



DRAFT AGENDA

Aging and Disability Business Institute Pre-Conference

Wednesday, April 18, 2018 | 8:30 am to Noon

Productive Partnerships with Health Care: What You Need to Know About Medicare Payment and Quality Assurance

The constantly shifting landscape of the health care system has continued to create new opportunities for AAAs and other CBOs to both improve care and diversify their funding by utilizing their decades of experience in providing community-based social supports. Among the new challenges created by these opportunities is the need for CBOs to stand out to potential partners by providing assurance that they deliver consistently high-quality services, and the need to make decisions about how and whether to pursue new funding streams, such as Medicare reimbursement. This pre-conference will showcase some of the successful strategies that your Aging Network peers and other CBOs are using to address these challenges.

8:00 am Registration Opens; Light Breakfast available for pre-conference registrants

8:30 – 8:45 am Welcoming Remarks

8:45 – 9:15 am New Opportunities and Benefits Under Medicare Advantage

As of 2017, one in three people with Medicare (33 percent or 19 million) is enrolled in Medicare Advantage. As baby boomers who are more accustomed to managed care age into the program, this number is expected to continue to grow. New legislation and rules enacted in 2018 will give Medicare Advantage plans greater flexibility to offer a wide array of supplemental benefits (such as healthy meals and transportation) to meet the needs of chronically ill beneficiaries. This session will provide a brief overview of newly enacted changes and the opportunities they present for CBOs.

9:15 – 10:30 am The Ins and Outs of Medicare Reimbursement for CBOs

Medicare reimbursement under the traditional program has also emerged as an area of interest to many AAAs. With the creation of new billing codes, and implementation of new programs and value-based incentives, opportunities abound for CBOs seeking to deliver prevention and care management services for reimbursement under the traditional Medicare program. However, Medicare reimbursement and becoming a Medicare provider comes with its own challenges, and it is important for CBOs to assess whether or not pursuing Medicare reimbursement is appropriate for them. This session will discuss a variety of opportunities for Medicare reimbursement, including Diabetes Self-Management Training (DSMT), Chronic Care Management (CCM) and the Diabetes Prevention Program (DPP).

10:30 – 10:45 am Break

10:45 am – Noon The Role of Quality Assurance in CBO/Health Care Partnerships

As the health care system continues to move towards payment for value, and health care entities seek to partner with organizations with which they can share risk, it has become increasingly important for CBOs to demonstrate to potential health care partners that they can provide high-quality services. To better position themselves in the market, some CBOs are pursuing accreditation for their services and programs. This session will discuss quality assurance methodologies and also explore the pros and cons of accreditation as a business strategy.