



HFMA Region 9 16th Annual Conference

November 11-13, 2018
Sheraton New Orleans Hotel

[What to Expect]



20 CPE Credits



Networking



Audubon Aquarium Party

Sunday, November 11, 2018

10:00 AM	7:00 PM	Conference Registration	Grand Foyer
10:45 AM	12:00 PM	Texas Medicaid Update <i>Freddy Warner - Memorial Hermann Health System</i>	Grand Chenier
		Modernizing Louisiana Medicaid's Hospital Payment Methods <i>Jen Steele - Louisiana Department of Health</i>	Grand Couteau
12:00 PM	1:00 PM	Lunch on Own	
12:00 PM	4:30 PM	Exhibit Set-Up	Grand Ballroom CDE
1:00 PM	1:50 PM	It's Here! Tax Cuts and Jobs Act of 2017 <i>Amie Whittington - HORNE LLP</i>	Grand Chenier
		When Payors Won't Listen: A Denial and Appeals and Letter Writing Workshop (Part 1) <i>Ed Norwood - ERN/The National Council of Reimbursement Advocacy</i>	Grand Couteau
1:55 PM	2:45 PM	Revenue Recognition - Yes, again! <i>Frank Auberle & Ryan Kelley - LaPorte CPAs & Business Advisors</i>	Grand Chenier
		When Payors Won't Listen: A Denial and Appeals and Letter Writing Workshop (Part 2) <i>Ed Norwood - ERN/The National Council of Reimbursement Advocacy</i>	Grand Couteau
2:45 PM	3:00 PM	Afternoon Break	Grand Foyer
3:00 PM	3:50 PM	2018 A&A Update <i>Derek Pierce & Michael Westerfield - BKD, LLP</i>	Grand Chenier
		The Impacts of Physician Documentation and Quality During Payment Transformation <i>Jason Jobes - Optum</i>	Grand Couteau
4:00 PM	5:15 PM	New Era of Healthcare - "Old Problems...New Challenges" <i>Chuck Stokes - Memorial Hermann Health System</i>	Grand Ballroom AB
5:15 PM	7:00 PM	Welcome Reception / Exhibits Open	Grand Ballroom CDE

Monday, November 12, 2018

7:00 AM	7:00 PM	Conference Registration	Grand Foyer
7:00 AM	8:00 AM	Breakfast / Exhibits Open	Grand Ballroom CDE
8:00 AM	8:50 AM	HFMA National Policy Update <i>David Williams - HORNE LLP</i>	Grand Ballroom AB
8:55 AM	10:10 AM	Healthcare Delivery Models of the Future <i>Paul Keckley - The Keckley Group</i>	Grand Ballroom AB
10:10 AM	10:30 AM	Morning Break / Exhibits Open	Grand CD & Foyer
10:30 AM	11:20 AM	A Drug Called Exercise; Why You Should Take It! <i>Robert Sallis, MD - Kaiser Permanente Medical Center; UC Riverside School of Medicine; Exercise is Medicine Advisory Board; Every Body Walk! Campaign</i>	Grand Ballroom AB
11:25 AM	12:15 PM	Healthcare Policy and the Opioid Crisis <i>Freddy Warner - Memorial Hermann Health System</i>	Grand Ballroom AB
12:15 PM	1:15 PM	Lunch / Exhibits Open	Grand Ballroom CDE
1:15 PM	2:05 PM	What Does Disruption Look Like? Patient, Provider, Payer and National Impact <i>Day Egusquiza - AR Systems, Inc.</i>	Grand Chenier
		Answers to Ethical Questions about Information Technology in the Healthcare Industry <i>Eric Rockwell - GXA Networks</i>	Grand Couteau
2:10 PM	3:00 PM	Finding Lost Inpts – Why I Love the 2 MN Rule PLUS Impact of Total Knee Anguish <i>Day Egusquiza - AR Systems, Inc.</i>	Grand Chenier
		Medicare Update - IPPS 2019 and Beyond <i>Keri Disney-Story - Parkland Health & Hospital System & Steve Hand - Memorial Hermann</i>	Grand Couteau
3:00 PM	3:15 PM	Afternoon Break / Exhibits Open	Grand CDE & Foyer
3:15 PM	4:30 PM	Payer Panel: Current Developments in Payer Products <i>John Montaine (moderator) - Creative Managed Care Solutions, LLC, Steve Spaulding - Arkansas Blue Cross Blue Shield, Glen Dawes - Memorial Hermann Health Plan & David Hochheiser - Blue Cross Blue Shield of Louisiana</i>	Grand Ballroom AB
4:35 PM	5:25 PM	From Design Thinking to Cost Savings: High Value Care Delivery Model Design for Late Life <i>Francesca Salipur, MD, PhD - Stanford University</i>	Grand Ballroom AB
5:30 PM	7:00 PM	Closing Reception / Exhibits Open	Grand Ballroom CDE
7:30 PM	10:30 PM	Monday Night Party	Audubon Aquarium

Tuesday, November 13, 2018

7:30 AM	1:00 PM	Conference Registration	Grand Foyer
7:30 AM	9:00 AM	Breakfast	Grand Foyer
8:00 AM	8:50 AM	Current Cyber Threats and Best Practices to Protect Your Organization <i>Matthew Ramey - FBI</i>	Grand Ballroom AB
8:55 AM	10:10 AM	Alternative Medical Delivery Systems <i>Pam Potter - Houston Methodist Specialty Physician Group, Orthopedics and Sports Medicine</i>	Grand Ballroom AB
10:10 AM	10:30 AM	Morning Break	Grand Foyer
10:30 AM	11:20 AM	Generational Collaboration In The Workplace <i>Amy Cunningham - CHRISTUS Health</i>	Grand Ballroom AB
11:25 AM	12:40 PM	Achieving Bundled Payment Success: Strategies from a Large Health System and Small Hospitals <i>Herbert Hahn, MD - OrthoArkansas, Sarah Merlos - Baptist Health Physician Partners & Eric Rogers - BKD, LLP</i>	Grand Ballroom AB

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, and are located on the tables immediately outside the doors to the session rooms. These are 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.

Conference Wifi

Network: Sheraton Meeting Rooms

Password: HLSappeals



Topics and Faculty

Sunday, November 11th

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

Texas Medicaid Update

Course 1801 | CPE: 1.5 | Level: Intermediate | Prerequisites: Basic understanding of healthcare and hospital finance

This presentation will focus on Federal and state healthcare legislative update, and impacts on the Texas Medicaid program; Overview of the status of the renewal of the Texas 1115 Medicaid Transformation Waiver; Impact of the 2018 election cycle on federal and state healthcare policy, and the 2019 Texas legislative session .

Learning Objectives: At the end of the session, attendees will have an understanding of the current federal and state legislative and political dynamics impacting the Texas Medicaid program.

Field of Study: Specialized Knowledge and Application



Freddy Warner - VP, Government Affairs | Memorial Hermann Health System

Freddy Warner joined Memorial Hermann Health System in 2008, and serves the system as Vice President of Government Affairs; and is responsible for federal, state and local advocacy. Before coming to Memorial Hermann, he spent more than twenty years as a government relations, regulatory and business development consultant, working in a variety of legislative, campaign and regulatory capacities in more than 20 US states and in Washington, DC, with particular emphasis on the State of Texas; and for 3 years was Vice President of Governmental Affairs for the largest building materials company in the US. Over the course of his career, he has represented numerous clients before federal, state and local elective bodies and regulatory entities, managed greenfield development projects, developed strategic plans, and created community investment and media campaigns for his clients. He previously served in senior campaign and legislative capacities for a member of the Texas Congressional Delegation, a Texas State Senator, and for the Texas Lieutenant Governor. He holds undergraduate degrees in Journalism and Political Science from Southern Methodist University, and a law degree from South Texas College of Law.

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

Modernizing Louisiana Medicaid's Hospital Payment Methods

Course 1802 | CPE: 1.5 | Level: Intermediate | Prerequisites: None

This session will provide an overview of the ongoing efforts of the Louisiana Department of Health to modernize its hospital payment methodologies. It will include discussion of the Louisiana Medicaid program's move from per diem to Diagnosis Related Group (DRG) payments for inpatient hospital services effective 1/1/19, and introduce upcoming efforts to improve quality and reduce low value care in hospital settings through value-based payment.

Learning Objectives: After this session, attendees will be able to communicate important changes taking place with regard to hospital payments by Louisiana Medicaid program, including fee for service and managed care health plans.

Field of Study: Specialized Knowledge and Application



Jen Steele - Medicaid Director | Louisiana Department of Health

Jen Steele has more than 20 years' experience in health care policy and public finance at both the national and state level, including nonprofit advocacy, private foundation grant making, Legislative Fiscal Office, House Appropriations Committee, State Department of Health and Medicaid agency. She began her career with the Louisiana Department of Health in 2001 working to align the budget with health policy priorities, including development of a proposal to extend Medicaid coverage to the population covered by Medicaid expansion today. In 2006, she joined Louisiana Medicaid to manage a Robert Wood Johnson grant that became the WorkSmart! program for continuous process improvement, which helped Louisiana earn national recognition for Medicaid eligibility process simplification. Jen briefly served as Section Chief for Eligibility Field Operations before being tasked with leading the Department's Health Care Reform Section formed in response to passage of the Affordable Care Act in 2010. In that capacity, she developed and implemented the Greater New Orleans Community Health Connection Medicaid Section 1115 Demonstration Waiver that continued the expansion of primary care access post-Katrina. Since 2012, she has progressed through a series of managed care finance and budget positions, including Medicaid Deputy Director and Chief Financial Officer, to her current position as Louisiana Medicaid Director. Jen received her Bachelors in International Relations from Mount Holyoke College in Massachusetts and her Masters of Public Affairs from the University of Texas at Austin.

1:00 pm - 1:50 pm | Accounting Track | Grand Chenier

It's Here! Tax Cuts and Jobs Act of 2017

Course 1803 | CPE: 1.0 | Level: Basic | Prerequisites: None

This presentation will cover various topics associated with tax reform, including new regulations for both businesses and individuals. It will also cover updated depreciation regulations, the 20% pass-through deduction and various other topics.

Learning Objectives: Individual tax changes—including changes to itemized and standard deductions; Business tax changes—including depreciation changes and the 20% pass-through deduction; Updates/clarification issued—covering the IRS guidance issued on various topics included in Tax Cuts and Jobs Act of 2017; Healthcare implications of particular interest to clinics and hospitals, as well as individual physicians.

Field of Study: Accounting



Amie Whittington - Senior Tax Manager | HORNE LLP

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. She joined HORNE in 2005. Amie graduated from Millsaps College with a Bachelor of Science in Business Administration in accounting and a Master of Accountancy.

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

When Payors Won't Listen: A Denial and Appeals and Letter Writing Workshop (Part 1)

Course 1804 | CPE: 1.0 | Level: Basic | Prerequisites: None

This presentation will provide an easy, systematic, 4 step process which will provide you with a strategy for dealing with denials more quickly, effectively, and efficiently, and how to fight improper denials with powerful appeal letters. Learn components and strategies needed to write an appeal letter that will help get your denials reversed and claims paid.

Learning Objectives: Federal and state laws that relate to timely reimbursement and prevent improper denials; How to research laws in federal and out of state jurisdictions; How to do mass provider appeals and trend denials AND MORE!

Field of Study: PFS



Ed Norwood - President | ERN/The National Council of Reimbursement Advocacy

Ed Norwood, President of ERN/The National Council of Reimbursement Advocacy, has been recognized as a unique and distinctive authority in transitional leadership and administrative laws that govern the healthcare delivery process. Few have blazed the trail of success in the same inimitable style as Ed. With an entrepreneurial story which is both entertaining and inspiring, Ed has a seasoned, realistic perspective that inspires people: "It's never too late to become what they might have been" (Eliot.) Multi-faceted, with a creative ability to inspire his audience, Ed combines his healthcare influence and expertise with his passion to help providers advocate for medically appropriate healthcare pursuant federal and state laws.

Topics and Faculty

Sunday, November 11th

1:55 pm - 2:45 pm | Accounting Track | Grand Chenier

Revenue Recognition - Yes, again!

Course 1805 | CPE: 1.0 | Level: Intermediate | Prerequisites: Basic understanding of revenue recognition principles and an interest in the changes to the existing GAAP requirements

Revenue from contracts with customers in accordance with ASC606 is often referred to as "new revenue recognition standard". This standard has been implemented for public calendar year companies on January 1, 2018 and for private companies on January 1, 2019. This presentation will explain the five steps, transition methods, and special considerations when implementing this standard.

Learning Objectives: Identify the five revenue recognition steps under this standard and identify differences to the previous US GAAP model.

Field of Study : Accounting

Frank Auberle, CPA - Senior Manager | LaPorte CPAs & Business Advisors

Frank has more than 14 years of experience in public accounting. His career included many years with a Big Four accounting firm, where he served multi-national SEC registrants across different continents, as well as national middle market companies. His clients operate in a range of industries, such as manufacturing, wholesale, financial services, and healthcare. He has extensive knowledge in financial reporting under AICPA and PCAOB standards, auditing internal controls over financial reporting, and accounting for business combinations. In particular, Frank has extensive experience in the evaluation of entity level control frameworks under the COSO framework, the assessment of processes and related key controls, and the evaluation of design and operating effectiveness of key controls. Frank is a member of the LaPorte Healthcare Industry Group.



Ryan Kelley - Senior Manager | LaPorte CPAs & Business Advisors

Ryan began his career at a Big Four firm in 2003, serving clients in a wide range of industries. He has experience performing audits, reviews, and agreed upon procedures for SEC registrants and other entities. Ryan's audit experience includes SEC filings, private equity ownerships, and private company reporting. He also has provided professional audit services to several large multinational clients in accordance with PCAOB and ISA requirements and under U.S. GAAP and IFRS and has successfully coordinated global engagements. Ryan is a member of the LaPorte Healthcare Industry Group.



1:55 pm - 2:45 pm | PFS Track | Grand Couteau

When Payors Won't Listen: A Denial and Appeals and Letter Writing Workshop (Part 2)

Course 1806 | CPE: 1.0 | Level: Basic | Prerequisites: None

This presentation will provide an easy, systematic, 4 step process which will provide you with a strategy for dealing with denials more quickly, effectively, and efficiently, and how to fight improper denials with powerful appeal letters. Learn components and strategies needed to write an appeal letter that will help get your denials reversed and claims paid.

Learning Objectives: Federal and state laws that relate to timely reimbursement and prevent improper denials; How to research laws in federal and out of state Jurisdictions; How to do mass provider appeals and trend denials AND MORE!

Field of Study: PFS



Ed Norwood - President | ERN/The National Council of Reimbursement Advocacy

Ed Norwood, President of ERN/The National Council of Reimbursement Advocacy, has been recognized as a unique and distinctive authority in transitional leadership and administrative laws that govern the healthcare delivery process. Few have blazed the trail of success in the same inimitable style as Ed. With an entrepreneurial story which is both entertaining and inspiring, Ed has a seasoned, realistic perspective that inspires people: "It's never too late to become what they might have been" (Eliot.) Multi-faceted, with a creative ability to inspire his audience, Ed combines his healthcare influence and expertise with his passion to help providers advocate for medically appropriate healthcare pursuant federal and state laws.

3:00 pm - 3:50 pm | Accounting Track | Grand Chenier

2018 A&A Update

Course 1807 | CPE: 1.0 | Level: Basic | Prerequisites: None

A discussion of current issues in accounting and auditing, focusing specifically on new pronouncements that will impact healthcare organizations. In addition, the speakers will focus on other important healthcare topics that will affect providers in this rapidly changing healthcare environment.

Learning Objectives: Identify new and pending accounting pronouncements impacting the healthcare industry. Participants understand how to apply these pronouncements in the rapidly changing healthcare environment.

Field of Study: Accounting

Derek Pierce - Partner | BKD, LLP

Derek has more than 12 years of experience in the health care industry. His responsibilities include directing audit engagements for small standalone hospitals as well as regional health systems. He assists in budget preparations for small and midsized hospitals and helps prepare feasibility studies and profitability analyses. He also provides reimbursement and other consulting services including testing hospitals' internal records for disproportionate share reimbursement eligibility. Derek is knowledgeable in the health care regulatory environment and speaks regularly on health care audit, accounting and reimbursement topics. He is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants and Healthcare Financial Management Association, where he is a past president of the Arkansas chapter. Derek is certified as a Fellow of HFMA (FHFMA).



Michael Westerfield - Senior Manager | BKD, LLP

Michael works exclusively with health care industry clients. He provides assurance and consulting services to hospitals ranging from small standalone providers to large regional systems. His consulting services include testing hospitals' internal records for disproportionate share reimbursement eligibility, conducting wage index reviews and preparing cost reports. He is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants and Healthcare Financial Management Association (HFMA). He currently serves as a board member of the Arkansas chapter of HFMA and is certified as a Fellow of HFMA (FHFMA).



Program Evaluations: A survey link will be sent to all conference attendees at the conclusion of the conference. Please provide your feedback on the sessions, as well as an overall conference evaluation. We thank you for your cooperation in completing these surveys.

Topics and Faculty

Sunday, November 11th

3:00 pm - 3:50 pm | PFS Track | Grand Couteau

The Impacts of Physician Documentation and Quality during Payment Transformation

Course 1808 | CPE: 1.0 | Level: Intermediate | Prerequisites: None

Attendees of this session will learn and understand the importance that clinical documentation in the physician office setting plays in an era of increasing exposure to contractual risk. With contracts and Medicare risk models continuing to evolve, the importance of obtaining the proper documentation in the ambulatory space is key for protecting revenue, both in the short and long term. A defined strategy to address these documentation components will help organizations ensure they are ready to tackle the shift from fee for service to value based care in the coming years.

Learning Objectives: After this session, attendees will be able to understand the magnitude by which physician documentation in the office setting plays a role in risk based Contracts; Understand the three key terrains most impacted by physician documentation in the office setting; Walk away with a worksheet to help them strategically plan and prioritize key focal points for their approach to documentation in the physician office setting.



Field of Study: PFS

Jason Jobes - Vice President | Optum

Jason Jobes is the Vice President of Performance Support and Optimization within The Advisory Board Company's Consulting and Management division. As Vice President, Mr. Jobes partners with health systems to improve overall revenue cycle and quality performance by focusing on appropriate risk adjustments through strategic consulting engagements, rooted in evidence-based research. Areas of concentration include engaging physicians in documentation improvement initiatives, provider-payer partnerships, and predictive analytics. Since joining Advisory Board to serve in a lead consultant capacity, Mr. Jobes has delivered over \$60 million dollars in return on investment for members. A sample of performance results include: \$16.82 million dollar case mix index improvement at a 10 hospital system in the Midwest; 54.7% increase in expected mortality through improved documentation at an academic medical center in the South; 7% increase in charts reviewed per FTE per day through process redesign at a large hospital in the Southeast. Prior to joining Advisory Board, Mr. Jobes worked as the Director of Performance Excellence for a hospital and medical practice in Louisiana. In this role, Mr. Jobes leveraged Lean and Baldrige principles to help identify points of opportunity in areas such as clinical and non-clinical quality, patient and stakeholder engagement, revenue cycle performance, and strategic planning. He also served as the co-chair of the organization's 3rd Party Performance Excellence steering council, a group that drove partnerships with payers to implement risk based and shared savings contracts. Mr. Jobes holds a Bachelor of Arts from The University of Hawai'i Hilo, where he graduated Summa Cum Laude with a degree in Economics with a minor in Business Administration. He also obtained his Master's in Science of Predictive Analytics from Northwestern University in Evanston, IL. Mr. Jobes has also served five terms as a member of the national Malcolm Baldrige Board of Examiners.

4:00 pm - 5:15 pm | General Session | Grand Ballroom AB

New Era of Healthcare - "Old Problems...New Challenges"

Course 1809 | CPE: 1.5 | Level: Intermediate/Advanced | Prerequisites: An understanding of value based financing

This session will address the social responsibility for personal accountability for one's healthcare status, the ethical issues surrounding end of life care and the industry's Responsibility for high quality and safe care.

Learning Objectives: A better understanding of the financial, social and ethical implications for prevention, wellness, quality, high reliability healthcare and end of life care.

Field of Study: Specialized Knowledge and Application



Chuck Stokes - President & CEO | Memorial Hermann Health System

Charles (Chuck) D. Stokes joined Memorial Hermann Health System in 2008 as Chief Operating Officer (COO). In June 2017, he was named President and CEO of the System. In his role, Stokes is responsible for leading and overseeing the System's network of 19 hospitals and more than 290 diagnostic and specialty centers, with more than 26,000 employees and 6,300 affiliated physicians in the Greater Houston area. Stokes has nearly four decades of leadership experience in healthcare, and throughout his accomplished career has achieved success in service line leadership, quality and patient safety improvement, leadership development, employee engagement, and physician collaboration. During his tenure with Memorial Hermann, Stokes has worked tirelessly to establish a culture of high reliability, innovation, and transformation throughout the organization. Under his visionary leadership Memorial Hermann has attained unprecedented accolades in patient safety, safe and high-quality care, and operational excellence. Stokes models servant leadership with an emphasis on coaching and team building while using Malcolm Baldrige criteria as a platform for driving operational excellence. His leadership was most recently instrumental in helping Memorial Hermann Sugar Land Hospital secure the 2016 Malcolm Baldrige National Quality Award—the nation's highest Presidential honor for performance excellence. As part of his commitment to developing the next generation of healthcare leaders, Stokes has taught numerous leadership development programs for the American College of Healthcare Executives (ACHE), an organization of more than 48,000 healthcare executives working together to improve care delivery and population health. In 2017, Stokes was named Chairman of the ACHE Board of Governors. In addition to his service to ACHE, Stokes is on the Houston Holocaust Museum Advisory Board, the Board of the Children's Defense Fund, Greater Houston Partnership Board of Directors, Texas Hospital Association Board of Trustees, and the American Heart Association Board of Directors. He also serves as an adjunct faculty member at the University of Alabama at Birmingham and is the author of numerous articles on leadership development. In 2017, Stokes was named among the Top 25 COO's in medicine by Modern Healthcare. Prior to his role as COO, Chuck served as President of North Mississippi Medical Center, a 650-bed tertiary hospital and a 2006 Malcolm Baldrige National Quality Award recipient. He previously served as COO for three other healthcare systems and as vice president of operations at St. Luke's Episcopal Hospital/Texas Heart Institute in Houston. Stokes, who is board certified in Healthcare Management as an ACHE fellow, began his career as a critical care nurse and nurse executive before completing his master's degree in Hospital and Healthcare Administration from the University of Alabama at Birmingham. Stokes is married to wife, Judy Liswood Stokes. They have three adult sons, Neil and his wife, Sherry, Josh, and Sidney Joel.

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Topics and Faculty

Monday, November 12th

8:00 am - 8:50 am | General Session | Grand Ballroom AB

HFMA National Policy Update

Course 1810 | CPE: 1.0 | Level: Basic | Prerequisites: None

This session will provide an HFMA Nation update.

Learning Objectives: This session will cover the latest trends that HFMA is seeing in the market place. In addition, factors impacting healthcare finance will be covered including, political landscape, market competition and move to new payment methods .

Field of Study: Specialized Knowledge and Application



David Williams, CPA, MPH, FHFMA - Partner | Horne LLP

David is a partner in healthcare services and serves as the leader of healthcare reimbursement and advisory services. With more than 30 years of collaborating with community hospitals, health systems and related healthcare entities, his recent focus is assisting organizations adapt to the evolving care delivery models. He has experience in assessing and re-positioning systems to meet the changing needs in the communities they serve. Given his vast knowledge of federal, state and other reimbursement programs, David spends his time assisting health entities maneuver the complexities of the changing reimbursement systems as they move from a volume based foundation to one that is based upon outcomes and value to the patients and community. He also serves on HORNE's Board of Directors. David earned a Bachelor of Business Administration in Accounting and Master of Public Health Policy and Administration from The University of Southern Mississippi. He is a Fellow of Healthcare Financial Management.

8:55 am - 10:10 am | General Session | Grand Ballroom AB

Healthcare Delivery Models of the Future

Course 1811 | CPE: 1.5 | Level: Advanced | Prerequisites: Healthcare finance experience and basic knowledge of the US

The future of U.S. Healthcare is undoubtedly complex and continuously evolving, impacted by market forces and policy alike. Healthcare Economist Dr. Paul Keckley will make sense of this ever changing landscape from various perspectives (payer, provider consumer etc) and what that means for your particular operating market.

Learning Objectives: After this session, attendees will be able to have a better understanding of the macroeconomic healthcare environment.

Field of Study: Specialized Knowledge and Application



Paul Keckley, Ph.D - Principal | The Keckley Group

Dr. Keckley is Managing Editor of The Keckley Report, a weekly blog covering health industry trends and issues, a healthcare futurist, investor and entrepreneur. Paul brings extensive healthcare industry experience having worked in the private sector, academic medicine and as an investor. He has authored three books and more than 300 articles and served as the facilitator between the White House Office of Health Reform and major health industry trade associations as private sector input was sought in the passage of the Affordable Care Act. He is a columnist for Hospitals and Health Networks and a frequent contributor to media coverage of health industry trends in Fox News, CNN, Wall Street Journal, New York Times and others. He has served as Executive Director, Deloitte Center for Health Solutions, Washington DC, Executive Director, Vanderbilt Center for Evidence-based Medicine, CEO, EBM Solutions Inc., CEO, PhyCor Management Corporation (the IPA subsidiary), CEO, InterDent (Dental Practice Management Company, El Segundo, CA) and Managing Director, The Keckley Group. He serves on the board of Tivity Health Inc. and as Advisor to the Lipscomb University College of Pharmacy (Nashville), Western Governors University (Salt Lake City), NorthTide Capital (Boston), JP Morgan (NYC)American Academy for Physician Leadership (Tampa), and the American Hospital Association (DC). He is a member of the Health Executive Leadership Network, Healthcare Financial Management Association, and the Nashville Healthcare Council. He served in Adjunct Faculty roles at the Georgetown University School of Public Health, the Owen Graduate School of Management at Vanderbilt University and the Vanderbilt University School of Medicine. He holds a B.S. from Lipscomb University, Nashville TN, an M.A. and Ph.D. from The Ohio State University, Columbus OH and did a graduate fellowship at Oxford University, UK.

10:30 am - 11:20 am | General Session | Grand Ballroom AB

A Drug Called Exercise; Why You Should Take It!

Course 1812 | CPE: 1.0 | Level: Intermediate | Prerequisites: None

Physical inactivity has an astonishing array of harmful health effects and the association between an inactive and unfit way of life persists in virtually every subgroup of the population. On the contrary, physical activity is like a powerful drug, useful for both the treatment and prevention of virtually every chronic disease. As the costs associated with diseases directly caused by a sedentary lifestyle have soared, it is clear that physical inactivity is the major public health problem of our time.

Learning Objectives: After this session, attendees will be able to explain the impact of physical activity in terms of prevention of disease, reduction in mortality rates, positive effects in the elderly and kids and exercise as a clinical intervention for disease; Outline the key components for exercise assessment and prescription in a clinical setting, including using an Exercise Vital Sign; Understand the common barriers to exercise and strategies to over come them; Describe the Exercise Is Medicine Global Health initiative and how it is related to health and disease.

Field of Study: Specialized Knowledge and Application



Robert Sallis, MD, FAAFP, FACSM - Co-Director | Sports Medicine Fellowship at Kaiser Permanente Medical Center and Clinical Professor of Family Medicine | UC Riverside School of Medicine and Chair | Exercise is Medicine Advisory Board and Physician Spokesperson | Every Body Walk! Campaign

Robert Sallis, MD is a family medicine physician practicing at Kaiser Permanente Medical Center in Fontana, California, where he serves as Co-Director of their Sports Medicine Fellowship program. He is a Clinical Professor of Family Medicine at the University of California, Riverside (UCR) School of Medicine. He is a Past-President of the American College of Sports Medicine (ACSM) and currently chairs Exercise is Medicine™, a joint initiative of ACSM and the American Medical Association. He also chaired the Healthcare Sector of the U.S. Physical Activity Plan and is the physician spokesperson for the "Every Body Walk!" campaign. Dr. Sallis received his Bachelor of Science degree from the U.S. Air Force Academy (where he played intercollegiate basketball) and his Medical Degree from Texas A&M University. He completed his residency in Family Medicine at Kaiser Permanente Medical Center in Fontana, CA, where he served as chief resident. He is the head team physician at Pomona College and Chairs the Ironman Sports Medicine Conference in Kona, Hawaii. He is Board Certified in Family Medicine and also holds a Certificate of Added Qualifications in Sports Medicine.

Topics and Faculty

Monday, November 12th

11:25 am - 12:15 pm | General Session | Grand Ballroom AB

Healthcare Policy and the Opioid Crisis

Course 1813 | CPE: 1.0 | Level: Intermediate | Prerequisites: Basic understanding of healthcare and hospital finance

This session will cover the current federal healthcare legislative update, status of congressional response to the national opioid crisis and an overview of the impact of the 2018 midterm election cycle on the healthcare sector

Learning Objectives: After this session, attendees will have an understanding of the current federal legislative environment, with an emphasis on response to the national opioid crisis; and the impact of the 2018 midterm election cycle on the healthcare sector.

Field of Study: Specialized Knowledge and Application



Freddy Warner - VP, Government Affairs | Memorial Hermann Health System

Freddy Warner joined Memorial Hermann Health System in 2008, and serves the system as Vice President of Government Affairs; and is responsible for federal, state and local advocacy. Before coming to Memorial Hermann, he spent more than twenty years as a government relations, regulatory and business development consultant, working in a variety of legislative, campaign and regulatory capacities in more than 20 US states and in Washington, DC, with particular emphasis on the State of Texas; and for 3 years was Vice President of Governmental Affairs for the largest building materials company in the US. Over the course of his career, he has represented numerous clients before federal, state and local elective bodies and regulatory entities, managed green-field development projects, developed strategic plans, and created community investment and media campaigns for his clients. He previously served in senior campaign and legislative capacities for a member of the Texas Congressional Delegation, a Texas State Senator, and for the Texas Lieutenant Governor. He holds undergraduate degrees in Journalism and Political Science from Southern Methodist University, and a law degree from South Texas College of Law.

1:15 pm - 2:05 pm | Revenue Cycle Track | Grand Chenier

What Does Disruption Look Like? Patient, Provider, Payer and National Impact

Course 1814 | CPE: 1.0 | Level: Intermediate | Prerequisites: None

This class is a challenge to keep current as the world 'around healthcare' continues to evolve creating a new culture that will impact patients, providers, payers and the nation. We won't be bored!

Learning Objectives: Attendees will learn the many facets of change as the healthcare culture changes. The impact to the patient, provider, payers and nation will be included along with implementation ideas for each.



Field of Study: Revenue Cycle

Day Egusquiza – President | AR Systems, Inc.

Day Egusquiza brings over 35 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 multi-specialty 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 received the Idaho Hospital Association "Distinguished Service Award" for her legislative work and training on new indigent law. Attendees at HFMA's ANI rated her in the top 25% for each year she has presented, earning her the 'Distinguished Speaker' award. Her greatest accomplishments are her four wonderful children and her eight fabulous grandchildren. What makes her unique? She has been in the trenches with us!

1:15 pm - 2:05 pm | Accounting Track | Grand Couteau

Answers to Ethical Questions about Information Technology in the Healthcare Industry

Course 1815 | CPE: 1.0 | Level: Basic | Prerequisites: None

Eric will discuss the rapid growth of information technology (IT) in the healthcare industry and why it is important to consider all moral and ethical issues when leveraging the benefits of technology. The advancement in technology has also created many ethical dilemmas for healthcare providers such as balancing quality of care and efficiency. This session will provide the audience with an overview of information technology (IT) in the healthcare industry and best practice recommendations on how to ethically approach decision making.



Learning Objectives: After this session, attendees will be able to understand the importance of IT in healthcare and ethically navigate the demand for technology without compromising brand integrity.

Field of Study: Accounting

Eric Rockwell - Head of Quality, vCISO | GXA Networks

As vCISO and Head of Quality, Security and Compliance at GXA, Eric has 17 plus years in the IT Industry helping clients optimize their IT environment while aligning with business objectives. Eric has firsthand experience participating in ISO audits and compliance, NIST:800 compliance, HIPAA audits and compliance, including incident response, infrastructure protection, cybersecurity, business continuity and disaster recovery. As a recognized industry thought leader, Eric holds numerous industry certifications including CISSP, MCSE, CCNP, CCVP and Data Center Design Specialist and studied Computer Science at the University of California in San Diego. With vast experience in many verticals including Life Sciences, Health Care, Financial Services, Defense, and Manufacturing. He has lead teams and helped clients achieve their missions by focusing on leadership with a balanced approach to strategy and planning, execution, and personal principles, and has a passion for keeping organizations data secure.

SAVE THE DATE

2019 Region 9 Annual Conference

November 10-12, 2019

Sheraton New Orleans Hotel

Topics and Faculty

Monday, November 12th

2:10 pm - 3:00 pm | Revenue Cycle Track | Grand Chenier

Finding Lost Inpts – Why I Love the 2 MN Rule PLUS Impact of Total Knee Anguish

Course 1816 | CPE: 1.0 | Level: Intermediate | Prerequisites: None

This dynamic class will focus on the internal high-risk areas for lost inpts under the 2 midnight rule with hospitals still struggling with both types of inpts – presumption and benchmark. Now add in the removal from the inpt only list of total knees and a new disruption has been created. Total knee change of work flow- every pt, every time = first point of contact.

Learning Objectives: Attendees will learn how to use the 2 types of Inpatient: 2 MN presumption and 2 MN benchmark to find and keep lost inpts. The impact of the removal of the total knee replacement from the inpt only list has created chaos with compliance and lost revenue.

Field of Study: Revenue Cycle



Day Egusquiza – President | AR Systems, Inc.

Day Egusquiza brings over 35 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 multi-specialty 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 received the Idaho Hospital Association "Distinguished Service Award" for her legislative work and training on new indigent law. Attendees at HFMA's ANI rated her in the top 25% for each year she has presented, earning her the 'Distinguished Speaker' award. Her greatest accomplishments are her four wonderful children and her eight fabulous grandchildren. What makes her unique? She has been in the trenches with us!

2:10 pm - 3:00 pm | Reimbursement Track | Grand Couteau

Medicare Update - IPPS 2019 and Beyond

Course 1817 | CPE: 1.0 | Level: Intermediate | Prerequisites: An understanding of healthcare finance and reimbursement payment methodologies

This session will focus on the changes coming to Medicare providers as they relate to Final IPPS Update (Rates, VBP, Readmission adjustments, HAC adjustments, DSH at 25%); and the changes required in your Cost Reporting and the pending Impacts of Uncompensated Care Payments via Worksheet S-10.

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 claims and Cost Report DSH-UC payments. They should be able to take back to their organization how these changes will impact their business, both operationally and financially.

Field of Study: Reimbursement



Steve Hand, MPA, CPA, FHFMA - Associate VP Government Reporting | Memorial Hermann

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.



Keri Disney-Story - Administrative Director, Government Value Based Program Finance | Parkland Health & Hospital System

With over 30 years in healthcare reimbursement, Ms. Disney has seen industry payment practices change often and dramatically. While she has worked in both for-profit and non-profit environments, her eighteen year tenure at Parkland has offered the best view of Texas Medicaid reimbursement. From cost-based reimbursement through transition to prospective payments, Keri has analyzed payment methodologies and offered practical advice on how to accurately procure monies due to the hospital provider. Most recently, Intergovernmental Transfer (IGT) and Local Provider Participation Fees (LPPF) as funding mechanisms for Medicaid supplemental payments, including Disproportionate Share Hospital (DSH), Uncompensated Care (UC), Delivery System Reform Incentive Pool (DSRIP) and Uniform Healthcare Rate Increase Program (UHRIP) payments have been a primary focus.

3:15 pm - 4:30 pm | General Session | Grand Ballroom AB

Payer Panel: Current Developments in Payer Products

Course 1818 | CPE: 1.5 | Level: Basic | Prerequisites: None

The cost of healthcare coverage and the rate of increase in the that cost have become unaffordable and unsustainable. This program is focused on holding the rate of increase in the cost of coverage to a level at a below wage growth. This will be accomplished by redistributing dollars in the system today to reward providers who deliver high value care and away from those who do not.

Learning Objectives: After this session attendees will be able to understand how a payer differentiates between high and low value care, and how to prepare for success in value based payment programs that are emerging.

Field of Study: Specialized Knowledge and Application



John Montaine (moderator), FHFMA - CEO | Creative Managed Care Solutions, LLC

John is a results-oriented healthcare professional who brings over 30 years of experience in clinical orthopedics, health insurance, and hospital systems to create strategic and tactical solutions for hospital systems. He works with his clients to develop strategies that increase their revenues by leading operational and financial engagements to achieve their systems goals with solutions based on their unique markets and dynamics. Prior to consulting, Mr. Montaine served as a senior hospital executive for two multi-facility integrated Texas hospital systems, and he served in senior executive roles developing and running national and regional health plans in Texas and Florida. Mr. Montaine has been a member of HFMA since 1999 where he achieved the nation's highest score on HFMA's certification exam for Managed Care in 2008. He started with the Gulf Coast chapter where he was as an officer, Board member, and committee chair, before moving to the South TX chapter in 2003 where he was the South Texas Chapter President for 2009-10. He has been awarded the Follmer Bronze, Reeves Silver, and Muncie Gold merit awards and was awarded the Medal of Honor by the South Texas Chapter in 2011. He continues to serve the South Texas Chapter on the Texas statewide committee and on the Region 9 planning committee. In addition to his Fellow status in HFMA, Mr. Montaine holds a certification in Risk Management from the American Academy of Health Law and has been a Diplomat of the American Board of Quality Assurance and Utilization Review Physicians since 1996. He serves on the BOD of the San Antonio Rugby Football Club where he enjoys playing Rugby as time permits, and scuba diving with his wife of over 30 years. They have 3 adult children.

Topics and Faculty

Monday, November 12th

Steve Spaulding - Executive Vice President & Chief Health Management Officer | Arkansas Blue Cross Blue Shield

Steve Spaulding has executive responsibility for payment reform initiatives for Arkansas Blue Cross and Blue Shield and its family of companies. These include establishment of collaborative health ventures and clinically integrated networks, oversight for implementation and support of patient-centered medical homes, provider network contracting, provider reimbursement, commercial pharmacy Programs, information management and analytics, and medical management. Spaulding joined Arkansas Blue Cross in 1983 as a marketing representative in the Hot Springs region and was named an account executive in 1991 for USABLE Administrators. He was named regional marketing manager for eastern Arkansas in 1993. He served as regional executive of the South Central region headquartered in Hot Springs from 1994 until 2002, when he was promoted to vice president of Internal Operations. In 2008, he was promoted to vice president of Enterprise Networks. In January, 2017, he was named Executive Vice President and Chief Health Management Officer for the enterprise. A native of Breckenridge, Mich., Spaulding received his bachelor's degree from Alma College in Michigan. He is a chartered life underwriter and a certified health consultant. He received Professional status in the Association of Healthcare Management in 2005 and completed the Ross School of Business Executive Education program at the University of Michigan in Ann Arbor in 2012.



Glen Dawes - CFO, VP of Finance | Memorial Hermann Health Plan

Glen Dawes joined the Memorial Hermann Health Plan team as Vice President of Finance in October, 2016. In this role, he is responsible for the leadership, vision and formulation / implementation of financial, operational and fiscal policies and control procedures. In addition, Glen works closely with the senior executive team of the Health Plan along with the corporate executive team of Memorial Hermann Health System. Additional responsibilities include assisting in developing, implementing and monitoring the Health Plan's strategic plan while also overseeing the daily operations of the Finance, Underwriting and Medical Data Management functions, including systems. Before joining Memorial Hermann, Glen was the Vice President Controller of the Southern California region for Kaiser Permanente Health Plan. In this position, Glen was directly responsible for leading a 125-member financial accounting team as they managed a \$24B operating division. Glen was with Kaiser Permanente for a total of 8+ years in various roles. He also previously held the position of Vice President of Corporate Support Operations (CSP) at Washington Mutual.



David Hochheiser - Vice President of Provider Reimbursement and Payment Innovation | Blue Cross Blue Shield of Louisiana

David brings almost 20 years of experience within the healthcare industry with focus in the areas of analytics, reimbursement methodologies and alternative payment methodologies. The majority of David's time has been spent on the vendor and consulting side of the healthcare ecosystem providing services both to Health Plans as well as Providers. David joined Blue Cross Blue Shield of Louisiana in June of 2015 in the role of Vice President of Provider Reimbursement and Payment Innovation. He now holds the position of SVP of Medical Economics with responsibility for Alternative Payment Strategy, Reimbursement Methodology and Strategy as well as Provider Contracting, Credentialing and Communications. Prior to Blue Cross Blue Shield of Louisiana, he worked at Trover Solutions as the SVP of Payment Integrity, Accenture as Healthcare Analytics Senior Manager, and OPTUM/Ingenix as VP/General Manager Payment Integrity, VP Hospital Solutions, and VP Data Analytic Solutions. Prior to OPTUM David worked at HSS, Inc., eHealthFirst and Health Process Management. David did his undergraduate education at the University of Vermont graduating with two BS degrees, one in Mathematics and the other in Computer Science. He has a master's degree from the University of Vermont in Mathematics and did PhD work in Applied Mathematics at the University of Arizona. David lives with his wife Mitzi in Baton Rouge and enjoys golf and music.



4:35 pm - 5:25 pm | General Session | Grand Ballroom AB

From Design Thinking to Cost Savings: High Value Care Delivery Model Design for Late Life

Course 1819 | CPE: 1.0 | Level: Basic | Prerequisites: None

This presentation will highlight the methodology employed by the Stanford Clinical Excellence Research Center (CERC) for identifying clinical innovations that promise to improve quality of care and the patient experience while safely reducing healthcare spending. The presentation will include an overview of healthcare delivery model development for Late Life that incorporates human centered design principles, as well as estimated cost savings for each component of the proposed Late Life care model.



Learning Objectives: After this session, attendees will be able to describe how changing demographics may impact healthcare delivery and spending; Understand how centered design principles may inform high value care delivery; Describe three care delivery innovations that may improve the quality and cost of care for late life individuals.

Field of Study: Specialized Knowledge and Application

Francesca Rinaldo Salipur, MD, PhD - Associate Director, Healthcare Design Fellowship | Stanford Clinical Excellence Research Center

Dr. Francesca Rinaldo Salipur received her BA in public policy with a specialization in health policy from the University of Chicago. As an undergraduate, her interest in health policy led her to volunteer her time for the Robert Wood Johnson Covering Kids and Families Initiative, the nation's single largest effort to reduce the number of eligible but uninsured children and adults through enrollment in Medicaid and the State Children's Health Insurance Program (SCHIP). This experience exposed her to the overwhelming need for affordable healthcare and inspired her to pursue a career in medicine. She completed her dual MD, PhD degree at the University of Louisville School of Medicine in 2015, and matched in General Surgery at the Stanford University School of Medicine where she is currently a resident. In 2017-2018, her interests in healthcare cost reduction and care delivery innovation led her to complete the Healthcare Design Fellowship at the Stanford Clinical Excellence Research Center (CERC), the nation's first university-based research center exclusively dedicated to discovering, testing and evaluating cost-saving innovations in clinically excellent care. During her time as a design fellow, she and her team developed a high-value care delivery model for Late Life. She is currently a research fellow and Associate Director of the Healthcare Design Fellowship at Stanford CERC. Her clinical and research interests are in surgical critical care, palliative care, applications of artificial intelligence to healthcare, and clinical innovations for improving the quality and cost of care for the aging US population.

Tuesday, November 13th

8:00 am - 8:50 am | General Session | Grand Ballroom AB

Current Cyber Threats and Best Practices to Protect Your Organization

Course 1820 | CPE: 1.0 | Level: Basic | Prerequisites: None

Cyber is global. There are no boundaries. Cyber-attacks impact all organizations across all sectors. This presentation will highlight the current cyber threats as seen by the FBI and Law Enforcement. Additionally, best practices for network protection and Incident Response will be highlighted.



Learning Objectives: After this session, attendees will be able to understand current cyber threats, cyber protection best practices, Basic Incident Response actions.

Field of Study: Specialized knowledge and application

Matthew Ramey - Supervisory Special Agent (SSA) | FBI

Special Agent Matthew Ramey joined the FBI in 2009 and was assigned to the El Paso Field Office where he worked both Criminal and National Security Computer Intrusion cases. During his time in El Paso, SA Ramey responded to numerous Cyber incidents to provide Law Enforcement assistance. In October 2014, SA Ramey was transferred to FBI's Houston Field Office where he was also assigned to work Criminal and National Security Cyber matters. In December 2015, SA Ramey was promoted to Supervisory Special Agent at the FBIs Cyber Division in Washington, D.C. In March 2018, SA Ramey transferred to New Orleans to supervise the Cyber Program. Prior to joining the FBI, SA Ramey worked in private industry. SA Ramey is originally from Indiana and attended Indiana University where he obtained his Bachelor of Science in Informatics and then attended Ball State University and obtained a Master of Science in Information and Communication Sciences.

Topics and Faculty

Tuesday, November 13th

8:55 am - 10:10 am | General Session | Grand Ballroom AB

Alternative Medical Delivery Systems

Course 1821 | CPE: 1.5 | Level: Basic | Prerequisites: None

Analysis of how consumer focused health care delivery methods are disrupting the decades old model of outpatient care. How alternative health care approaches such as telemedicine will affect and develop the delivery of health care going forward? How will market changes to the delivery of healthcare impact patient expectations and the resulting patient experience?

Learning Objectives: After this session, attendees will be able to identify gaps and opportunities in current healthcare access and delivery methods; Compare and contrast different initiatives and approaches to access primary or specialty care; Define and share telemedicine approaches to care as an alternative delivery method in a consumer -focused environment; Recognize market forces impacting the delivery system and the effect this has on patient communications and the patient experience



Field of Study: Specialized Knowledge and Application

Pam Potter - Director Practice Operations | Houston Methodist Specialty Physician Group, Orthopedics and Sports Medicine and Adjunct Faculty | University of Houston Clear Lake

Pam Potter, MT(ASCP), MBA, CMPE, FACHE, FHFMA is currently the Director of Practice Operations for Houston Methodist Specialty Physician Group, Orthopedic and Sports Medicine. As a Certified Medical Practice Executive, she is Past President of the local Gulf Coast Medical Group Management Association and State Texas MGMA chapters. With Texas MGMA she held board positions as: Regional Director and State Legislative Chairman, the liaison with TMA's legislative body. A Fellow of the Healthcare Financial Management Association, and Immediate Past President of the HFMA Texas Gulf Coast Chapter. She is a Board Certified Healthcare Executive with the American College of Healthcare Executives and a Senior Fellow of the American Leadership Forum, Houston Chapter. In addition to consulting assignments, including being an expert witness for the Texas State Attorney General's Office, she is also a previous Principal with, AlteraMed Group, LLP, a physician practice consulting and management service group. She has worked directly with practices in Oncology, Orthopedics, Optometry, Pain Management, Allergy & Immunology, Gastrointestinal, Cardiology, Nephrology, Ob/Gyn, Family & Internal Medicine in both private, academic and hospital joint venture organizations. Her clinical background is in Medical Technology and Radiology, with a bachelor's degree in Medical Technology from Texas Tech University and her MBA from Our Lady of the Lake University. She teaches health care administration classes at the University of Houston – Clear Lake, including business certification classes for practicing physicians, residents and fellows at UT- Houston and UTMB. She was previously named an Honorary Research Assistant Professor by Texas Women's University.

10:30 am - 11:20 am | General Session | Grand Ballroom AB

Generational Collaboration In The Workplace

Course 1822 | CPE: 1.0 | Level: Basic | Prerequisites: None

For the first time in American History, there are four generations, working simultaneously in the workplace. From Millennials to Traditionalists, we each have our own ideals, beliefs, and work practices. It is imperative that we understand and value each generation's uniqueness to gain collaboration in the work place in order to optimize efficiencies and effectiveness and grow our organizations.

Learning Objectives: After this session, attendees will be able to identify the differences between generations, their beliefs, and work practices; Debunk stereotypes regarding different generations (maybe even learn your more alike than you think); Gain techniques for collaboration, stop the drama, and focus on the work; Methods to create an inclusive culture.



Field of Study: Specialized Knowledge and Application

Amy Cunningham - Talent Management Consultant | CHRISTUS Health

Amy is a Talent Management Consultant for CHRISTUS Health. She serves on a team dedicated to the implementation and planning of Leader and Associate development programs for the CHRISTUS Health System. She is passionate about inspiring people to love their work. Through leadership development, team building, strategic planning, and an emphasis on self-care, she works to create a strong workplace in which individuals love what they do. She is a national speaker on self-care and compassion Fatigue and has spoken to diverse group from law enforcement, to educators, to healthcare leaders. She uses her range of professional experience from being an ordained minister, elementary school teacher, managing therapeutic group homes, to leadership coaching, to scaffold the message to reach all audiences and their needs.

11:25 am - 12:40 pm | General Session | Grand Ballroom AB

Achieving Bundled Payment Success: Strategies from a Large Health System and Small Hospitals

Course 1823 | CPE: 1.5 | Level: Intermediate | Prerequisites: A basic knowledge of medicare risk-based reimbursement

Discuss the clinical and financial reasons for participating in voluntary bundles. Explore the roadmap for participation and strategic decisions that need to be made. Understand how to engage: physicians, post-acute providers and data analytics.

Learning Objectives: After this session, attendees will be able to understand the basic BPCI-A program structure and essential capabilities needed for program success.

Field of Study: Specialized Knowledge and Application

Herbert Hahn, MD - Orthopedic Surgeon | OrthoArkansas

Dr. Hahn is a graduate of Stanford University and trained at Baylor College of Medicine and the University of Texas Health Science Center, Houston. He practiced orthopedic surgery for 30 years in Little Rock, Arkansas. For the last 5 years, he has been involved in the development of a Clinically Integrated Network (CIN) with multiple payer contracts. The 1400 member CIN is involved in a MSSP Track 1+ ACO and the BPCI-A model.



Sarah Merlos - Project Management Engineer | Baptist Health Physician Partners

Sarah graduated from the University of Arkansas with a degree in Industrial Engineering and now is pursuing a Masters of Healthcare Administration. She spent almost five years at the University of Arkansas for Medical Sciences improving clinical, academic, research, and operational processes and training employees on the principles of lean. Recently, she joined Baptist Health Physician Partners, a clinical integration network, for the opportunity to engage physicians as the champions of process improvement and value based care.



Eric Rogers - Senior Managing Consultant | BKD, LLP

Eric is a member of BKD's National Health Care Group. He leads a team of professionals dedicated to helping clients understand and implement new revenue models, including bundled payments and accountable care organizations. Eric has 14 years of experience in the health care industry, including serving as the hospital administrator for a multistate community health system. He managed outpatient multispecialty physician practices and restructured physician compensation and care delivery models, which valued quality and met the demands of a changing reimbursement environment.



Benefactor Exhibitors

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BKD	26
Change Healthcare	10
Ciox Health	4
Cleverley + Associates	15
EnableComp	29
EPSI	30
Experian Health	43
HCFS, Inc	28
HORNE LLP	1
Impact Healthcare Solutions	12
Progressive Management Systems	27
Recondo Technology	39
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Monday Reception

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Audubon Nature Institute

Celebrating the Wonders of Nature

**Monday, November 12th
7:30pm – 10:30pm**

1 Canal Street, New Orleans

Party attendees MUST pre-register for this event and admission is by wrist-band only. All attendees who pre-registered for the Aquarium Party will receive a ticket in their name badge, and these tickets can be exchanged for a wrist band at the HFMA Registration Desk between 1:00pm-7:00pm on Monday, November 12th.

Light food, open bar and live comedy performance by Fish Sticks Comedy at 8:45pm in Pisces Room at the Aquarium!

Audubon Aquarium Party Sponsors

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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.

Why Join HFMA?

Healthcare is undergoing fundamental changes around quality and cost effectiveness. Join the leading membership organization for healthcare financial management executives and leaders. Healthcare HFMA helps healthcare finance professionals:

- Tackle the enormous challenges, major opportunities, intense scrutiny, and daily pressures
- Stay informed on fast-moving developments
- Connect with those who are setting the pace
- Improve performance through education, resources, and connections
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Be a leader in your industry. Build your future.

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