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May 3, 2018

## Advocate Spotlight: Dave Macke

It's time for another installment of the Advocate Spotlight, in which NAHC Report draws attention to a committed and effective advocate for home care and/or hospice in the United States. These advocates for home care and hospice can provide important tips for everyone about how we can better persuade the public and our elected officials to adopt policies that will enable every American who needs and wants home care and hospice services to receive it.

In addition, we will learn about the concerns home care and hospice leaders have around the country. Some of those concerns will be universal to our community, but others will be particular to that state or region.

We shine our advocate spotlight now on Dave Macke, Shareholder / Director of Reimbursement Services at VonLehman & Company Inc. Dave is a Medicare / Medicaid Reimbursement Consultant specializing in accounting, financial and third party reimbursement issues for health care providers. Dave has over 30 years of experience in health care finance and knows the industry inside and out. He also knows how to advocate for the patients and providers in home care and hospice, two of Dave's primary focus areas in health care finance. Reimbursement is always a key issue for home care and hospice providers and few know as much about this crucial policy area as Dave does. That's why we chose Dave to talk to us about advocacy for home care and hospice and what he's found that works when talking to policymakers.

We have asked Dave five questions and we think you will be interested in the answers.

### 1. What strategies have you used that resonate well with elected officials in your advocacy efforts?

I have tried to communicate with elected officials when necessary. I usually try to contact them on major issues so as not to over burden them. I realize that they are all very busy people, including staff. Mostly I have used email and phone. I like to educate them with written information first. **The Fact Sheets from NAHC are very helpful in that regard.** Follow up phone calls are then made. I try and get directly to the health policy staff person. I find that the general interns are not up on the high tech issues.

In educating the officials, I try to point out the good and bad of certain policies and proposed legislation. I don't want to just speak to the negative but show positive support when appropriate. I end by asking for their support for the issue.

### 2. What is the biggest concern facing reimbursement rates?

There is a constant squeeze on payment rate reduction. The government always talks about the Medicare margin which is based on cost reports, net of non allowable expenses. This is not the true cost of doing business. MedPAC and CMS historically try and compress rates using inflated margins. The government is also using flawed data. By their own admission, when they did rebasing, they threw out over 25% of the Medicare cost reports for bad data. Cost report accuracy is not a priority for CMS. I am deeply concerned with the proposed new HHGM model. While some aspects such as elimination of the number of therapy visits makes sense, the conversion to a 30 day model has issues that need to be resolved.

Reductions in reimbursement rates for non traditional Medicare services is also a concern. I know that Medicare does not believe in cross-subsidization but Medicare is the best payor and most lose money on Medicaid.

### 3. In discussions with elected officials, from a finance and profit margin perspective, what are the common questions you receive and how do you handle them?

In my discussions with elected officials, I have generally not received any questions on these issues. However, if asked I would just answer them factually and express my concerns outlined in question two.

### 4. What is the most pressing regulatory burden that needs to be remedied?

HHGM - First of all, the implementation needs to be delayed. The system should be tested in a demonstration first. This is a very significant change that will catch many agencies off guard. There




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are too many small independent agencies that will probably cease to exist. Maybe this is what the government wants. Cash flow could be significantly impacted if RAP's are eliminated. I know that everybody has talked about the elimination of therapy utilization from payment but the LUPA model seems to have not gotten the attention it deserves. AS proposed, the LUPA visit threshold would be variable from 2 to 7 based on the individual HHGM.

Face to Face also needs to be remedied.

**5. What is the one thing you want to do in life that you have not done yet? Travel to a certain locale? Sky dive? Ride in a submarine? Anything.**

My wife and I have talked about an Alaskan cruise. We have never been to that part of the country and have only seen pictures. We just think that would be a very enjoyable trip. Of course, we need to dress warm for the trip. We talked about doing this for our 30 year wedding anniversary.

Thank you, once again, to Dave Macke, Director of Reimbursement Services for VonLehman & Company, for answering our questions. Even more we appreciate all the hard work he has done on behalf of home care patients and providers by fighting for fair reimbursement rates.

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