TOP SECRET
MVI
MULTI-VIEW INCORPORATED
JAN 2026
FLASHPAGE

INSIDE

Understanding CAP & How To Manage It!

HOSPICE CAP FOR Smart People! ~~DUMBIES~~

Watch Webinar Here Anytime!

CLICK HERE to WATCH

The Hospice Aggregate CAP!

Learn to USE it!

The topic of the Hospice Aggregate CAP, for some, is a troublesome one… For others, it is the greatest invention ever! So, for those who have "issues" with it…OR see themselves as "being so far under it" for it to be a concern… BOTH perhaps need a "bit" of a healthy adjustment in view!

The Hospice Aggregate CAP is a form of Managed Care and always has been. In our opinion, it should be applied to MANY flavors of healthcare IF the government is truly interested in controlling costs.

Going over CAP is one problem…and we are approaching 24-25% of Hospices which EXCEED the Hospice Aggregate CAP, up from 16% only a few years ago. But perhaps the LARGER PROBLEM is that too many Hospices take pride in saying "we are far under CAP." The truth of the matter is that this is not a good thing. It means that we are providing *"brink of death"* care and that we haven't *effectively* gotten the message out that the best Hospice care is when we have patients for longer periods of time.

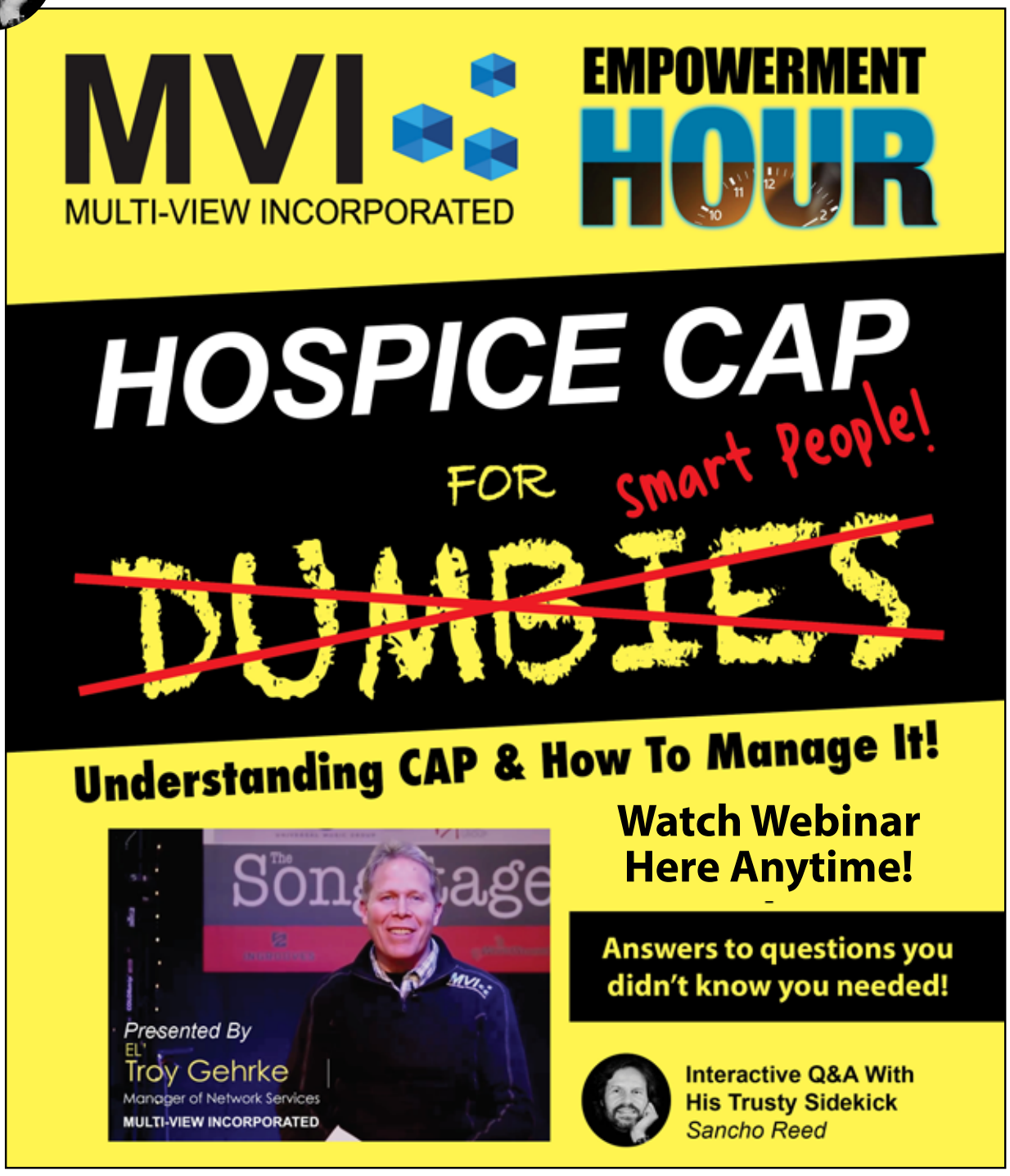
Hospices need to be managing "to CAP" and not away from it. While there are certain entities that want to complain about the CAP (usually folks who have gone over) and call it "unfair," it is, in the MVI mind, a good thing. However, it should be managed! Here are some questions to ask yourself:

- *Is our Hospice uneasy about keeping long-living patients?*
- *Have we trained our clinicians how to document SLOW DECLINE?*
- *Do we understand that to make the fiscal model work, we NEED long-living patients to offset short-living patients?*
- *Could our documentation education process be improved so that the documentation would support keeping more patients on service? (Perhaps start thinking of Clinical Educators as revenue makers!)*
- *Are we training the medical community to refer late by the "types" of patients we admit or don't admit? Are we "scarring" referral sources by not liberally taking the "grays?"*

the excitement continues on next page....

Here is a link to the latest Empowerment Hour by ***El Troy***, a true Cost Report Jedi! Toy does a splendid job covering the topic, and then he and I have a pretty great Question & Answer session! There is A LOT of Value in this!

Serving from a place of Love for ALL Expressions of Life…
~ Andrew, Sancho Reed



MVI CAP Services

Because the Hospice Aggregate CAP is becoming an INCREASINGLY BIGGER issue with so many Hospices, with 24-25% expected to EXCEED CAP in the next year or so, and in thinking how we could be helpful, we're thrilled to introduce a New **MVI CAP Service** - designed to help Hospices committed to delivering outstanding patient care while staying financially strong and compliant.

Medicare's Aggregate Cap can pose real challenges, with the annual Self-Determined CAP filing, due by the last day of February. Exceeding the CAP risks significant repayment liabilities, but proactive management makes all the difference! CAP can “creep up” and “hit you” when you think you are safe!

With MVI CAP Services, MVI will:

- Handle your **Self-Determined Aggregate CAP** processing and submissions accurately and on time.
- Provide ongoing monitoring, data analysis, and personalized consulting to track your CAP position throughout the year.
- Help identify risks *early* and implement strategies to keep you around your “Cap Target” and comfortably, but not overly, under the Annual CAP limit.
- If you are FAR UNDER CAP, MVI can help make recommendations to increase your LOS to get CLOSER TO the CAP LIMIT and thus provide a BETTER care experience due to increased time with the patient! It also makes *radical* financial sense as you can increase ADC *without* any additional admissions! YAY!

This specialized service is an **additional charge**, tailored to your needs, but know that *pricing is flexible and varies based on the level of support requested*—from straightforward CAP filing assistance to comprehensive, year-round monitoring and strategic guidance. Stay ahead of CAP pressures and focus on what matters most: Exceptional End-of-Life Care!

We currently have capacity to support a **limited number** of clients in this area, so don’t hesitate to reach out if interested!

Contact Troy or Jim at 828-698-5885 or email us at info@multiviewinc.com!

BenchPress

MVIBenchmarking
Make informed decisions based on PRECISE data!

Gain Organizational Strength through Comparison with Reality and the Toughest Competitors in the Business! It is via the regular/frequent comparison with the External References that provides perhaps the most insight into an organization's actual performance.
"So what if you're hitting your own marks in a vacuum… ~ Jack Welsh

There is ALWAYS Hope for Hospice!

The Oak and the Reed quote from Aesop's Fables is perhaps more true today than ever as Hospice ramps up for another quality data initiative!

"An oak and a reed were arguing about their strength. When a strong wind came up, the reed avoided being uprooted by bending and leaning with the gusts of wind. But the oak stood firm and was torn up by the roots!"

Hospice faces many regulatory hurdles, and it is amazing to see the inspiration of leaders who stand strong but also know how to bend when needed. The new HOPE requirement presents questions about whether our systems are in place and whether the Electronic Medical Record (EMR) system can produce the details needed. The EMR is such an important relationship, which is why MVI has an Annual EMR Survey for our clients!

Our Magic-Views staff work hard to get quality data from EMR systems, and it is not always easy. Shucks, some systems cannot produce the basics you would expect for basic reporting! To their defense, they face a challenging world of ongoing governmental requirements. Does your EMR have a good reputation, given the ever-changing tech environment? All systems have strengths and weaknesses, but do they keep up with the changes? Do they keep you informed? Again, the wind is blowing harder than ever at Hospice for both functional and regulatory needs... the EMR relationship is key.

Is this all bad? The wind is what keeps the reed strong! If we have to gather the data, then we do the best we can with what we have. Keep it simple to not lose the Hospice Vision! Better yet... use the data! The question I love to ask Hospice is "now that you have the data... what are you going to do with it?" A "check box done" approach leaves way too much on the table in a competitive healthcare world. History gives us so many lessons...

the excitement continues on next page....

In the 90s, Hospice was faced with Y2K preparation. Was it a challenge? You bet it was, and at the end of the day, many Hospice programs had their first functional accounting system that they could actually rely on… not a bad outcome!

In the 2000s, the counting of clinical visit requirements caused quite an uproar! Yes, receiving definitions before deadlines from CMS would have been helpful. But it illustrated how little CMS understood about Hospice at the time, and that using Benchmarking data for advocacy purposes was highly effective.

In Version 11 (year 2011) of the Benchmarking Application (BA), AIM and FEHC data was added. It was beneficial to have questions pertaining to the Feelings on FEHC. It was also beneficial to see that the two feeling scores had the lowest outcomes. While we don't capture those points today, there is a lesson to learn from the past. "You provided care, time, and physical needs, but my Feelings of Confidence are low." Many productive conversations on the patient feeling were had and wonderful to be supported with data!

Executive Dashboard **Locations: 432 Count: 228**

Sunny Day Hospice **YTD December 2011**

Version: 11.0

AIM Quality Measures	Median
M1: Percent of patients who are assessed for physical symptoms and screened for psychological symptoms during the admission visit.	100%
M2: Percent of patients with comprehensive assessment completed within 5 days of admission.	99%
M3: For patients who assessed positive for pain, the percent whose pain was at a rating of none or mild at the second pain assessment.	71%
M4: For patients who assessed positive for dyspnea at rest, the percent of patients who improved within 1 day of assessment.	96%
M5: For the patients who assessed positive for nausea, the percent who received treatment within 1 day of assessment.	100%
M6: Percent of patients on regularly scheduled opioids that have a bowel regimen initiated within 1 day of opioid initiation.	89%
M7: For patients who screened positive for anxiety, the percent who receive treatment within two weeks of screening.	100%
M8: Percent of patients who had moderate to severe pain on a standardized rating scale at any time in the last week of life.	37%
M9: Percent of patients with documentation in the clinical record of an advance directive or discussion that there is no advance directive.	100%
M10: Percent of families reporting the hospice attended to family needs for information about medication, treatment and symptoms.	92%
M11: Number of adverse events per 1000 patient-days: falls	2.7
M12: Number of adverse events per 1000 patient-days: medication errors	1

FEHC	Median
G1: Care patient received while under care of hospice (% of Excellent)	74%
G2: Hospice team response to evening/weekend needs (% of Excellent)	70%
D8: Confident knew what to expect when patient was dying (% Very Confident)	57%
D3: Confident doing what was needed to take care of patient (% Very Confident)	69%
C1: Patient's personal needs take care of (% of Always)	77%

	Median	Count
Hospice Direct Labor NPR%	40.97%	223
Hospice DME NPR%	4.44%	220
Hospice Pharmacy NPR%	6.34%	220
Clinical Management NPR%	5.14%	208
Hospice Operational Net Income	4.40%	221
Org Net Income (in thousands)	290.14	145

In Version 13, we added the Hospice Quality Reporting, which would phase out the AIM. You can imagine trying to gather the data without a solid EMR system! Our clients were rocking with solid Cost Per Visit data to help Model their financial and productivity standards. One major advantage of governmental reporting requirements is that they provide standards that you can build on!

Executive Dashboard **Locations: 565 Count: 257**

Sunny Day Hospice **YTD December 2013**

Version: 13.0

Hospice Quality Reporting Requirements	Median
NQF #209: The percentage of patients reporting pain brought to a comfortable level within 48 hours of initial assessment.	64%
Does your hospice have a QAPI program that addresses at least 3 indicators related to patient care?	

FEHC	Median
G1: Care patient received while under care of hospice (% of Excellent)	75%
G2: Hospice team response to evening/weekend needs (% of Excellent)	70%
D8: Confident knew what to expect when patient was dying (% Very Confident)	57%
D3: Confident doing what was needed to take care of patient (% Very Confident)	71%
C1: Patient's personal needs take care of (% of Always)	75%

AIM Quality Measures	Median
M1: Percent of patients who are assessed for physical symptoms and screened for psychological symptoms during the admission visit.	100%
M2: Percent of patients with comprehensive assessment completed within 5 days of admission.	100%
M3: For patients who assessed positive for pain, the percent whose pain was at a rating of none or mild at the second pain assessment.	90%
M4: For patients who assessed positive for dyspnea at rest, the percent of patients who improved within 1 day of assessment.	91%
M5: For the patients who assessed positive for nausea, the percent who received treatment within 1 day of assessment.	100%
M6: Percent of patients on regularly scheduled opioids that have a bowel regimen initiated within 1 day of opioid initiation.	95%
M7: For patients who screened positive for anxiety, the percent who receive treatment within two weeks of screening.	100%
M8: Percent of patients who had moderate to severe pain on a standardized rating scale at any time in the last week of life.	25%
M9: Percent of patients with documentation in the clinical record of an advance directive or discussion that there is no advance directive.	100%
M10: Percent of families reporting the hospice attended to family needs for information about medication, treatment and symptoms.	92%
M11: Number of adverse events per 1000 patient-days: falls	4
M12: Number of adverse events per 1000 patient-days: medication errors	1

	Median	Count
Hospice Direct Labor NPR%	41.74%	253
Hospice DME NPR%	4.41%	247
Hospice Pharmacy NPR%	5.91%	251
Clinical Management NPR%	5.32%	231
Hospice Operational Net Income	4.77%	250
Org Net Income (in thousands)	$ 270.19	205

In BA Version 15, the Hospice Item Set (HIS) replaces AIM, and the CAHPS Hospice Survey Measures replaces FEHC. The family questionnaire gets more technical while Training satisfaction becomes the new low bar on the survey results. Understanding that helped many of our clients focus on the importance of Education and a solid Admissions process.

Executive Dashboard

Locations: 652 Count: 318

Sunny Day Hospice **YTD December 2015**

Version: 15

HIS - Hospice Item Set	Median	Count
1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen	96%	13
2. NQF #1634 Pain Screening	100%	13
3. NQF #1637 Pain Assessment	90%	13
4. NQF #1638 Dyspnea Treatment	93%	13
5. NQF #1639 Dyspnea Screening	100%	13
6. NQF #1641 Treatment Preferences	100%	13
7. Modified NQF #1647 Beliefs/Values Addressed (if desired by the patient)	100%	12

CAHPS Hospice Survey Measures	Median
Q6 - Team Communication: While your family member was in Hospice care, how often did the Hospice team keep you informed about when they would arrive to care for your family member?	75%
Q7 - Timely Care for Help Needed: While your family member was in Hospice care, when you or your family member asked for help from the Hospice team, how often did you get help as soon as you needed it?	81%
Q5 - Timely Care for On-Call: How often did you get the help you needed from the Hospice team during evenings, weekends, or holidays?	78%
Q38 - Emotional Support for Family: In the weeks after your family member died, how much emotional support did you get from the Hospice team?	91%
Q16 - Help for Symptoms of Pain: Did your family member get as much help with pain as he or she needed?	81%
Q22 - Help for Symptoms of Breathing: How often did your family member get the help he or she needed for trouble breathing?	82%
Q25 - Help for Symptoms of Constipation: How often did your family member get the help he or she needed for trouble with constipation?	65%
Q19 - Training on Pain Med Effects: Did the Hospice team give you the training you needed about what side effects to watch for from pain medicine?	65%
Q20 - Training on Increase Pain Med: Did the Hospice team give you the training you needed about if and when to give more pain medicine to your family member?	79%
Q23 - Training on Breathing: Did the Hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?	76%
Q36 - Spiritual Beliefs: Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in Hospice care, how much support for your religious and spiritual beliefs did you get from the Hospice team?	95%
Q10 - Information Continuity: While your family member was in Hospice care, how often did anyone from the Hospice team give you confusing or contradictory information about your family member's condition or care?	88%
Q39 - Global Measure to Rate Hospice: Using any number from 0 to 10, where 0 is the worst Hospice care possible and 10 is the best Hospice care possible, what number would you use to rate your family member's Hospice care?	86%
Q40 - Recommend this Hospice: Would you recommend this Hospice to your friends and family?	91%

	Median	Count
Hospice Direct Labor NPR%	41.46%	305
Hospice DME NPR%	4.41%	296
Hospice Pharmacy NPR%	6.23%	306
Clinical Management NPR%	5.41%	278
Hospice Operational Net Income	3.24%	305
Org Net Income (in thousands)	$ 73.57	270

BA V17 added the MVI Quality Section, focusing on the key aspects of complaints and documentation errors! These provide a solid perspective on having good systems to avoid having to constantly put out fires!

Executive Dashboard

Locations: 699 Count: 341

Sunny Day Hospice **YTD December 2017**

Version: 17.0

HIS - Hospice Item Set	Median	Count
1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen	98%	65
2. NQF #1634 Pain Screening	99%	65
3. NQF #1637 Pain Assessment	94%	65
4. NQF #1638 Dyspnea Treatment	99%	65
5. NQF #1639 Dyspnea Screening	100%	65
6. NQF #1641 Treatment Preferences	100%	67
7. Modified NQF #1647 Beliefs/Values Addressed (if desired by the patient)	99%	64
CMS Non-NQF-endorsed measure 1. Hospice Visits when Death is Imminent 3 days	89%	16
CMS Non-NQF-endorsed measure 2. Hospice Visits when Death is Imminent 7 days	81%	16
CMS Non-NQF-endorsed measure Comprehensive Assessment at Admission	92%	15

CAHPS Hospice Survey Measures	Median
Q6 - Team Communication: While your family member was in Hospice care, how often did the Hospice team keep you informed about when they would arrive to care for your family member?	73%
Q7 - Timely Care for Help Needed: While your family member was in Hospice care, when you or your family member asked for help from the Hospice team, how often did you get help as soon as you needed it?	82%
Q5 - Timely Care for On-Call: How often did you get the help you needed from the Hospice team during evenings, weekends, or holidays?	77%
Q38 - Emotional Support for Family: In the weeks after your family member died, how much emotional support did you get from the Hospice team?	90%
Q16 - Help for Symptoms of Pain: Did your family member get as much help with pain as he or she needed?	86%
Q22 - Help for Symptoms of Breathing: How often did your family member get the help he or she needed for trouble breathing?	83%
Q25 - Help for Symptoms of Constipation: How often did your family member get the help he or she needed for trouble with constipation?	75%
Q19 - Training on Pain Med Effects: Did the Hospice team give you the training you needed about what side effects to watch for from pain medicine?	66%
Q20 - Training on Increase Pain Med: Did the Hospice team give you the training you needed about if and when to give more pain medicine to your family member?	82%
Q23 - Training on Breathing: Did the Hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?	75%
Q36 - Spiritual Beliefs: Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in Hospice care, how much support for your religious and spiritual beliefs did you get from the Hospice team?	95%
Q10 - Information Continuity: While your family member was in Hospice care, how often did anyone from the Hospice team give you confusing or contradictory information about your family member's condition or care?	89%
Q39 - Global Measure to Rate Hospice: Using any number from 0 to 10, where 0 is the worst Hospice care possible and 10 is the best Hospice care possible, what number would you use to rate your family member's Hospice care?	88%
Q40 - Recommend this Hospice: Would you recommend this Hospice to your friends and family?	91%

Quality Analysis

Sunny Day Hospice **YTD December 2017**

			Locations 699	
MVI Quality Section			Median	Count
	Complaints for Period:	Complaints - Daily Ratio	4.1916%	13
		Complaints - Total Visits Ratio	0.0388%	13
		Complaints - Patient-Days Ratio	0.0252%	13
	Documentation Errors for Period:	Documentation Errors - Daily Ratio	25.2747%	3
		Documentation Errors - Total Visits Ratio	0.1792%	3
		Documentation Errors - Patient-Days Ratio	0.2834%	3

	Median	Count
Hospice Direct Labor NPR%	41.21%	330
Hospice DME NPR%	4.37%	317
Hospice Pharmacy NPR%	5.65%	328
Clinical Management NPR%	5.35%	293
Hospice Operational Net Income	4.73%	328
Org Net Income (in thousands)	$ 219.77	297

By the time Version 24 came out, both HIS and CAHPS variations had been around for years. It was encouraging to hear our clients tell of how they use Benchmarking to communicate with staff! The BA Quality Analysis report includes the Your Rank column for a powerful perspective!

Quality Analysis

Sunny Day Hospice **YTD December 2024** **Locations: 757 Count: 330**

Version: 24.0.0

					20%
MVI Quality Section			**Your Data**	Median	**Your Rank**
	Complaints for Period:	Complaints - Daily Ratio		4.9180%	30%
		Complaints - Total Visits Ratio		0.0300%	70%
		Complaints - Patient-Day Ratio		0.0252%	80%
	Documentation Errors for Period	Documentation Errors - Daily Ratio		19.3548%	70%
		Documentation Errors - Total Visits Ratio		0.1346%	60%
		Documentation Errors - Patient-Day Ratio		0.0921%	10%
HIS - Hospice Item Set			**Your Data**	Median	**Your Rank**
HIS	Bowel Regimen (1617)			100%	40%
HIS	Pain Screening (1634)			100%	60%
HIS	Pain Assessment (1637)			99%	30%
HIS	Dyspnea Treatment (1638)			99%	70%
HIS	Dyspnea Screening (1639)			100%	80%
HIS	Treatment Preferences (1641)			100%	70%
HIS	Beliefs & Values (1647)			100%	60%
HIS	Comprehensive Assessment at Admission (3235)			98%	10%
HIS	HVLDL			58%	98%
HIS	Hospice Care Index			0%	
CAHPS Survey Measures			**Your Data**	Median	**Your Rank**
CAHPS	Emotional/Spiritual Support			93%	60%
CAHPS	Rating of this Hospice			87%	30%
CAHPS	Willing to Recommend			90%	70%
CAHPS	Treating with Respect			94%	80%
CAHPS	Help for Pain & Symptoms			76%	70%
CAHPS	Communication with Family			85%	60%
CAHPS	Getting Timely Help			80%	30%
CAHPS	Training Family to Care for Patient			80%	70%

	Median
Hospice Direct Labor NPR%	42.80%
Hospice DME NPR%	4.01%
Hospice Pharmacy NPR%	4.67%
Clinical Management NPR%	5.28%
Hospice Operational Net Income	3.77%
Org Net Income (in thousands)	133.82

Digging into the data can be fun when it provides perspective, empowering us to make confident decisions! I have often enjoyed seeing the eyes of “non-accountant types” light up when seeing the big picture! Looking at the first two HIS items above (all data is actual other than Your Rank for demo purposes), the Median for both items (bowel and pain) is 100%. Since Median means “middle number,” you might expect it to be around 50%. But in areas like Bowel and Pain, the **expectation** is 100%. How do you compare with everyone else when 100% is the Median? That is the power of the **Your Rank** column. Demo data for

Your Rank on Pain at 60% means almost everyone gets a 100% on the HIS item but we perform better than the average bear.

For items such as Comprehensive Admission 3235 and HVLDL, a rank of 10% on a Median of 98% simply means the **expectation** is about 100% and you have some work to do. Inverting that on HVLDL for Median at 58% does not sound great, **but** against others, you are the 98th percentile! (Again, demo data for Your Rank columns.) Once the areas to work on are identified, it is time to create your Model with Standards and Best Practices!

We will be releasing the new HOPE data in our Benchmarking System shortly. The oak tree may say there is no benefit to HOPE as change is always hard, but the empowered Benchmarking clients know a different story!

David

Regarding the HOPE report timeframe? Here is what CMS says...

Footnote from CMS's actually helpful HelpDesk (HospiceQualityQuestions@cms.hhs.gov):

"There are no results for HOPE at this time."

HOPE data collection and the transition to iQIES for submissions just began on October 1, 2025. Many provider reports are already available to providers via their iQIES access, however these do not include any reports yet related to the quality measures. HOPE data will be included in the validity and reliability testing/analysis before public reporting of QM measure data using HOPE, **which will be no earlier than FY 2028.**

The Hospice Quality Reporting Program (HQRP) Quality Measure (QM) Specifications Users Manual V1.03 including HOPE Measures is available. This QM Manual contains instructions to calculate all HQRP measures, including the HOPE-based quality measures. The document can be accessed from the **Downloads** section on the CMS HQRP Current Measures | CMS.
All the details re: HOPE and public reporting can be found in the FY 2025 hospice Final Rule. Please refer to the HOPE webpage for more information and links to the Final Rule: HOPE | CMS.

The following document is available for provider questions about iQIES access and the submission of HOPE records, review this document *What to Expect with the HOPE Assessment Submission and Reporting Launch in iQIES*. It includes some information about the reports and a PDF that describes what is currently available for those with access to iQIES.

From the Ancient MVI Scrolls...

cave #99, scroll 66

Ancient Saying from the Prairie…

(passed down over the generations around the sacred fire… However, at MVI we updated it so it would rhyme better!)

Whoever you are…
Whatever you do…
Always paddle your own ~~canoe~~ BOAT…

HOW TO USE MVI'S NEW PODCASTS TO DEVELOP YOUR LEADERS AND MANAGERS!

The NEW MVI Podcasts (on all the major platforms) allow a CEO to incorporate these "talent leveraging tools" into your standardized Leadership & Manager Development Program, like World-Class organizations do!

These Podcasts are designed to be listened to while on commutes *to and from* the office and "REDEEM WINDSHIELD TIME" - just like we do when using MVI's audio programs to drive the *Perfect Visit* DEEP within clinicians while they are driving between visits!

(If you don't do this, you may want to carefully re-examine your Perfect Visit training!)

CEOs – We strongly advise making these "Required Listening" – especially ***Episodes 5-8 on the Seldom Spoken Aspects of Leadership*** as this message has proved spectacularly impactful on seasoned as well as those new to Leadership! This move alone will help mature Leaders and help them gain clarity of what Leadership and Management are about!

Here is the QR code for the MVI Podcasts!

MVI
MULTI-VIEW INCORPORATED

Scan Me!

Now available on every major platform.

INPATIENT UNITS & THE MODEL

The median Hospice IPU losses ***-18.35%*** *NEEDLESSLY when a few structures changes make all the difference! MVI has helped in creating and operations of* ***over 447 IPUs!*** *We can help like crazy! Consider if you tolerate IPU losses of $200,000 a year over a decade. Well, that is $2,000,000 which could have gone towards raises and other high value initiatives!*

STOP THE INSANE WASTE ONCE AND FOR ALL!

This Virtual IPU & the Model Program is available NOW! So, you can always have the "System Solution" to FIX and KEEP your IPU Healthy!

- *Gain Professional Perspective on current Hospice IPU operations & financial results.*
- *KNOW* ***the 8 BIG MOVES*** *to make a Hospice IPU a SUCCESS!*
- *Understand the 58 Best-Known Success Patterns/Practices regarding IPU profitability & operations.*
- *Learn to use the MVI Cumulative IPU Staffing Tool for DAILY operations as well as the MVI Planning & Management Model*

Available on DEMAND! $1,200!

Contact MVI and we will get you the program and materials!

TOUGH TRAINING MVI

CLICK HERE

Serving Homecare and Hospice,

The MVI Team

828.698.5885 · www.multiviewinc.com

MVI
MULTI-VIEW INCORPORATED

CHER SAYS SHARE!

the MVI Flashpage with all your "Sonny" Day friends!
And Gypsies, Tramps and Thieves!

More & More Hospices & Homecare folks are waking up to the Transformative VALUE of MVI, and our good clean fun!

ABOUT MVI...

What is MVI in 173 Words…
Perhaps no other organization has meticulously considered and cared enough about the Hospice and Homecare experience to breakdown and systematize everything from phone interactions to clinical visits to revolutionary bereavement to enormous utilization of volunteers to the economic welfare of the mission. After working with over 1,300 Hospices and Homecare entities, MVI starts with Benchmarking for professional perspective (quantification) and guides an organization all the way through the Model with its establishment of 1) Clear, 2) Impressive and 3) Sustainable Standards. Then via extraordinary People Development, an organization with near-flawless quality is created, where it can go days, sometimes weeks, and even "thousands of visits" between complaints, service failures or documentation errors. Economic results are often 200%-400% above average and are a natural byproduct of radically increased quality as organizations can easily flatten. This is the reality in the Hospice and Homecare world IF the practices of the 90th are adopted. In a healthcare world that is falling apart, there can be something that actually works… This can and should be your organization!

Common Questions:

All the Standardization and changing so many ways we are operating seems like a lot of work! It seems overwhelming.

At first that might appear so. However, one must recognize that with each "Smart Move" your organization 1) REDEEMS time and 2) reduces WASTE. We normally help an organization prioritize those operational moves that redeem time first, as that frees up human capacity for each subsequent move!

Do we have to do "all" of the Model? Can't we just do parts of it?

You bet! The search for Best Known Practices is continual…and no single organization has the whole enchilada! In fact, there are not too many Hospices or Homecare entities that do the entire Model. Most all are "in process" or select the practices they think that would be most beneficial or easy to do. Heck, anytime you replace an inferior practice with a better one, you're ahead!

Subscribing to MVI doesn't cost much, especially for larger organizations. How can we really be getting value for so little? How can you even throw in doing our Medicare Cost Report?

Ha! We have actually applied the practices we recommend and these moves radically decrease costs and increase efficiencies! The fact that MVI hasn't increased rates on any existing Network or Benchmarking client in 26 years says something… Its unheard of and is almost unbelievable! And all phone calls are answered within 3 rings by a real, live, competent person! SERVICE is King to us as old fashioned as that sounds! We also have learned how to spread our costs over hundreds and hundreds of organizations. This helps us keep our prices low.

Though Network and Benchmarking services are budget dust, Magic costs are actually a percentage of Net Patient Revenue. That seems like a lot of money!

It does until you really think about it… Look at it this way. If we help to implement Your Model and it increases Quality to the point that your Net Income is 200%, 300%, even 400% greater than what you are getting now…to us, that is good business! And what does it really cost you? NOTHING! The MVI costs are built into these economic results! It's like "paying for profit" or hiring a really, really super talented FTE! That super talent FTE creates so much value! This is really just a matter of looking at it differently! Almost like fees you pay for a super broker that makes you money with your investments in all market conditions, up or down! You STILL WIN!

YOU GET:

With **Network**:
- UNLIMITED Technical Support (all calls answered within 3 rings)
- Access to the E-Normous Library of Best Known Practices, Templates, Tools, Financials, Operational and Training Manuals, Videos, Audio Files, Perfect Visit IRMs and other cool products!
- THE PRACTICES!
  - Compensation Systems
  - Perfect Visits with Perfect Documentation
  - Perfect Phone Interactions
  - Creating Extraordinary Clinical Leaders
  - People Development Systems (System7)
  - Perfect Financials
  - How HR, IT, Education, Compliance are structured and work to truly support the front-lines of care and FLATTEN the organization like a pancake!
- Medicare Cost Report Preparation (1 Provider Number included with Network Services)

With **Benchmarking**:
- UNLIMITED support like Network…BUT you get the NUMBERS! Extracted on a monthly basis! So that you can precisely direct 1) Energy and 2) Resources! This is KEY to on-going, month-to-month management as it tells you precisely where to go to work!

With **Magic!**
- This is where MVI partners with you with "feet on the ground" and helps you implement Your Model and continually makes sure your organization is using Best Known Practices for the highest ideas known to humankind. Cultures are changed, lives are improved, Quality & Financials SURGE and it is great fun in the process!

The **Resources for KEY FRUSTRATIONS PDF**. **This high-value 56-page booklet** provides insight into obliterating or greatly alleviating the main frustrations of creating and running a Hospice or Homecare organization.

CLICK HERE!

MVI Tough Training Schedule

The Proprietary Model Workshop

SCHEDULED BY INDIVIDUAL HOSPICES

The Proprietary Model Workshop is a 2-day transformational program where Andrew guides an individual Hospice or Healthcare system through the design of its proprietary Model. The Model is an approach to operating a Hospice as an integrated, coherent and coordinated "system of care" that creates a high-quality, predictable experience that is financially balanced. Andrew's role in this unique program is to keep a Hospice's team FOCUSED, clock management and to introduce insights gained from experience with hundreds of Hospices. Andrew will press to make sure the team walks out with the key Model parameters and Accountability established. This program is a cost-effective way to unify your team and establish long-term organizational structures that have helped Hospices set the benchmarks in quality as well as economic performance. NASBA approved: 16 CPE hours. More Info>>

NEW! Virtual Training Program OPTION for Individual Hospices!

Scheduled by Individual Hospices or Hospice Groups

Choose YOUR TOPICS! Upon request, Andrew will conduct Virtual trainings for individual or specific Hospice groups! During these times, we must be flexible and provide OPTIONS to EMPOWER Hospice Leaders and Clinicians with Best Known Practices (Patterns)! We will cover ALL topics of interest by the Hospice or group with fluid and open exchange between your team and Andrew. More Info>>

Inpatient Units & The Model Training

TBA | Virtual

This program covers the 8 BIG MOVES an IPU needs to make to be financially successful and increase quality! In addition, 58 other Best Known Practices to-date will be shared regarding the management of Hospice IPUs so it can be financially viable. This insight is based on our work with 200+ IPUs that MVI has helped construct as well as hundreds of others. This program also has direct application to Continuous Care programs. If a Hospice has even an annual $100,000 loss over a decade, this translates to a MILLION DOLLARS that COULD HAVE been used to compensate staff better or build much needed financial reserves! One of the large units Andrew managed had a 108% occupancy rate and double digit profits! Time to STOP the LOSSES! Bring a laptop with Microsoft Excel, the reports you currently use to manage your IPU, Medicare rates (GIP, Routine, CC), average hourly rate by discipline and cost information regarding your Hospice's current IPU operations. This is a 1 day program. More Info>>

Compensation & The Model

TBA | Virual

Compensation is your LARGEST cost. Yet most organizations use traditional methods and get traditional results. Compensation is the most POWERFUL STRUCTURAL tool a Manager has to create a happy and productive work atmosphere with ultra-strong Accountability. This workshop is for the most forward-thinking Hospices. 100% of Hospices that operate in the 90th percentile have great compensation systems. Yes, 100%! A Hospice's most dramatic advances in quality and profits will come from movements of Talent and the compensation of that Talent. A great compensation system makes management VASTLY easier. Compensation systems also directly impact an organization's People Attraction and Retention system. Talent must be retained over the long-term as the turnover of Talent is the biggest destroyer of quality. A great compensation system is a key! Get rid of the "poverty mindset" regarding how you reward staff! Why not pay better than the hospital or other healthcare entities! Compensation is the fastest way out of financial troubles, as well as one of the most effective structural means to create a healthy Hospice culture. You will need a laptop with Microsoft Excel. Compensation was the beginning of MVI and where we started as a company. MVI only holds the Compensation & the Model Workshop annually. This is a 1 day program. More Info>>

MVI
Multi-View Incorporated
Balancing Purpose and Profit...

Multi-View Incorporated P.O. Box 2327 Hendersonville, NC 28793
P: 828.698.5885 ■ Fax: 828.698.5884 ■ Email: mvi@multiviewinc.com

www.multiviewinc.com

MVI Tough Training Schedule

Designing an Extraordinary People Development System

TBA

This entire workshop will focus on creating a world-class training system for your organization where the paradigm of the Hospice changes to that of a "teaching organization": first and foremost. In this fascinating program, we will explore the teaching practices of master-class teachers in-depth and how these practices translate to a Hospice organization. How to Teach Visit Structures and Phone Interactions will receive extreme emphasis. The workshop is directed toward anyone that either instructs or coordinates training at a Hospice program. People Development IS the center of your Hospice universe as the mission is only accomplished through people. More Info>>

The CEO Retreat

TBA

This is an Executive Retreat that helps CEOs become aware of what Outliers (the 90th percentile) are doing…because you have to see it in order to build it! This is a pragmatic program which would benefit any Executive Level person as most all Leaders come to a point where they realize the absolute need for STANDARDIZATION, SYSTEMS and STREAM-LINED PROCESSES…and that these are the solution to virtually all of an organization's frustrations. It is a humble and open program where, as a safe group, we speak candidly and delve into the biggest challenges we face as Hospice & Homecare CEOs. We will also cover 3 Key Strategic areas – 1) Operational, 2) Positioning and 3) Growth, which includes the 21 PROVEN Ways to grow a Hospice. This will help simplify work on all levels though Standardization and understanding of Process. Many of these insights were used when we helped the only Hospice ever to win the Malcom Baldrige Award in our area. More Info >>

The Extraordinary Clinical Leader

TBA

The Extraordinary Clinical Leader Program is a LIFE-CHANGING and rigorous 2-day program with laser-beam FOCUS on the Leadership and Management skillset needed to be a TRUE Professional Hospice Leader. There is nothing else like it. If a Clinical Leader masters this material, they can literally "Write their own ticket in Hospiceland" This program is designed to instill the mindset and advanced technical competencies into motivated individuals that want to be TOP Hospice Clinical Leaders. This program is a crash course about the BUSINESS of Hospice. More Info>>

The CFO Program

TBA

A TOP RUNG CFO is essential to the success of an organization as REALITY has to be quantified and effectively communicated. This program will teach the technical skills and mindset for dramatic IMPACT on operational RESULTS.
The CFO Program has proven to be an EFFECTIVE advancement system for CFOs. The CFO is armed with some of the most persuasive information in the organization, the quantified facts of the business…data! The underlying reality is that the economic model MUST work. To be effective, the CFO must accurately quantify the current state of the organization, interpret the situation with predictive insight, formulate strategies, and influence others to execute positive action. The EVIDENCE of an effective CFO is in the numbers! An effective CFO can help a Hospice be radically successful. A poor CFO can help a Hospice out of business. Participants undergo a sequence of testing, training, and retesting until the subject matter is mastered. Participants will have 6 opportunities to score 100% in order to pass the 300 question exam which includes Hospice scenarios, best practices, and measurements. More Info>>

MVI
Multi-View Incorporated
Balancing Purpose and Profit…

Multi-View Incorporated P.O. Box 2327 Hendersonville, NC 28793
P: 828.698.5885 ■ Fax: 828.698.5884 ■ Email: mvi@multiviewinc.com

www.multiviewinc.com

FLASHPAGE *Reference*

Here is a list of past Flashpages by topic over the past 2 years for reference, plus a few of particular significance. Normally, Flashpages cover material on a high level, so it is *highly* recommended that more comprehensive Best Known Practice information (manuals, PDFs, financial tools, templates, videos and audio messages) be obtained by accessing the MVI Website and/or by contacting the MVI offices for unlimited support. All calls are answered within 3 rings.

- DECEMBER 2025 – HOSPICE SUCCESS STRATEGY – EMPOWERMENT HOUR: HOSPICE CAP
- NOVEMBER 2025 – WE DON'T HAVE ENOUGH TIME – EMPOWERMENT HOUR: HOSPICE CAP
- OCTOBER 2025 – DIRECTIONAL CORRECTNESS FOR THE ASPIRATIONAL HOSPICE, WITH JIM!
- SEPTEMBER 2025 – WHERE SHOULD CFOS SPEND THEIR TIME? – "LESS IS MORE" – BUDGETING
- AUGUST 2025 – USING PRODUCTS AS IRMS WEBINAR – EMR COMPARISON REPORT IS OUT!
- JULY 2025 – PERFECT MEETINGS EMPOWERMENT HOUR – EMR COMPARISON REPORT
- JUNE 2025 – EMR COMPARISON REPORT – DEVELOP YOUR LEADERS
- MAY 2025 – HOW TO USE THE NEW MVI PODCASTS TO HELP DEVELOP YOUR LEADERS & MANAGERS! – SYSTEMATIZE YOUR BENCHMARKING
- APRIL 2025 – NEW EPIC MVI PODCASTS! – WHAT ARE THE PODCASTS ABOUT?
- MARCH 2025 – BLACK COVE/BIG HUNGRY FIRE – NBC NEWS W/ LESTER HOLT INTERVIEWS ANDREW
- FEBRUARY 2025 – BEST-KNOWN SUCCESS PATTERNS/PRACTICES – TONE FROM THE TOP
- JANUARY 2025 – MVI COURSES ON STANDARDIZATION – TONE FROM THE TOP
- DECEMBER 2024 – MAKE 2025 EPIC – ADVANCED BUSINESS SEGMENTS
- NOVEMBER 2024 – THE MVI "SIMPLE COMPENSATION PLAN" THAT WILL CHANGE YOUR HOSPICE – A GRRREAT WAY TO QUICKLY SIZE-UP CLINICAL LEADERS
- OCTOBER 2024 – HELENE – LESSONS & EXPERIENCES
- SEPTEMBER 2024 - QUALITY & GROWTH - WHAT'S IT ALL ABOUT
- AUGUST 2024 – WE DON'T HAVE ENOUGH TIME – GETTING SOME EDGE!
- JULY 2024 – CEO2CEO EMPOWERMENT HOUR – SHOW ME THE INCENTIVE – BENCHMARKING APPLICATION VERSION 24 – TRANSACTIONAL WORLD OF BALANCE
- JUNE 2024 – HOW TO BECOME A FIVE – STAR HOSPICE – WHEN DO THINGS HAPPEN IN AN ORGANIZATION – BENCHMARKING APPLICATION VERSION 24
- MAY 2024 – INSIGHTS FOR GROWTH FROM MEGA HOSPICES – QUICK SUMMARY OF MEGA HOSPICE
- APRIL 2024 – CLINICAL LEADERS – 70%ERS! – KENT BROOKS MAGICLITE – LABOR BREAKOUTS
- MARCH 2024 – OPERATIONALIZING YOUR MODEL – CEO AFTERPARTY 2024
- FEBRUARY 2024 – CEO RETREAT 2024 – LEADERSHIP & THE CEO – THE VALUE OF BENCHMARKING
- JANUARY 2024 – TROY GEHRKE CAP VIDEOS – EMR COMPARISON REPORT
- DECEMBER 2023 - SUCCESS STRATEGY – EMR COMPARISON REPORT
- NOVEMBER 2023 – EMR COMPARISON REPORT-BENCHMARKING DRILL DOWN FEATURE -
- OCTOBER 2023 – NEW MODEL NPR% – EMR REPORT IS BACK – THE TOTAL COST OF YOUR EMR
- AUGUST 2023 – LEADERSHIP – PART 1 – RAISES & PROMOTIONS – MOST SOFTEST CONTEST
- JULY 2023 – EMPOWERMENT HOUR VIDEO – CHANTAL REED 1998-2023 – MOST NICEST CONTEST
- JUNE 2023 – WHERE DO WE START – SELF LEARNING MODULES – 3 & 1/2 HABITS HIGHLY EFFECTIVE PEOPLE
- MAY 2023 - What Happened to Customer Service - Most Nicest Contest - EMR Benchmarking
- APRIL 2023 – COST REPORT WARS – REVOLUTIONARY BEREAVEMENT – VIRGIN MUSIC DEAL
- MARCH 2023 – SAFETY FIRST–GROWTH CAPABLE LEADERS – BEST BEE GEE CONTEST
- FEBRUARY 2023 – TRUE SCIENCE – DOUBLE SHOT VIDEO LINKS – GROWTH

MVI
Multi-View Incorporated
Balancing Purpose and Profit...
Multi-View Incorporated P.O. Box 2327 Hendersonville, NC 28793
P: 828.698.5885 ■ Fax: 828.698.5884 ■ Email: mvi@multiviewinc.com

www.multiviewinc.com

- January 2023 – Modern Scarelines – Tough Training Schedule 2023 – Your Compensation System
- December 2022 – YOUR NUMBERS ARE YOUR TRUTH – STARTING POINT OF SUCCESS – CLASSIC ALBUM COVERS – ADVENTURES IN SELF HELP – REALITY = NATURE
- November 2022 - Just Go Ahead & Stop Your Inpatient Unit Losses - You Should Care About What People Think
- October 2022 – Where Do We Start - Self Learning Modules - 3 and a Half Habits Highly Effective People
- September 2022 - Financial Models - What Is F9 - Remedy Out of Balance
- August 2022 - Percentages of NPR & Not Budgets - Baldest Man Contest - Map of Consciousness
- July 2022 - Action Accountant - Getting Clear About Financial Statements - Accounting Centerfold-How To Transform Yourself - Clients
- June 2022 - Modern Hellthcare - Value of Standardization Pt2 - New Benchmarking Decision Dashboard-CEO Attitude About Money - Best Mullet
- May 2022 - True Job - Value of Standardization - New Benchmarking Decision Dashboard - CHAP Operations Certification
- April 2022 - Real Work - Disappearing Nurses Webinar - What You Want From 70ers - Least Worst Healthcare - CHAP Operations Certification
- March 2022 - Resources For Key Frustrations - Most Exciting Time In Hospice - Cost Report Wars
- February 2022 – Clinical Manager's Toolbox – Kent Brooks Wins Hospice Award
- January 2022 - Hospices Grow Census w/Covid - Why Not Pay People Well?-CHAP Operations Certifications
- December 2021 - Make 2022 the Best Operational Year Ever - We Don't Have Enough Time - What Practices Andrew
- November 2021 - Managing on a Month to Month Basis - The Magic Formula is the FOCUS of these 2 areas - Where are a Homecare and Hospice Biggest Economic Opportunities - Universal Music Release - Tough Training Schedule 2022
- October 2021 - New Benchmarking Version21 - Why Benchmark
- September 2021 Pre-save-Twisted-World-Universal-Music-Selling-Your-Culture-How-to-be-successful-in-this-world
- August 2021 – CEO2CEO – Retention of clinicians issues – Virtual Extraordinary Clinical Leader Program
- July 2021 - Part 2 Turnover - Why do people come to work at a hospice - how do we take care of people - How do we take care of our people
- June 2021 - Creating the Inspiring-Electric- Life-Changing" Work Atmosphere- Culture with Meaning & Purpose - Turnover Nursing Shortage - tough trainings at MVI conference center!

MVI
Multi-View Incorporated
Balancing Purpose and Profit...
Multi-View Incorporated P.O. Box 2327 Hendersonville, NC 28793
P: 828.698.5885 ■ Fax: 828.698.5884 ■ Email: mvi@multiviewinc.com