bring fast moving changes across many federal regulatory agencies. This has led to changes in regulations, enforcement policy and more. The results have been both positive and negative for homecare. The return of the companionship services exemption is a welcome improvement. At the same time, the ongoing relentless home health and hospice scrutiny continues to be a significant burden for providers. The Supreme Court has addressed a number of key employment law issues, as well. At the state level, the implementation of Medicaid managed care continues to present significant financial challenges and the impending deadline to achieve Medicaid certification looms as an existential threat to many agencies. The rise in AI presents a number of operational and compliance challenges to providers. New survey issues have arisen. These are just a few examples of the many changes over the past year of which providers must be aware. This session will review these changes and more facing the industry in order to provide guidance to providers regarding what to expect and how to maintain compliance in 2026.

Learning Objectives:

- Attendees will understand the major statutory and regulatory changes at the state and federal level impacting home health, hospice and private duty providers.
- Attendees will understand how these changes impact their operations and what operational and related changes are necessary for compliance.
- Attendees will learn key considerations for compliance strategies so that they can take steps to ensure compliance at their agency.

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Day 1 - Concurrent Sessions: 1:45 - 3:15 p.m.

103 – OASIS Based Quality Measures in HHQRP and HHVBP - Jennifer Osburn

In this session, the attendee will learn how OASIS based quality measures used in Home Health Value Based Purchasing performance are calculated, what data is included and excluded, and which factors are used in risk adjustment. We will review the item-specific guidance for each OASIS item used in the calculation of these measures so that you are confident in accurate data collection and know where to shore up processes for best performance and payment.

Learning Objectives:

1. The attendee will learn the difference between Home Health Quality Reporting Program measures and Home Health Value Based Purchasing measures and how different measures are used
2. The attendee will list HHVBP OASIS based outcomes measures for PY 2026 and proposed measures for PY 2027
3. The attendee will verbalize guidance for each item used in calculation of OASIS based HHVBP measures and how this guidance drives accuracy of scoring
4. The attendee will identify areas of focus for OASIS based measures' agency training and/or performance improvement

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**104 – HR - New Propsed Rules
- Robert W. Markette, Jr.**

- ***Description coming soon!***

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**105 – Palmetto GBA 2026 Jurisdiction M (JM) Medicare Home Health Workshop -
Part 1
- Charles Canaan & Marlene Frierson**

Palmetto GBA is pleased to announce our 2026 Home Health Workshop series titled "Navigating the Essentials of Medicare." These workshops are designed to equip home health providers with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

The workshops will provide insight for home health agency staff at all levels. However, we do suggest that providers who are new to Medicare, or have new staff, attend our online learning courses for beginners at www.PalmettoGBA.com/hhh. Basic billing and

other online educational resources can be found by accessing the **Events and Education** topic at the top of the page.

Errors in billing and responding to additional documentation requests can be costly. During the workshop series, Palmetto GBA will provide information related to the most common errors and why these errors occur. We will also provide tips to avoid these errors. Palmetto GBA's goal is to educate providers on the most up-to-date information and apply skillful techniques to their documentation and billing practices.

Workshop Topics for Part I

- Maintenance Therapy
- Homebound Care Planning
- Improper Payments
- Comprehensive Error Rate Testing (CERT)
- Targeted Probe and Educate (TPE)

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Day 1 - Concurrent Sessions: 3:30 - 5:00 p.m.

106 – Top Survey Deficiencies and the Conditions of Participation - Jennifer Osburn

In this session we will discuss the top CMS survey deficiencies, some examples of what surveyors have found, and what you can do to be proactive in avoiding them! Medications and coordination of care are among the two most consistent deficiencies found with agencies...and learn what YOU can do on an ongoing basis to avoid these deficiencies.

Learning Objectives:

1. The attendee will learn the top survey deficiencies and examples of what surveyors found prior to citing them
2. The attendee will list the Conditions of Participation related to the top deficiencies
3. Understand what your agency can do to avoid these deficiencies

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107 – The Future is Now? Compliance Considerations with AI. - Robert W. Markette, Jr.

Artificial Intelligence is rapidly becoming a key component of EMRs and many other software systems providers use every day. These systems promise to make everything easier, but most providers do not fully understand how AI operates and the many compliance issues that come with the use and implementation of AI. This lack of

awareness creates significant compliance risks This session will provide an overview of what AI is and does as well as the common compliance concerns that come with AI utilization. We will then review a number of important compliance considerations for adopting AI. This will include the development of policies, the formation of an AI governance committee, as well as how AI will impact your HIPAA compliance efforts and important considerations for discussions with vendors about their systems.

Learning Objectives:

1. Understand what AI is and what risks its use present
2. Understand the regulatory framework including HIPAA, coding requirements and similar regulations that are implicated by the use of AI.
3. Understand compliance strategies and operational practices that must be implemented to protect from regulatory non-compliance that can result from the use of AI

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108 – Palmetto GBA 2026 Jurisdiction M (JM) Medicare Home Health Workshop - Part 2 **- Charles Canaan & Marlene Frierson**

Palmetto GBA is pleased to announce our 2026 Home Health Workshop series titled “Navigating the Essentials of Medicare.” These workshops are designed to equip home health providers with the tools they need to be successful with Medicare billing, coverage and documentation requirements.

The workshops will provide insight for home health agency staff at all levels. However, we do suggest that providers who are new to Medicare, or have new staff, attend our online learning courses for beginners at www.PalmettoGBA.com/hhh. Basic billing and other online educational resources can be found by accessing the **Events and Education** topic at the top of the page.

Errors in billing and responding to additional documentation requests can be costly. During the workshop series, Palmetto GBA will provide information related to the most common errors and why these errors occur. We will also provide tips to avoid these errors. Palmetto GBA’s goal is to educate providers on the most up-to-date information and apply skillful techniques to their documentation and billing practices.

Workshop Topics for Part II

- 2026 Final Rule Summary
 - Prospective Payment System (HH PPS) Rate Update
- Home Health Updates and Reminders
- Palmetto GBA's eServices Portal
 - eServices' Newest Self-Service Tools and Updates

- TPE Overview
- Provider Enrollment Reminders
 - Revalidation
 - Stay of Enrollment
 - Deactivation
- CERT Overview
- Educational Resources for Providers

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Thursday, October 1, 2026

Keynote Presentation: 8:30 – 10:00 a.m.

201 – 2026 Washington Update Jennifer Sheets, CEO, National Alliance for Care at Home

- ***Description coming soon!***

National Alliance for Care at Home

Day 2- Concurrent Sessions: 10:15 – 11:45 a.m.

202 – The Latest Operational Solutions for VBP Expansion Success - Arnie Cisneros & Kimberly McCormick

HH Volume-2-Value (V2V) changes have challenged HH Providers to produce desired clinical and fiscal outcomes. In addition, 2026 VBP and other reforms create a Pay-4-Performance scenario that most agencies are not ready for. Finally, new MSPB spending reforms add additional challenges to address in programming. Learn Operational changes for Value Era success in this interactive presentation with tools and Case Studies included

Learning Objectives:

- 1) Identify HH Changes from VBP Expansion and MSPB-PAC reforms
- 2) Outline how traditional HH Operations fail Value Era requirements
- 3) Demo HH Operational rewire to support Value Era HH changes
- 4) Outline HH POC development for successful VBP outcomes

- 5) Present Case Study demos of HH Providers who rewire Operations for Improved Clinical-Fiscal Outcomes

Home Health Strategic Management

203 – Managing the Impact of Patient Rehospitalizations on Quality and Payment - Jennifer Osburn

Rehospitalizations cost Medicare more money than a regular hospital stay and are often preventable; that's why they are used as quality measures for home health agencies. In this session, learn the different Home Health Quality Reporting Program and HHVBP measures tied to rehospitalizations as well as easily deployable measures that can ensure your agency is doing its part prevent the interruptions caused by them. Chronic disease management, Social Determinants of Health (SDoH) and Care Planning will be addressed as part of an overall strategy for keeping the patient at home, where they want to be.

Learning Objectives:

1. The attendee will identify the HHQRP and HHVBP measures tied to rehospitalizations and how performance on these measures are tied to quality and payment.
2. The attendee will list the most common causes of rehospitalizations for Medicare and Dually Eligible beneficiaries and the implicated costs from these rehospitalizations.
3. The attendee will recognize areas of policy and practice to be assessed and/or modified that will lead to better quality of care as it relates to chronic, comorbid condition management and rehospitalization rates for the agency's population served.
4. The participant will select areas of improvement, both personally and agency-wide, where best practices can be implemented to reduce cost, increase coordination and communication in the patient-centered care model, and improve quality of life for the home health patients they serve.

Healthcare Provider Solutions

204 - People vs. Virtual Assistants vs. AI: It's about designing an infrastructure where each does the work it does best.

Featuring: The Growth Infrastructure Blueprint™

- Debbie Miller

Everyone in home care is talking about AI. What should we automate? Which tools should we use? Are virtual assistants replacing traditional employees? How do we do more with less?

Those are important questions. But they aren't the first.

Before you add AI or a virtual assistant, you need to understand how the work should actually be designed, and whether your current infrastructure can support growth. Because AI won't fix a broken org chart. It won't clarify poorly defined roles or eliminate organizational bottlenecks.

The agency has good people. Everyone is working hard. Business is growing. But eventually, the infrastructure that helped get the agency here can't take it where the owner wants to go next.

In this provocative, highly practical session, home care leaders will look beyond the AI hype and examine the infrastructure underneath their growth.

Using The Growth Infrastructure Blueprint™, we'll discover how to make work visible, identify where capacity is being consumed, uncover bottlenecks holding back growth, redesign roles around the work that actually needs to happen, and then make smarter decisions about where people, virtual professionals and AI, belong.

Learning Objectives:

Here Are the Questions We'll Answer During the Session:

1. Is AI really the answer — or are we solving the wrong growth problem?

Attendees will learn to distinguish between a technology problem, a people problem, a process problem, and an infrastructure problem that may be quietly limiting growth. Because those require very different solutions.

2. Are my best people actually helping us grow or are they buried in work someone or something else could do?

We'll expose one of the most expensive hidden problems inside growing agencies: highly capable people spending enormous amounts of time doing work that doesn't require their unique skills, judgment, relationships, or expertise.

Attendees will learn how to identify work that:

Must stay → Could be shared → Could be delegated → Could be automated → Could move to virtual support → Could become a future role.

The goal isn't eliminating people. It's freeing your best people to do the work only they can do — including the work that drives growth.

3. Where should AI and virtual professionals actually fit?

Instead of asking, “Where can we use AI?” We’ll ask, “What does this work require?”

- Judgment?
- Relationships?
- Authority?
- Clinical expertise?
- Consistency?
- Administrative execution?
- Speed?
- Repetition?

Once you understand the work, the answer becomes much clearer.

Some belongs with your leaders. Some belong with your team. Some can move to virtual professionals. Some can be automated. And some shouldn't exist anymore.

The question isn't whether a task can be automated. It's whether it should be, and whether doing so creates capacity for growth.

4. What would my org chart look like if we designed it for where we're going, not where we've been?

Most organizational charts evolve accidentally. Someone gets busy. We hire someone. That person becomes overloaded. We move responsibilities around. Someone leaves. We redistribute them again.

Eventually, nobody remembers why the organization was designed that way in the first place. And eventually, that accidental infrastructure becomes a growth barrier. The Blueprint reverses that process:

Work → Responsibilities → Outcomes → Roles → People → Technology

Not:

People → Job Titles → Whatever work we can fit underneath them

The objective is to intentionally design an organization capable of supporting the next stage of growth.

5. What can I actually do about my Growth Barrier Monday morning?

This is where the session becomes a working strategy — not another conference presentation.

Attendees will learn how to bring their leadership team together and begin conducting their own Growth Infrastructure Assessment™.

They'll know how to:

Reveal the work → Identify the bottlenecks → Build the Opportunity Board™ → Design future roles → Evaluate AI and virtual support → Create capacity → Build the roadmap.

And they'll leave with the Growth Infrastructure Blueprint™ Leadership Workbook to help them continue the process with their own team — assessing their infrastructure, uncovering hidden capacity, redesigning work, and creating a blueprint for the growth they once thought required simply hiring more people.

Helper Heroes and 52 Weeks Marketing

Day 2- Concurrent Sessions: 1:15 – 2:45 p.m.

205 - Future Home Health Success from a Leadership Perspective - Kimberly McCormick

Since the Impact ACT of 2012, Home Health has received numerous reforms that have drastically altered how we develop and deliver care. First, PDGM inverted the HH model, then VBP introduced a Pay-for-Performance element to our payment, and now, MSPB-PAC tracks HH spending to affect reimbursement. Listen to Kimberly McCormick, veteran HH Administrator and progressive speaker/consultant as she outlines a Leadership Path to success under a changing HH model.

Learning Objectives:

- 1) Review specific HH reforms and rationale
- 2) Identify HH Operational areas related to these reforms
- 3) Address staff development to respond to reforms
- 4) Propose successful HH Operational change techniques for care management evolution
- 5) Address future and/or proposed HH reforms and connection to operations
- 6) Demo management approaches for programming change success under new reforms

Home Health Strategic Management

206 – MA Contracts/Payors Presentation
- Robert W. Markette, Jr.

- *Description coming soon!*

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