

Registration Information

12th Annual HFMA Region 11 Healthcare Symposium January 24-27, 2010, Caesars Palace, Las Vegas, Nevada

Please complete this form and mail it to: HFMA Symposium, P.O. Box 18687, Anaheim, CA 92817-8687 or if paying by credit card, fax form to (714) 844-9354 OR register online at our website www.hfmaregion11symposium.org. There is also a link on our website to take you to the hotel registration website.

Badge and Mailing Information

200

HFMA CHFP

FULL NAME _____
FIRST NAME FOR NAME BADGE _____
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TITLE _____
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HFMA CHAPTER _____ MEMBER NUMBER _____

Course Selections

In order to better serve you, please indicate the course numbers for the educational breakout sessions you are planning to attend. Course numbers can be found on the Schedule at a Glance.

Monday 1:45-3:15 _____ 3:30-5:00 _____
Tuesday 10:00-11:30 _____ 1:30-3:00 _____ 3:15-4:45 _____

Rates	Member	Non-Member	Subtotal
Early Registration by 12/31/09	\$ 595.00	\$ 695.00	_____
Regular Registration	\$ 695.00	\$ 795.00	_____
Walk-In Registration (at the door)	\$ 745.00	\$ 845.00	_____
Guest Pass (Trade Faire Only)	\$ 150.00	\$ 150.00	_____
Guest Pass (Monday General Sessions & Monday Lunch)	\$ 150.00	\$ 150.00	_____
		Total	_____

Payment Information

Payment enclosed (check payable to HFMA Symposium).

Charge \$ _____ to:

CHECK ONE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER CARD

ACCOUNT NUMBER _____
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Cancellation Process: A refund of the registration fee (less a \$100.00 processing fee) will be granted if cancellation is received by December 31, 2009. Substitutions are permitted. Cancellations must be submitted in writing by fax to (714) 844-9354 or by mail to HFMA Symposium. No refunds will be issued after December 31, 2009.

Caesars Palace

The 2010 Region 11 Symposium will again be held at the newly renovated Caesars Palace. From the moment you walk through the doors of Caesars Palace, you know you've arrived at the most prestigious resort in the world. Impeccable service. Luxury. All the little details that make the difference between an ordinary visit and a spectacular experience are yours. From the beautiful Pool Complex to the stunningly luxurious spa with outdoor terrace overlooking the Pool Complex, Caesars Palace will impress you.

The guest rooms are spacious and beautifully appointed, offering splendid comfort and relaxed serenity. Each is graced with a host of amenities.

Many superb restaurants are located on site, including those of Bobby Flay, Marie Josselin, Tony Tammero, and Wolfgang Puck.

The entertainment venues host such stars as Bette Midler and Cher. And more than 100 merchants are featured in the quality environment of the Forum Shops, including high-fashion superstars and unique specialty shops.

Conference Rates

Early bird group rates of \$169.00 available until Saturday, November 28, 2009. Book online at hfmaregion11symposium.org or by phone 866-227-5944. Tell the booking agent your group code is SCHF10.

If rooms booked after November 28, 2009 the standard run of the house rates will increase to \$210.00. This rate will be available until December 26, 2009, **OR** until the Symposium room block is sold out. Symposium room block sold out early last year, make hotel reservations as soon as possible by contacting Caesars Palace at 866-227-5944.

3570 Las Vegas Boulevard South,
Las Vegas, NV 89109
866-227-5944
Fax 702-731-7172
www.caesarspalace.com

For Conference Registration questions, please email us at info-registration@hfmaregion11symposium.org or call (323) 266-HFMA (4362). For Sponsorship opportunities, please call Gene Fantano at (808) 335-2253.

Schedule at a Glance

Track 1	Compliance/Legislative/Legal
Track 2	Financial Management
Track 3	Managed Care/Payment/Reimbursement
Track 4	Patient Financial Services/Revenue Cycle
Track 5	Leadership/Management
Track 6	Critical Access Hospitals

Sunday, January 24, 2010

2:00pm–7:00pm Registration Desk Open
5:00pm–7:00pm Opening Reception

Monday, January 25, 2010

7:00am–6:00pm Registration Desk Open
7:00am–7:45am Continental Breakfast
7:45am–9:45am **Welcome and General Session I: "The Guy on the Fairway"** David Feherty

10:15am–11:30am

General Session II: "Healthcare Reform in a Changing America" David Brailer, MD, PhD; Facilitating Reactor Panel including: Richard Clarke, CEO of HFMA, Debora Kuchka-Craig, National Chair-Elect of HFMA and Corporate VP, Managed Care, MedStar Health, Columbia Maryland, and Bruce Merlin Fried, J.D., Partner of Sonnenschein Nath & Rosenthal LLP

11:30am–1:45pm

1:45pm–3:15pm

Trade Faire—Luncheon Breakout Sessions

M1A: Looking Forward: Health Care Reform and the Recovery Act

Bruce Merlin Fried, J.D. and Partner of Sonnenschein, Nath and Rosenthal, LLC

M1B: The Capital Markets and The "New" Economy: 2010 Best Practice Repositioning Actions

Ellen Riley, M.B.A., Sr. Vice President, Kaufmann Hall & Associates, Inc.

M1C: You CAN Master Medicare Advantage Plans

Shelly Miland, CPA, MHA, Vice President, Chief Financial Officer, Texas Health Arlington Memorial Hospital; Bill Richburg, MS, FHFMA, Director, Government Programs, MedAssets

M1D: Maximizing Patient Collections: Three Case Studies

Jessica Murphy, CPAM, Corporate Director of Patient Access, Methodist Le Bonheur Healthcare; Moderator: James Moynihan, FHFMA, Sr. VP, U.S. Bank; Rogel Reyes, Director of Patient Access, ValleyCare Health System; Leslie Richard, CHAM, Corporate Director of Patient Access, Centura Health

M1E: CAH Reimbursement Strategies and Opportunities

Michael J. Bell, CPA, Managing Shareholder, Michael J. Bell & Company, LLC

3:30pm–5:00pm

Breakout Sessions

M2A: Leadership

Stephen Mooney, President of Conifer Revenue Cycle Solutions, an operating subsidiary of Tenet Healthcare Corporation

M2B: Bundled Payments and Payment Reform

Scott Burns, Senior Manager, ECG Management Consultants, Inc.; John Fink, Sr. Mgr., ECG Management Consultants, Inc.; Ms. Deirdre Baggot, MBA, CNAA, RN, Administrator, Cardiac and Vascular Institute, Exempla Saint Joseph Hospital

M2C: Payor-Provider Claims Disputes—Current Trends

Glenn Solomon, J.D., Healthcare Attorney, Hooper, Lundy & Bookman, Inc.

M2D: EDI Update: Version 4010 to 5010

Jim Whicker, CPAM, Director of EDI, Revenue Cycle, Intermountain Healthcare

M2E: Rural Health Clinic Reimbursement Options

Michael J. Bell, CPA, Managing Shareholder, Michael R. Bell & Company, LLC

5:00pm–6:30pm

Trade Faire—Evening Reception

Tuesday, January 26, 2010

7:00am–6:00pm Registration Desk Open
7:00am–8:00am Continental Breakfast

8:00am–9:45am

10:00am–11:30am

General Session III: "The Obama Administration and the 111th Congress" Susan Dentzer

Breakout Sessions

T3A: Medicare Appeals Update: 2009 Appeal Developments

David L. Volk, Esq., Davis Wright Tremaine LLP, Paul Croft, CPA, Director of Division of Hearings and Decisions with Centers for Medicare and Medicaid Services

T3B: Holistic Approach to Vendor Payments for Healthcare

Bruce Bourdon, Vice President, U.S. Bank Corporate Payment Systems; Lisa Blanton, Procurement Card Administrator, Oregon Health and Science University; Stuart Wooster, Manager of Purchasing, Aurora Health Care

T3C: Challenges and Workable Solutions in Medicaid Managed Care

James Schroeder, BS, PA, MA, Director of Healthcare Systems, CareOregon; Jeff Flick, MBA, Regional VP, SSB Account Management, West Blue Cross of California; Lisa Rubino, President, Molina Healthcare of California

T3D: Revenue Cycle Leadership Roundtable

ReJena Harris, President/CEO Revenue Cycle Resources, LLC; Rick Lash, Principal, Lash & Associates

T3E: Alternative Handling of CAH Overhead Allocations

Ralph J. Llewellyn, CPA, CHFP, Partner, Eide Bailly LLP

11:30am–1:30pm

1:30pm–3:00pm

Trade Faire—Luncheon Breakout Sessions

T4A: Compliance 2010

David L. Volk, Esq., Of Counsel, Davis Wright Tremaine LLP; Jill Gordon, Esq., Partner, Davis Wright Tremaine LLP; Kathleen Drummy, Esq., Partner, Davis Wright Tremaine LLP

T4B: Creating Capital Capacity in a Tight Credit Market

Joseph C. Euphrat, Vice President, Kaufmann Hall & Associates, Inc.; Jim Medendorp, M.A., Vice President, Kauffman, Hall & Associates, Inc.

T4C: Optimizing Physician Network Performance

Mark Mantei, FACHE, MHSA, Chief Operating Officer, The Everett Clinic; Kevin Forster, MBA, MHA, Principal, ECG Management Consultants, Inc.

T4D: Avoiding High Cost of Poor Communications

Lisa Goren, M.S., Senior Organizational Development Consultant, Legacy Health System

T4E: CAH Chargemaster Strategies

Ralph J. Llewellyn, CPA, CHFP, Partner, Eide Bailly LLP

3:15pm–4:45pm

Breakout Sessions

T5A: Creating High Performance Teams

Janet Rush, The Rush Company

T5B: Data Reporting: Bridging Gap Between Finance & Clinicians

Eula McKinney, MSHA, Director, Service Lines, University of California San Francisco Medical Center

T5C: Negotiating P4P Terms in Managed Care Agreements

Maria Todd, MHA, PhD, Maria Todd, Inc.

T5D: Navigating Sea of Post Billing Auditors

Tanja Twist, Director Patient Financial Services, Methodist Hospital, Arcadia, CA

T5E: Front Desk Operations: Disastrous or Dynamic

Rebekah S. Wallace, CPC, CMPE, MCS-P, Managing Consultant, BKD, LLP

Wednesday, January 27, 2010

7:00am–11:00am Registration Desk Open
7:30am–8:00am Continental Breakfast

8:00am–9:30am

9:45am–11:00am

11:00am

General Session IV: "Even Eagles Need a Push to Soar in Changing Times" Janet Rush

General Session V: "Are You Relevant?" Ross Shafer

Closing & Hawaii Trip Drawing

Breakout Session Description

M1A: Looking Forward: Health Care Reform and the Recovery Act

2009 will do down as the year of health policy reform. This session will review major developments and their implications for the nation's health care system.

M1B: The Capital Markets and The "New" Economy: 2010 Best Practice Repositioning Actions

"Cash is king" has evolved more aptly to "credit and cash are king." Credit worthiness will continue to differentiate the "haves" from the "have-nots." This session will provide an update of the capital markets, discuss new economic realities in healthcare, and provide best practice tips to preserve and strengthen credit position.

M1C: You CAN Master Medicare Advantage Plans

The presentation will focus on the practical aspects of managed care negotiation in the future, the use of revenue and cost data, and the arguments for – and against – a corporate "exit strategy". It will compare present approaches to those being required in the future and offer specific strategies for survival, when all else seems to fail.

M1D: Maximizing Patient Collections: Three Case Studies

This presentation will include case studies by three health systems as they adopted aggressive successful patient payment strategies with widespread point of service collection activities. It will be introduced by a moderator who will provide background on the banking system support for retail cashiering solutions.

M1E: CAH Reimbursement Strategies and Opportunities

The economic climate is changing rapidly and resources are becoming scarce. Every CAH has opportunities to improve cost-based reimbursement. These improvements may be in the form of more accurate reporting, making elections, identifying and implementing other changes that are permitted within the Medicare regulations. Explore the most commonly overlooked opportunities and learn how to develop a tool that will assist with the evaluation of changes.

M2A: Leadership

How do you turn the Patient Financial Services division of healthcare giant Tenet Healthcare Corp. into nimble operating subsidiary Conifer Revenue Cycle Solutions? Listen to Conifer President Stephen Mooney explain how he relied on the company's people, processes and technology to generate best-in-class results and build their 'new' 30-year-old organization.

M2B: Bundled Payments and Payment Reform

Reimbursement is becoming increasingly dependent upon your ability to demonstrate quality. Furthermore, you will soon be sharing a bundled payment with physicians to manage episodes of care. Join our panel to learn about participation in CMS's Acute Care Episode demonstration and the implications of payment reform initiatives to your organization.

M2C: Payor-Provider Claims Disputes—Current Trends

This program will focus on how providers can maximize reimbursement potential when dealing with commercial payors, including insured plans and self-funded plans, both contracted and non-contracted.

M2D: EDI Update: Version 4010 to 5010

The health care industry has used version 4010A1 of the HIPAA transactions for over 6 years. We are now transitioning to the next version. What changes affect the revenue cycle? What benefits can providers look for, and what pitfalls await us. No need to be an EDI expert – we'll discuss the impact in terms that tie to RC operations.

M2E: Rural Health Clinic Reimbursement Options

An extension of the morning CAH reimbursement session, this session continues the high-level discussion to include various RHC options and their financial ramifications. Every rural area is a little different in the mix of payers and services offered, and must be analyzed from a broad perspective, as opposed to individual visits, for accurate long-term financial projections.

T3A: Medicare Appeals Update: 2009 Appeal Developments

The speakers will discuss the ongoing implementation of and experience with the May 23, 2008 revisions to the Medicare PRRB appeal regulations and the August 2008 PRRB instructions, including practical advice for the formation and management of group appeals, the mediation process, and a review of current cases.

T3B: Holistic Approach to Vendor Payments for Healthcare

Discover how leading healthcare organizations determine goals, prioritized change and fully realized benefits—beyond reducing costs across spend categories—by converting to electronic vendor payments. This panel will share their strategies to successful payments migration and how they championed change both internally and externally.

T3C: Challenges and Workable Solutions in Medicaid Managed Care

Medicaid managed care faces major challenges in the current climate of state and Federal deficits. A panel of three respected Medicaid health plan leaders will discuss their individual Medicaid programs, with emphasis on describing their innovative approaches to partnering with network providers. They will share their program accomplishments, and describe how operational collaboration with doctors and hospitals on data sharing, quality and appropriate cost management can inform the national debate on the future of Medicaid and healthcare insurance reform.

T3D: Revenue Cycle Leadership Roundtable

Topics to be discussed will be announced during the session.

T3E: Alternative Handling of CAH Overhead Allocations

CAH facilities frequently fail to access the full reimbursement available under CAH status. This is often due to the failure to periodically explore approved alternative methodologies for allocating overhead costs. This session will explore alternative methodologies and strategies for capturing the appropriate data to support overhead allocations.

T4A: Compliance 2010

A short review of current compliance "hot topics," with a focus on hospital/physician arrangements for improving quality of care and cost efficiency, plus current developments and practical experience concerning strategies for dealing with RAC audits.

T4B: Creating Capital Capacity in a Tight Credit Market

Although the especially tough credit markets of 2009 are behind us, hospital balance sheets remain stressed. Finding alternative sources of funds for strategic and operational initiatives is a major priority. This session will help hospitals set a deliberate course toward creating capital capacity via facility/ capital project evaluations, real estate strategies, and other approaches.

T4C: Optimizing Physician Network Performance

We will focus on the effects of one of the most significant industry trends in the market – physician employment by hospitals and large medical groups. We will discuss what private multispecialty groups are doing to remain successful and apply these findings to hospital-employed networks to identify ways to optimize performance.

T4D: Avoiding High Cost of Poor Communications

Healthcare challenges including increased regulations, confusing coverage and complex hospital systems, place relationships and money at stake. The complexity of the industry provides an opportunity to simplify communication. Participants in this session will learn how to deliver tough messages tactfully, stay on point and empathize appropriately. This session will help ensure that interactions always address mutual understanding and lead to meeting shared goals.

T4E: CAH Chargemaster Strategies

The chargemaster has one of the most important functions in a hospital but quite often it is one of the last areas of focus because of its extensive amount of detail and the time require to maintain it. This session will provide you with the tool to validate charge processes and identify possible compliance issues. We'll share lessons learned from previous chargemaster reviews.

T5A: Creating High Performance Teams

What makes people want to work for YOU? Better yet what does it take to create employee retention and loyalty in an every changing work environment? Improving people and performance is the key for creating high performance teams. Do you have the leadership skills required to stimulate creativity and innovation among your troops? The ultimate task.....I'd like to be motivated but I just don't feel like it!

T5B: Data Reporting: Bridging Gap Between Finance & Clinicians

In financial climate such as one our nation is facing today it is imperative that medical centers strengthen the collaboration between medical groups and hospitals more than ever before. Sharing financial intelligence and other metrics that impact the medical center operating margin along with integrating clinical intelligence from physicians and other clinicians is imperative to drive change and expedite improvements. Come learn how to create synergy and physician alignment through sharing data.

T5C: Negotiating P4P Terms in Managed Care Agreements

As a relatively new feature to reimbursement agreements, few providers realize how much detail must go into pay for performance contract terms so that they can timely collect the bonuses that are due them if earned. Still worse, few providers have any details at all that discuss how bonuses are calculated, how to handle appeals if they don't agree with plan assessments and penalties or what to do if the plan never pays the bonus earned.

T5D: Navigating Sea of Post Billing Auditors

The presentation examines the post-payment auditors, including RAC, MIP, ZPIC, PERM, MACs, and others. The presentation is designed to provide the audience with an overview of the individual auditing companies, what their scope of work (SOW) is and how the provider can identify their potential risk areas for each agency.

T5E: Front Desk Operations: Disastrous or Dynamic

Front office operations impact the overall success or failure of any clinic. This presentation is designed to provide the attendee with recommendations on issues that commonly plague front desk operations such as: staff turnover, patient complaints, errors and more! We will provide an understanding of the most common areas that if corrected can promote smooth, efficient and successful front desk operations.