



# Action

## ACCOUNTANT!



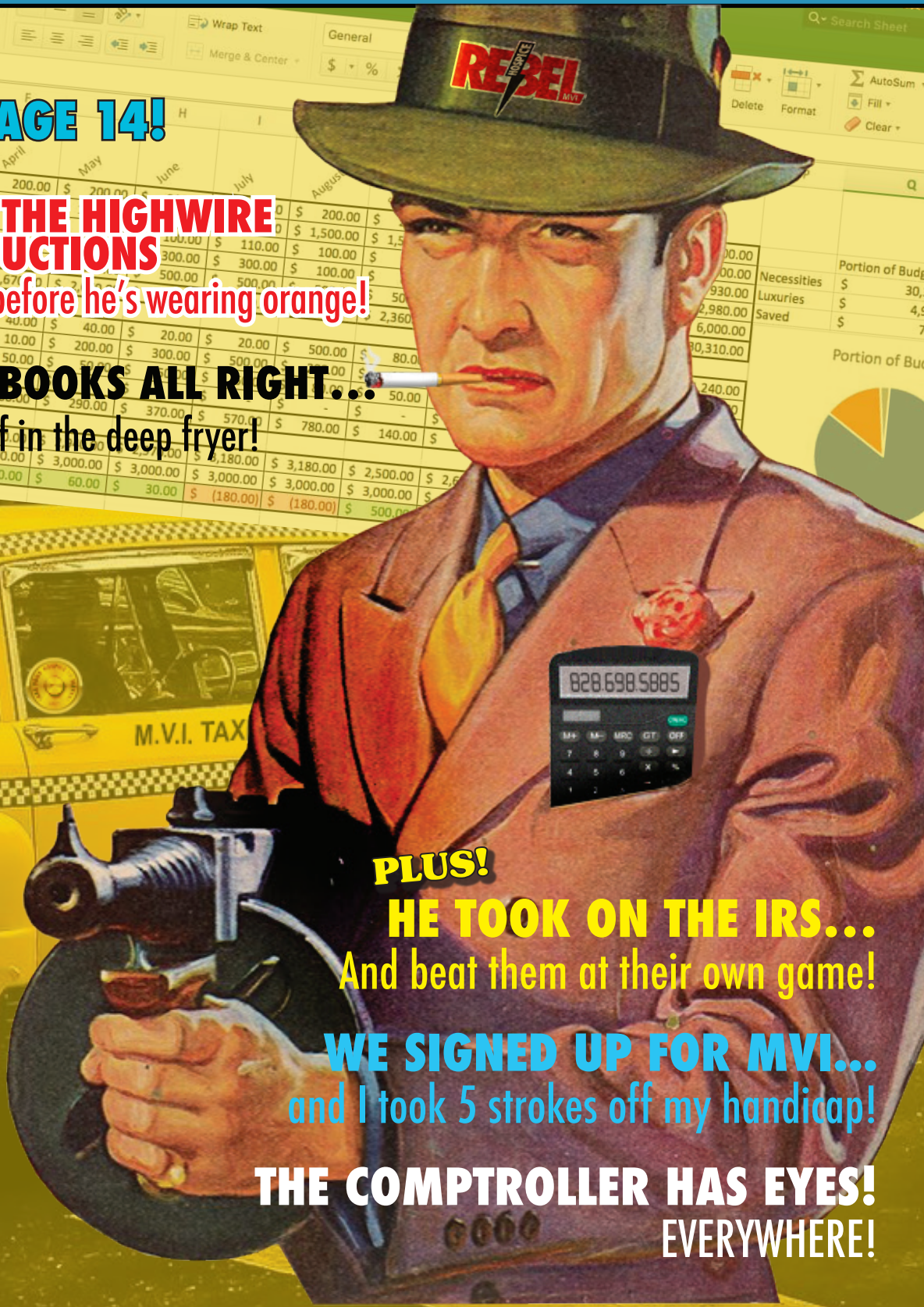
July 2022 **15¢**

A **THRILLING** Publication

**EXPOSED!**  
**CENTERFOLD PAGE 14!**

**ROCKY WALKED THE HIGHWIRE REGARDING DEDUCTIONS**  
How long could he go before he's wearing orange!

**HE COOKED THE BOOKS ALL RIGHT...**  
But then found himself in the deep fryer!



**PLUS!**  
**HE TOOK ON THE IRS...**  
And beat them at their own game!

**WE SIGNED UP FOR MVI...**  
and I took 5 strokes off my handicap!

**THE COMPTROLLER HAS EYES!**  
**EVERYWHERE!**

# FLASHPAGE

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

JULY 2022

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**IS ACCOUNTING  
EXCITING OR WHAT!**

**DESIGNING AN  
EXTRAORDINARY  
PEOPLE DEVELOPMENT SYSTEM  
IN PERSON TRAINING  
IN THE BEAUTIFUL MOUNTAINS  
OF WESTERN NORTH CAROLINA**



**August 9-10  
MVI Conference Center  
Flat Rock, NC**

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## Getting Clear about Financial Statements

The CEO is the real CFO! The CEO determines what reports will be used to manage as well as what the *Profit Standard* will be for an organization. Again, the CEO determines what financial statements will be used to manage. Here is a list of what you should as well as what you should NOT be doing.

### What you Should and Should NOT be Doing?

- No Budgets!!!
- No Allocations!!!
- Use of F9 or other DDE Tool
- Timeliness: Period Closed in 3<sup>rd</sup> the week of month
- Accuracy: Your competence
- Presentation: Always use the same flow
- Only Issue a Few Reports for Management
  - Comprehensive Model Report
  - Team/Location Report/IPU Report
  - Indirect Report
- Method of Delivery: Email Reports
- Remove Internal Consistency Issues
  - Just determine what reports will use to Manage

MVI Multi-View  
Incorporated

The Model  
Accounting & Finance Software

The CEO is the driver here...and the CFO makes it happen!

## Enough is Enough...

The question is whether or not you, as the CEO, have had "enough" to demand the financial statements you need to manage a highly profitable Hospice or Homecare organization? Remove the hindrance! Again, the CEO is the REAL CFO! The CEO is the primary influencer of effective and profitable operations. The CEO ultimately owns all performance! Now you have a list to use to get your financials in shape. Lean on MVI as we provide **unlimited support** for Network clients.



## NO BUDGETS!

The reasoning behind this is SO overwhelming to discuss it would take up the entire piece! Traditional annual budgeting is MADNESS for managing on-going operations! Use percentage of Net Patient Revenue (NPR) instead. Use this time for “productive” work rather than an exercise in futility. Productive work might include creating a highly tuned People Development, compensation or costing system. Go to the MVI website for the [PDF, No Budgets! Use NPR! CLICK HERE!](#)

## No Allocations of Indirect Costs

Allocations in financial statements distract and cause Managers to lose FOCUS. Too many CPAs and accountants slept through Cost II in college when the topic of “Responsibility Accounting” was taught. Responsibility Accounting tells us to only show Managers costs that are directly traceable to a department or area. That is, the costs they can control. It removes any allocation of other costs (other than Benefits), including G&A or overhead. Face it! Allocations do nothing to motivate staff while diluting FOCUS from the costs they can actually impact. Allocations are arbitrary at best. They are inherently FLAWED! This is why MVI recommends that you simply leave your Indirect Costs in their own respective categories and accounts with NO ALLOCATIONS in the General Ledger! Just let them stand, bare naked, for what they are. If you are operating on an NPR basis, you already know what they are. Why slice them up for everyone? Seems like busy work...with little ROI. Yes, we allocate costs when we do costing by diagnosis, payer, patient, clinician, referral source, etc. All are views of cost most Hospices and Homecare organizations can get when using MVI practices with relative ease (*See our website for step-by-step instructions*). Allocations are necessary for this type of costing...but they are NOT done in the General Ledger! They are done in special costing applications in the MA (Management Application). Don't confuse or demotivate people anymore! Lose the allocations in financial statements!

## Use F9 or Other DDE Tool AND Unit Accounts!

If I catch a CFO or financial person inputting any part of financial statements into an Excel spreadsheet, I want to slap their hands (*in the nicest possible way*)! IT IS UNNECESSARY and is a WASTE. This went out 20 years ago along with cell phones the size of breadboxes. Use F9. If your CFO does not use F9, the CEO must demand that F9 be utilized to save time and Energy for more important work. Your CFO should also be using the Unit Accounts (Dynamics, Solomon) or Memo Accounts (CYMA, SAGE) for your Number of Visits by Discipline, Number of Visit-Hours by Discipline and Numbers of Patient-Days. The easiest way to get these into your accounting system is via a reoccurring journal entry with the source data coming from a common revenue and expense report contained in most Patient Management Systems. It

For Only A Measly Pittance!

**IF YOU SUBSCRIBED,  
YOU'D GET THE REST OF THIS!  
TONS OF VALUE ARE SLIPPING  
THROUGH YOUR FINGER TIPS!**

**MVI**   
MULTI-VIEW INCORPORATED

# Presentation

The SAME formats and categories should be used in ALL financial statements. This simplifies the education of everyone at a Hospice or Homecare organization. Every financial report should follow a similar pattern unless there is a situation where such presentation would not give management optimal FOCUS. This means that your management and board financials would be very similar IF NOT THE SAME.

## Use Few Reports

We do NOT recommend issuing individual or departmental financial reports. This is yet another area of WASTE! We recommend a Hospice or Homecare organization use relatively few reports. We recommend an overall financial report (the Comprehensive Report – F9 Report) that displays EVERYONE'S performance (all clinical teams and support departments) in a single report. We also add the names of the individuals that lead each area (see *examples*). This becomes the "Wall of Fame or Shame." We want a transparent organization where performance is public. In addition, we recommend clinical team reports that show each team, side-by-side, for comparison purposes. This is the Team/Location Report in the MVI world. The Team/Location Report (an F9 report) includes not only financial performance but also key operational statistics such as Computed Caseloads, Average Visits Per Patient Per Week, Number of Visits, Number of Visit Hours, Average Visit Duration...all by discipline. Basically the SAME information that is computed in the MVI Benchmarking Application is also used for clinical management reporting. There is no wasted effort here. IF all departments and clinical teams are receiving individual reports, you are wasting a lot of time and are not getting the full benefit from the power of peer pressure to perform. You are creating silos. We also recommend the Indirect Report that shows every Indirect area on a few sheets of paper!

**MVI does NOT recommend every department or area receive an "individual" financial report. To the degree possible, put all areas side-by-side to simplify reporting and induce peer pressure (Accountability) to perform.**

Here are the Reports:

- Comprehensive Model Report
- Team/Location Report/IPU Report
- Indirect Report
- Best Board Income Statement

## Method of Delivery

Financial reports should be emailed to each Manager when they are complete. This is about customer service. A Finance department lives to serve other areas and departments. We want department heads and Clinical Leaders to be happy with how they are served by Indirect departments. It is not good enough to "put the reports on the H: Drive" and be done with it. Make it EASY for people to get their financials. Email them!



Balancing Purpose and Profit...

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Multi-View Incorporated Systems

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# Internal Consistency Issues

Since the inception of relational databases, different reports with similar information contain “differences” – meaning that “the reports don’t agree” when they come from the same system. Virtually every Hospice or Homecare company I have ever seen has this situation! Why is this so? There are a few reasons. The fact that each report is a different query and therefore renders a different result is the most common reason. Each report is giving exactly what is being asked for in the query, right or wrong. The other reason may be a data-corruption issue or some other serious thing. Usually it is the former of these two explanations...or it could be a combination of both! Normally the biggest culprit is the Patient Management System. How does this impact the financial statements? Because your financial statements should contain the essential operational statistics, Number of Visits by Discipline, Number of Visit-Hours by Discipline and Numbers of Patient-Days. If these are NOT in your clinical financial statements, you don’t have very good reports as they are NEEDED to calculate Computed Caseloads by Discipline, Average Visits Per Patient Per Week by Discipline, Average Visit Durations by Discipline, Average Visit-Hours Per Patient Per Week by Discipline, etc. – you know, the same stats in the MVI Benchmarking Application that you need to actually manage a Hospice or Homecare organization well! So what is the solution for internal consistency issues? PICK YOUR REPORT and make it THE REPORT, your GOLD STANDARD REPORT that you will use to manage your Hospice or Homecare organization. Yes, simply choose the reports that you will use to measure performance and even compensate people...even if the reports are flawed! Say to your folks “These are the reports that we use to manage” and people will alter their behavior to improve their performance on those specific reports... if you have strong Accountability. If Accountability is not strong, your reports have little value and may even be meaningless...

## What Financial Reports Do You Manage With? The F9 Report Templates Available for all MVI Network Clients.

### Fewer Reports = Better Reporting

Much like in medicine, you want the minimum effective dose. Dozens of pages of financials eventually leads to confusion, whereas few reports comparing your teams locations and Indirect areas to each other in streamlined reports encourages peer pressure and Accountability.

### The Four Primary Reports

1. Comprehensive Model Report
2. Team/Location Report
3. Indirect Report
4. Benchmarking Report(s)

The first three give internal perspective, while **benchmarking** provides the additional, critical objective external perspective to develop true professional Managers!!

The following are some of the reports MVI recommends.

# 1) The Comprehensive Model Report

Comprehensive Model Report								
Sunny Day Hospice								
YTD December, 2008								
Area/Program	Leader	Direct Labor	NPR% Model	Patient Related	NPR% Model	Contribution Margin	NPR% Model	Performance Pay
Hospice-Location 4	Johnny Rattler	34.7%	35.0%	4.5%	17.0%	60.9%	48.0%	0.0%
Hospice-Location 5	Jolly Roger	76.8%	35.0%	0.0%	17.0%	23.2%	48.0%	0.0%
Hospice-Location 6	Shivers Dunkin	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 7	Jonas White	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 8	Carrie Slasher	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 9	Betty Horn	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Inpatient Unit (Loc 3)	Harriet Mackie	53.7%	59.0%	0.0%	17.0%	46.3%	24.0%	0.0%
Palliative Care (Loc 2)	Jill Scallywag	0.0%	70.0%	0.0%	17.0%	0.0%	13.0%	0.0%
<b>Total Organizational</b>		<b>39.8%</b>	<b>40.0%</b>	<b>3.6%</b>	<b>17.0%</b>	<b>56.6%</b>	<b>43.0%</b>	<b>0.0%</b>
Centralized Direct	Leader	Labor		Other		Total %	Model %	Performance
On-Call	Chris Davis	3.2%	3.00%	0.0%	0.05%	3.2%	3.1%	0.0%
Admissions	Ella Blue Ramsay	1.2%	3.00%	0.0%	0.05%	1.2%	3.1%	0.0%
Bereavement	Lil Timbers	3.1%	1.00%	0.0%	0.05%	3.1%	1.1%	0.0%
Volunteer	Mabel Barrels	1.4%	1.00%	0.0%	0.05%	1.4%	1.1%	0.0%
<b>Total Centralized</b>		<b>9.0%</b>		<b>0.0%</b>		<b>9.0%</b>	<b>8.2%</b>	<b>0.0%</b>
Indirect Areas	Leader	Labor		Other		Total %	Model %	Performance
Administration	John Rugged	3.9%	3.50%	0.0%	0.05%	3.9%	3.6%	0.0%
Clinical Management	Sal Prisk	7.2%	5.50%	12.7%	0.05%	19.9%	5.6%	0.0%
Compliance/QAPI	Moll Biscuit	0.9%	1.50%	0.0%	0.05%	0.9%	1.6%	0.0%
Education	Vera Skewers	1.6%	1.00%	0.0%	0.05%	1.6%	1.1%	0.0%
Finance	Tobias Story	2.6%	2.25%	0.0%	0.05%	2.6%	2.3%	0.0%
HR	Nancy Harpo	1.1%	0.75%	0.0%	0.05%	1.1%	0.8%	0.0%
Marketing	Roger Sellick	0.6%	2.00%	0.0%	0.05%	0.6%	2.1%	0.0%
Medical Director	Jacob Haul	0.0%	1.25%	0.0%	0.05%	0.0%	1.3%	0.0%
Medical Records	Eli Goodwin	1.5%	1.00%	0.0%	0.05%	1.5%	1.1%	0.0%
MIS	Mack Sweet	1.0%	1.25%	0.0%	0.05%	1.0%	1.3%	0.0%
Other	Lin Marko	0.0%	0.00%	0.0%	0.05%	0.0%	0.1%	0.0%
<b>Total Indirect</b>		<b>20.3%</b>		<b>12.7%</b>		<b>33.1%</b>	<b>20.6%</b>	<b>0.0%</b>
Operating/Facility	Leader					Total %	Model %	
Operating	Sammy Quick					8.20%	8.0%	
Facility-Related	George Fry					1.73%	4.0%	
<b>Total Operating/Facility</b>						<b>9.9%</b>	<b>12.0%</b>	
<b>Total Operating Indirects</b>						<b>43.0%</b>	<b>32.6%</b>	
<b>Total Operating Expenses</b>						<b>95.3%</b>	<b>97.8%</b>	
						<b>Total</b>	<b>Model</b>	
<b>Operating Income/(Loss)</b>						<b>4.7%</b>	<b>2.3%</b>	
Non-Operating Income								
Support								
Fundraising								
Investment and Interest								
Other Programs								
<b>Total Non-Operating Income (Loss)</b>								
<b>Net Income (Loss)</b>								
<b>Control Total</b>								

A great Best Known Practice is the One Page (if possible) Comprehensive Model Report. Basically, this report shows on a single page how every functional area of a Hospice is performing regarding the Model.

The Comprehensive Model Report is useful to gain a “big picture,” “non-siloed” perspective of every business segment and supporting area based on its impact on the MAIN business using an NPR percentage measurement. What this means is that if the Mothership of the organization is the Hospice business (the Hospice is the primary business which all others exist), then the “net” income, loss or cost of each other business segment and area is measured as a percentage of Hospice Homecare’s percentage of Net Patient Revenue and NOT their own! All areas are commonized. This enables a user of this report to quickly and efficiently see the IMPACT of each area on the Mothership and the *Profit Standard*. Business segments that are consuming an inordinate amount of resources can be identified and resources re-directed to more valuable or profitable ends in light of the organization’s primary business segment.

In addition, each Manager is personally identified in the Comprehensive Model Report. This adds another layer of Accountability to your Model. This report is not only used by Executive team members, but is also distributed to ALL Managers! All Managers can see who is “winning” and who is “losing.” This peer pressure (a Method of Master Teachers) helps motivate Managers to adopt better practices and stop doing poor practices.

Without such a report, it is very easy for an Executive to lose sight of the financial impact of every area and business segment on the primary business. This is another way to gain perspective on the allocation of resources (Management).

The Comprehensive Model Report is issued by the 3rd week after a month end.

- High-Level
- Quickly see the financial impact of each supporting area and business segment on the primary business
- A tool for precise decisions regarding resource allocation
- Used to increase Accountability via peer pressure
- The NPR percentages should be based on professional perspective gained from MVI Benchmarking - a national (nonfiltered) query which should be distributed “monthly or at minimum quarterly” to all Managers.

NOTE: All performance pay based on savings is shown in a separate column so that it does not penalize Managers as a year progresses when measured against the Model. Performance pay which is NOT based on savings is reflected in normal compensation.

<b>Sunny Day Hospice - Comprehensive Model Report (An F9 Report)</b>									
<b>Period:</b>		<b>March YTD</b>							
<b>Area</b>	<b>Leader</b>	<b>Direct Labor</b>	<b>Model</b>	<b>Patient Related</b>	<b>Model</b>	<b>Contribution Margin</b>	<b>Model</b>	<b>Traceable Indirect</b>	<b>Model</b>
Team 1	Sue Brown	30.2%	30.0%	23.5%	22.0%	46.3%	48.0%	4.6%	3.0%
Team 2	Jill Lental	33.9%	30.0%	26.3%	22.0%	37.8%	48.0%	2.4%	3.0%
Team 3	Sam Jones	28.7%	30.0%	19.6%	22.0%	51.7%	48.0%	2.8%	3.2%
<b>Average</b>		30.9%	30.0%	23.8%	22.0%	45.3%	48.0%	3.3%	3.1%
<b>Centralized Direct</b>		<b>Labor</b>	<b>Model</b>			<b>Other</b>	<b>Model</b>	<b>Total</b>	<b>Model</b>
Admissions	Chris Davis	4.2%	2.5%			2.5%	0.3%	6.7%	2.8%
On-Call	Jane Swift	2.2%	2.5%			2.5%	0.3%	4.7%	2.8%
Bereavement	Kim Black	0.7%	1.0%			1.0%	0.1%	1.7%	1.1%
Volunteer	Val Tiff	1.0%	1.0%			1.0%	0.1%	2.0%	1.1%
<b>Total</b>		8.1%	7.0%			7.0%	0.7%	15.1%	7.7%
<b>Indirect Areas</b>		<b>Labor</b>	<b>Model</b>			<b>Other</b>	<b>Model</b>	<b>Total</b>	<b>Model</b>
Administration	Linda White	4.6%	3.0%			0.1%	0.3%	4.7%	3.3%
Medical Admin	Cracker Jack	8.1%	5.0%			0.2%	0.5%	8.3%	5.5%
Medical Director	Larry Reid	2.0%	1.5%			0.4%	0.2%	2.4%	1.7%
Finance	Captain Crunch	2.3%	2.5%			0.1%	0.3%	2.4%	2.8%
HR	Nancy Harpo	0.8%	1.0%			0.1%	0.1%	0.9%	1.1%
IT	Sid Vicous	1.3%	1.0%			0.2%	0.1%	1.5%	1.1%
Medical Records	Cheryl Green	0.9%	1.2%			0.1%	0.1%	1.0%	1.3%
QI/QA	Lin Marko	1.0%	1.0%			0.2%	0.1%	1.2%	1.1%
Education	Alto Sand	1.1%	1.0%			0.2%	0.1%	1.3%	1.1%
<b>Total</b>		22.1%	17.2%			1.6%	1.7%	23.7%	18.9%
Other Operational	Linda White	4.1%	4.0%					4.1%	4.0%
Facility-Related	Linda White	4.3%	4.5%					4.3%	4.5%
<b>Total</b>		8.4%	8.5%					8.4%	8.5%
<b>Total Indirect</b>		30.5%	25.7%					32.1%	27.4%
<b>Total Expenses</b>								<b>Total</b>	<b>Model</b>
								95.7%	86.2%
<b>Profit</b>								<b>4.3%</b>	<b>13.8%</b>

On this report, every part of the Hospice is represented. Everyone can see what they are contributing to the effort regarding their respective performance.

## 2) Model Report for Multi-Team/Location

### Team/Location Report

Sunny Day Hospice  
For Periods Ending April 2022

	Model	SDH Total	Katie West	Bill East	Jill North	Lilly South	Valerie Blue	Ryan Red	Billy Purple	Maggie White
ADC		306.8	52.2	34.7	36.9	30.7	52.9	36.6	32.1	30.7
ADC Goal		350	72	70	50	32	55	58	50	35
<b>Revenue</b>										
Medicare	95.00%	95.57%	95.77%	95.58%	97.05%	94.74%	94.75%	83.91%	102.76%	101.43%
Medicaid	3.70%	2.75%	0.07%	1.66%	-	6.99%	4.30%	9.15%	-	-
Insurance	3.00%	3.47%	5.94%	5.95%	2.19%	-	2.85%	8.61%	-	0.60%
Self Pay	0.05%	0.42%	0.49%	0.35%	2.76%	-	-	-	-	-
Adjustments	(1.75%)	(2.21%)	(2.26%)	(3.55%)	(2.00%)	(1.73%)	(1.89%)	(1.68%)	(2.76%)	(2.03%)
<b>Total Revenue</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Direct Labor</b>										
Nurses	13.50%	13.58%	12.25%	9.15%	12.96%	11.50%	16.88%	12.38%	16.25%	13.25%
Admissions	3.00%	2.80%	5.54%	8.14%	4.45%	5.58%	2.11%	3.02%	2.14%	4.34%
CNA	7.00%	4.77%	5.82%	6.33%	5.64%	4.86%	3.11%	6.26%	4.20%	2.34%
SW	3.00%	3.24%	4.08%	5.10%	1.91%	1.45%	2.35%	4.46%	3.59%	2.85%
SC	2.00%	2.29%	2.09%	3.26%	1.60%	1.77%	2.38%	2.18%	3.11%	1.97%
On-Call	3.00%	5.90%	4.72%	7.95%	5.39%	5.12%	2.76%	3.04%	11.61%	6.10%
Volunteer	1.50%	1.41%	1.46%	1.40%	2.43%	0.88%	1.18%	1.87%	-	2.19%
Physicians/NPs	2.00%	2.39%	3.16%	4.50%	4.35%	1.88%	0.59%	1.10%	2.32%	2.15%
<b>Total Direct Labor</b>	<b>35.00%</b>	<b>36.39%</b>	<b>39.11%</b>	<b>45.84%</b>	<b>38.73%</b>	<b>33.04%</b>	<b>31.36%</b>	<b>34.30%</b>	<b>43.21%</b>	<b>35.19%</b>
<b>Direct Patient-Related Expenses</b>										
Pharmacy	5.70%	4.71%	6.80%	7.92%	4.21%	6.24%	1.87%	5.11%	3.11%	3.46%
DME	3.70%	3.56%	5.63%	3.29%	3.76%	4.72%	3.04%	2.82%	2.62%	2.10%
Medical Supplies	1.30%	3.77%	2.88%	4.18%	3.80%	3.68%	3.22%	3.80%	5.12%	4.27%
Mileage & Vehicles	2.00%	1.02%	3.34%	0.43%	0.82%	0.31%	0.42%	0.43%	0.71%	0.87%
Mobile Phone	0.20%	0.29%	0.28%	0.45%	0.27%	0.30%	0.28%	0.27%	0.28%	0.17%
Other	0.10%	0.08%	0.05%	0.23%	0.15%	0.06%	0.06%	0.09%	-	-
<b>Total Direct Expenses</b>	<b>13.00%</b>	<b>13.42%</b>	<b>18.98%</b>	<b>16.49%</b>	<b>13.00%</b>	<b>15.32%</b>	<b>8.89%</b>	<b>12.52%</b>	<b>11.84%</b>	<b>10.88%</b>
<b>Indirect Expenses</b>										
Rent		1.75%	1.47%	1.97%	3.48%	1.88%	2.36%	0.42%	1.28%	1.05%
Indirect Costs		0.40%	0.14%	0.26%	0.21%	0.07%	0.19%	0.16%	2.55%	2.62%
<b>Total Indirect Expenses</b>	<b>2.00%</b>	<b>2.15%</b>	<b>1.61%</b>	<b>2.22%</b>	<b>3.69%</b>	<b>1.96%</b>	<b>2.56%</b>	<b>0.57%</b>	<b>3.82%</b>	<b>3.66%</b>
<b>Total Expense</b>	<b>50.00%</b>	<b>51.96%</b>	<b>59.70%</b>	<b>64.55%</b>	<b>55.42%</b>	<b>50.31%</b>	<b>42.80%</b>	<b>47.39%</b>	<b>58.88%</b>	<b>49.73%</b>
<b>Contribution Margin</b>	<b>50.00%</b>	<b>48.04%</b>	<b>40.30%</b>	<b>35.45%</b>	<b>44.58%</b>	<b>49.69%</b>	<b>57.20%</b>	<b>52.61%</b>	<b>41.12%</b>	<b>50.27%</b>

### Operational Statistics

#### Out of Standards

Perfect Visit/Complaints (Gifts)	5	-	-	2	-	2	-	1	-
Documentation Errors	13	-	1	4	1	2	-	3	2
Efficiencies	7	-	2	-	3	1	-	1	-
<b>Total Out of Standards</b>	<b>25</b>	<b>-</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>-</b>	<b>5</b>	<b>2</b>

#### Computed Caseloads

Nurses	12	8	10	14	10	10	6	8	7	8
Admissions	50	45	23	17	45	23	40	34	26	53
CNA	10	12	10	9	11	12	17	9	12	22
SW	28	28	23	19	53	65	38	20	24	30
SC	75	36	41	27	56	47	33	37	24	39
On-Call	50	16	21	13	19	19	33	16	7	14
Volunteer	100	38	41	26	26	68	47	31	-	25
Physicians/NPs	140	73	57	42	44	95	286	157	70	76

#### Total Number of Visits

Nurses	2,858	520	287	244	186	712	270	400	239
Admissions	144	19	23	14	10	34	24	7	13
CNA	1,543	275	265	254	197	231	153	105	63
SW	1,538	327	315	119	109	232	145	193	98



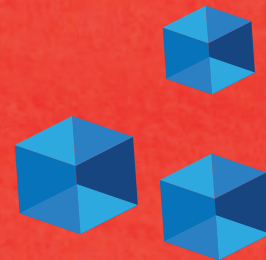
This is an example of the lower section of the Team/Location Report. These are the same statistics that you'd use when benchmarking with MVI! They are the stats needed to run a clinical team.

<b>Team/Location Report</b>											
Sunny Day Hospice			SDH	Katie	Bill	Jill	Lilly	Valerie	Ryan	Billy	Maggie
For Periods Ending April 2022		Model	Total	West	East	North	South	Blue	Red	Purple	White
<b>Total Expense</b>		50.00%	51.96%	59.70%	64.55%	55.42%	50.31%	42.80%	47.39%	58.88%	49.73%
<b>Contribution Margin</b>		50.00%	48.04%	40.30%	35.45%	44.58%	49.69%	57.20%	52.61%	41.12%	50.27%
<b>Operational Statistics</b>											
<b>Out of Standards</b>											
Perfect Visit/Complaints (Gifts)			5	-	-	2	-	2	-	1	-
Documentation Errors			13	-	1	4	1	2	-	3	2
Efficiencies			7	-	2	-	3	1	-	1	-
<b>Total Out of Standards</b>			25	-	3	6	4	5	-	5	2
<b>Computed Caseloads</b>											
Nurses		12	8	10	14	10	10	6	8	7	8
Admissions		50	45	23	17	45	23	40	34	26	53
CNA		10	12	10	9	11	12	17	9	12	22
SW		28	28	23	19	53	65	38	20	24	30
SC		75	36	41	27	56	47	33	37	24	39
On-Call		50	16	21	13	19	19	33	16	7	14

For ZERO RISK!

**WHAT ARE YOU WAITING FOR!**  
**MILLIONS** ARE SLIPPING  
 THROUGH YOUR FINGER TIPS!

**MVI**



MULTI-VIEW INCORPORATED

### 3) Indirect Report

The key here is to report what you have available. A report like the one below works great if you have good detail of costs broken out by department across the natural account segment. This type of perspective will give you itemization for administrative Accountability to answer questions like, "How much can IT spend on continuing education?"

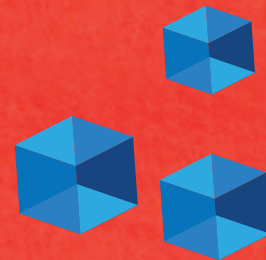
Indirect Report		All Percentages are a percentage of Net Patient Revenue (NPR)												NPR =	\$ 805,881
Year: 2008		Admin	Model	Actual %	Model %	Clinical Admin	Model	Actual %	Model %	Compliance QAPI	Model	Actual %	Model %	Education	
Period: July															
<b>Expense</b>															
Salaries		22,873	18,121	2.84%	2.25%	17,022	16,824	2.11%	2.09%	9,283	5,264	1.15%	0.65%	8,508	
Contract Labor		-	-	0.00%	0.00%	-	1,469	0.00%	0.18%	-	-	0.00%	0.00%	-	
Mileage Admin		-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Vehicle Expense		-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Computer Expense		3,126	4,180	0.39%	0.52%	-	135	0.00%	0.02%	-	-	0.00%	0.00%	-	
Computer Support		-	419	0.00%	0.05%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Consulting Expense		2,710	1,454	0.34%	0.18%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Cont. Education		2,975	802	0.37%	0.10%	-	27	0.00%	0.00%	-	-	0.00%	0.00%	-	
Dues, Licenses, & Subscriptions		3,060	905	0.38%	0.11%	-	26	0.00%	0.00%	-	-	0.00%	0.00%	-	
Books and Publications		-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Lease/Rent Equipment Expense		-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
General Meetings		-	38	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Mileage-non patient related		965	74	0.12%	0.01%	-	2	0.00%	0.00%	-	-	0.00%	0.00%	-	
Minor Equipment		1,475	1,923	0.18%	0.24%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Miscellaneous		75	75	0.01%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	
Office Supplies		2,350	1,617	0.29%	0.20%	-	-	0.00%	0.00%	-	29	0.00%	0.00%	-	
Pagers-Non Pt. Related		-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	

An Enlightened Culture Awaits!

**IF YOU SUBSCRIBED,  
YOU'D BE A LOT COOLER!**

**TONS OF CLINICIANS WANTING TO  
WORK AT YOUR ORGANIZATION!**

**MVI**



**MULTI-VIEW INCORPORATED**

Indirect Report		All Percentages are a percentage of Net Patient Revenue (NPR)												NPR = \$ 805,881	
Year: 2008		Admin	Model	Actual %	Model %	Clinical Admin	Model	Actual %	Model %	Compliance QAPI	Model	Actual %	Model %	Education	Model
Period: July															
<b>Expense</b>															
Salaries	22,873	18,121	2.84%	2.25%	17,022	16,824	2.1%	2.09%	9,283	5,264	1.6%	0.65%	8,508	1,206	
Contract Labor	-	-	0.00%	0.00%	-	1,469	0.00%	0.18%	-	-	0.00%	0.00%	-	445	
Mileage Admin	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Vehicle Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Computer Expense	3,126	4,180	0.39%	0.52%	-	135	0.00%	0.02%	-	-	0.00%	0.00%	-	-	
Computer Support	-	419	0.00%	0.05%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Consulting Expense	2,710	1,454	0.34%	0.18%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Cont. Education	2,975	802	0.37%	0.10%	-	27	0.00%	0.00%	-	-	0.00%	0.00%	-	20	
Dues, Licenses, & Subscriptions	3,060	905	0.38%	0.11%	-	26	0.00%	0.00%	-	-	0.00%	0.00%	-	7	
Books and Publications	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Lease/Rent Equipment Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
General Meetings	-	38	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Mileage-non patient related	965	74	0.12%	0.01%	-	2	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Minor Equipment	1,475	1,923	0.18%	0.24%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Miscellaneous	75	75	0.01%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Office Supplies	2,350	1,617	0.29%	0.20%	-	-	0.00%	0.00%	-	29	0.00%	0.00%	-	-	
Pagers-Non Pt. Related	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Postage/Mailings	1,643	654	0.20%	0.08%	-	3	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Service Contracts - Operating	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Telephone	2,471	1,674	0.31%	0.21%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Marketing Materials	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	2,609	4,581	
<b>Total</b>	<b>43,723</b>	<b>31,935</b>	<b>5.43%</b>	<b>3.96%</b>	<b>17,022</b>	<b>18,486</b>	<b>2.1%</b>	<b>2.29%</b>	<b>9,283</b>	<b>5,293</b>	<b>1.6%</b>	<b>0.66%</b>	<b>11,117</b>	<b>6,258</b>	
<b>Expense</b>															
Salaries	38,878	49,500	4.82%	6.14%	3,577	11,876	0.44%	1.47%	-	-	0.00%	0.00%	-	-	
Contract Labor	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Mileage Admin	-	171	0.00%	0.02%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Vehicle Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Computer Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Computer Support	-	494	0.00%	0.06%	-	434	0.00%	0.05%	-	-	0.00%	0.00%	-	-	
Consulting Expense	-	102	0.00%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Cont. Education	-	404	0.00%	0.05%	-	72	0.00%	0.01%	-	-	0.00%	0.00%	-	-	
Dues, Licenses, & Subscriptions	-	-	0.00%	0.00%	-	133	0.00%	0.02%	-	-	0.00%	0.00%	-	-	
Books and Publications	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Lease/Rent Equipment Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
General Meetings	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Mileage-non patient related	-	89	0.00%	0.01%	-	11	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Minor Equipment	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Miscellaneous	-	-	0.00%	0.00%	-	34	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Office Supplies	-	2	0.00%	0.00%	-	26	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Pagers-Non Pt. Related	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Postage/Mailings	-	-	0.00%	0.00%	-	588	0.00%	0.07%	-	-	0.00%	0.00%	-	-	
Service Contracts - Operating	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Telephone	-	84	0.00%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
Marketing Materials	-	-	0.00%	0.00%	-	4	0.00%	0.00%	-	-	0.00%	0.00%	-	-	
<b>Total</b>	<b>38,878</b>	<b>50,846</b>	<b>4.82%</b>	<b>6.31%</b>	<b>3,577</b>	<b>13,179</b>	<b>0.44%</b>	<b>1.64%</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>0.00%</b>	<b>-</b>	<b>-</b>	

# Analysis of Indirect Costs from the MVI Benchmarking System

In addition to the Indirect Report, all Managers should receive the Analysis of Indirect Costs from the MVI Benchmarking Application. This report is issued on a monthly, or at minimum quarterly, to gain professional perspective. Run your MVI Management Application reports for both the default YTD period as well as for the month. This will show you whether you're moving "in or out" of your Model.



**THINK MORE DIFFERENT.  
SUBSCRIBE!**

# 4) Inpatient Management Report

Inpatient Unit Management Report							
Team: For the Period Ending March 31, 2008							
Year: 2008							
	Period Actual	Period NPR%	YTD Actual	YTD NPR%	Model NPR%	NPR% Variance	YTD from Standard
						Period from Standard	
<b>Revenue</b>							
Medicare	111,300.00	93.23%	319,200.00	94.09%	80.00%	-13.23%	-14.09%
Medicaid	4,200.00	3.52%	9,800.00	2.89%	5.00%	1.48%	2.11%
Commercial Benefit	7,000.00	5.86%	19,600.00	5.78%	8.00%	2.14%	2.22%
Commercial FFS	-	0.00%	-	0.00%	5.00%	5.00%	5.00%
Medicaid RB (own unit)	-	0.00%	-	0.00%	3.00%	3.00%	3.00%
Other RB (own unit)	-	0.00%	-	0.00%	6.00%	6.00%	6.00%
Physician Billing	-	0.00%	-	0.00%	6.00%	6.00%	6.00%
Self Pay	-	0.00%	-	0.00%	2.00%	2.00%	2.00%
Other Charity Rev	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Adjustments	(3,114.07)	-2.61%	(9,342.60)	-2.75%	-10.00%	-7.39%	-7.25%
<b>Total</b>	<b>119,385.93</b>	<b>100.00%</b>	<b>339,257.40</b>	<b>100.00%</b>	<b>106.00%</b>	<b>6.00%</b>	<b>6.00%</b>
<b>IPU Labor</b>							
Manager/Charge RN	-	0.00%	-	0.00%	6.50%	Desirable NonDesirable	Desirable NonDesirable
Ward Clerks	-	0.00%	-	0.00%	3.50%	6.50%	6.50%
Nurses	35,098.67	29.40%	102,830.72	30.31%	33.00%	3.50%	2.69%
Hospice Aide	27,135.76	22.73%	77,838.65	22.94%	15.00%	-7.73%	-7.94%
SW	-	0.00%	-	0.00%	2.50%	3.60%	2.69%
Spiritual Care	1,304.37	1.09%	3,772.32	1.11%	1.00%	-0.09%	-0.11%
Physician	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Nurse Practitioner	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
On-Call	5,115.84	4.29%	14,648.86	4.32%	1.00%	-3.29%	-3.32%
Admissions	2,432.12	2.04%	6,056.94	1.79%	1.00%	-1.04%	-0.79%
Bereavement	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Volunteer	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Other/Maintenance	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
<b>Total</b>	<b>71,086.75</b>	<b>0.60</b>	<b>205,147.50</b>	<b>0.60</b>	<b>68.50%</b>	<b>8.96%</b>	<b>8.03%</b>
<b>Direct Patient Related Expenses</b>							
Ambulance	135.00	0.11%	506.30	0.15%	1.00%	Desirable NonDesirable	Desirable NonDesirable
Bio Hazardous	-	0.00%	-	0.00%	0.10%	0.89%	0.85%
Crisis Care???	-	0.00%	-	0.00%	0.15%	0.10%	0.10%
Dietary	62.96	0.05%	164.90	0.05%	0.08%	0.15%	0.15%
DME	490.34	0.41%	1,307.56	0.39%	0.40%	-0.01%	0.01%
ER	1,284.46	1.08%	3,636.14	1.07%	0.00%	-1.08%	-1.07%
Food	1,219.37	1.02%	4,030.81	1.19%	1.75%	0.73%	0.56%
Imaging	-	0.00%	-	0.00%	0.10%	0.10%	0.10%
Lab	8.50	0.01%	8.50	0.00%	0.10%	0.09%	0.10%
Linen	569.89	0.48%	1,816.80	0.54%	1.00%	0.52%	0.46%
Medical Supplies	1,284.46	1.08%	3,636.14	1.07%	2.00%	0.92%	0.93%
Mileage	-	0.00%	-	0.00%	0.12%	0.12%	0.12%
Mobile Phone	-	0.00%	-	0.00%	0.07%	0.07%	0.07%
Other	-	0.00%	-	0.00%	0.00%	0.00%	0.00%
Outpatient	-	0.00%	-	0.00%	0.15%	0.15%	0.15%
Oxygen	-	0.00%	-	0.00%	0.48%	0.48%	0.48%
Field Device (Pagers)	-	0.00%	-	0.00%	0.00%	0.00%	0.00%
Pharmacy	-	0.00%	-	0.00%	4.00%	4.00%	4.00%
Therapies	71.99	0.06%	1,945.14	0.57%	0.50%	0.44%	-0.07%
Pass-Through Residual	-	0.00%	-	0.00%	0.00%	0.00%	0.00%
<b>Total</b>	<b>5,126.97</b>	<b>4.29%</b>	<b>17,052.29</b>	<b>5.03%</b>	<b>12.00%</b>	<b>7.71%</b>	<b>6.97%</b>
<b>Total Direct Expense</b>	<b>76,213.72</b>	<b>63.84%</b>	<b>222,199.79</b>	<b>65.50%</b>	<b>80.50%</b>	<b>16.66%</b>	<b>15.00%</b>
<b>Contribution Margin</b>	<b>43,172.21</b>	<b>36.16%</b>	<b>117,057.61</b>	<b>34.50%</b>	<b>25.50%</b>	<b>-10.66%</b>	<b>-9.00%</b>
<b>Statistics</b>							
<b>Average Daily Census (A)</b>	-	-	-	-	10.0	10.00	10.00
GIP	-	-	-	-	8.0	8.00	8.00
Residential	-	-	-	-	1.0	1.00	1.00
CC	-	-	-	-	1.0	1.00	1.00
Respite	-	-	-	-	-	0.00	0.00
<b>Average Length of Stay (L)</b>	-	-	-	-	8.0	8.00	8.00
<b>Number of Patient Days (D)</b>	-	-	-	-	0.1	0.07	0.07
GIP	-	-	-	-	0.1	0.07	0.07
Residential	-	-	-	-	0.1	0.07	0.07
CC	-	-	-	-	0.1	0.07	0.07
Respite	-	-	-	-	0.1	0.07	0.07
<b>Percentage of Occupanc</b>	-	-	-	-	0.1	0.07	0.07

The Inpatient Management Report is like the other reports only for IPUs. Because it has slightly different Labor groupings (including some Indirect Costs), it can be a separate or additional report to assist the IPU Manager make good management decisions. However, many times Hospices will include the IPU, with different NPR Model percentages, along with the Hospice Homecare teams in the Team/Location report.

# The Best Board Income Statement

Here is what is referred to as the "Best Board Income Statement" by many Hospices

Sunny Day Hospice Statement of Income Year to Date September																				
	Hospice Homecare				Inpatient Unit				Other Program(s)				Indirect & Corporate				Total			
	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %
<b>Operating Revenue</b>																				
Medicare	1,249,244	1,370,256	111.86%	111.86%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	1,249,244	1,370,256	111.86%	111.86%
Medicaid	109,133	119,608	9.66%	9.66%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	109,133	119,608	9.66%	9.66%
Commercial Ins.	31,046	33,865	8.15%	8.15%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	31,046	33,865	8.15%	8.15%
Patient Pay	(4,568)	(5,010)	-0.41%	-0.41%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	(4,568)	(5,010)	-0.41%	-0.41%
Staff Physician	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Other	3,293	10,193	0.83%	0.83%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	3,293	10,193	0.83%	0.83%
Revenue Adjustments	(336,184)	(368,743)	-30.10%	-30.10%	-	-	0.00%	0.00%	(148)	(162)	-0.01%	-0.01%	-	-	0.00%	0.00%	(336,332)	(368,905)	-30.12%	-30.12%
<b>Total</b>	<b>1,116,364</b>	<b>1,223,162</b>	<b>109.61%</b>	<b>109.61%</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>0.00%</b>	<b>(148)</b>	<b>(162)</b>	<b>-0.01%</b>	<b>-0.01%</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>0.00%</b>	<b>1,116,016</b>	<b>1,222,998</b>	<b>109.50%</b>	<b>109.50%</b>
<b>Operating Expenses</b>																				
<i>Payroll-Related</i>																				
PM	193,471	212,212	17.32%	17.32%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	193,471	212,212	17.32%	17.32%
LPN	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
CNA	52,511	51,597	4.70%	4.70%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	52,511	51,597	4.70%	4.70%
SW	78,154	86,739	7.09%	7.09%	349	383	0.03%	0.03%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	78,483	87,122	7.12%	7.12%
PC	33,604	43,441	3.55%	3.55%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	33,604	43,441	3.55%	3.55%
Physician	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
On-Call	33,334	43,210	3.53%	3.53%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	33,334	43,210	3.53%	3.53%
Admissions	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Reassignment	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	3,129	3,432	0.28%	0.28%	3,129	3,432	0.28%	0.28%
Volunteer	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	34,708	38,071	3.1%	3.1%	34,708	38,071	3.1%	3.1%
Triage	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	38,280	41,969	3.43%	3.43%	38,280	41,969	3.43%	3.43%
<b>Total</b>	<b>404,114</b>	<b>443,260</b>	<b>36.18%</b>	<b>36.18%</b>	<b>349</b>	<b>383</b>	<b>0.03%</b>	<b>0.03%</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>0.00%</b>	<b>76,118</b>	<b>83,492</b>	<b>6.82%</b>	<b>6.82%</b>	<b>480,581</b>	<b>527,154</b>	<b>43.03%</b>	<b>43.03%</b>
<i>Patient-Related Expenses</i>																				
Ambulance	1,544	1,634	0.14%	0.14%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	1,544	1,634	0.14%	0.14%
Bio Hazards	435	477	0.04%	0.04%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	435	477	0.04%	0.04%
Confession Care	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Diary	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
DME	20,670	22,672	1.85%	1.85%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	20,670	22,672	1.85%	1.85%
ER	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%

Join The 90th Percentile!

**STILL SITTING ON THE FENCE?  
THAT'S UNCOMFORTABLE!**

**MVI**  
**JUST DON'T NOT DO IT.**

# From the Ancient MVI Scrolls...

from cave #18, scroll 2

## eXXXcel Centerfold

(tell your coworkers you're subscribing for the articles)



Special Talent: Creating Hidden Formulas

Favorite Hobbies Include: A Long Cost Report Season

Dimensions: 24/35/1 (with 3 screens)

Sign: Aquarius Favorite Movie: The Accountant

\*In Hospice light-heartedness is a good quality

# Get Hooked!



## WHY Do So Many Hospices Choose MVI? Because It's Life-Changing! **And Risk Free!**

### **COST REPORT PACKAGE**

Only \$250/Month  
For 1 Medicare  
Cost Report Prep!

**MORE INFO**

### **BENCHMARKING PACKAGE**

Only \$275/Month  
Know **PRECISELY** Where To  
Focus & How You Compare  
To 800+ Hospices

**MORE INFO**

### **NETWORK PACKAGE**

Only \$400/Month  
Best Known Practices  
Includes 1 Medicare  
Cost Report Prep!!!

**MORE INFO**

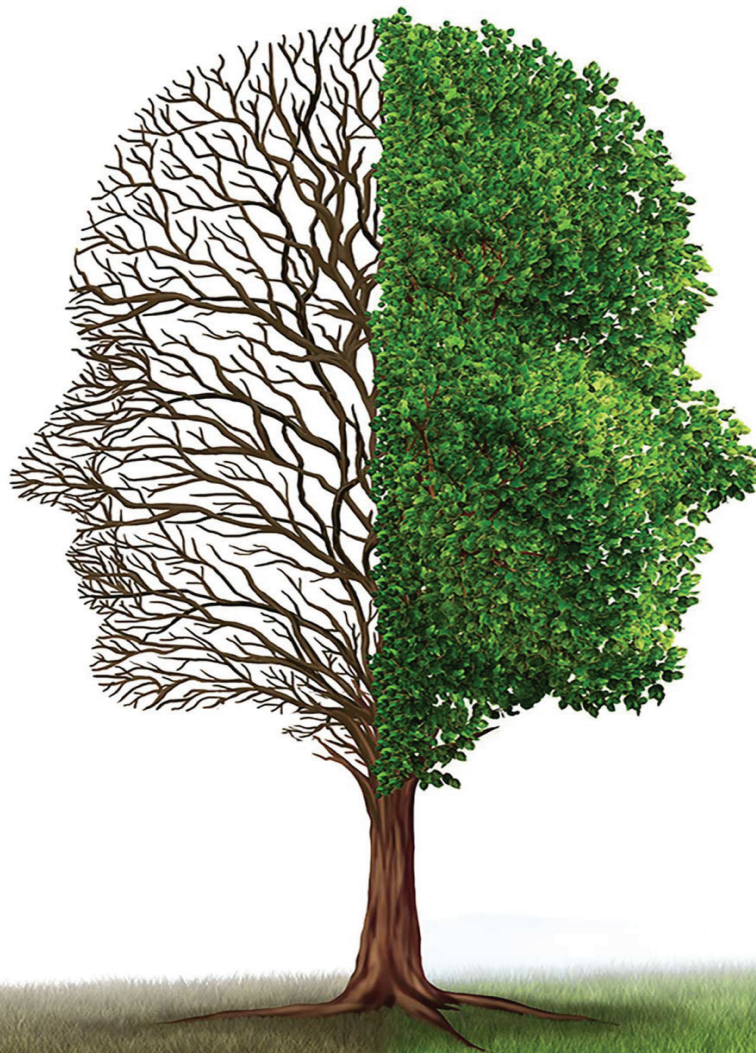




## HOW TO TRANSFORM YOURSELF!

1. Just Change Your **Attitude**
2. It Produces Better **Thoughts**
3. Dominant Thoughts Change **Beliefs**
4. Better Beliefs Create Better **Actions**
5. Better Actions = Better **Results**

*You Become What You Think About!*



# GROWING YOUR HOSPICE OR HOME HEALTH?

Michael Ferris is a proven Talent! And his organization, Healthcare Strategica, has HIGH-VALUE content at a GREAT price for your Sales and Marketing Team!

Check out this link to **65 Diagnosis SPECIFIC Marketing** assets!

**CLICK HERE!**

*(special MVI pricing!)*

Yes, market by diagnosis if you want to play ball in the Managed Care world!

**HEALTHCARE STRATEGICA**

Healthcare Strategic Advisors



## **BEST MULLET CONTEST WINNER BY A LANDSLIDE!**



**PATRICK "ROADHOUSE" SWAYZE!**

**MAY'S "ANGRY MAN"  
CONTEST WINNER,  
GEORGE  
C. SCOTT!**



# ABOUT MVI... MVI What???



## 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!
  - o Compensation Systems
  - o Perfect Visits with Perfect Documentation
  - o Perfect Phone Interactions
  - o Creating Extraordinary Clinical Leaders
  - o People Development Systems (System7)
  - o Perfect Financials
  - o 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!](#)

# DESIGNING AN EXTRAORDINARY PEOPLE DEVELOPMENT SYSTEM!

There is NO substitute for attending "in-person." All World-Class ~~training~~ "Talent Liberation" events, must be personally experienced to integrate the meticulously orchestrated environment and methods that create the "conditions for success" to take back to your organization to transform Clinicians, Clinical Leaders, Execs and the communities we serve... The QUALITY of your TEACHING IS what you are selling to your communities and markets, believe it or not!



If you want a SUPER HAPPIER culture that attracts and retains clinicians, this IS the program!



\*actual training location

August 9-10 @ The MVI Conference Center - Flat Rock, NC



Serving Homecare and Hospice,  
**The MVI Team**  
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[CLICK HERE](#)



# IS YOUR HOSPICE IN NEED OF AN INTERIM CEO OR ADMINISTRATOR?



## Kent Brooks as a "Turn-Around CEO" *That Will Implement The Model!*

MVI Magic Implementer Extraordinaire, Kent Brooks, has done some MAGIC in his Hospice career! Turning around multiple Hospices, as much as 35% changes! -26% losses to double digit profitability – all through increasing QUALITY by implementing Best Known Practices! In recognition of these extraordinary achievements, Kent recently received the **Carol Selinski Award**. This is an award presented to one person annually who the *Hospice & Palliative Care Association of New York State (HPCANYS)* feels has made a significant contribution to Hospice and Palliative Care in the state of New York. *"To say the least, I feel humbled and really not worthy compared to other recipients from the past,"* Kent softly spoke in his easy-going and genuine demeanor.

**See How Kent Can Help You!**

**CLICK HERE!**



Kent Brooks pictured addressing the audience at the Annual Meeting of HPCANYS Hospice & Palliative Care Association of New York State

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# MVI'S NEWEST 2-DAY TOUGH TRAINING EVENT

TOUGH  
TRAINING  
MVI

## THE NOT-SO-BIG-HOSPICE SURVIVAL GUIDE *How to Thrive in a World of Giants*

### WHEN

**East Coast Event - Sept 13-14**  
The MVI Conference Center  
3682 Big Hungry Road - Flat Rock, North Carolina  
**West Coast Event - Sept 20-21**  
The CHAP Center for Excellence  
448 W Market St Suite 101 - San Diego, California

[CLICK HERE!](#)

### LEARN

- How to Raise CAHPS
- How to create long-term sustainability (profitability)
- How to Grow, Grow, Grow!



FACULTY  
Nancy Mueller  
& Bill Taylor CPA

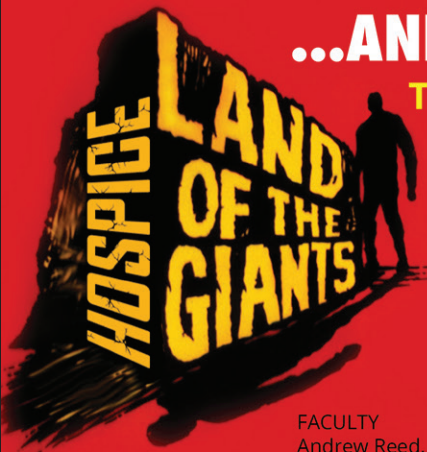


## ...AND FOR THE HOSPICE GIANTS!

### The Enterprise "Mega-Hospice" Webinar!

*Doing Hospice on a Large Scale!*

Multi-Site, Multi-State Hospices have their own unique challenges as they deal with enormous patient volume and growth. This 4-hour webinar covers many of the "Systems and Processes" used by large Hospices that have significant statistical variances from the median. A profound understanding of Standardization and People Development is key to doing Quality on a large scale!



FACULTY  
Andrew Reed, CPA

**When: 10:01am EST August 17th 2022**

[CLICK HERE!](#)

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# 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!

# YOU KNOW THE MVI PERFECT VISIT ... NOW JOIN OUR WEBINAR TO SEE THE NEW **MVI PERFECT FACILITY VISIT!**

**FREE WEBINAR!**



In this **FREE 50-minute webinar**  
with **LIVE Q&A** after the webinar!

- Learn how to bring hope and light into nursing homes and ALFs.
- See how Perfect Facility visits can reduce complaints and boost CAHPs scores.
- Focus your clinicians on what matters most to facility-bound patients and their families.
- Endear your agency to Facility Managers.

## **WHEN:**

**August 11th @ 1:01PM EST**

**Live From The MVI Conference Center**  
3682 Big Hungry Road - Flat Rock, North Carolina



FACULTY  
Nancy Mueller  
and Bill Taylor CPA



**CLICK HERE TO REGISTER**



# 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.

- 📌 [June 2022 - Modern Healthcare - Value of Standardization Pt2 - New Benchmarking Decision Dashboard- CEO Attitude About Money - Best Mullet](#)
- 📌 [May 2022 - TrueJob-ValueofStandardization-NewBenchmarkingDecisionDashboard- CHAOperationsCertification](#)
- 📌 [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 – The Clinical Manager’s Toolbox – Kent Brooks Wins Hospice Award – CHAP Operations Certifications](#)
- 📌 [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](#)
- 📌 [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 Clini-](#)



Balancing Purpose and Profit...

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- ❏ [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 Re-sults! – June 23 @ 1pm – Register Now](#)
- ❏ [May 2020 - Hindsight is 20/20 – Benchmarking System Vendor Updates – MVI Webinar: How Hospices have De-creased 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](#)
- ❏ [March 2020 - Regional Differences of the Impact of Covid-19](#)
- ❏ [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](#)
- ❏ [January 2020 - What has changed in the New MVI Model? - Benchmarking - The Value of Benchmarking - Technical Aspects of the MVI Benchmarking System](#)
- ❏ [December 2019 - Breakthroughs in the Compensation System Implementations - MVI Tough Training Schedule - New Model NPR%s in January 2020, Especially for Hospice IPUs!!! - Modular Visit Steps](#)
- ❏ [November 2019 - Cross-Training Indirects - Data-Grids: ADC and Pharmacy - MagicViews! The Clinical Dashboard for ANY EMR! - MVI Tough Training Schedule](#)
- ❏ [October 2019 - Benchmarking Data-Grids: Comparison by ADC & Pharmacy Vendor Comparison - MVI Tough Training Schedule](#)
- ❏ [September 2019 - Teaching the Spirituality Of Accountability - MVI Tough Training Schedule](#)



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# 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

### **September 7th • 10:01am EST | Virtual**

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 IPUs so that they can be financially viable based on our work with 200+ IPUs. 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>>](#)

## Compensation & The Model

### **October 11th • 10:01am EST | Virtual**

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” regard-ing 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>>](#)



Balancing Purpose and Profit...

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# MVI Tough Training Schedule

## Designing an Extraordinary People Development System

**August 9-10 • 8:31am - 5:01pm EST | THE MVI EXECUTIVE CONFERENCE CENTER**

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

**October 18 • 10:01am - 5:01pm EST | VIRTUAL**

**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 >>](#)

## The Extraordinary Clinical Leader

**TBA | 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 behavioral/performance cues from this position! Therefore, a Hospice “doing the Model” will recognize this fact and build its strength/quality around creating top-rung Clinical Managers supported by amazing structures that transform the job of management! [More Info>>](#)

## The CFO Program

**November 2-3 • 8:31am - 5:01pm EST | - FLAT ROCK, NC - THE MVI EXECUTIVE CONFERENCE CENTER**

**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>>](#)



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