

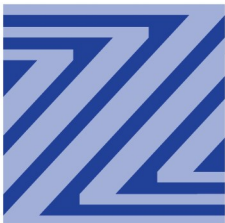
NYSHFA
NYS HEALTH FACILITIES ASSOCIATION

NYSCAL
NYS CENTER FOR ASSISTED LIVING

**PDPM – A Program Designed for Successful
Implementation and Understanding the Changes to
SNF Post-Acute Care Medicare Reimbursement**
Implementation Date: October 1, 2019

6.0 CEUs

Approved by NAB
For LNHAs & ALAs



ZIMMET HEALTHCARE
SERVICES GROUP, LLC
www.zhealthcare.com

ONE-DAY SEMINAR

Turning Stone Resort & Casino
Verona, NY | April 9, 2019 | 9am-4pm

del Lago Resort & Casino
Waterloo, NY | April 10, 2019 | 9am-4pm

LaGuardia Marriott
East Elmhurst, NY | April 18, 2019 | 9am-4pm

Presented & Sponsored By:
Zimmer Healthcare Services Group, LLC

PDPM: A Program Designed for Successful Implementation and Understanding the Changes to SNF Post-Acute Care Medicare Reimbursement

A generational change to SNF work flow including facility admission decisions, assessments, documentation utilization review and care delivery. The new payment system consists of four distinct reimbursement pillars that are focused on the individual needs and characteristics of residents admitted to facility. This program will teach participants the underlying criteria of PDPM and payment requirements including operational changes for success. Critical thinking by the clinical team coupled with “work smart” gathering of information and documentation will result in facilities being on the winning side of CMS changes.

Our Speakers

Marc Zimmet - is the president of Zimmet Healthcare Services Group. Marc is also the founder and Managing Member of Z Capital, LLC, the firm’s investment vehicle, with current positions in companies that provide care management technologies, Medicare Special Needs Plan solutions, outsourced case management and hospice care. Marc is an active member of many state and national industry associations, and lectures extensively on regulatory and market issues shaping post-acute care. He serves on the Board of Directors of several healthcare provider and ancillary support companies. Marc holds a degree in CPA Accounting from Syracuse University and an MBA in Healthcare Administration from the Zicklin School of Business / Mount Sinai School of Medicine.

Sheryl Rosenfield - joined Zimmet Healthcare in 1996, and has been the partner in charge of the firm’s growing clinical consulting team for nearly 20 years. As a Board Certified Registered Nurse, Sheryl has devoted her career to serving the post-acute care community, remaining at the forefront of regulatory and payment changes for over 40 years. She is an active participant, speaker and member of many national organizations, including the AHCA/Health Care Compliance Association’s Post-Acute Care Services Care Committee. In this capacity, Sheryl works with representatives nationwide on matters impacting medical review and payment concerns.

Target Audience

Owners, Administrators, Executive Directors, Directors of Nursing, Therapists, MDS Coordinators, Billers, Department Heads and other Interdisciplinary Team members

Speakers Continued:

Michael Sciacca - is the Chief Operating Officer for Zimmet Healthcare Services Group. Michael is a licensed physical therapist with nearly 20 years of post-acute clinical management experience. His ten years as a practicing therapist, including several as program manager, serve as the foundation for his resident-centered approach to consulting. Mr. Sciacca joined Zimmet Healthcare in 2007 as a Clinical Reimbursement Consultant, specializing in therapy program development and performance enhancement for SNFs operating under Medicare PPS and Medicaid CMI payment systems. He was promoted to Director of Therapy Services in 2011 and, after leading the department to 400% growth, was appointed as the firm's first Director of Operations in 2016. Michael earned his Master's in Physical Therapy from Quinnipiac University in 2000 and Masters of Healthcare Administration from Hofstra University in 2004.

Hotel Information:

April 9, 2019 - Turning Stone Resort & Casino – NYS Thruway – Exit 33

5218 Patrick Road, Verona, New York 13478

Overnight Accommodations: Call (800) 771-7711. Reservation code: NYSHFA

Rates: \$135.00 Hotel Room. \$164.00 Tower Hotel Room. Cutoff Date: 3/11/19

April 10, 2019 - del Lago Resort & Casino – NYS Thruway – Exit 41

1133 NY-414, Waterloo, NY 13165

Overnight Accommodations: Call (315) 946-1777. Reference NYSHFA meeting

Rates: \$139.00. Cutoff Date: 3/13/19

April 18, 2019 - LaGuardia Marriott

102-05 Ditmars Blvd, East Elmhurst, New York 11369

Overnight Accommodations: Call (888) 236-2427. Reference NYSNYSYA

Rates: \$199.00. Cutoff Date: April 3, 2019

NYSHFA/NYSICAL's Cancellation Policy - Cancellations must be received five business days prior to the conference. Cancellations need to be in writing, and should be sent via email to Erin Fitzgerald, efitzgerald@nyshfa.org. Telephone cancellations will not be accepted. Cancellations received after the five-day deadline will be assessed a \$50.00 administrative fee per person. Registration fees of those who cancel the day of the program or fail to attend are forfeited. No shows will be billed. Substitutions are permitted and encouraged.

Registration is on a first come, first serve basis. Early registration is advised and appreciated. Online registration available for single attendees only. Multiple attendees please complete the following registration form for each attendee.

PDPM: Successful Implementation and Understanding the Changes to SNF Post-Acute Care Medicare Reimbursement

Registration Information

Name: _____ NAB Identifier: R _____

Title: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Fax: _____

Location / Date Attending:

Turning Stone, April 9th del Lago, April 10th LaGuardia Marriott, April 18th

Dietary Needs: Kosher: Yes No Other: _____

Fees

Members: \$185, additional attendees from the same facility \$170

Non-Members: \$235, additional attendees from the same facility \$220

Payment Information: Total Amount Due: \$ _____

Check _____ Visa _____ American Express _____ MasterCard _____ Discover _____

Credit Card Number: _____ Exp. Date _____

Name on the Card: _____

Cardholder Signature: _____

I authorize NYSHFA/FQC to use the above MasterCard, Visa, Discover, or Amex to charge applicable registration fees.

Registration Forms Can Be Emailed, Faxed or Mailed To:

Foundation for Quality Care

33 Elk Street, Suite 300 | Albany, New York 12207

efitzgerald@nyshfa.org | P: (518) 462-4800 ext. 22

F: (518) 426-4051



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