



HFMA REGION 9

13th ANNUAL CONFERENCE

NOVEMBER 15-17, 2015
NEW ORLEANS

The Sheraton New Orleans Hotel

www.hfma-region9.org

20 CPE Credits

including 5 Accounting/Auditing Credits



**Exclusive HFMA Party
at the legendary *House of Blues***

Monday, November 16 | 7:00 - 10:00 pm

Free admission to registered conference attendees

Complimentary food & beverages

Concert performance by the CHEE-WEEZ

healthcare financial management association | region 9
arkansas | louisiana | mississippi | oklahoma | texas

Sunday, November 15

10:15 am Early Registration Grand Ballroom Foyer	10:45a - 12:00p Grand A/B Texas & National Medicaid Update Susan Feigin Harris - Baker Hostetler		10:45a - 12:00p Grand E Louisiana DHH Medicaid Update Jen Steele - Louisiana Dept. of Health & Hospitals	
	12:00 - 1:00 pm Open Time - Lunch on Own			
12:00 pm - 7:00 pm Conference Registration Grand Ballroom Foyer	1:00 - 1:50p Grand A/B Medicare & Uncompensated Update William Galinsky - Baylor Scott & White Steven Hand - Memorial Hermann Healthcare	1:00 - 1:50p Grand E MAP Award Case Study Sarah Knodel - Baylor Scott & White Health	1:00 - 1:50p Grand Couteau Important Tax Topics Amie Whittington - HORNE LLP	
	1:50 - 2:40p Grand A/B Vendor Management: A Case Study Ed Lewis - Texas Children's Hospital	1:50-2:40p Grand E HFMA Certification: What, Why & How David Williams - HORNE LLP	1:50-2:40p Grand Couteau 340B MegaRule from an A&A Perspective Tracy Young & Brian Bell - BKD, LLP	
	2:40 - 2:55 pm Refreshment Break			
1:00 - 4:30 pm Exhibit Setup Grand Ballroom C&D and Foyer	2:55 - 3:45 pm Grand A/B Clinical Standards Work & the Implication on Finance Dr. Charles Macias - Texas Children's/Baylor	2:55 - 3:45 pm Grand E Collaborative Community Partnerships Mike Finley, M.D. - CHRISTUS St. Michael	2:55 - 3:45p Grand Couteau What FASB is Trying To Do To Your Financials: The New Not-For-Profit Reporting Proposal Derek Pierce - BKD, LLP	
	3:55 - 5:00 pm General Session Grand A/B The Bundled Payment Imperative: Successfully Navigating Payment Transformation Kimberly Hartsfield - The Camden Group			
	5:00 - 7:00 pm Welcome Reception & Exhibits			

Monday, November 16

7:00 am - 7:30 pm Conference Registration and Exhibits Open Grand Ballroom C&D and Foyer	7:00 - 8:15 am Buffet Breakfast			
	8:00 - 8:50 am General Session Grand A/B Go Beyond and an HFMA National Update Melinda Hancock - Dixon Hughes Goodman, LLP & HFMA National Chair			
	8:50 - 10:05 am General Session Grand A/B Healthcare Transformation: It's Easy When It's From the Heart Dale Sanders - HealthCatalyst			
	10:05 - 10:20 am Refreshment Break in Exhibit Area			
	10:20 - 11:10 am General Session Grand A/B Transformational Pricing: Strategies for the CDM, Payers and Patients Jamie Cleverley - Cleverley+Associates			
	11:10 - 12:00 pm General Session Grand A/B Healthcare Leadership: Leading Oneself in Order to Lead Others Gen. David Rubenstein, FACHE - US Army (Ret), Past Chairman, American College of Healthcare Executives, and Texas State University			
	12:00 - 1:00 pm Buffet Luncheon in Exhibit Area			
	1:00 - 1:50 pm General Session Grand A/B The Patient Financial Experience: A Link to Satisfaction, Payment & More Ronald Wachsmann - Memorial Hermann Health System and Tomer Shoal - Simplee			
	1:50-2:40p Consumer Analytics for Financial & Clinical Engagement Steve Levin - Connance	1:50-2:40p Grand E Finding Lost Inputs: Attacking the 2 Midnight Rule Day Egusquiza - AR Systems	1:50-2:40p Grand Couteau Succeeding in Population Health Graham A. Brown - The Camden Group	
	3:05 - 3:20 pm Refreshment Break in Exhibit Area			
7:00 - 9:00 pm Optional Exhibit Breakdown Grand Ballroom C and Foyer	3:00-3:50p Update on ICD-10 Lyman Sornberger - Capio Partners	3:00-3:50p Grand E Top Audit Opportunities & Risk from Charge Capture & Patient Status Documentation Audits Day Egusquiza - AR Systems	3:00-3:50p Grand Couteau Leveraging Big Data & Emerging Artificial Intelligence Techniques to Stratify a Patient Population Sitaramesh Emani - Ohio State Wexner Medical Ctr. Darren Selsky - Capsenta, Inc.	
	3:50-5:05p General Session Grand A/B Surviving Cancer: One Cancer Survivor's Odyssey Through the System Marshall Ramsey - The Clarion-Ledger, Jackson, MS			
	5:00 - 6:45 pm Conference Reception			
7:00 - 10:00 pm House of Blues Party 225 Decatur Street Free to Registered Conference Attendees \$100 for Guests				

Tuesday, November 17

7:30 - 9:00 am Breakfast Grand Ballroom Foyer	8:00 - 8:50 am General Session Grand A/B Be Aware & Be Prepared: The Risks of Privacy & Security Breaches in Healthcare Mick Coady - PWC			
	8:50 - 9:55 am General Session Grand A/B Case Study: How Did This Happen in Mississippi and What's Next? David Barber - North Mississippi Medical Clinics; JoshHalverson & Matt Nolan - ECG Management Consultants			
7:30 - 10:00 am Exhibit Breakdown Grand Ballroom C&D	9:55 - 10:10 am Refreshment Break			
	10:10 - 11:00 am General Session Grand A/B The Emerging Role of the Nurse Practitioner Rhonda Hettinger, DNP, NP-C, CLS -			
	11:00 - 12:05 am General Session Grand A/B Enterprise-Wide Risk Assessment & Risk Assessment Case Study Gary Moss & Mark Blessing - BKD, LLP			

TOPICS & FACULTY

Sunday, November 15

10:45 am - 12:00 pm | Grand A/B

Louisiana DHH Medicaid Update

Course 1501 | CPE: 1.5 | Level: Overview | Prerequisites: None

An overview of Louisiana Medicaid, budget funding mechanisms, and the future of Medicaid program in Louisiana with Coordinated Care Networks.

Learning Objectives: After this session you will have an important overview of the impact of federal healthcare reform to the State of Louisiana, Medicaid and various funding mechanisms, and the future of Medicaid Programs once Coordinated Care Networks are in place.

Field of Study: Specialized Knowledge and Application



Jen Steele - Medicaid Deputy Director & CFO, Louisiana Department of Health and Hospitals

Jen has over 20 years experience in state fiscal policy and health care finance, ranging from national grant making foundation to state public policy research institute to Legislative Fiscal Office to House Appropriations Committee to State Department of Health. She is the Chief Financial Officer for the Louisiana Medicaid program, with responsibility for both the traditional Fee for Service expenditures and Managed Care rate setting and financial oversight. Jen

received her Bachelor's in International Relations from Mount Holyoke College in Massachusetts and her Masters of Public Affairs from the University of Texas at Austin.

10:45 am - 12:00 pm | Grand E

Texas/National Medicaid Update

Course 1502 | CPE: 1.5 | Level: Intermediate | Prerequisites: Knowledge of Texas Medicaid issues.

An overview of the status of Texas and National Medicaid issues including Medicaid managed care and the politics surrounding networks.

Learning Objectives: Participants will learn about the current status of Texas and National Medicaid

Field of Study: Specialized Knowledge and Application



Susan Feigin Harris - Partner, Baker Hostetler - Houston, Texas

Ms. Harris routinely assists health industry clients in reimbursement issues and disputes involving government programs, such as Medicare and Medicaid and commercial payers. She works to ensure that providers are appropriately licensed, certified, and enrolled in government programs and also negotiates numerous contracts on behalf of her clients. She is particularly knowledgeable regarding the Affordable Care Act and delivery reform initiatives at the state and federal level, such as the creation of patient-centered medical homes and care coordination entities. She

adds a specific concentration on health policy issues and works routinely with children's hospitals nationally to create programs for children in Medicaid. Susan believes in partnering with her clients in order to help them create and implement internal solutions.

1:00 - 1:50 pm: Accounting/Finance Track | Grand Couteau

Important Tax Topics

Course 1503 | CPE: 1.0 | Level: Basic | Prerequisites: none

An overview and update of important tax topics related to healthcare.

Learning Objectives: After this session, attendees will have a basic knowledge of upcoming tax issues affecting their organizations.

Field of Study: Accounting & Auditing



Amie T. Whittington, CPA - Senior Manager, Healthcare - Tax Services, HORNE LLP - Ridgeland, MS

Amie is a tax senior manager in HORNE LLP's healthcare services practice. She primarily provides tax and consulting services to nonprofit and healthcare entities, including hospitals, doctor groups and physicians. Amie joined HORNE in 2005. Amie graduated from Millsaps College with a Bachelor of Science in Business Administration in accounting and a

Master of Accountancy. She previously served as board treasurer of two Mississippi non-profits: Mississippi First, a public education advocacy organization, and Women's Foundation, an advocacy and fund raising organization benefitting the women and children of Mississippi.

1:00 - 1:50 pm: Reimbursement Track | Grand A/B

Medicare and Uncompensated Care Update

Course 1504 | CPE: 1.0 | Level: Basic | Prerequisites: None

This session will focus on the changes coming to Medicare providers as they relate to Final IPPS Update (Rates, VBP, Readmission adjustments, DSH at 25%); Cost Report Impacts (Uncompensated Care Payments, S-10, EHR, Meaningful Use, Outlier settlements); Interim OPDS Update; Two Midnight rule and what this will mean; Physician and other fee schedule items; summary.

Learning Objectives: After this session attendees will have a better understanding of the changes facing the Medicare provider community as it relates to the most recent changes affecting Inpatient and Outpatient reimbursement. They should be able to take back to their organization how these changes will impact their business, both operationally and financially.

Field of Study: Accounting & Auditing, Specialized Knowledge & Application



William (Bill) Galinsky, FHFMA, CPA - Vice President, Governmental Finance, Baylor Scott & White Healthcare - Dallas, Texas

Bill has over 25 years experience in healthcare finance and reimbursement. He is a member of the Lone Star Chapter board and currently serves as President. Bill has been a member of HFMA since 1990 with most of those years as part of the Lone Star Chapter and he is a recipient of the Bronze, Silver, and Gold merit awards. Bill is deeply involved in the future of the Medicaid program in Texas, serving on the Hospital Payment Advisory Committee (HPAC), the THA

Special Task Force on Medicaid Reform, HHSC's Hospital Payment Advisory Workgroup, and working closely with the Texas Association of Voluntary Hospitals (TAVH) and others.

HFMA House of Blues Party

Monday, Nov. 16 | 7:00 - 10:00 pm
The House of Blues
225 Decatur St. | New Orleans

**HFMA 2nd Line Parade
from hotel to House of Blues**

Free Food & Drink

Live Concert by CHEE-WEEZ

**Party attendees MUST
pre-register for this event and
free admission is by wrist-band
only. Attendees my pick up wrist-
bands at the HFMA Registration
Desk between 1:00 and 6:30 pm
on Monday, Nov. 16.**

**2nd Line Parade will depart from
the Sheraton Lobby at 6:45 pm
to arrive at the House of Blues by
7:00 pm.**

Party Sponsors:

Anthelio

Commerce Bank/Visa

IMA Consulting

MedAssets

**Progressive Management
Systems**

Access Healthcare

AccuReg

Alegis Revenue Group

Allscripts

Carr Riggs & Ingram

Cleverley+Associates

DECO Recovery

HealthCatalyst

HORNE LLP

Moss Adams, LLP

NAVEOS

Nuance Communications

Premier/Healthcare Insights

Resource Corporation of America

CPE Credit

This program contains a total of 20 CPE credits if all possible sessions are attended.

CPE credits and prerequisites for individual sessions are listed in the program descriptions in this brochure. CPE credits are sponsored by the Texas Gulf Coast Chapter of HFMA, Sponsor # 000713 of the Texas State Board of Public Accountancy. While these credits are generally accepted by other states, please check your local jurisdiction.

The Instruction Method for all conference sessions is Group Live.

CPE Sign-In

IMPORTANT - You MUST sign in for each individual session you attend.

Sign-in registers are provided for those individuals who need CPE credit. Sign-in registers are located on the tables immediately outside the doors to the session rooms, and will be available at the beginning of each session.

If your name is not printed on the register, be sure to print your name legibly on one of the black lines at the end, and sign next to your name.

CPE Certificates

CPE Credits will be calculated by the registrar from the CPE Sign-In Registers. CPE Certificates will be e-mailed to each participant within 10 business days following the end of the conference.

Program Evaluations

We thank you for your cooperation in turning in your completed evaluation form, along with your namebadge, prior to leaving the conference.

PRESENTATION HANDOUTS:

In support of HFMA's efforts to minimize paper waste, become more environmentally conscious, decrease costs, and provide the most up to date session information, handouts for conference sessions will be available for download on the Region 9 website prior to the start of the conference.

Printed handouts will not be available on-site.

Handouts: www.hfma-region9.org/topic-information.html



Steven Hand, FHFMA, CPA - System Executive Government Reporting, Memorial Hermann Healthcare System - Houston, Texas

Steve has over 25 years in healthcare including experience with a big four accounting firm, fiscal intermediary, and several Healthcare Systems. He has been a member of HFMA since 1991 and has served as president of the Texas Gulf Coast Chapter, Regional Executive for Region 9, Board of Examiners Accounting and Finance group, the Chapter Advancement Team, the National Advisory Council, and several of HFMA's task forces. Steve has received the Follmer Bronze, Reeves Silver, Muncie Gold Merit Awards along with the Medal of Honor. Steve is currently serving as Region 9 and Texas Gulf Coast Treasurers. Steve remains active with THA and attends many of the HPAC meetings in Austin.

1:00 - 1:50 pm: PFS Track | Grand E

MAP Award Case Study

Course 1505 | CPE: 1.0 | Level: Basic | Prerequisites: None

Field of Study: Specialized knowledge & application



Sarah Knodel, CHFP, CRCE-I, CHAM - System Vice President Revenue Cycle Baylor Scott & White Health, Dallas, TX

Sarah Knodel joined Baylor Health Care System (now Baylor Scott & White Health) in July 2010. She is responsible for the strategic management and direction of the revenue cycle, which includes responsibility for access services, utilization review, the denial resource center, and the central business office. Prior to working at Baylor, Knodel worked for Stockamp & Associates (now Huron Consulting Group). During this time, she focused on revenue cycle improvement initiatives for large, multifacility acute care hospital systems across the United States. Her professional memberships include HFMA, AAHAM, and NAHAM, where she earned the CHFP, CRCE-I, and CHAM designations, respectively. Knodel holds a BBA in finance from The University of Texas at Austin.

1:50 - 2:40 pm: Accounting/Finance Track | Grand Couteau

340B Mega Rule From an A&A Perspective

Course 1506 | CPE: 1.0 | Level: Basic | Prerequisites: None

The Health Resources and Services Administration (HRSA) has published the long-awaited 340B Drug Pricing Program Omnibus Guidance, more commonly referred to as the Mega Guidance. We will cover the recommended changes and clarifications to a number of 340B Drug Pricing Program items, including the Group Purchasing Organization (GPO), patient definition and Medicaid Managed Care Organizations (MCO). We will also discuss the importance of compliance and monitoring of the Program from an A&A perspective, including how to handle potential pay backs to manufacturers.

Learning Objectives – After this session, attendees will be able to: Identify significant changes to the proposed structure of the 340B program; Describe how HRSA proposes addressing Medicaid MCO and the patient definition; Recognize the proposed clarifications and exceptions related to GPOs; Identify the potential impact of the proposed guidance on their organization; Understand the accounting and auditing ramifications of compliance issues and potential pay backs

Field of Study: Accounting & Auditing



Tracy Young, CPA - Partner, BKD, LLP

Tracy, a member of BKD National Health Care Group, has more than 18 years of experience at BKD and manages the audits of numerous health care providers, including rural local community providers, urban hospital systems and long-term care facilities. He also provides Medicare and Medicaid consulting and cost report preparation and analysis, feasibility studies and strategic planning. Tracy helps oversee 340B compliance audits for providers in BKD's South Region. He is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants and Healthcare Financial Management Association, where he is the past president for the Arkansas chapter. He also is a member of the Central Arkansas board of Junior Achievement of Arkansas. Tracy is a graduate of the University of Arkansas, Fayetteville, with a B.S. degree in business administration and accounting.



Brian Bell - Director, BKD, LLP - Cincinnati, OH

Brian is a member of National BKD Health Care Group. He has more than 11 years of health care experience providing consulting, financial, process improvement and regulatory and reimbursement analysis to health systems, academic medical centers and community hospitals nationally. His prior experience includes providing consulting services with a Big 4 accounting firm and a regional accounting firm. Most recently, Brian has assisted clients with all aspects of the 340B Drug Pricing Program. He partnered with a large national IT company to assist in implementing 340B split billing software at hospitals nationally. He has conducted 340B readiness audits at many hospitals. Brian has assisted hospital clients in managing the implementation of 340B; including vendor selection assistance, project management and policy and procedure development. Brian has also presented at local and state meetings on 340B Drug Pricing Program and 340B integrity audits. Brian has performed and managed provider-based billing benefit calculations and attestations to comply with regulations. Brian has assisted with the redesign of pharmacy, OR, PACU and anesthesia charge structures for multiple clients. He has implemented and designed project management office (PMO) for many clients. He has conducted and managed extensive reviews of area wage index to ensure optimal reimbursement rates. He has also managed and performed analysis of DSH for many hospitals. He has managed agreed upon procedures engagements for Ohio Health Care Assurance Program (HCAP) certifications. Brian has also performed rate-setting and strategic pricing reviews evaluating hospital prices.

1:50 - 2:40 pm | Grand E

HFMA Certification: What, Why & How

Course 1507 | CPE: 1.0 | Level: Basic | Prerequisites: None

An overview of HFMA's CHFP program.

Learning Objectives – This session will allow participants to: understand the new certification program features; identify the value of the CHFP, and review the coaching course module 1 to introduce prospective candidates to the new approach for taking the exam.

Field of Study: Professional Development



David Williams, CPA, MPH, FHFMA - Partner, HORNE, LLP - Ridgeland, MS

David is a partner and serves as the leader of HORNE's healthcare reimbursement and advisory services. With more than 25 years of experience, David's practice is concentrated in the healthcare industry providing assurance, reimbursement and advisory services for a wide range of organizations including hospitals, outpatient centers, home healthcare agencies, skilled nursing facilities, assisted living centers, rural health clinics and mental rehabilitation centers. He earned a Bachelor of Business Administration and Master of Public Health Policy and Administration from the University of Southern Mississippi.

CONFERENCE COMMITTEE

1:50 - 2:40 pm: PFS Track | Grand A/B

Vendor Management: A Case Study

Course 1508 | CPE: 1.0 | Level: Basic | Prerequisites: None



Edward M. Lewis, CPM,CMRP - Assistant Director Supply Chain

Texas Children's Hospital - Houston, TX

Ed Lewis is currently the Assistant Director of Supply Chain Services for Texas Children's Hospital, the largest children's hospital providing pediatric services to children throughout the world. He has been with Texas Children's Hospital for 21 years. Prior to Ed's employment with Texas Children's Hospital he was affiliated with M.D. Anderson Cancer Center. He is the co-founder and past President of the Houston Chapter of AHRMM (Texas Gulf Coast Supply Chain Chapter. Ed also served as Regional Director for Region 7 on the National level of AHRMM (Association of Healthcare Resources & Materials Management) from 2009 - 2012. He is currently serving on the American Hospital Association Certification Center Board. Ed obtained his BS in Business and Commerce from the University of Houston. He holds a Lifetime Certified Purchasing Management Certification, CPM, and is CMRP Certified. Ed also received his Lean Six Sigma Greenbelt Certification in 2010.

2:55 - 3:45 pm: Accounting/Finance Track | Grand Couteau

What FASB is Trying To Do To Your Financials:

The New Not-For-Profit Reporting Proposal

Course 1509 | CPE: 1.0 | Level: Basic | Prerequisites: None

On April 22, 2015, the Financial Accounting Standards Board (FASB) proposed significant changes to not-for-profit (NFP) financial reporting. The proposed changes - the most significant NFP reporting rules since 1993 - are covered in this presentation.

Learning Objectives: After this session, attendees will be able to understand the FASB's proposed changes to NFP financial reporting and recognize how FASB's proposed changes may impact their organization.

Field of Study: Accounting & Auditing



Derek Pierce - Director, BKD, LLP - Little Rock, AR

Derek has over 10 years of experience in the health care industry. His responsibilities include managing audit engagements for stand-alone and regional health systems. Derek assists in budget preparations for small and mid-size hospitals, helps prepare feasibility studies and tests hospitals' internal records for disproportionate share reimbursement eligibility. Derek also helps hospitals complete Community Health Needs Assessments. Prior to joining BKD, Derek was a member of the accounting team at a publicly traded company. He is a member of the American Institute of Certified Public Accountants, Arkansas Society of Certified Public Accountants and Healthcare Financial Management Association (HFMA), where he serves as Treasurer of the Arkansas chapter. Derek is certified as a Fellow of HFMA (FHFMA). Derek also serves on the board of the Arkansas Chapter of the Crohn's & Colitis Foundation of America. Derek is a graduate of Tulane University, New Orleans, Louisiana, with a M.Acc. degree.

2:55 - 3:45 pm | Grand E

Collaborative Community Partnership: Improving Patient Outcomes & Reducing Hospital Spending Using Technology & Touch Rounding

Course 1510 | CPE: 1.0 | Level: Intermediate | Prerequisites: Knowledge of healthcare consumerism

With a growing intensity on quality outcomes, hospitals struggle to find proven, sustainable programs that yield a safer environment of care. CHRISTUS St. Michael developed an innovative, community-based program aimed at saving lives, decreasing readmissions, and reducing hospital costs. This innovative program includes two key components: bedside caregiver training for early warning sign recognition of patient deterioration - Touch Rounding - and mobile tablet devices uploaded with clinical support system software designed to assist in this early warning detection. These simple tools can help answer the question, "Is My Patient OK?"

Learning Objectives: After this session, participants will: understand the impact clinical decision support tools have on improved healthcare outcomes, reduced preventable medical adverse events, and improved hospital efficiencies; recognize the importance of Touch Rounding, its benefit to patient clinical assessments, and the compassion it conveys when used in a spiritual healing environment; replicate this community collaboration and integrated nurse program utilizing the basic structure and knowledge presented for measurable quality patient outcomes; increase the ability of bedside caregivers to recognize potentially adverse symptoms in their patients and intervene prior to further patient deterioration.

Field of Study: Specialized Knowledge and Application



Mike Finley, M.D. - Chief Medical Officer

CHRISTUS St. Michael Health System - Texarkana, TX

Dr. Finley developed and designed the SymCheck clinical decision support tool, and serves as the Principal Investigator for both the CMS Innovation Project and AICHN Pilot Project at St. Michael. His education includes an MD from University of Arkansas for Medical Sciences Medical School, LSU Shreveport Family Medicine Residency, and Graduate Medical Education Certificate from Duke University. Dr. Finley practiced as a family physician for 17 years prior to eleven year tenure as UAMS Area Health Education Centers (AHEC) Family Medicine Residency Director.

2:55 - 3:45 pm: PFS Track | Grand A/B

Clinical Standards and the Implication for Finance

Course 1511 | CPE: 1.0 | Level: Basic | Prerequisites: None

Investing an estimated \$100 million in an electronic health record system and a data warehouse, Texas Children's has become an early adopter of using analytics on the data it collects to employ the best methods to improve patient care and become more cost-effective. Texas Children's also has applied analytical principles to appendectomies, heart procedures and cleft lip and palate surgeries. The hospital is among a few providers nationwide that have begun analyzing the millions of pieces of data they collect, often referred to as "big data," to become more efficient and improve quality as the government shifts from paying providers for every procedure performed to treat the sick to rewarding them for improving efficiencies and providing preventive care to keep patients healthier and out of hospitals.



Charles G. Macias, M.D. - Chief Clinical Systems Integration Officer

Texas Children's Hospital - Houston, TX

Dr. Macias serves as the chairman of the national Pediatric Initiative for Clinical Standards (PICS) uniting multiple pediatric facilities across the country to develop evidence based guidelines and other clinical standards, implement those products, and measure their clinical and financial impact. He is chairman of the largest professional society representing pediatric emergency physicians and focuses on improving quality of care (American Academy of

Committee Co-Chairs:

Steven Hand, FHFMA, CPA
Memorial Hermann - Houston, TX

David Williams, FHFMA, CPA
Horne LLP - Jackson, MS

Region 9 Executive:

T. Carley Williams, CPA
BKD, LLP
Tulsa, OK

Region 9 Executive-Elect:

Mark Hartman
Hartman Executive & Leadership Services
Conway, AR

Arkansas Chapter:

Susan M. Miller, FHFMA, CPA
BKD, LLP - Little Rock, AR

Roy Nichols, CPA
Baxter Regional Medical Center
Conway, AR

Louisiana Chapter:

Teresa Avery
Nuance - Dubach, LA
Robert D. Ramsey, FHFMA, CPA
Franciscan Missionaries of Our Lady
Health System - Baton Rouge, LA

Mississippi Chapter:

Jerry Knighton, FHFMA
Southwest Mississippi
Regional Medical Center
David Williams, FHFMA, CPA
Horne LLP - Jackson, MS

Oklahoma Chapter:

Ann Paul, MPH
St. John Health System - Tulsa, OK
Erin Thompson, FHFMA, CPA
BKD, LLP - Tulsa, OK

South Texas Chapter:

John Montaine, FHFMA
Grey Partners, LLC - San Antonio, TX
David Glazener, CPA
CHRISTUS Santa Rosa Health System -
New Braunfels, TX

Texas Gulf Coast Chapter:

Steven Hand, FHFMA, CPA
Memorial Hermann - Houston, TX
Mark Worthen, FHFMA
Frost Bank - Houston, TX

Texas Lone Star Chapter:

Bill Galinsky
Baylor Scott & White Health - Dallas, TX

Christian P. O'Connor
Diversified Healthcare Affiliates
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About HFMA

HFMA is the nation's leading membership organization for healthcare financial management executives and leaders. More than 40,000 members-ranging from CFOs to controllers to accountants-consider HFMA a respected thought leader on top trends and issues facing the healthcare industry. HFMA members can be found in all areas of the healthcare system, including hospitals, managed care organizations, physician practices, accounting firms, and insurance companies.

At the chapter, regional, and national level, HFMA helps healthcare finance professionals meet the challenges of the modern healthcare environment by:

- Providing education, analysis, and guidance.
- Building and supporting coalitions with other healthcare associations to ensure accurate representation of the healthcare finance profession.
- Educating a broad spectrum of key industry decision makers on the intricacies and realities of maintaining fiscally healthy healthcare organizations.
- Working with a broad cross-section of stakeholders to improve the healthcare industry by identifying and bridging gaps in knowledge, best practices, and standards.

Pediatrics Section on Emergency Medicine). Locally, his efforts are directed at integrating clinical systems to unite operational, clinical, and financial needs to improve individual and population health outcomes for children treated in the Texas Children's catchment and the surrounding community.

3:55 - 5:00 pm: General Session | Grand A/B

The Bundled Payment Imperative: Successfully Navigating Payment Transformation

Course 1512 | CPE: 1.5 | Level: Intermediate | Prerequisites: Basic knowledge of fee for service/fee for value transformation

An overview of the impacts on healthcare finance and revenue based on current realities and anticipated inevitabilities of payment transformation, specifically related to bundled payments. We will explore critical success factors for strategic, policy, timing, and business implications of reimbursement based on bundled payments for commercial, Medicare, Medicaid and employer sponsored programs. We will discuss how to position your organization now for success with bundled payments, and also look at the future of bundled payments as it moves into the outpatient arena and for the management of chronic conditions, including behavioral health.

Learning Objectives: After this session, participants will be able to: Provide a national perspective on the rapid expansion of bundled payment programs for: Medicare (Bundled Payments for Care Improvement Initiative), Medicaid, Commercial Payers, and Employers; Prepare facilities and physicians for the challenges and opportunities that accompany bundled payment implementations; Highlight critical success factors for participation in bundled payment initiatives; Describe how to use bundled payments to facilitate care redesign and physician engagement within an organization and align incentives appropriately; Educate on the challenges of gain/risk sharing

Field of Study: Specialized Knowledge and Application



Kimberly Hartsfield - Vice President, The Camden Group - Little Rock, AR

Ms. Hartsfield is a vice president with The Camden Group. She specializes in hospital operations with a focus on designing and implementing Medicare and commercial bundled payments. She has more than 22 years of experience in the healthcare industry and has frequently presented at national speaking engagements on a variety of topics including value-based payment models and provider cost and quality transparency as well as provider engagement/

Prior to The Camden Group, Ms. Hartsfield was the director of enterprise business intelligence -medical informatics for Arkansas Blue Cross and Blue Shield. There she was responsible for the implementation of Arkansas Health Care Payment Improvement Initiatives, a multi-payer statewide bundled payment initiative, including the development of reporting, methodology, and provider engagement. She also worked on the development and implementation of accountable care organization arrangements with facilities and provider groups throughout Arkansas and served as a healthcare consultant in both the employer and provider markets.

Monday, November 16

8:00 - 8:50 am: General Session | Grand A/B

Go Beyond and an HFMA National Update

Course 1513 | CPE: 1.0 | Level: Basic | Prerequisites: none

What does this year's theme of Go Beyond mean to us as individuals and to our organizations. National Chair, Melinda Hancock, will discuss a variety of applications of the theme to our dynamic environment and review several updates from National HFMA.

Learning Objectives: To learn the variety of applications of Going Beyond to our daily work, our strategic planning, our individual work and how we prepare ourselves and our teams to succeed as our environment evolves. To hear examples of organizations who Go Beyond in their effort and mind set to ensure success in their marketplace. To learn about efforts underway at National HFMA as we Go Beyond our boundaries and think differently about how we deliver our mission.

Field of Study: Specialized Knowledge and Application



Melinda S. Hancock - Partner, Dixon Hughes Goodman, LLP & HFMA National Chair

Melinda has specific responsibility for developing DHG Healthcare's next generation financial modeling products and services related to a variety of revenue transformation business issues, including the transition from fee for service to non FFS payment models. Melinda has more than 22 years of healthcare experience in the public and industry sectors and most recently was the Senior Vice President and Chief Financial Officer of Bon Secours Virginia Health System. A member of HFMA since 1994, Melinda's involvement with the National Association includes serving on the National Advisory Council, the Regional Executives Council (chair 2011-12), the Board of Directors, and the Executive Committee. She is now Chair of the organization. Melinda has also served the Virginia Chapter of HFMA as Director, Secretary, President-Elect, and President. She has received the Follmer Bronze, Reeves Silver, Muncie Gold merit awards and Founders Medal of Honor.

8:50 - 10:05 am: General Session | Grand A/B

Healthcare Transformation: It's Easy When It's From the Heart

Course 1514 | CPE Credit: 1.5 | Level: Basic | Prerequisites: none

Mr. Sanders will show a moving and inspiring film documentary, produced by his company, Health Catalyst, about affordable, accessible, and high quality healthcare in Narayana Health System, India. In March 2014, Narayana opened doors on a new hospital in the Grand Cayman Islands, the beginnings of Health City Cayman, a 2,000 bed academic medical center based upon the methods and principles of Narayan's founder, Dr. Devi Shetty. Following the documentary, Mr. Sanders will talk about his experience and role in the origins of this new hospital, including behind-the-scenes details, origins and evolution of Health City and why every health system in the US should and can follow its clinical practices and financial model, which includes activity based cost accounting, diagnosis and procedure-based bundled pricing for all healthcare delivery, closing financial books at the end of every business day, and relentless pursuit of cost reduction while simultaneously raising patient outcomes. Among other roles in his 32-year career, Mr. Sanders was the CIO for the national health system in the Cayman Islands when Health City was conceived and approved for development.

Learning Objectives: Participants will understand the leadership style, clinical principals, government policies, and financial practices that enable healthcare delivery as exemplified by Narayana Health and other leading healthcare organizations.

Field of Study: Specialized Knowledge and Application



Dale Sanders - Senior Vice President, Strategy, HealthCatalyst

Dale has been one of the most influential leaders in healthcare analytics and data warehousing since his earliest days in the industry, starting at Intermountain Healthcare from 1997-2005, where he was the chief architect for the enterprise data warehouse (EDW) and regional director of medical informatics at LDS Hospital. In 2001, he founded the Healthcare Data Warehousing Association. From 2005-2009, he was the CIO for Northwestern University's physicians' group and the chief architect of the Northwestern Medical EDW. From 2009-2012, he served as the CIO for the national health system of the Cayman Islands where he helped lead the implementation of new care delivery processes that are now associated with accountable care in the US. Prior to his healthcare experience, Dale had a diverse 14-year career that included duties as a CIO on Looking Glass airborne command posts in the US Air Force; IT support for the Reagan/Gorbachev summits; nuclear threat assessment for the National Security Agency and START Treaty; chief architect for the Intel Corp's Integrated Logistics Data Warehouse; and co-founder of Information Technology International. As a systems engineer at TRW, Dale and his team developed the largest Oracle data warehouse in the world at that time (1995), using an innovative design principle now known as a late binding architecture. He holds a BS degree in chemistry and minor in biology from Ft. Lewis College, Durango Colorado, and is a graduate of the US Air Force Information Systems Engineering program.

10:20 - 11:10 am: General Session | Grand A/B

Transformational Pricing: Strategies for the CDM, Payers, and Patients

Course 1515 | CPE: 1.0 | Level: Intermediate | Prerequisites: Basic knowledge of the hospital CDM and payment of services

In order to be "transparent" with pricing many hospitals would first like to be "transformational" by changing their rates to something that is more reasonable and defensible for patients to see. Getting to that point can be difficult logistically with the charge master, though, and can result in significant revenue loss. This session will describe how hospitals are confronting these issues through specific CDM strategies and payer impact analysis and mitigation.

Learning Objectives: After this session, attendees will be able to: Understand how providers are approaching transparency and defensibility initiatives through results of a national survey; Discuss the payment implications for making transformational pricing changes and how financial impact can be managed through specific payer strategies; Achieve meaningful change for patients through pricing objectives that move charges closer to payment and/or existing and emerging competition (free-standing providers, as example)

Field of Study: Specialized Knowledge and Application



Jamie Cleverley, MHA - President, Cleverley+Associates - Columbus, OH

Mr. Cleverley serves as President of Cleverley & Associates, where he has worked since September 2003. Mr. Cleverley consults with hospital and healthcare organizations to identify financial and operating opportunities, as well as related strategies for performance improvement. Prior to joining the firm, he directed a statewide health services program for a medical association. Mr. Cleverley has written several articles dealing with healthcare financial analysis and application, including the annual Community Value Index hospital survey. He was the recipient of the Healthcare Financial Management Association's Yerger/Seawell Best Article award. Mr. Cleverley received his Masters in Health Administration from The Ohio State University in 2004. He received his Bachelors of Science in Business Administration from The Ohio State University in 1999.

11:10 - 12:00 pm: General Session | Grand A/B

Healthcare Leadership: Leading Oneself in Order to Lead Others

Course 1516 | CPE: 1.0 | Level: Basic | Prerequisites: None

A motivational presentation focusing on the need for individuals to develop a descriptive statement of one's personal mission, vision, and values.

Learning Objectives: Presentation attendees will be challenged to develop or refine a statement of their personal mission, vision, and values.

Field of Study: Personal Development



David Rubenstein, FACHE - Major General, US Army (Retired), Past Chairman, American College of Healthcare Executives, Clinical Associate Professor of Health Administration, Texas State University

David Rubenstein is a retired Army Major General who has excelled as a leader at all levels of the Army Medical Department. He ended his 35-year Army career as Deputy Surgeon General then as Commanding General of the Army Medical Department Center & School and, concurrently, Chief of the Army Medical Service Corps. David is a graduate of Texas A&M University and the Army War College, and has a Master's Degree in Health Administration from Baylor University. Among his many recognitions are distinguished alumnus status at two universities, listing in six who's who publications, and being twice included in Modern Healthcare's list of the 100 most influential people in healthcare. His professional credentials include being a board certified healthcare executive who is Past Chairman of the American College of Healthcare Executives. David has authored numerous peer-reviewed professional articles and book reviews and intends, eventually, to finish two military medical history books, and a book about transitioning from graduate student to working professional. He is a clinical associate professor of health administration at Texas State University and frequent public speaker.

1:00 - 1:50 pm: General Session | Grand A/B

The Patient Financial Experience:

A Link to Satisfaction, Payment and More

Course 1517 | CPE: 1.0 | Level: Basic | Prerequisites: None

The patient experience is consistently a top concern for healthcare leaders. However, with rising financial responsibility, the patient financial experience is often an overlooked component. Bring a consumer lens to the healthcare journey to identify a more holistic way to support patients in making their financial decisions. Analyze new success metrics for patient revenue cycle including payment satisfaction and self-service adoption. Key themes will be how to engage digitally, align expectations with greater billing transparency, and empower patients with payment and process conveniences that together drive higher satisfaction (and improve collection success). Explore the vision, results, and implementation learnings of Memorial Hermann as they transform their patient financial experience to better serve patients.

Learning Objectives: After this session, attendees will be able to: Develop a consumer friendly billing and payments program with learnings from one of the fastest implementations at Memorial Hermann, 12 hospitals and over 600 staff; Measure success with healthcare consumers in their financial journey through billing satisfaction surveys and self service adoption; develop an optimization action plan; Explain to PFS staff their unique role in achieving higher patient engagement and apply industry best practices like HFMA Patient Financial Communications

Field of Study: Specialized Knowledge & Application

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Ronald Wachsmann - Chief Revenue Officer

Memorial Hermann Health System - Houston, TX

Mr. Wachsmann's responsibilities include; Enterprise Payer relationships and contracting, Government reimbursement and Revenue Cycle Operations. With about \$5 billion in annual revenues, Memorial Hermann Health System is the largest not-for-profit health system in Southeast Texas and has 12 hospitals and numerous specialty programs and services located throughout the Greater Houston area. Memorial Hermann-Texas Medical Center is one of the nation's busiest Level I trauma centers and the primary teaching hospital for The University of Texas Health Science Center at Houston (UTHealth) Medical School. The health system has 5500 aligned physicians with a nationally recognized Accountable Care Organization that holds contracts with CMS and numerous payer organizations. Originally from Cleveland, Ron was an executive with ProMedica Health System throughout most of his career. Ron started with the organization when it was a single hospital and was part of the management team that expanded it to be the market leader with \$2 billion in annual revenue with nine hospitals and 350 employed physicians. During his tenure, he was responsible for revenue cycle, government reimbursement and managed care operations. Ron received his BBA in Accounting and M.B.A. in Management from the University of Toledo



Tomer Shoval - CEO & Co-Founder Simplee - Palo Alto, CA

Tomer Shoval is the Chief Executive Officer and a co-founder at Simplee. A veteran e-commerce leader, he is a respected expert on the intersection of healthcare, technology, and consumers. He founded Simplee as a way to help others better understand and manage their healthcare bills. Prior to Simplee, Tomer was the managing director of Shopping.com North America, an eBay company. He led the creation of the largest e-commerce catalog at the time through distribution deals and global operations alignment with online merchants. Tomer holds a BA in Psychology and Sociology from Academic College of Tel Aviv.

1:50 - 2:40 pm: Concurrent Session | Grand A/B

Consumer Analytics for Financial & Clinical Engagement

Course 1518 | CPE: 1.0 | Level: Basic | Prerequisites: None

In healthcare's transition to a patient-centered healthcare environment, providers need to do more with less. Relentless cost reduction pressures are compounded by increased share of patient revenue and at-risk reimbursements. To succeed, provider's need to become patient relationship managers, thinking about where and how they shape their engagement financially and clinically with every patient and household. This session will discuss consumer behavior as it relates to healthcare and how predictive insight can be utilized for performance transformation. Session will include case studies and frameworks in revenue cycle case as well as areas of population health.

Learning Objectives: After this session, attendees will be able to; Learn how to evaluate predictive analytics; Learn different strategies to integrate patient analytics for performance improvement; Learn components for sustaining performance over time

Field of Study: Specialized Knowledge & Application



Steve Levin - Chief Executive Officer, Connance

Steve co-founded Connance after working for nearly 20 years as a management consultant with Monitor Group. In that capacity, Steve worked extensively with leading healthcare providers, health insurers, and revenue cycle services companies. Steve holds a BA from Dartmouth College and an MBA from Harvard Business School. He is a frequent speaker at industry events and author of industry articles.

1:50 - 2:40 pm: Concurrent Session | Grand Couteau

Succeeding in Population Health

Course 1519 | CPE: 1.0 | Level - Intermediate | Prerequisites: An understanding of health care reform, reimbursement models, payer and provider contracting

Population health continues to gain momentum and is here to stay; organizations must develop new partnerships, infrastructure and capabilities to successfully transition from fee for service to a value based payment model. As health care delivery system leaders prepare to execute strategic initiatives supporting population health, this presentation will to serve as a roadmap to position organizations for viability and relevance in a rapidly evolving landscape.

Learning Objectives: After this session, attendees will be able to: Describe the key tenets of population health and clinical integration; Understand the enabling infrastructure and program needs; Discuss strategies for selecting and engaging partners; Demonstrate value to payers and the public; Formulate network and provider contracting strategies; Create a roadmap for a population health vision with their leadership team

Field of Study: Specialized Knowledge & Application



Graham A. Brown - Vice President & Practice Lead, Clinical Integration & Population Health The Camden Group - Rochester, NY

As a vice president with The Camden Group and practice leader for clinical integration and population health, Mr. Brown specializes in change management as he leads his healthcare clients through organizational transformation by tapping into new financial, technological, and collaborative frameworks that will improve healthcare in the U.S. With a unique international background coupled with broad operational experience, Mr. Brown works to align disparate systems, payers, and markets

and to propagate a team vision across an enterprise. His work at The Camden Group centers on organizational transformation, payer negotiations, program administration, and change management within healthcare across the continuum of care. He is an experienced leader in business planning and implementation for clinical integration and accountable care organization development across the U.S. Mr. Brown has assisted numerous organizations to assess, design, contract, and implement entity solutions enabling the transition to population health and value-based payment.

1:50 - 2:40 pm: Concurrent PFS Track | Grand E

Finding Lost Inputs: Attacking the 2 MN Rule

Course 1520 | CPE: 1.0 | Level - Basic | Prerequisites: None

A detailed overview of the 2MN Rule.

Learning Objectives: After this session, attendees will be able to: Identify the internal 'old language' that is inhibiting the hospital from identifying the 2 MN benchmark patients; Understand how 'easy' the 2 MN rule is and how to find the potential for outputs to be converted to inputs - following the guidelines and the Med-Learn updates

Field of Study: Specialized Knowledge & Application



Day Egusquiza - President, AR Systems Twin Falls, ID

Day Egusquiza brings over 30 years experience in health care reimbursement, hospital business office operations (20 years in an Idaho hospital), contracting and compliance implementation. Additionally, her experience includes eight years as a Director of a Physician Medical Management billing service, which included completing an integrated business office between a hospital and a large physician clinic. She has been an entrepreneur in hospital and physician practice accounts receivable management and a leader in redesigning numerous organizations. Ms. Egusquiza is a nationally recognized speaker on continuous quality improvement (CQI), benchmarking, redesigning, reimbursement systems and implementing an operational focus of compliance- both in hospitals and practices. She has been on the AAHAM National Advisory Council, HFMA National Advisory Council, is a past President of the Idaho HFMA Chapter & recently received the Lifetime Achievement Award. She has been highlighted in JCAHO's Six Hospitals in Search of Excellence, Zimmerman's Receivable Report, HFMA's HFM and Patient Account, AHIA Prospective, and numerous healthcare newsletters along with a contributing author to 2006 Health Law and Compliance Update. She received the Idaho Hospital Association "Distinguished Service Award" for her legislative work and training on new indigent law.

3:00 - 3:50 pm: Concurrent Session | Grand A/B

ICD-10 Update

Course 1521 | CPE: 1.0 | Level: Basic | Prerequisites: None

ICD-10 is a hot topic with a mixed bag of reactions. Some are taking it seriously, while others have adopted more of a wait-and-see attitude. Will providers, payers and vendors be ready? Even if they are, can they support the operational impact of this major change? It's reported that coder productivity will decline by at least 50 percent. So, will providers be prepared to potentially double their staff? Can providers handle the volume? It's inevitable that some providers will begin to engage the patient. What will happen with self-pay post ICD-10? While much of the concern for ICD-10 support is focused on investing in sufficient training and coding resources leading up to the October 2015 deadline, at least one ICD-10 authority warned providers not to overlook the need for post-transition support.



Lyman Sornberger - Chief Heath Strategy Officer Capio Partners

Prior to joining Capio Partners in 2013, Mr. Sornberger was the executive director of revenue cycle management (RCM) for the Cleveland Clinic Health System (CCHS) for seven years. Prior to his affiliation with CCHS he was with the University of Pittsburgh Medical Center (UPMC) for twenty-two years as a leader in the revenue cycle management. Mr. Sornberger has great admiration for both health systems (each with revenues of greater than \$6 billion) and highly respects their missions, vision, and strategies. In the past twenty-nine years Mr. Sornberger is proud to have served as a consultant and advisor with various healthcare practices across the country. He has authored over 2200 articles for HFMA, AAHAM, and other leaders in the revenue cycle arena.

3:00 - 3:50 pm: Concurrent Session | Grand Couteau

Leveraging Big Data & Emerging Artificial Intelligence Techniques to Stratify a Patient Population

Course 1522 | CPE: 1.0 | Level: Basic | Prerequisites: None

The term "big data" is the most overused terminology for data that's not so big. Emerging data science techniques are enabling organizations to unlock previously closed systems to reveal a wealth of data that can be effectively captured and turned into insight. Forward-looking organizations such as the Ohio State University Wexner Medical Center as using these insights to better understand their population. In collaboration with Thoratec, OSU Medical Center is identifying patients with late stage HF such that appropriate therapy can be prescribed.

Learning Objectives: After this session, attendees will be able to; Employ cutting edge tools and technologies to analyze Big Data; Apply principles of Data Science to the analysis of population health problems; Emphasize techniques employed by OSU have repeat ability across any healthcare system

Field of Study: Specialized Knowledge & Application



Sitaramesh Emani, MD - Assistant Professor of Medicine, Advanced Heart Failure & Cardiac Treatment, Ohio State University Wexner Medical Center

Sitaramesh Emani is currently a member of the Advanced Heart Failure & Cardiac Transplant team and has been on faculty for 3 years. Dr. Emani earned bachelor's degrees in biomedical engineering and math at Duke University, after which he attended Ohio State for medical school. Following med school, he completed his residency in internal medicine Washington University in St. Louis/Barnes-Jewish Hospital, where he served as a chief resident. After his residency, Dr. Emani returned to Ohio State for both his cardiology fellowship and his advanced heart failure and transplant fellowship. Thereafter, he joined faculty. His current clinical and research interests focus on the treatment of advanced heart failure patients including mechanical heart support and invasive hemodynamics.



Darren Selsky, MHA, MS - SVP Marketing, Capsenta, Inc.

Darren was most recently the Director of Connectivity for St. Jude Medical, a position he held from 2005 to December 2013. He was responsible for the companies leadership in implantable and capital device telehealth initiatives.

Mr. Selsky was the principal architect for the companies referral strategy developing a methodical approach to analyze physician targets for Heart Failure and Implantable Defibrillator education. Prior to his tenure at St. Jude Medical, he held senior positions in both marketing and sales for Siemens Medical Health Solutions Division. At Siemens, he was responsible for the successful launches of their cardiovascular and critical care management systems. Mr. Selsky also held the prestigious position of Fellow, Hospital Administration at Thomas Jefferson University Hospital. Mr. Selsky received both his Masters and Bachelor degrees from Temple University in Philadelphia, PA.

**3:00 - 3:50 pm: Concurrent Session | Grand E
Top Audit Opportunities & Risk from Charge Capture & Patient Status Documentation Audits**

Course 1523 | CPE: 1.0 | Level: Basic | Prerequisites: None

An overview and detailed information on opportunities and risk from charge capture & patient status documentation audits.

Learning Objectives: After this session, attendees will be able to; Identify charge capture at risk issues – from both revenue and compliance risk; Identify easy ways to enhance dept. head ownership –in all areas of documentation and charge capture; Identify new ways to enhance the patient story while gaining a better understanding of audit results-denial prevention.

Field of Study: Specialized Knowledge & Application

Day Egusquiza - President, AR Systems - Twin Falls, ID

**3:50 - 5:05 pm: General Session | Grand A/B
Surviving Cancer: One Cancer Survivor's Odyssey Through the System**

Course 1524 | CPE: 1.5 | Level: Basic | Prerequisites: None

Melanoma survivor Marshal Ramsey tells about his journey through the healthcare system using humor, cartoons and passion to make sure others have the gift of survival.

Learning Objectives: After this session, attendees will be able determine what's important for all health care organizations to understand about quality and outcomes and how they impact the lives and families of those they serve.

Field of Study: Specialized Knowledge & Application



Marshall Ramsey - Editorial Cartoonist The Clarion-Ledger - Jackson, MS

Known for his award-winning cartoons, entertaining radio program and engaging short stories, Marshall Ramsey has been living his childhood dream for 47 years. But that dream hasn't always been easy. When Ramsey graduated with honors from the University of Tennessee in 1991, his first job was as a night custodian at Pope High School in Marietta, Georgia – not exactly a planned destination on his career path. But Ramsey quickly learned that the “worst moments” in life are the seeds for the best moments.! Ramsey is a two-time Pulitzer Finalist (2002 and 2006). His editorial cartoons are syndicated nationally by Creators Syndicate and have appeared in The New York Times, USA Today and The (Jackson, Miss.) Clarion-Ledger. He is the author several successful books including two cartoon collections, the short story collection, Fried Chicken and Wine and the delightful children's book Banjo's Dream. Ramsey's cartoons, photos, stories and posts are frequently shared on Facebook, Twitter, Pinterest and Instagram. He's also the host of the weekly statewide radio program, Now You're Talking with Marshall Ramsey on Mississippi Public Broadcasting.! Ramsey's also a cancer survivor. Diagnosed with malignant melanoma in 2001, he has been honored by both the Melanoma Research Foundation and the American Cancer Society for paying his survival forward. He actively promotes skin cancer awareness and sun safety through cartoons, speeches, skin screenings and a 5K race. He even ran the Marine Corps Marathon to raise funds for melanoma research.

Tuesday, November 17

8:00 - 8:50 am: General Session | Grand A/B

Be Aware & Be Prepared: The Risks of Privacy & Security Breaches in Healthcare

Course 1525 | CPE: 1.0 | Level: Intermediate | Prerequisites: Basic knowledge of budget processes.

During the summer of 2014, more than five million patients had their personal data compromised in health system privacy breaches. Because health records contain personal, financial and medical data, this information is an especially attractive target to thieves, commanding up to \$1,300 per record on the black market. Mick will talk to us about the following: Keep an eye on internal and external threats; Know your data and activate the right consumer permissions and finally Learn from other industries.

Learning Objectives: After this session, attendees will be able to: Have a better understanding of how to take precautions to avoid data breaches in the future. Who to contact should you have a data breach and what types of applications might be useful to your organization.

Field of Study: Specialized Knowledge & Application, Accounting



Mick Coady - Principal, Health Information Privacy & Security - PWC - Houston, TX

Mick is a renowned and charismatic international speaker, he has worked computer task forces around the world, in addition to two of the “Big Four” consultancies, (KPMG, Deloitte) leading forensics and security investigations in the public and private sector. Mick is credited with developing an enterprise risk methodology to help companies mitigate risks and he has vital architecture and implementation experience in the deployment of identity and access management technologies with large, multinational corporations. Mick is an expert in the application of solutions related to privacy directives, having managed over 60 Health Insurance Portability and Accountability Act (HIPAA), EU Privacy Directive (EUPD), Gramm-Leach-Bliley Act (GLBA), Sarbanes-Oxley (SOX) engagements internationally. Most recently Mick worked on the HITRUST Alliance leadership team to help develop and write control objectives that have been completed in the Common Security Framework (CSF).

8:50 - 9:55 am: General Session | Grand A/B

Case Study: How Did This Happen in Mississippi & What's Next

Course 1526 | CPE: 1.5 | Level: Intermediate | Prerequisites: Basic knowledge of value based delivery and integration model

This is the story of the renowned Northern Mississippi Health Services organization including: why it was formed and how it was formed. The presentation provides key insights on: the challenges of creating a true, sustainable hospital/physician alignment structure and the current steps used to enhance the organization's effectiveness with a value based focus. NMHS is a 2012 recipient of the prestigious Malcolm Baldrige National Quality Award.

Learning Objectives: After this session the participants will be able to: Apply the process used by North Mississippi Medical Clinics, Inc. (NMMCI) and North Mississippi Medical Center (NMMC) to improve quality, value and integration; Determine the key components used to enhance the NMMCI's governance structure; Gain insight to the innovative incentive models used; particularly for primary care physicians; Use the compensation plan principles that transitioned the organizations to an integrated value based model

Field of Study: Specialized Knowledge & Application



Matt Nolan - Manager, ECG Management Consultants

Matt joined ECG in 2008 and is recognized as a firm leader in the areas of physician practice acquisitions, medical group structure development, financial analysis, compensation plan design, provider-based implementation, and hospital/physician alignment. He facilitates the alignment of hospitals and health systems with physician practices through various mechanisms, including Professional Services Agreements (PSAs), employment, and comanagement. In post-alignment work, he assists organizations with redesigning their medical group governance, management, and operational structures. He also develops physician compensation plans, including value-based plans that incorporate quality, efficiency, panel size, and other metrics. He holds a master of health administration degree and a bachelor of science degree in health information management, both from Saint Louis University.



Josh Halverson - Principal ECG Management Consultants

Josh is a trusted partner and adviser to the leadership of hospitals, health systems, academic medical centers, and physician groups. With more than 15 years of experience in healthcare strategic and business planning, hospital operations, and physician organization development, Josh understands the challenges that providers face in a volatile and ever-evolving healthcare marketplace. His expertise in strategic/business planning and market assessment helps his clients make informed decisions that position their organizations for long-term success. Under Josh's guidance, provider organizations have created and implemented innovative physician and ambulatory strategies, and he has helped hospitals and physicians develop mutually beneficial economic arrangements. He has also worked closely with health system leadership to facilitate practice acquisition and improve hospital/physician alignment and integration. Josh has specific expertise in physician organization development, compensation planning and incentive design, and service line/physician organization management, which has allowed

him to improve organizational performance, facilitate growth, and optimize service line and physician group functioning.



David Barber - President
North Mississippi Medical Clinics

David is President of North Mississippi Medical Clinics and a member of the Senior Management Team at North Mississippi Health Services. He is a native of Moss Point and holds a Bachelor of Public Administration from the University of Mississippi and a Master of Science in Health Administration from the University of Alabama at Birmingham. David is a Fellow of the American College of Health Executives and is a Certified Medical Practice Executive by the American College of Medical Practice Executives.

10:10 - 11:00 am: General Session | Grand A/B
The Emerging Role of the Nurse Practitioner
Course 1527 | CPE: 1.0 | Level: Basic | Prerequisites: None

The evolving role and characteristic of the Nurse Practitioner will be defined followed by a discussion of the healthcare crisis in primary care. As part of the solution, the Nurse Practitioner role will include enhanced access, application of evidence based practice, decreased healthcare cost, and the production of positive patient outcomes.

Learning Objectives: After this session, participants will be able to: define the involvement and characteristics of the Nurse Practitioner (NP); discuss the variable involved in the primary care crisis; discuss the NP role to resolving the primary care crisis; discuss the difference in patient outcomes and delivery of care between NPs and physicians; discuss the NP barriers to practice.

Field of Study: Specialized Knowledge and Application



Rhonda Hettinger, DNP, NP-C, CLS - Owner
Personalized Prevention: Your Family & Heartcare - Clarksville, IN

Rhonda Hettinger is a certified Family Nurse Practitioner who specializes in the treatment and prevention of cardiovascular disease. With greater than fifteen years experience, Rhonda's career is one that contributes to the evolving role of the nurse practitioner; and as a leader in her discipline has received multiple degrees and certification in the field. In 2011, Rhonda received her terminal degree as a Doctorate of Nursing Practice from the University of

Southern Indiana and most recently obtained diplomatic status from the National Lipid Association as an expert in the diagnosis and management of cholesterol disorders contributing to the prevention of heart disease. For the last five years, Rhonda has also become one of the first nurse practitioners in our country to independently own her individual medical practice where she combines her extensive knowledge and passion for health promotion to prevent heart disease and save lives.

11:00 - 12:05 am: General Session | Grand A/B

**Enterprise-Wide Risk Assessment,
& Risk Assessment Case Study**
Course 1528 | CPE: 1.5 | Level: Basic | Prerequisites: None

This session will provide the participants with an overview of the Enterprise-Wide Risk Assessment process, with a focus on Meaningful Use compliance. This session will also include a testimonial on the results of the Enterprise-Wide Risk Assessment process conducted on Chicago's Thorek Memorial Hospital from CFO Tim Heinrich, and the benefits this process provided to their organization.

Learning Objectives: Participants will gain a better understanding of: The objectives and activities related to an Enterprise-Wide Risk Assessment; How a risk assessment is a key component of the overall risk management function of a healthcare organization; The value that this process provided to a mid-sized acute care facility; The various Electronic Health Records/Meaningful Use Compliance-related audits underway, including the latest hot button issues for healthcare organizations

Field of Study: Accounting



Gary Moss, CPA - Director, Healthcare Risk Advisory Services, BKD, LLP - Milwaukee, WI

Gary has more than 25 years of experience providing internal audit compliance, operational, IT and financial risk services to health care providers. Prior to joining BKD, Gary worked for several CPA firms that helped health care providers with financial, operational and IT process improvements, as well provided revenue cycle enhancement, cost reductions and regulatory compliance services. He has served as internal audit director for the largest faith-based

health system in the country and provided internal audit services for other health care systems nationwide. Gary has served as internal auditor, external auditor and business advisor to integrated delivery systems, academic medical centers, acute care hospitals, physician groups, health insurers, managed care organizations, long-term care facilities, home health agencies, assisted living facilities and other health care providers across the country. Services and areas of expertise provided to these organizations included revenue cycle management, IT audits and assessments, business process analysis, due diligence, financial reporting, benefit plans and Medicare reimbursement methodologies. Gary also has significant experience in a number of compliance areas, including the Office of Inspector General's (OIG) Work Plan, Meaningful Use, fraud and abuse laws, OMB Circular A-133 and debt covenants. He has co-authored webinar content, training, publications and white papers for the Association of Healthcare Internal Auditors related to Meaningful Use Compliance. He is a frequent speaker at health care industry association events, and is involved with the Illinois and Wisconsin chapters of the Healthcare Financial Management Association.



Mark E. Blessing, CPA, FHFMA - Partner, National Health Care Group, BKD, LLP - Milwaukee, WI

Mark is a member of BKD National Health Care Group and has more than 30 years of experience in health care, including operational financial management of both a large acute-care hospital and large orthopedic physician group with an ambulatory surgery center. He provides services involving assurance, reimbursement, finance solutions, revenue and performance management, operations and clinical consulting, forecasting, strategic planning, compliance and corporate integrity solutions. His clients include hospitals, integrated delivery systems, medical practices and individual physicians, nursing homes, community health centers and other health care organizations. Mark leads the BKD Physician Services Center of Excellence. He is a member of the American Institute of Certified Public Accountants and Indiana CPA Society, and a Fellow of the Healthcare Financial Management Association (HFMA).

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- Diversified Health Care Affiliates, Inc.- 03
- EnableComp - 33
- FMS, Inc. - 32
- Franklin Collection Service - 42

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- IMA Consulting - 10
- McKesson BPS - 12
- MedData - 26
- MediComm - 39
- MiraMed Global Services - 19
- NAVEOS - 18
- Navigant Healthcare Cymetrix - 44
- Parallon - 08
- PatientCo - 49
- RevClaims - 16
- RevSpring - 27
- RSource - 11
- Simplee - 25
- Southwest Consulting - 40
- Sullins, Johnston, Rohrbach & Magers - 20
- The SSI Group - 51
- Transamerica Retirement Solutions - 41
- TransUnion - 23
- VHC - 17

Namebadge Lanyard Sponsor

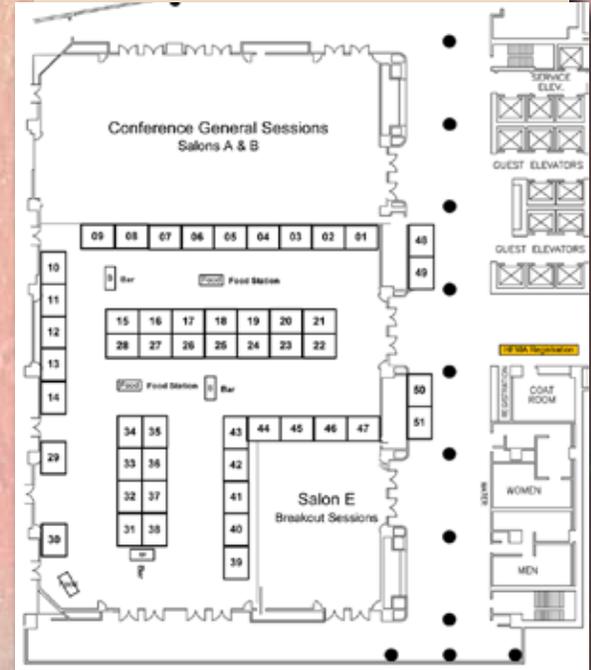
- JP Morgan

Tote-Bag Sponsor

- Rsource

Contributing Sponsors

- Alorica
- EMC
- GE Healthcare
- HGS
- M*Modal
- Ontario Systems
- PatientFocus
- Sagacious Consultants
- The Sevenex Group
- Streamline Health Solutions



Please support the Sponsors who make this conference possible by visiting them at their booths.

Welcome Reception sponsored by:



Sunday, November 15
5:00 - 7:00 pm
Exhibit Area

Representatives from High Cotton will be available at the entrances to the exhibit area to exchange your admission ticket for beverage tickets.

Conference Reception

Monday, November 16
5:00 - 6:45 pm
Exhibit Area

Exchange your admission ticket for beverage tickets at the HFMA Registration table after 4:00 pm Monday.

House of Blues Party

Monday, November 16
7:00 - 10:00 pm
The House of Blues
(see more information on page 3)

HFMA REGION 9 CONFERENCE 2015 REGISTRATION

November 15-17 | Sheraton New Orleans Hotel
New Orleans, Louisiana

CPE Credit

Up to 20 CPE credits are available depending on the number of sessions attended. See the Conference Program in your packet for a full description of the CPE program and processes.

Dress

Casual business attire is appropriate for all sessions and events.

PLEASE NOTE:

Hotel meeting rooms tend to be cold - it is strongly recommended that you bring a jacket, sweater, or light wrap.

Payment Receipt

If paying by credit card, a receipt will be sent to the email address you provide. If paying by check, we will email a receipt to the email address provided.

House of Blues Party Monday, Nov. 16

7 - 10 pm

The House of Blues
225 Decatur St.

This event is complimentary to registered conference attendees | \$100 for guests of attendees.

Admission is by wrist-band only and you must pre-register on this form.

Conference Hotel

Sheraton New Orleans
500 Canal St.

HFMA Group Rate - \$207

PLEASE NOTE:

Rooms at the Sheraton in the HFMA room block are for the use of ONLY registered conference attendees and their guests staying in the same room. A direct link to the HFMA room block will be sent in a separate email following receipt of your registration.

Contact

For information or questions...

HFMA Region 9
P.O. Box 631206
Houston, TX 77263-1206
713.776.1314 tel |
713.776.1308 fax
info@hfmaregion9.org
www.hfmaregion9.org

Badge & Contact Information (one form per registrant please)

Name(to appear on badge) _____

Company/Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Business Phone(_____) _____ E-mail _____

HFMA Chapter _____ Member# _____

Do you need CPE Credit for this program? Yes No

Will you attend Sunday education sessions? Yes No

Will you attend the Sunday evening reception? Yes No

Will you attend the Monday & Tuesday education sessions? Yes No

Will you attend the Monday evening reception? Yes No

Will you attend the Monday House of Blues Party? Yes No

Conference Fees: (please circle the appropriate amount(s))

Note: To register as a Provider you must be directly employed by a hospital, health-care system, or medical practice.

Full Conference (Member)	Providers \$450 / Vendors \$550
Full Conference (Non- Members)	Providers \$550 / Vendors \$650
Sunday Only (Providers Only)	Members \$200 / Non-Member \$250
Monday/Tuesday Only (Providers Only)	Members \$350 / Non-Members \$450
Monday House of Blues Party	Guest - \$100 (Complimentary for registered attendees)

Payment:

My check# _____ in the amount of \$ _____ is attached.

Please charge \$ _____ to my: Amex MasterCard Visa

Cardholder's Name: _____ Card Number: _____

Exp. Date: ____/____ Card Verification Code: _____ Signature: _____

Exact Card Billing Address: _____ City/State/Zip: _____

House of Blues Party | Monday, Nov. 16 | 7 - 10 pm The House of Blues | 225 Decatur St. | New Orleans

This event is complimentary to registered conference attendees | \$100 for guests of attendees.

Admission is by ticket only and you must pre-register on this form.