

FLASHPAGE

A Monthly Consolidation of the
Practices of the 90th Percentile!

OCT 2021

INSIDE

- New Benchmarking Version!..... Page 1
- Why Benchmark?..... Page 5
- Inspiration Page Page 8
- From the MVI Scrolls Page 9
- MVI Tough Training Schedule..Page 10

NEW! Benchmarking Version 21!!!

Multi-View is super excited to release Version 21 of the Benchmarking System and SO appreciates the amazing feedback you have provided as we continue to enhance this incredible-value Benchmarking product which does not exist in any other sector of healthcare... as reported by some of the largest (Top Ten) health conglomerates in the country! We are always thrilled as we see the amazing results in Hospices that consistently use the system! It simply delights us!!!

We have taken advantage of better functionality of newer programming features still with the same automatic report output in an Excel format for EASY use! We designed reports for easier readability and "multi-taking" as screen sizes continue to enlarge. The Management Application (MA) calculates at a fraction of the time from prior versions as the system has been rebuilt from the ground up using more advanced logic in many aspects!

Much FOCUS has been made to enhance the user's "ease-of-use" experience! The Account Lineup now incorporates the old Trial Balance tab so amounts are visible in this area. The consolidation of the Allocation Table, Team Design and Visit Design tabs are now brought all together into one spot the new Detailer Tab! The Detailer also has all the report amounts that you will see on the myriad of valuable reports, making it a wonderful "go-to" working document without the need of navigating through various tabs! We hope this feature makes your Modeling experience much more user-friendly so all Hospice programs can focus on this incredibly valuable aspect empowering Hospice management! Modifiable Model Key Life Indicators are now available directly on the Controls Tab for a quick bird's-eye perspective! Drill-down functionality helps greatly with navigating amounts. And clients can easily convert from the old version without the need to email us back and forth... although we are always more than happy to do the conversion for you as before!

Some of our clients have expressed how busy they have been this last year, so we have made effort to not require the need to update to Version 21 across all Hospice user's computers! While you definitely will want to upgrade in order to take advantage of the new features, if not practical, you can continue to use your old MA version with the new V21 Benchmarking Application (BA); have a combination of old and new BAs installed on various computers; update the MA to the latest while continuing to use the legacy BA versions... It is a mix and match opportunity without breaking the system!

BLAST YOUR HOSPICE INTO THE STRATOSPHERE!



DESIGNING AN EXTRAORDINARY PEOPLE DEVELOPMENT SYSTEM - CLICK HERE

Virtual Training - November 9th,
2021 at 10:01 am - 6:01 pm

Management Application Input & Controls

Summary Report
Version 21 Recalculated: 10/05/2021 2:54 PM

Financial Period: 2021
Year: YTD December
Benchmark Upload: E-Mail, DD Upload
Automatic Upload, Manual Upload, DD Auto Upload

(Problem areas appear in RED)

Max Income Control	Amount / Model	MVI Model
BE and CM Report Total	123 /	100
Trial Balance	15 /	15
Difference	1%	1%
P3 Call	1%	1%
Trial	1%	1%

Does the P3 percentage list to zero? 0.00% Entered: 10/5/2021 14:00:00 Commitment %: 0.00% 15.00%

Segment Name: Hospice Update Segment Colors Segment Name: IP Unit Segment Name: Home Health

CLICK HERE
Quick Video Review of the NEW Features!

BENCHMARKING

***Please note: the original MA V21 did not incorporate basic Other Program allocation logic as the majority of Hospices do not use this. However, V21.1 has been built which includes this functionality for any that wish to utilize this legacy logic! Thank you for your valuable feedback!

To see the details of all the New Features, please watch this Real-View:



https://mvib.net/real-views/bench_newfeatures.html

For an overview of the Benchmarking System, please watch this friendly Real-View:



https://mvib.net/real-views/bench_overview.html

New Features Include:

- **Combined** Account Lineup and Trial Balance tabs for much easier navigation!
- **New** tabs in the Management Application (MA):
 - Detailer tab – New “backbone” or “go-to working document” in the MA simplifying Model design by consolidating Allocations, Cost Engineering & Visit Design all into one area!
 - Setup tab – Organizational one time and annual update setup information from Controls tab
 - Education tab – List of all Benchmarking educational resources available
- **New** reports in the Management Application (MA):
 - Extracurricular Programs report
 - Modeling Report
 - Financial Model report – replacement of Flex Model report
 - EBITDA report
- Handful of **New** Sub-type options
- **Enhanced** Allocation abilities within the Management Application (MA)
- **New** Benchmarking Query options:
 - Payroll vendor
 - Call Center Practice
 - Telehealth Practice
- **Added** Locations count on Benchmarking Application (BA) NPR% and Patient-Day reports

To Update the Management Application (MA):

*** Now without needing to email the old file... you can convert on your own! ***

Open the attached Management Application & follow the simple instructions found at the bottom of the Instructions tab to update

– or –

Email your most recent MA to benchmark@mvib.net for us to update and send back

To Update the Benchmark Application (BA):



Balancing Purpose and Profit...

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Multi-View Incorporated Systems

www.multiviewinc.com

Download the new version from our website: <https://mvib.net/download-ba.html>

- If you have version 17.0 of the BA installed on your PC, choose "Download Update 21.0"
- If you do not have the BA installed or have another older version of the BA, choose "Download Version 21.0"

If you need a quick refresher on any point of the Benchmarking System, we have many resources on our [website](#) and throughout the MA and BA (look for the movie reel icons).

If you would like a more in depth training on the system, please let us know and we will be more than happy to get something on the books!

Account Lineup		Paste the account number and description columns starting at column E and F row 9 respectively. Using the drop-down boxes, select the classifications that are most appropriate. The classifications are Origin, Category, Type and Sub-Type. All classifications must be completed for each account. The classifications determine where each account is calculated in the system. Use Excel Filter functions to sort by segments. Use this area to troubleshoot misclassified accounts.										MVI Multi-View Incorporated BENCHMARKING	
Trial Balance Amount	Account	Description	Origin	Category	Type	Sub-Type	Seg 1	Seg 2	Seg 3	Seg 4	Seg 5	Seg 6	Seg 7
\$ 150.00	0-00-0500-00	Petty Cash	BS	Balance Sheet	Assets	Petty Cash	0	00	0500	00			
\$ 125,492.11	0-00-1000-00	Operating Account	BS	Balance Sheet	Assets	Operating Accounts	0	00	1000	00			
\$ 15,462.41	0-00-1000-05	Bank Account	BS	Balance Sheet	Assets	Operating Accounts	0	00	1000	05			
\$ 6,514.83	0-00-1000-06	Bank Account 2	BS	Balance Sheet	Assets	Operating Accounts	0	00	1000	06			
\$ 5,620.78	0-00-1000-07	Bank Account 3	BS	Balance Sheet	Assets	Due From	0	00	1000	07			
\$ 9,444.57	0-00-1000-08	Bank Account 4	BS	Balance Sheet	Assets	Operating Accounts	0	00	1000	08			
\$ 8,202.82	0-00-1000-09	Bank Account 5	BS	Balance Sheet	Assets	Grants Receivable	0	00	1000	09			
\$ 1,531,420.32	0-00-1010-00	Payroll Account - 1	BS	Balance Sheet	Assets	Operating Accounts	0	00	1010	00			
\$ 469,330.26	0-00-1020-00	Savings Account - 2	BS	Balance Sheet	Assets	Operating Accounts	0	00	1020	00			
\$ 1,832,820.43	0-00-1200-00	Accounts Receivable-Patient Accounts	BS	Balance Sheet	Assets	Accounts Receivable-Patient Accounts	0	00	1200	00			
\$ (30,000.00)	0-00-1250-00	Allowance for Doubtful Accounts Patient	BS	Balance Sheet	Assets	Accounts Receivable-Patient Accounts	0	00	1250	00			
\$ 60,250.00	0-00-1320-00	Pledges Receivable	BS	Balance Sheet	Assets	Pledges Receivable	0	00	1320	00			
\$ 704,338.93	0-00-1321-00	Pledges Receivable Fnmwnt	BS	Balance Sheet	Assets	Pledges Receivable	0	00	1321	00			

Detailer				Actual Patient Days	Actual Patient Days	Actual Patient Days	Notes	Definitions
Step 1 - Allocations	Benefits Percent	Model Benefits	Model Benefits	Annual Model Patient Days	Annual Model Patient Days	Annual Model Patient Days		
Step 2 - Cost Engineering	29.59%	28.68%	28.68%	51,100	6,570	6,570		
Step 3 - Visit Design	Organizational			Hospice	IP Unit	Home Health		
	Actual Amount	Benefits	NPR %	Actual Amount	Actual Amount	Actual Amount		
Income Statement								
Revenue								
Medicare	6,706,593.55		100.62%	4,748,030.83	1,566,850.17	391,712.54		Use for all forms of Medicare
Medicare Advantage	-		-	-	-	-		Use for all forms of Medicare
Medicaid	411,801.17		6.18%	291,540.65	96,208.41	24,052.10		Use for all forms of Medicaid
Commercial Benefit	239,119.30		3.59%	169,288.00	55,865.04	13,966.26		Commercial or Private Insur
Commercial FFS	94,249.02		1.41%	66,724.97	22,019.24	5,504.81		Commercial for Fee-For-Ser
Medicaid R&B (only use with own un	-		-	-	-	-		Use for Medicaid Room & B
Other/R&B (only use with own unit)	-		-	-	-	-		Use for "other" Room & Boa
Physician/NP Billing	-		-	-	-	-		Use for all Physician and Nt
Self-Pay	18,666.19		0.28%	13,215.00	4,360.95	1,090.24		Revenue from self paying pa
Other/Charity	6,024.67		0.09%	4,265.25	1,407.53	351.88		Pseudo-Revenue for indigen
Total	7,476,453.89		112.17%	5,293,064.70	1,746,711.35	436,677.84		Revenue Total
Adjustments								
Contractual Allowances	582,625.02		8.74%	412,477.89	136,117.70	34,029.43		Use for write-offs where a pa
Bad Debt	40,805.32		0.61%	28,888.72	9,533.28	2,383.32		Use for write-offs where the
Reserve Allowance	169,594.10		2.54%	120,066.62	39,621.98	9,905.50		Use in conjunction with the
Other/Charity	18,369.73		0.28%	13,005.12	4,291.69	1,072.92		Commonly used as the "rec
Total	811,394.17		12.17%	574,438.35	189,564.66	47,391.16		Adjustments Total
Net Revenue	6,665,059.72		100.00%	4,718,626.35	1,557,146.70	389,286.67		Net Revenue
Service Labor								
RN	1,023,220.49	233,660.79	15.35%	724,403.89	239,053.28	59,763.32		Registered Nurse that perfor
LPN	347,646.29	79,387.88	5.22%	246,121.27	81,220.02	20,305.00		Licensed Practical Nurse th
HHA/CNA	5,091.42	1,162.67	0.08%	3,604.55	1,189.50	297.38		Certified Nursing Assistant i
SW	2,764.73	631.35	0.04%	1,957.33	645.92	161.48		Social Worker that performs
Spiritual Care	191,905.13	43,823.11	2.88%	135,862.04	44,834.47	11,208.62		Pastoral Counselor or Chap
Physician/NP	139,075.86	31,759.11	2.09%	108,479.17	23,642.90	6,953.79		Use for Physician that perfor
On-Call	283,173.74	64,665.05	4.25%	200,476.98	66,157.40	16,539.35		Use for any On-Call labor
Admissions	102,007.09	23,294.16	1.53%	81,605.68	19,381.35	1,020.07		Any labor associated with p
Bereavement	57,244.15	13,072.17	0.86%	45,222.88	10,303.95	1,717.32		Bereavement Coordinator as



Detailer				Actual Patient Days	Actual Patient Days	Actual Patient Days		
Show All Drill-Down Line Sub-Types				40,000	7,000	5,000		
3 Steps to Modeling				Annual Model Patient Days	Annual Model Patient Days	Annual Model Patient Days		
Step 1 - Allocations	Benefits Percent	Model Benefits		51,100	6,570	6,570		
Step 2 - Cost Engineering	Organizational			Hospice	IP Unit	Home Health		
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Medicaid	411,801.17		6.18%	291,540.65	96,208.41	24,052.10		
Commercial Benefit	239,119.30		3.59%	169,288.00	55,865.04	13,966.26		
Commercial FFS	94,249.02		1.41%	66,724.97	22,019.24	5,504.81		
Medicaid R&B (only use with own un	-		-	-	-	-		
Other/R&B (only use with own unit)	-		-	-	-	-		
Physician/NP Billing	-		-	-	-	-		
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[Instructions](#)
[Education](#)
[Type Logic](#)
[Printing](#)
[Setup](#)
[Controls](#)
[Account Lineup](#)
[Import](#)
[Import Tie-Out](#)
[Detailer](#)
[Lineup Sum](#)
[Basic Alloc](#)
[All](#)

4 Digit MVI ID Number

9 Digit MVI Pass Word



BENCHMARKING

Benchmarking Application (BA)



It is recommended to limit your query parameters to one or two selections in order to Benchmark against the largest number of Hospices. If you leave a query field blank, it will retrieve all records for that field. The query will not retrieve any results if there are not at least three Hospices that match your query selections.

GENERAL OPTIONS	VENDOR COMPARISON	MODEL PRACTICES	HISTORICAL REPORTS
Region <input type="text" value=""/>		Tax Status <input type="text" value=""/>	
Avg. Daily Census Range <input type="text" value=""/>		Certificate of Need <input type="text" value=""/>	
State <input type="text" value=""/>		Accreditation <input type="text" value=""/>	
Service Area <input type="text" value=""/>		Special Group ID <input type="text" value=""/>	
MAC/Fiscal Intermediary <input type="text" value=""/>			
IP Unit(s) - GIP Percent <input type="text" value=""/>			
Service Line <input type="text" value=""/>			
Ownership <input type="text" value=""/>			

[Error Codes](#)

[Download Latest](#)

[Resources](#)

[Get Data](#)

Ver: MVI 21.0

WHY Benchmark?

You can't be a professional in any field without knowing the Norms of Quality & Cost...and they change monthly!

Benchmarking is the ONLY means by which a Hospice Leader can move from the ranks of the amateur to the ranks of the professional. As the CEO (not the CFO), it is YOUR job to develop top Managers. Benchmarking is one of your most critical tools to develop professional Managers.

A True *Professional* Manager in any field would be expected to:

1. Know "what" measurements are valuable when managing.
2. Know "how" the measurements are calculated.
3. AND can render a *professional judgement*, right then and there (with no "trend" analysis) regarding whether the performance is good, bad, mediocre or extraordinary.

This last point involves the absolute importance of Benchmarking, for unless a Manager knows the averages or medians (50th percentile) as well as the upper (90th) and lower (10th) performance of the important categories of cost for an industry (movement), he or she has NO claim to being a professional Manager. This applies to any professional field. A professional has perspective!!!! Perspective of not only of a few entities, but hundreds! And where do you get this perspective? Benchmarking! And the "relief" that you should get is that there are NOT that many measurements in Hospice and with only a few hours of commitment, a person can learn virtually ALL of the important measurements of cost for management. However, this professional perspective is only the beginning. How to manage to beyond "average" will involve gaining knowledge of the practices of the elite of the industry or innovating practices and then DOING THEM! This takes intelligence, energy and courage (Integrity).

A true professional Leader or Manager gets clinical operations as well as the financial domain...and can balance both. Without benchmarking, a Leader is operating in a void regarding the trends and current reality of our Hospice movement. Benchmarking is the ONLY way to become an Outlier as one needs to be conscious of what the 90th percentile is in order to know what is possible.

Benchmarking is really just an external reference. We need external references. Though some say "we only compete with ourselves" and this may be true to a certain extent... HOWEVER, the FACT is that organizations that do not pay attention to the outside world ultimately get smashed. Inevitably complacency and laxness creep into organizations that become insulated and isolated.

The MVI Benchmarking System provides for easy installation, uploading and comparison of a Hospice's performance with the 50th, 10th and 90th percentiles denoted. A Hospice's percentile ranking is displayed for every data-point. If the CFO doesn't "get benchmarking" - this MOST important measurement system - I would seriously question his or her judgment. The person probably suffers from insecurities and is not fit for the position. Remove them from your Hospice as soon as practical.

Your Financials are your Most Important Measurement

The brute reality for any business organization is the worn-out expression, "No Money, No Mission." I avoid using the phrase, but it is true. One does not completely understand this until the day one watches a Hospice close its doors and become assimilated by the Borg Hospice. The dreams of compassionate care at one of the greatest transitional periods in life are lost as the Hospice becomes another cog in the wheel with little-to-no voice in its future. This is why, when setting up a new Hospice platform, the first **system** we implement is the financial system. Note however that the financial system is not the most important system! You People Development System should be #1!



Balancing Purpose and Profit...

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There are two numbers/measurements I want to emphasize:

12% and 6-9 Months

Quick Refresher

[12% - the amount of Net Hospice Homecare Operational Income]

[6-9 Months – the amount of cash or near-cash your Hospice will need to withstand the intentional financial constipation of regulatory scrutiny...the remedy for thinning out the number of Hospices in our country.]

Benchmarking gives you powerful perspective...so that you can always judge your Hospice's performance in relation to the rest of the Hospice world. It also elevates amateur Hospice Leaders to the ranks of professionals in the business dimension quickly, as they can easily point out areas of excellence as well as areas that need work.

NOTE: We highly recommend providing a copy of the **Executive Dashboard, Hospice%Rev** and the **Indirect Analysis** reports to your Leadership team on a monthly basis using an *unfiltered selection criteria*. **Measure yourself against ALL Hospices in the database first**. THEN use the filters such as ADC, region of the country, tax status, patient-management system and other filter criteria for secondary information and to answer specific questions. You want your Leaders to be able to speak from a confident "national" perspective and understand your proprietary Model. If significant deviations exist in specific areas from the 50th percentile, Leaders and ideally all staff should understand why and how your Hospice achieves these results. At this point, you truly know your Hospice is working within the Model approach. We have found that Hospices that provide their Leaders with "filtered" data (like only NFP or Hospices of a certain size) "dumb down" their teams. You want your team to have a true national perspective so they can be professionals and not amateurs.

There is a Practice behind Every Data-Point

There is a practice behind each data-point. Associated with each line in the Benchmarking Application (BA) is a practice...and a practice of the Outliers (the 90th percentile statistically). The difficult part of this is finding out what these Outliers are doing. MVI discovers and documents these practices and makes them readily available for all MVI Network clients for imitation. MVI knows who they are, but sometimes do not know what specifically is driving a data-point. We investigate. "Obviously we can't post who is scoring without express permission because we have our confidentiality Standards. We also won't disclose highly guarded and proprietary practices IF they are indeed unique. However, most practices are founded in very sound ideological foundations based on cause and effect, applied for a specific result(s). The MVI competitive advantage is that we have the unique vantage point of having the data of hundreds of Hospices and are able to most often COMBINE the practices of multiple Hospices to form a Best Known Practice. The very basis of Multi-View is to "multi-view" things based on the proverb "there is safety in the counsel of many (perspectives)." Our perspectives come from our large network of clients combined with our own insights. Now you know the basis for which we approach nearly everything!

Serving from a place of Love for ALL Expressions of Life...

~ Andrew



BLAST YOUR HOSPICE INTO THE STRATOSPHERE!

DESIGNING AN EXTRAORDINARY PEOPLE DEVELOPMENT SYSTEM

LIVE VIRTUAL TRAINING!



How can a Hospice be extraordinary without having
an extraordinary People Development program?

The truth is, it can't!

*This is perhaps MVI's most valuable program!
IT'S REVOLUTIONARY! And the RESULTS...Whoa!*

WHO WOULD BENEFIT?

Executive Management, HR, Top Clinical Leaders and anyone involved with
Education/Training and, of course, the CEO (the Chief Teaching Officer) if possible!

WHAT ARE THE PAYOFFS?

Fantastic Financials (14-22% and higher!)

Increasing Volunteer Percentages (20-40%)

Retention of Talent (Turnover 5-10%)

Attraction of Top Talent

*Virtual Training - November 9th, 2021 at 10:01 am - 6:01 pm
Discounts available for group and multi-attendees!*

Serving Homecare and Hospice,

The MVI Team

828.698.5885 • mvi@multiviewinc.com • www.multiviewinc.com

[CLICK HERE](#)





An Explanation of Success from a Very Successful Person...

Question: *“Can you Explain your Success?”* asked the interviewer.

“Not with great certainty...but...”

- 1) People Like Me and Like Working with Me!
- 2) People Like the Results they Get Working with Me!
- 3) I Work a lot... Overtime... I don't even consider the clock or “work hours” – I work for a Result.

That is about it!”



From the Ancient MVI Scrolls...

Found in Cave #4... (next to the Preparation M)

“Un-Constipate your Hospice!”



***WITH IS PRODUCT! GET A FAST CULTURE OF
EXCITING MOVEMENT THROUGH THE USE OF
PROVEN BEST KNOWN PRACTICES!***

*This is the laxative for organizational constipation
from bureaucratic cultures that move at the speed
of molasses at sub-zero temperatures going uphill!*

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.

- 📌 [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](#)
- 📌 [May 2021 – The Model and Home Health – Extracurricular Programs – NEW LIVE Tough Trainings at the MVI Conference Center! – Andrew and Label Signed with Universal Music Group!](#)
- 📌 [April 2021 – Reduce Turnover to 5% and attract TOP Talent! – Download and Use – The MVI Clinical Manager Scenarios in Front of your Team to “Model” the “Mature Employee” – The Extraordinary Clinical Manager Tough Training – May 4th – Download and Use – The Modular Visit-Step Approach to Creating Your Perfect Visit Videos](#)
- 📌 [March 2021 – No Budgets and Unit Accounts – The Extraordinary Clinical Leader Program](#)
In this issue: [No Budgets and Unit Accounts. The Extraordinary Clinical Leader Program – May 4th](#)
- 📌 [February 2021 – Productivity and Efficiency are Overrated! – Hospice A Spiritual Business](#)
- 📌 [January 2021 – 3 Evidences of Best Known Practices – Develop Perhaps the Most Essential Skills in Your Clinical Leaders](#)
- 📌 [December 2020 – DOWNLOAD Perfect Visit Step Modules & Videos for Your Relias or other LMS – Life-Changing PDFs on the MVI Website – NEW 2021 Tough Training Dates](#)
- 📌 [November 2020 - Medicare Advantage Power Point: The Emphasis on Quality - Becoming a Teaching Organization is a Strategic Decision - Can We Sell the Idea that People Development is Important? - Registration is open for the Designing an Extraordinary People Development System Virtual Event on December 7th! | Hospice & Homecare Consulting | Hospice & Medicare Cost Report | Multi-View Inc](#)
- 📌 [October 2020 - Understanding the Nature of Best Known Practices and Human Behavior – Intelligence can be Defined as Pattern Recognition – The Outlier – Benchmarking – Managing Well – Sign-up for The CFO Program Virtual Event now!](#)
- 📌 [September 2020 - “We Don’t Have Enough Time to Implement Best Known Practices. We have so many things we’re trying to do now...” – Sign-up for The The Extraordinary Clinical Manager Virtual Tough Training now!](#)
- 📌 [August 2020 - Hospice Groups for Medicare Advantage and Other Purposes – Client Testimonial from Northern Illinois Hospice – Sign-up for The CEO Virtual Retreat now! A massive value at only \\$500!!!](#)
- 📌 [July 2020 - Hospice Turnover: “Your work is far too important for poor performance” – Hospice of the North Coast and COVID-19 & MVI – Compensation is Part of the People Attraction and People Retention Processes – It’s 2020! Don’t do a Traditional Budget!](#)
- 📌 [June 2020 - Hospice Operational Comparisons by ADC – Cedar Valley Hospice Wins National Gallup Exceptional Workplace Award – MVI Webinar: The Simple Way to Manage a Hospice on a Month to Month Basis for TOP Results! – June 23 @ 1pm – Register Now](#)



Balancing Purpose and Profit...

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[May 2020 - Hindsight is 20/20 – Benchmarking System Vendor Updates – MVI Webinar: How Hospices have Decreased Turnover to 5% and Attract Top Talent! With Covid-19 showing us a Few Things – May 12 @ 1pm – Register Now – Dramatically Raise your ROI](#)

- 
[April 2020 - What is the Best Hospice Operational Strategy during Covid-19? – Telehealth – Now and in the Future... – Regional Differences of the Impact of Covid-19 – MVI Webinar: The Best Hospice Strategy...NOW! Tues-day April 28 at 1:00 pm EST – Register Now](#)

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[March 2020 - Regional Differences of the Impact of Covid-19](#)

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[February 2020 - 2 Helpful Ideas for CEOs: Directional Correctness and Pattern Recognition - Operational Info on Palliative Care Financial Success! Plus Home Health! - Register Now for Our Upcoming Inpatient Unit Tough Training on April 6-7](#)

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[January 2020 - What has changed in the New MVI Model? - Benchmarking - The Value of Benchmarking - Technical Aspects of the MVI Benchmarking System](#)

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[December 2019 - Breakthroughs in the Compensation System Implementations - MVI Tough Training Schedule - New Model NPR%s in January 2020, Especially for Hospice IPU's!!! - Modular Visit Steps](#)

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[November 2019 - Cross-Training Indirects - Data-Grids: ADC and Pharmacy - MagicViews! The Clinical Dashboard for ANY EMR! - MVI Tough Training Schedule](#)

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[October 2019 - Benchmarking Data-Grids: Comparison by ADC & Pharmacy Vendor Comparison - MVI Tough Training Schedule](#)

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[September 2019 - Teaching the Spirituality Of Accountability - MVI Tough Training Schedule](#)

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[August 2019 - The CEO Retreat - People Development & the Model Workshop - MVI Tough Training Schedule](#)

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[July 2019 - Results of the Compensation System! - Compensation & the Model Workshop - The Steps in Sequence of Hospices that Go Days & sometimes Weeks without Documentation Errors or Complaints - Why MVI Matters Now!](#)

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[June 2019 - What are the Most Practical Things a CEO Can Do to Make Significant Operational Improvements? - Compensation & the Model - MVI Tough Training Schedule](#)

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[May 2019 - Why the Compensation System? Because the Hard Truth is that Most Clinical Managers will Not Hold their People Accountable... - Why are we FOCUSING on the Clinical Manager? - MVI Tough Training Schedule](#)

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[April 2019 - Video Interview with Edo Banach from the NHPCO - Hospices have 2 Years to Prep for the Medicare Advantage Carve-In - 3 Areas of Focus for the Medicare Advantage Carve-In - There is Still Time to Register for the Extraordinary Clinical Manager Program on May 6-7 – The CFO and CEO Programs Have Been Updated Specifically for the Medicare Advantage Carve-In!](#)

- 
[March 2019 - The Hospice Medicare Advantage Survival Guide 19.3! - Where to start? The Hospice Medicare Advantage Carve-In! - Why Would a Medicare Advantage Provider Want to Contract with You? - The CFO and CEO Programs - Updated Specifically for the Medicare Advantage Carve-In!](#)

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[February 2019 - New! Resources for Key Frustrations Document available now on our website - Fix Your IPU! Registration is open now for our IPU workshop in March! - 2019 Dates for all MVI Tough Training Workshops](#)

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>>](#)

The CFO Virtual Program

TBA • 10:01am - 6:01pm EST | FLAT ROCK, NC - VIRTUAL WEB CONFERENCE

Updated specifically for the Medicare Advantage Carve-In. The CFO Training 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 over the 2½ days. [More Info>>](#)

Designing an Extraordinary People Development System

NOV 9, 2021 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

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>>](#)

Inpatient Units & The Model Training

TBA | FLAT ROCK, NC - THE MVI EXECUTIVE CONFERENCE CENTER

Hospice Inpatient Unit financial losses are epidemic...and it is getting worse. This program will convey the best known practices to-date regarding the management of Hospice IPU's so that they can be financially viable based on our work with 140+ IPU's. This program also has direct application to Continuous Care programs. 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>>](#)



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MVI Tough Training Schedule

The Extraordinary Clinical Manager Virtual Tough Training

TBA • 10:01am - 6:01pm EST | FLAT ROCK, NC - THE MVI EXECUTIVE CONFERENCE CENTER

The Model Manager Program is a REVOLUTIONARY and rigorous 2 - day program with laser-beam FOCUS on the Management skill-set needed to be a TRUE Professional Hospice Manager. There has NEVER been anything like this training in Hospice! The program will show how to make work as well as the job of being a Clinical Manager much EASIER based on what the 90th percentile Managers do! Up to 70% of an employee's development/morale/retention is based on the immediate supervisor as all front-line staff take their be-havioral/performance cues from this position! Therefore, a Hospice "doing the Model" will recognize this fact and build its strength/qual-ity around creating top-rung Clinical Managers supported by amazing structures that transform the job of management! [More Info>>](#)

Compensation & The Model Training

TBA • 10:01am - 6:01pm EST | FLAT ROCK, NC - THE MVI EXECUTIVE CONFERENCE CENTER

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? In Hospice, compensation is your LARG-EST cost, so why not adapt your compensation system creatively to get the performance and behaviors you need? 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. In this program, participants will learn to use compensation as a tool to foster the behaviors and results desired at a Hospice. Bring a laptop with Microsoft Excel, a clinical team's compensation information as well as compensation information for an Indirect area. This information will not be shared with the group but will be used by the participant to work out a system that can be emulated and utilized upon return to his or her respective organization. Compensation was the beginning of MVI. It is where we started as a company. MVI only holds the Compensation & the Model Workshop annually. This is a 1 day program. NASBA Approved:

[More Info>>](#)

The CEO Retreat

TBA | VIRTUAL - FLAT ROCK, NC - THE MVI EXECUTIVE CONFERENCE CENTER

Updated specifically for the Medicare Advantage Carve-In. This is truly an executive retreat that helps CEOs become "aware" of what the Outliers 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. It is a humble and open program where, as a group, we can delve into the biggest frustrations and challenges we face as Hospice CEOs leading an organization. There is a deliberate concentration on the practices of the 90th percentile as they tend to make all work and management easier...which is of great relief for all in the organization! Perhaps you have found yourself on this "unexpected journey" of Hospice like myself...a movement where there is so much "meaning and purpose" that needs to be tapped into with intention...for ourselves first, and then spilling over onto those we have the privilege to work with. [More Info >>](#)



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