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Whatever your role in delivering value, if it’s essential to innovation in health care, you’ll find it at ANI.

JUNE 26-29 LAS VEGAS

OUT OF THE BOX
THINK OUT OF THE BOX TO DRIVE SUCCESS WHERE IT MATTERS MOST

• Meet the challenges of consumerism—from first contact to final payment
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• Capture more revenue, whatever the payment or delivery model
• Leverage analytics to make smarter decisions in an uncertain environment

REACH OUT TO PHYSICIANS, PAYERS, AND PROVIDERS—
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Come to ANI and get what you need to STAND OUT.

hfma national institute  JUNE 26-29 LAS VEGAS
SUNDAY, JUNE 26

8:00 AM – 12:00 PM

PRECONFERENCE WORKSHOPS
- The Revenue Cycle’s Impact on Medicare Cost Report Settlement (PCW1)
- Creating Pristine Claims—Essential Practices for Revenue Cycle Success (PCW2)
- Linking Analytics, Insights, and Outcomes to Find Your Margin (PCW3)
- Reconciling the Total Cost of Care for Improved Financial Outcomes (PCW4)
- Moving to the Second Business Curve of Value-Based Contracting (PCW5)

2:00 – 4:15 PM

HFMA INITIATIVES SESSIONS
- Hospitals, Physicians, and Payers: Realigning the Three Circles (HFMA1)
- Healthcare Dollars & Sense: Patient Financial Communications Best Practices & Demystifying Price Transparency (HFMA2)
- Accounting & Auditing Update: Views from FASB, GASB, & the HFMA Principles & Practices Board (HFMA3)
- Women Lead HERe (HFMA4)

4:30 – 6:00 PM

KEYNOTE PRESENTATION
Julie Williamson, PhD, Coauthor of Matter: Move Beyond the Competition, Create More Value, and Become the Obvious Choice: Finding Your Edge of Disruption (GS1)

6:00 – 8:00 PM

OPENING RECEPTION IN EXHIBIT HALL

6:15 – 6:45 PM

FIRST TIMERS MEET-AND-GREET IN EXHIBIT HALL

8:00 – 11:00 PM

POST-WELCOME RECEPTION
Sponsored by Craneware

MONDAY, JUNE 27

7:00 – 7:50 AM

CAREER SKILLS EARLY RISER SESSIONS
- Maximizing the Success of Mentoring (CSER1)
- Certification: What’s In It For You? (CSER2)
- Leveraging Your Social Media Presence (CSER3)

8:00 – 9:30 AM

KEYNOTE PRESENTATION
Eric Topol, MD, Cardiologist and author of The Patient Will See You Now: The Future of Medicine Is in Your Hands (GS2)

9:45 – 11:00 AM

FEATURED SPEAKER SESSIONS
- Mark Chassin, MD, Joint Commission Center for Transforming Healthcare: Getting to High Reliability Healthcare While Generating Positive ROI (FS1)
- David Johnson, CEO & Founder, 4Sight Health: Competition, Consumerism, and Choice: Building a Better Healthcare Market (FS2)
- Vivian Lee, PhD, MD, MBA, Sr. VP for Health Sciences, University of Utah: A Better Way to Patient-Centered Care (FS3)

CFO Only Session with Eric Topol, MD (CFO1) (This session is only available to CFOs in a provider setting.)

11:00 AM – 2:15 PM

EXHIBIT HALL LUNCH

2:15 – 3:30 PM

BREAKOUT SESSIONS
- Aligning Hospital and Professional Contract Management to Drive Accurate Point of Service Collections (A01)
- Re-evaluating Physician Compensation & Fair Market Value from an ACO Perspective (A02)
- Data Breaches, Class Actions, and the Who’s Who of HIPAA Enforcement—The 2016 Litigation & Enforcement Landscape (A03)
- Using Rational Pricing Strategy to Achieve Transparency, Protect Revenue Streams, and Align Charges and Payments (A04)
- The Patient Financial Experience: A Link to Satisfaction, Payment, and More (A05)
• Beyond Cost Accounting: Using Visual Data Analysis to Integrate Cost Data (A06)
• Integration Trends, Best Practices, and Post-Integration Opportunities (A07)
• The New Risk-Bearing Model: Developing the Most Successful Value-Based Care Organization (A08)
• The Quality-First Approach to Engaging Physicians in Value Innovation (A09)
• Creating a Data-Driven Environment to Support the Triple Aim (A10)
• Improving Hospital-Owned Medical Practice Financial Performance (A11)
• Developing a Virtual/Telehealth Strategy (A12)
• Improving Data Accuracy and Claims Processing through Access Team Accountability (A13)
• Making Care Affordable without Sacrificing Financial Performance (A14)

3:30 – 5:30 PM
EXHIBIT HALL RECEPTION

4:00 – 5:00 PM
EARLY CAREERIST MEET-AND-GREET IN THE EXHIBIT HALL

5:30 – 8:00 PM
ANNUAL CHAPTER AWARDS DINNER
(Invitation Only)

TUESDAY, JUNE 28

7:00 – 7:50 AM
EARLY RISER SESSIONS
• Top 10 Apps-on-the-Go: Apps that Help When You Are Out of Office (ER1)
• Using Propensity-to-Pay Scoring to Maximize Self-Pay Reimbursement (ER2)
• Legislative & Regulatory Update for Rural PPS Hospitals (ER3)
• Transforming the Role of Vice President of Revenue Cycle (ER4)

8:00 – 9:15 AM
FEATURED SPEAKER SESSIONS
• Thomas Lee, MD, CMO, Press Ganey: What Drives Patient Loyalty? Analyses from Inpatient, Outpatient, and Emergency Department Patients (FS4)
• Paul Keckley, PhD, Navigant: Provider-Sponsored Health Plan Analysis of Competitive Landscape (FS5)
• Sachin Jain, MD, CareMore: Enabling Physicians to Deliver Value-Based Care (FS6)

9:30 – 10:45 AM
BREAKOUT SESSIONS
• Using a Predictive Analytics Model to Create Cost-Effective Outcomes (B01)
• Integrated EHR Data and Its Impact on Pioneer ACO Quality Programs (B02)
• Health Industry Tax Update 2016 (B03)
• Plateau-Busting: Take Your CDI Program to the Next Level to Maximize Impact (B04)
• Clinically Integrated Network (CIN) Funds Flow Methodology for Risk-Based Contracts (B05)
• Optimizing Medical Group PC Performance to Meet Physician and Health System Goals (B06)
• Engaging Physician Subspecialists to Support Strategic Service Lines (B07)
• Leveraging Clinical Insights to Drive Cost Savings (B08)
• The 340(B) Drug Pricing Program: Key Challenges and Preparing for the Future (B09)
• Aligning with Physicians to Regionalize Services (B10)
• Executing a Patient Experience Measurement Initiative (B11)
• The Retail Revolution in Healthcare: Trends for Improving Care Delivery Models and Patient Satisfaction (B12)
• Centralized Scheduling for a Physician Enterprise (B13)
• Federal Policy Update (B14)

10:45 AM – 2:00 PM
EXHIBIT HALL LUNCH

2:00 – 3:15 PM
BREAKOUT SESSIONS
• Leveraging Laboratory Medicine and IT to Achieve Strategic Objectives (C01)
• MACRA and Strategies for Hospital-Physician Alignment (C02)
• Determining and Managing the True Costs of Care through Collaboration (C03)
• Achieving Success in Value-Based Care via Joint Venture Health (C04)
• Using a Direct Care Health Plan to Improve Employee Healthcare Quality (C05)
• Creating a Clinically Integrated, Academic-Community System Population Health Affiliation (C06)
• RPI® = ROI: Utilizing Robust Process Improvement to Redesign Care Processes (C07)
• Using Hierarchical Condition Categories (HCCs) to Manage Population Health (C08)
• Collecting Patient Payments: Class Action Trends (C09)
• Proposed Inpatient Medicare Prospective Payment System and Other PPS Payment Changes for 2017 & Beyond (C10)
• Elevating Physician Documentation to Help Drive Accurate Reimbursement (C11)
• Maintaining a Strong Revenue Cycle While Switching EHRs (C12)
• Increasing Patient Portal Adoption to Improve Engagement and Financial Responsibility (C13)
WEDNESDAY, JUNE 29

8:00 – 9:30 AM
KEYNOTE PRESENTATION
Hear from Wei-Nchih Lee, MD, internal medicine physician and senior research scientist at HP Labs; Nina Nashif, founder and CEO of Healthbox; and Glenn D. Steele, Jr., MD, PhD, Chair of xG Health Solutions, past president and chief executive officer of Geisinger Health System as they discuss the possibilities of using hospitals and clinics as learning laboratories to commercialize innovation. Moderated by Joseph J. Fifer, FHFM, CPA, President & CEO, HFMA. (GS3)

9:45 – 11:00 AM
FEATURED SPEAKER SESSION
• Martin Arrick, Managing Director, Standard & Poor’s. Industry Trends and Credit Issues (FS7)

11:15 AM – 1:00 PM
INNOVATION LABS
• Becoming a Value-Based Care Partner: Using Data to Identify Gaps (IL1)
• Aligning Physician Compensation with Value-Based Reimbursement (IL2)
• The New Paradigm of Patient Access: Maximizing Access through Clinically Integrated Care (IL3)
• The Imperative of Clinical and Financial Collaboration to Succeed in Alternative Payment Models (IL4)
• Designing a Successful Patient Collections and Experience Strategy (IL5)

FULL CONFERENCE REGISTRATION (INCLUDES ANI TO GO):
$1,240 Current Member / $1,555 Renew and Register* / $1,585 Non-member**

ANI TO GO REGISTRATION:
$695 Current Member / $1,010 Renew and Register* / $1,025 Non-member**

Register by May 6, 2016 and save $100 off the above rates.
For full details and pricing on all registration types, visit hfma.org/ani.

* The Renew and Register rate includes the member registration price plus your renewal dues that will bring your membership current through May 31, 2017.

** The non-member rate includes membership through May 31, 2017 for any non-member new to HFMA and any former member. Valid only when registering for full conference, full conference plus precon, or ANI to Go. Other registration types (example: single day, two day, etc.) do not include membership.

WHAT IS...ani to Go?
Can’t attend ANI in Las Vegas? Register for ANI to Go—details on back cover.
SUNDAY JUNE 26

6:00 – 8:00 PM
OPENING RECEPTION IN EXHIBIT HALL AND FIRST TIMERS MEET-AND-GREET
Join us on the Exhibit Hall immediately following the Sunday keynote presentation for the Opening Reception. You will be treated to great food and beverage, entertainment, fun prize drawings, and special exhibitor promotions. And, ANI First Timers will have a chance to network during a special meet-and-greet right in the hall!

8:00 – 11:00 PM
POST-WELCOME RECEPTION
Join your peers as you continue on with the opening night fun at the Post-Welcome Reception. You’ll enjoy free admission as well as cocktails and hors d’oeuvres at TAO, one of Las Vegas’s premiere venues, located in the Venetian. This is your opportunity to socialize, dance, and continue networking with other conference attendees. Must have a 2016 attendee badge to attend. No one under 21 will be admitted.

Sponsored by:

TUESDAY JUNE 28

6:00 – 10:00 PM
CELEBRATE³
Put on your party clothes and join your colleagues as we celebrate the HFMA Legacy of Leadership. Hosted by HFMA’s chair, you will enjoy an amazing evening designed to celebrate all things TV with food, drink, music, dancing, interactive entertainment, and FUN! Open to all 2016 ANI Educational Attendees.

OTHER NETWORKING OPPORTUNITIES INCLUDE:

INTERACTIVE INNOVATION LABS
CAREER CENTER IN THE EXHIBIT HALL
EARLY CAREERIST MEET-AND-GREET IN THE EXHIBIT HALL
EXHIBIT HALL LUNCHES AND RECEPTIONS
CERTIFICATION AND FORUM LOUNGES
CPE INFORMATION

Total CPE hours for Career Skills Sessions, Early Riser Sessions, Featured Speaker Sessions, Breakout Sessions, Innovation Labs, and Keynote Sessions: 21.5

See individual descriptions of Preconference Workshops for CPE hours.

Prerequisites are listed for individual sessions; prework required is “none” unless indicated for the session.

The CPE Field of Study for sessions is Specialized Knowledge and Applications, unless otherwise indicated in each specific description.

Instructional Method: Group Live

Complete details on all educational offerings can be found at hfma.org/ani.

REGISTRATION HOURS

SUNDAY, JUNE 26
6:30 AM – 8:00 PM

MONDAY, JUNE 27
6:00 AM – 5:30 PM

TUESDAY, JUNE 28
6:00 AM – 5:00 PM

WEDNESDAY, JUNE 29
6:30 – 11:00 AM

CERTIFICATION AND FORUM NETWORKING LOUNGE HOURS*

SUNDAY, JUNE 26
2:00 – 6:00 PM

MONDAY, JUNE 27
7:00 AM – 4:30 PM

TUESDAY, JUNE 28
7:00 AM – 4:30 PM

WEDNESDAY, JUNE 29
7:00 – 11:30 AM

*Current Certified and Forum Members only.

WHAT YOU NEED TO KNOW

Registration, Hotel, and CPE Information

ANI sessions are focused around content themes. Speakers explore the issues in-depth, and you follow up at solution sessions and Innovation Labs for ideas to implement back home. Look for these symbols throughout the brochure informing you of which sessions align with the ANI 2016 content themes.

- CC Consolidation & Competition
- CL Compliance & Legal Updates
- PT Payment Trends & Delivery Models
- IA Intelligence, Analytics & Interoperability
- FA Finance, Accounting & Capital Markets
- RC Revenue Cycle & the Patient Experience
- C The Impact of Consumerism
- Q Quality, Cost & Clinical Transformation

SUNDAY

Sunday Overview including Keynote Presentation
Julie Williamson, PhD
Preconference Workshops
7
HFMA Initiatives Sessions
7

MONDAY

Monday Overview including Keynote Presentation
Eric Topol, MD
Career Skills Early Riser Sessions
9
Featured Speaker Sessions
10
Breakout Sessions
11

TUESDAY

Tuesday Overview
14
Early Riser Sessions
15
Featured Speaker Sessions
16
Breakout Sessions
17

WEDNESDAY

Wednesday Overview including Keynote Presentation
Healthcare Innovation Panel—Thinking Outside the Box
26
Featured Speaker Session
27
Innovation Labs
27

WHAT YOU NEED TO KNOW

Registration, Hotel, and CPE Information

29
**Julie Williamson, PhD**
Coauthor of *Matter: Move Beyond the Competition, Create More Value, and Become the Obvious Choice*

**Finding Your Edge of Disruption**
Julie works with companies that stand on the edge of disruption, between the old and the new ways of doing things, and helps them to move from a successful reimagine to changing how they do business, and ultimately to matter more. She will help you think about how to find your own ‘edge of disruption’ and to take action that elevates the impact you have on your customers, communities, and the market—in short, to matter more in your business.

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**SUNDAY, JUNE 26 OVERVIEW**

- **KEYNOTE PRESENTATION**
  - 4:30 – 6:00 PM
  - 1.5 CPEs

- **KEYNOTE PRESENTATION**
  - 4:30 – 6:00 PM

- **OPENING RECEPTION IN THE EXHIBIT HALL**
  - 6:00 – 8:00 PM
  - Join us on the Exhibit Hall immediately following the Sunday keynote presentation for the Opening Reception. You will be treated to great food and beverage, entertainment, fun prize drawings, and special exhibitor promotions. Plus, ANI First Timers will have a chance to network during a special meet-and-greet right in the hall!

- **FIRST TIMERS MEET-AND-GREET IN THE EXHIBIT HALL**
  - 6:15 – 6:45 PM
  - If this is your first ANI, join us for a meet-and-greet in the exhibit hall.

- **POST-WELCOME RECEPTION**
  - 8:00 – 11:00 PM
  - Join your peers as you continue on with the opening night fun at the Post-Welcome Reception. You’ll enjoy free admission as well as cocktails and hors d’oeuvres at TAO, one of Las Vegas’s premiere venues, located in the Venetian. This is your opportunity to socialize, dance, and continue networking with other conference attendees. Must have a 2016 attendee badge to attend. No one under 21 will be admitted.

- **REGISTRATION**
  - 6:30 AM – 8:00 PM

- **PRECONFERENCE WORKSHOPS**
  - 8:00 AM – 12:00 PM

- **HFMA INITIATIVES SESSIONS**
  - 2:00 – 4:15 PM

- **CERTIFICATION LOUNGE**
  - (current Certified members only)
  - 2:00 – 6:00 PM

  **FORUM NETWORKING LOUNGE**
  - (current Forum members only)
  - 2:00 – 6:00 PM

**Sponsored by:**

*FORUM NETWORKING LOUNGE* (current Forum members only)

*CERTIFICATION LOUNGE* (current Certified members only)

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*(Additional text and images are not included in this excerpt.)*
The Revenue Cycle’s Impact on Medicare Cost Report Settlement (PCW1) 4.0 CPEs  
Mike Nichols, FHIMA, CPA, Partner, RSM LLP; Chad Krcil, FHIMA, Director, Healthcare Consulting, RSM LLP  
Explore the key drivers of Medicare reimbursement that are directly connected to information developed through a hospital’s revenue cycle function, and learn how and where this information is used within the cost report.  
Session Objectives:  
• Recognize the importance of collaboration in producing a compliant and accurate Medicare cost report  
• Review Disproportionate Share (DSH) payments and adjustments  
• Describe revenue cycle KPIs as they relate to the cost report, and identify high-impact focus areas and key drivers connected to the revenue cycle  
• Identify the significance of patient day accumulation, observation status, and uncompensated care reporting  

Creating Pristine Claims – Essential Practices for Revenue Cycle Success (PCW2) 4.0 CPEs  
Pamela Fell, Corporate Director CBO, Jackson Health System; Mary Balogh, President & CEO; MK Balogh & Associates, LLC  
Learn how one of the largest teaching health systems in the country increased cash and decreased rework by identifying and resolving reasons for chronic claim rejections at their source. This session will debunk the myths about widely held standards related to relevant billing key performance indicators; i.e., When is a clean claim acceptance rate relevant?  
Session Objectives:  
• Review how every billing office can systematically capture and utilize their claims rejection data, in a system- and vendor-agnostic environment  
• Develop executive level claim rejection dashboards including root causes  
• Construct an action tree to engage a process, based on each rejection type  

Linking Analytics, Insights, and Outcomes to Find Your Margin (PCW3) 4.0 CPEs  
CPE Field of Study: Finance  
Laurie Jaccard, President, Clinical Intelligence, LLC; Nancy Rongo, Vice President & Chief Quality Officer, United Health Services; Bonnie Barndt-Maglio, PhD, RN, Managing Director, Prism Healthcare Partners LTD; Nick Watson, Senior Project Director, Clinical Intelligence, LLC  
This case-study session will focus on creating organizational alignment and cross-functional structure for measuring and managing high quality, integrated data that drives high-value, competitive advantage results. Attendees will be guided through a self-assessment of current care management and analytics capabilities to assess gaps, followed by discussion of how to ask the clinical and business intelligence questions that matter most.  
Session Objectives:  
• Review cloud based technology available to aggregate, analyze and interpret data in a whole new way  
• Explore how to leverage analytics and insights to improve outcomes and margins  
• Apply a high-value methodology for creating sustainable results and ROI  

ANI sessions are focused around content themes. Speakers explore the issues in-depth, and you follow up at solution sessions and Innovation Labs for ideas to implement back home. Look for these symbols throughout the brochure informing you of which sessions align with the ANI 2016 content themes.
Reconciling the Total Cost of Care for Improved Financial Outcomes (PCW4) 4.0 CPEs  FA
CPE Field of Study: Finance
Richard Bacon, Executive Director, Financial Planning & Decision Support, University of Chicago Medicine; Steven Berger, FHFM, CPA, Vice President, Thought Leadership, Premier, Inc.

This session will review best practices and key factors that will enable decision support personnel to obtain a more complete understanding of true costs and execute effective financial and operational strategies.

Session Objectives:
- Review the concept of “total cost of care” and develop a usable and relevant cost accounting and patient analytics system
- Define the common understanding for the meaning of “total cost of care” for interested stakeholders, including physicians, payers, and patients; CFOs, COOs, and CMOs; and explore ways to reconcile their differences
- Review decision support options for creating a better understanding among stakeholders

Moving to the Second Business Curve of Value-Based Contracting (PCW5) 4.0 CPEs  PT
John Clark, Program Manager, Population Health, UNC Health Care; Bill Eggbeer, Managing Director, BDC Advisors, LLC; David Fairchild, MD, MPH, Director, BDC Advisors, LLC

The session will highlight “outside the box” approaches to value-based contracting, including direct employer contracts, preferred partner product development with health plans & cooperatives, the launching of provider sponsored health plan for Medicare Advantage, Medicaid Managed Care, or the commercial market, and the development of new market alliances between two or more ACOs of clinical networks.

Session Objectives:
- Provide a strategic context of new approaches to value-based contracting, focusing on direct employer contracts, preferred provider contracts, and Super ACO alliances
- Review the requirements and levers needed to create product value and build customer acceptance
- Communicate lessons learned from market leaders
Hospitals, Physicians, and Payers: Realigning the Three Circles (HFMA1) 2.0 CPEs
TBA

The forces reshaping the U.S. healthcare system—including population health, value-based payment, and consumerism—are also erasing the traditional boundaries between hospitals, physicians, and payers, requiring new levels of collaboration across these “three circles.” This session will describe the role of the three circles in HFMA’s strategic plan. It will also offer a case study highlighting the potential for improved collaboration among the three circles in meeting the challenges of today’s rapidly changing environment.

Session Objectives:
• Define the relationship between HFMA’s strategic plan and realignment of hospital, physician, and payer interests
• Identify common areas of interest around population health, value-based payment, and consumerism
• Describe the potential of better collaboration among the three circles in furthering progress within these areas of common interest

Healthcare Dollars & Sense: Patient Financial Communications Best Practices & Demystifying Price Transparency (HFMA2) 2.0 CPEs
Cheri Kane, FHFMA, Managing Director, Pricewaterhouse Coopers LLP; Gayla Harvey, Senior Vice President of Revenue Cycle Services and Payer Strategy, Vanderbilt University Medical Center; Sandra Wolfskill, FHFMA, Director, Healthcare Finance Policy, Revenue Cycle MAP; Don Paulson, FHFMA, Consultant

Interactions about financial matters continue to represent a key to patient satisfaction. In addition, laws mandating pricing transparency are increasingly common, with more than 40 states legislating hospitals and/or physicians to report on pricing. This session will review best practices for communicating about prices, billing, and payment from a PFC standards adopter as well as an organization that has realized an increase in patient volume as a result of implementing a price transparency program.

Session Objectives:
• Review current and future legislative changes
• Identify effective strategies, challenges, and solutions for implementing a successful patient financial communications program
• Describe the steps for implementing a pricing transparency program, including priorities, frequency, and the use of public databases for comparison pricing

Accounting & Auditing Update: Views from FASB, GASB, & the HFMA Principles & Practices Board (HFMA3) 2.0 CPEs
CPE Field of Study: Accounting
Brian Conner, CPA, National Practice Leader, Hospitals, Moss Adams LLP; Norman Mosrie, FHFMA, CPA, Partner, Dixon Hughes Goodman LLP; and members of the HFMA Principles & Practices Board

This session will provide an overview of current and new financial reporting requirements from various groups, including recent actions from GASB and FASB, as well as explore impacts on your financial reporting and review the latest HFMA P & P Board discussions and actions.

Session Objectives:
• Review current activities and pronouncements in the governmental accounting standard-setting environment
• Implement recommended accounting practice changes to comply with new requirements
• Describe other accounting standards updates for healthcare entities

Women Lead HERe (HFMA4) 2.0 CPEs
CPE Field of Study: Personal Development
TBA

The HERe initiative aims to inspire not only women but men invested in the professional development of women leaders in the health care field, giving them with the tools and resources they need to succeed. This session will review the key “career inflection points” (as defined by the National Center for Healthcare Leadership) for women hospital CEOs, offer personal strategies and successes related to each of the themes, and provide resources for additional information.

Session Objectives:
• Identify the six “career inflection points” attributed to women hospital CEOs
• Review national, chapter, and external resources for obtaining the requisite skills and competencies
• Recognize areas where additional focus should be directed
MOMDAY, JUNE 27 OVERVIEW

Eric Topol, MD
Cardiologist and author of The Patient Will See You Now: The Future of Medicine Is in Your Hands

The Future of Medicine Is in Your Hands
Eric Topol, MD, is a practicing cardiologist with Scripps Clinic and a pioneer in the field of cardiovascular medicine. In addition, Dr. Topol is author of The Patient Will See You Now: The Future of Medicine Is in Your Hands. You’ll hear his insights on the future of medicine—what is already here now, and challenges and changes to come—as well as the innovations that will be required to drive evidence-based mobile health solutions for more personalized, individual-centric care that will improve outcomes, advance satisfaction, and decrease costs. Join us for this whirlwind tour of the advances in medical technology and see how they will transform your health care and your organization. You’ll experience the thrill of working in such exciting, transformational times—and the urgency of not being left behind.

REGISTRATION
6:00 AM – 5:30 PM

CONTINENTAL BREAKFAST
6:45 – 8:00 AM

CAREER SKILLS EARLY RISER SESSIONS
7:00 – 7:50 AM

CERTIFICATION NETWORKING LOUNGE
(current Certified members only)
7:00 AM – 4:30 PM

Sponsored by: Sutherland

FORUM NETWORKING LOUNGE
(current Forum members only)
7:00 AM – 4:30 PM

KEYNOTE PRESENTATION
8:00 – 9:30 AM

FEATURED SPEAKER SESSIONS
9:45 – 11:00 AM

Mark Chassin, MD, Joint Commission Center for Transforming Healthcare
Getting to High Reliability Healthcare While Generating Positive ROI (FS1)

David Johnson, CEO & Founder, 4Sight Health Competition, Consumerism, and Choice: Building a Better Healthcare Market (FS2)

Vivian Lee, PhD, MD, MBA, Sr. VP for Health Sciences, University of Utah
A Better Way to Patient-Centered Care (FS3)

CFO Only Session with Eric Topol, MD
Join Eric Topol, MD in an informal discussion of future innovations, potential strategic shifts, and transformations to come.

EXHIBIT HALL LUNCH
11:00 AM – 2:15 PM

BREAKOUT SESSIONS
2:15 – 3:30 PM

EXHIBIT HALL RECEPTION
3:30 – 5:30 PM

EARLY CAREERIST MEET-AND-GREET IN THE EXHIBIT HALL
4:00 – 5:00 PM

ANNUAL CHAPTER AWARDS DINNER (Invitation Only)
5:30 – 8:00 PM
MONDAY, JUNE 27  CAREER SKILLS EARLY RISER SESSIONS  7:00 – 7:50 AM

Maximizing the Success of Mentoring (CSER1) 1.0 CPE
CPE Field of Study: Personal Development
TBA

This session will review tools for coaching others to peak performance and molding a diverse workforce into a cohesive, productive team through the mentoring process. You’ll learn to recognize effective communications that are critical to the mentoring process, and take away tips on developing a mentoring culture.

Session Objectives:
• Review the components of an effective mentoring relationship
• Define direct and indirect benefits to mentor, protégé, and organization
• Identify potential mentorship opportunities within your organization

Leveraging Your Social Media Presence (CSER3) 1.0 CPE
CPE Field of Study: Personal Development
TBA

Twitter, LinkedIn, Facebook, blogs…which tools are you using, and which are you using well? Are you optimizing your profiles, building business and personal brand awareness, and engaging with peers? This session will provide tools, tips, and strategies for leveraging your effectiveness on social media while emphasizing quality over quantity.

Session Objectives:
• Review social media “do’s” and “don’ts”
• Discover new uses for data provided on social media sites
• Create a social media personal action plan

Certification: What’s In It For You? (CSER2) 1.0 CPE
CPE Field of Study: Personal Development
TBA

This session will outline the broad range of business and financial skills essential for success, including business acumen, collaboration, financial strategy, and understanding future trends. HFMA’s The Business of Healthcare presents the comprehensive analysis of today’s healthcare environment and provides a broad overview of the shift in healthcare service delivery and evolving payment models.

Session Objectives:
• Identify the multi-disciplinary and collaborative business skills needed in a contemporary healthcare business environment
• Decide if earning an HFMA Certification will enhance your understanding of the new contemporary healthcare business environment
• List the benefits of earning the Certified Healthcare Finance Professional (CHFP) designation
Getting to High Reliability Healthcare While Generating Positive ROI
(FS1) 1.5 CPEs
Mark Chassin, MD, Joint Commission Center for Transforming Healthcare
A growing number of hospitals and health systems are striving to reach high reliability. The ultimate goal of these efforts is zero harm—delivering health care without ever harming patients or healthcare workers. Health care is learning from high reliability organizations in high-risk industries, for example, commercial aviation, nuclear power, and amusement parks. Getting to high reliability will be difficult for healthcare organizations. Getting there while generating a positive return on the necessary investment is even more challenging. Dr. Chassin will discuss a promising strategy for achieving both goals at the same time.

Competition, Consumerism, and Choice: Building a Better Healthcare Market
(FS2) 1.5 CPEs
David Johnson, CEO & Founder, 4Sight Health
Dave Johnson, author of Market vs. Medicine: America’s Epic Fight for Better, Affordable Healthcare, will discuss how consumerism and related forces are driving new levels of competition in the healthcare market. This will create better choices for consumers, new opportunities for innovators, and significant challenges for healthcare organizations trying to maintain the status quo. Discover how your organization can develop the consumer instincts needed to adapt and thrive in a rapidly changing market.

A Better Way to Patient-Centered Care
(FS3) 1.5 CPEs
Vivian Lee, PhD, MD, MBA, Sr. VP for Health Sciences, University of Utah
With pay-for-performance metrics the “new normal,” organizations must learn to embrace a patient-centered, value-driven, transparent health care system, and leaders must be integrated into this culture. Through the use of a unique patient-reported outcomes tool, the University of Utah has simultaneously redefined treatment success, improved patient expectations and engagement, and created real and measurable cost efficiencies. Find out how Dr. Lee has led this evolution and is changing the way we think about the patient and provider relationships.

CFO Only Session with Eric Topol, MD
(CFO1) 1.5 CPEs
Eric Topol, MD
* This session is designed for CFOs in a provider setting. Preregistration is required and seating is limited. Join Eric Topol, MD in an informal discussion of future innovations, potential strategic shifts, and transformations to come.
Aligning Hospital and Professional Contract Management to Drive Accurate Point of Service Collections (A01) 1.5 CPEs

This session will address aligning hospital and professional management of expected reimbursement and contract modeling, as well as front-end process redesign options that improve patient engagement via POS collections.

Session Objectives:
- Implement best practices related to contract management and negotiations
- Describe how to drive accurate POS collections, and integrate hospital and professional underpayment recovery process
- Improve patient engagement

Data Breaches, Class Actions, and the Who’s Who of HIPAA Enforcement – The 2016 Litigation & Enforcement Landscape (A03) 1.5 CPEs

This session will provide an update on the HIPAA enforcement landscape and discuss data protection best practices to keep organizations out of the spotlight. You’ll identify the most frequently cited issues by the OCR, the FTC, and the States’ Attorneys General, and discuss both technical and contract-based risk mitigation strategies.

Session Objectives:
- Recognize the privacy and security issues that create exposures risks
- Explore options for minimizing and mitigating HIPAA-related risks and liabilities
- Identify potential claims and circumstances that increase the risks that an entity will be targeted

Using Rational Pricing Strategy to Achieve Transparency, Protect Revenue Streams, and Align Charges and Payments (A04) 1.5 CPEs

This session will highlight two organizations’ perspectives on price transparency and consumer-driven forces that are requiring strategies to balance short-term financial realities and revenue cycle dynamics with longer-term pricing, managed care and consumer-oriented strategies.

Session Objectives:
- Review the current state and driving forces of the pricing transparency trend, and the need to develop strategy in your organization
- Discuss the relevance and necessity in creating a pricing strategy change mission to ensure organizational alignment
- Describe approaches to balance market, managed care, and cost-based methodologies
MONDAY, JUNE 27 BREAKOUT SESSIONS 2:15 – 3:30 PM

The Patient Financial Experience: A Link to Satisfaction, Payment, and More (A05) 1.5 CPEs [RC]
Dennis Laraway, Chief Financial Officer, Memorial Hermann; John Adractas, Chief Marketing & Growth Officer, Simplee

This session will present information on engaging digitally, aligning expectations with greater billing transparency, and empowering patients with payment and process conveniences that together drive higher satisfaction and improve collection success.

Session Objectives:
• Measure success with healthcare consumers in their financial journey through billing satisfaction surveys and self-service adoption
• Develop an optimization action plan
• Explain the unique role of PFS staff in the application of industry best practice and achieving higher patient engagement

Beyond Cost Accounting: Using Visual Data Analysis to Integrate Cost Data (A06) 1.5 CPEs [FA]
CPE Field of Study: Accounting
Brad Plowman, Director of Finance, Regions Hospital

In this session, you’ll review how one organization learned to present integrated, accessible data designed to enhance the skills of financial and quality analysts, as well as provide a cohesive picture of performance.

Session Objectives:
• Increase leader engagement with data that can impact sustainable and meaningful change
• Learn how to effectively present cost, quality, and satisfaction variability to clinical, financial, and executive leaders to compel necessary change
• Approach data visualization from the standpoint of stakeholders

The New Risk-Bearing Model: Developing the Most Successful Value-Based Care Organization (A08) 1.5 CPEs [PT]
Jeb Dunkelberger, Executive Director, Accountable Care Services & Corporate Partnerships, McKesson BPS; Julian Bobbitt, JD, Partner, Smith Anderson

This presentation will review the five major characteristics of successful risk-based care models, including an overview of a prototypical care model that is unique, sustainable, and destined for future financial and clinical success.

Session Objectives:
• Explore some of the market-leading care delivery models for long-term financial and quality success
• Recognize industry trends and how others across the country are taking on risk
• Describe ways in which major stakeholders (payers, hospitals, pharma, etc.) can play an integral role while partnering with smaller independent clinician groups

The Quality-First Approach to Engaging Physicians in Value Innovation (A09) 1.5 CPEs [FA]
CPE Field of Study: Accounting
Stephen Allegretto, Vice President Financial Planning, Yale New Haven Hospital; Keith Churchwell, MD, VP, Cardiovascular Services, Yale New Haven Health System; Mary O’Connor, MD, Director, Musculoskeletal Center at Yale School of Medicine and Yale-New Haven Hospital; Dan Michelson, CEO, Strata Decision Technology

Learn how one organization embarked on a multi-year journey to benchmark services, and identify how quality variation indicators (QVIs) can help finance leaders have meaningful conversations with clinical leaders about quality, not just cost.

Session Objectives:
• Explore methods for identifying variations
• Discuss how to empower clinicians to lead their clinical redesign process
• Describe how to benchmark services and identify areas of variation for targeted cost and value improvements

Integration Trends, Best Practices, and Post-Integration Opportunities (A07) 1.5 CPEs [CC]
Brent McDonald, Managing Director, Healthcare Public Finance, Bank of America Merrill Lynch; Dennis Dahlen, CFO, Banner Health; Liz Foshage, EVP Finance, Ascension Health; Scott Nordlund, EVP Strategy, Growth, and Innovation, Trinity Health

With continued consolidation, which integration models are healthcare organizations choosing and why? And, how are these organizations dealing with the cultural aspects of merger, acquisition, affiliation, and partnership? This session will provide actual integration examples, including current provider experiences around both opportunities and challenges.

Session Objectives:
• Gain additional perspectives around merger, acquisition, affiliation, and partnership models
• Identify trends and pros/cons of each model
• Describe best practices related to culture and integration
### Creating a Data-Driven Environment to Support the Triple Aim (A10) 1.5 CPEs [IA]

Jason Cooper, Vice President & Chief Analytics Officer, Horizon Blue Cross/Blue Shield of New Jersey

This session will cover the use of data beyond medical care to improve population health and manage health assets. Discussion will include IT/technology enablement, analytics, and payer-provider collaboration towards fee-for-value.

**Session Objectives:**
- Recognize how value-based reimbursement (fee-for-value) can positively affect the triple aim
- Recognize the critical elements of IT/technology and analytics enablement for VBR/FFV (value-based reimbursement/fee-for-value)
- Explore tighter collaboration between payers and providers in order to improve the healthcare ecosystem

### Developing a Virtual/Telehealth Strategy (A12) 1.5 CPEs [C]

Dan Clarin, Senior Vice President, Kaufman, Hall & Associates; Jason O’Riordan, Senior Vice President, Kaufman, Hall & Associates, LLC

This session will explore how technological advances are challenging the long-term viability of the long-established hospital provider-based model by reshaping traditional patient-provider communications and relationships and redefining access to healthcare for consumers worldwide.

**Session Objectives:**
- Assess new telehealth and virtual/mobile health technologies and how they currently are being used in the marketplace
- Evaluate your organization's readiness for virtual/telehealth offerings
- Recognize strategies to best integrate virtual/telehealth technologies into your organization’s offerings

### Improving Hospital-Owned Medical Practice Financial Performance (A11) 1.5 CPEs [O]

Kenneth Lester, CPA, President, Kadlec Clinic; Marc Halley, CEO, Halley Consulting

The presentation will focus on the critical factors for successful medical practice performance, including physician productivity and "team care medicine," and will also include examples and results of network-wide performance improvement in governance, performance reporting, compensation, and revenue cycle management.

**Session Objectives:**
- Identify the common causes of poorly performing hospital-owned medical practices
- Review the principles of financial GAP analysis to help pinpoint challenges in individual practice settings
- Recognize the role of managers as implementers in supporting the performance improvement process

### Improving Data Accuracy and Claims Processing through Access Team Accountability (A13) 1.5 CPEs [RC]

Chastity Roberts, System Analyst, Health First Inc.; Lacy Brownlee, System Analyst, Health First, Inc.

This session will provide a unique focus on front-end revenue cycle processes that change employee accountability for registration accuracy, clean claims, and increased collections.

**Session Objectives:**
- Identify best practices that can be used to lower A/R days
- Explore processes for increasing associate and team accountability, data accuracy, and clean claim rates
- Manage people, processes, and technology to increase patient collections

### Making Care Affordable without Sacrificing Financial Performance (A14) 1.5 CPEs [C]

This session is presented by an organization whose product or service has earned the Peer Reviewed by HFMA® designation.

Dawn Davidson, National Net Revenue Management Leader, Ascension Health; Bruce Haupt, President, ClearBalance; Jeffrey D. Hurst, Senior Vice President - Finance, Florida Hospital

Learn how two organizations have responded to consumerism by offering consumer-friendly loan programs that increase patient satisfaction and loyalty, while enhancing the patient experience and financial performance.

**Session Objectives:**
- Identify market trends that are causing patients to assume greater financial burden for their care
- Recommend and execute tactics that appeal to consumers/patients
- Create solution criteria, best practices and lessons learned to develop and execute a patient pay strategy

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*HFMA.ORG/ANI 13*
[ TUESDAY, JUNE 28 OVERVIEW ]

OUT OF THE BOX

REGISTRATION
6:00 AM – 5:00 PM

CONTINENTAL BREAKFAST
6:45 – 8:00 AM

EARLY RISER SESSIONS
7:00 – 7:50 AM

CERTIFICATION LOUNGE
(current certified members only)
7:00 AM – 4:30 PM

Sponsored by: SUTHERLAND

FORUM NETWORKING LOUNGE
(current forum members only)
7:00 AM – 4:30 PM

FEATURED SPEAKER SESSIONS
8:00 – 9:15 AM

Thomas Lee, MD, CMO, Press Ganey
What Drives Patient Loyalty? Analyses from Inpatient, Outpatient, and Emergency Department Patients (FS4)

Paul Keckley, PhD, Navigant
Provider-Sponsored Health Plan Analysis of Competitive Landscape (FS5)

Sachin Jain, MD, CareMore
Enabling Physicians to Deliver Value-Based Care (FS6)

BREAKOUT SESSIONS
9:30 – 10:45 AM

EXHIBIT HALL LUNCH
10:45 AM – 2:00 PM

BREAKOUT SESSIONS
2:00 – 3:15 PM
3:30 – 4:45 PM

CELEBRATE³
6:00 – 10:00 PM
Put on your party clothes and join your colleagues as we celebrate the HFMA Legacy of Leadership. Hosted by HFMA’s chair, you will enjoy an amazing evening designed to celebrate all things TV with food, drink, music, dancing, interactive entertainment, and FUN! Open to all 2016 ANI Educational Attendees.
Top 10 Apps-on-the-Go: Apps that Help When You Are Out of Office (ER1) 1.0 CPE
Field of Study: Personal Development

TBA
This session will highlight the 10 top apps that will help with productivity, travel arrangements, conference calls, and scheduling when you are out of the office.

Session Objectives:
- Maximize productivity and minimize confusion
- Reduce stress both personally and professionally
- Create better communications between team members

Using Propensity-to-Pay Scoring to Maximize Self-Pay Reimbursement (ER2) 1.0 CPE [RC]

This session is presented by an organization whose product or service has earned the Peer Reviewed by HFMA® designation.

Shari Bailey, SPHR, Director, Patient Financial Services, Premier Health Partners; Thomas Roesch, Vice President, Business Development, MedAssist

This session will provide attendees with a model for improving self-pay through a blueprint for maximizing reimbursement using propensity-to-pay-scoring, segmentation, and patient experience training.

Session Objectives:
- Recognize the shift in reimbursement
- Review propensity-to-pay scoring
- Identify the service level agreements that measure performance

Legislative & Regulatory Update for Rural PPS Hospitals (ER3) 1.0 CPE [CL]

Andrew Williams, Partner, BKD, LLP; Timothy Wolters, Director of Reimbursement, Citizens Memorial Hospital

Review updates to Medicare legislation and regulations, quality initiatives, bundled payments, other delivery models, as well as the latest 340B drug purchasing program guidance. This session will cover federal reimbursement and related issues unique to rural prospective payments system (PPS) hospitals.

Session Objectives:
- Review fiscal year 2017 Medicare inpatient PPS and evaluate their impact
- Review 340B guidance as applicable to rural providers
- Discuss updates on bundled payment, including Comprehensive Care for Joint Replacement Payment Model (CCJR) and its application to rural providers
- Examine other Medicare legislative and regulatory issues, highlighting their applicability to rural hospitals

Transforming the Role of Vice President of Revenue Cycle (ER4) 1.0 CPE

Kym Clift, MBA, CHFP, VP Revenue Cycle, Samaritan Health Services; Kelley Blair, Executive Vice President, Client Organization, Adreima; Patrick McDermott, Senior Vice President, Sutter Health, Janice Ridling, Vice President of Revenue Management, Baptist Health; Paul Spencer, Vice President, Managed Care and Revenue Cycle Services, Froedtert Health

This panel of revenue cycle executives (representative of a large health system, academic centers and tertiary care facilities) will provide an interactive discussion of the challenges and opportunities that value-based care is having and continues to have on their evolving role.

Session Objectives:
- Identify strategies revenue cycle leaders can employ to prepare for their new role
- Recognize data elements essential in the evaluation of risk tolerance
- Discover elements of physician practices that are critical to value-based care
- Uncover new methods to provide and measure patient satisfaction

ANI sessions are focused around content themes. Speakers explore the issues in-depth, and you follow up at solution sessions and Innovation Labs for ideas to implement back home. Look for these symbols throughout the brochure informing you of which sessions align with the ANI 2016 content themes.
What Drives Patient Loyalty? Analyses from Inpatient, Outpatient, and Emergency Department Patients
(FS4) 1.5 CPEs [RC]
Thomas Lee, MD, CMO, Press Ganey
In an environment where patients are being asked to pay more out of pocket for their care, improving the patient experience is crucial to maintaining and growing market share. Providing physicians with real-time feedback on how their patients rate the care they provide is crucial to improving the patient experience. This session will focus on strategies healthcare organizations have used that combine patient survey data and financial incentives to engage physicians in performance improvement efforts.

Provider-Sponsored Health Plan Analysis of Competitive Landscape
(FS5) 1.5 CPEs [CC]
Paul Keckley, PhD, Navigant
The consolidation of private insurers and shifting of financial risk to provider organizations by Medicare and other purchasers is prompting many health systems to consider the advisability of sponsoring a health plan themselves. In this session, the current status of provider-sponsored risk activities and the success of provider-sponsored health plans will be the focus. Proprietary research about the scope of provider-sponsored plan efforts will be shared along with critical factors that contribute to the success of these plans.

Enabling Physicians to Deliver Value-Based Care
(FS6) 1.5 CPEs [PT]
Sachin Jain, MD, CareMore
As the health system guides its transformation by balancing quality improvement, performance measurement, cost management, and controlling risk, Dr. Sachin Jain will share strategies and examples for leveraging health data to improve patient health. Dr. Jain’s work uses the understanding of actual patient experiences and outcomes, and applies that knowledge to improve care delivery through appropriate use of medications, medication adherence, and advancing medical discovery.
Using a Predictive Analytics Model to Create Cost-Effective Outcomes (B01) 1.5 CPEs [IA]

Vicky Mahn-DiNicola, Midas, a Xerox Company

This session will review the concepts of machine learning, including identify key patterns and trends, and provide high-level overview of statistical considerations needed to evaluate predictive analytic models.

Session Objectives:
• Define the concept of big data and how healthcare finance and clinical data can forecast outcomes
• Describe at least two barriers to successful integration of clinical and financial data
• Discuss how healthcare finance standardization can help evolve the science of performance improvement

Integrated EHR Data and Its Impact on Pioneer ACO Quality Programs (B02) 1.5 CPEs [IA]

Heather Trafton, PA-C, Certified, Executive Director, Performance Management, Population Health and Quality, Steward Health Care; Greg Chittim, Vice President, Arcadia Healthcare Solutions

This session will review one provider’s experience with leveraging technology, balancing internal missions with external expertise, and aligning care delivery with the shift from a fee-for-service to value-based care model.

Session Objectives:
• Recognize the challenges in accessing and integrating EHR data across multiple platforms
• Compare the capabilities of a population health/value-based care management program
• Construct a model for best-practice EHR and claims data integration
• Apply the lessons learned of a complex data integration effort

Healthcare Industry Tax Update 2016 (B03) 1.5 CPEs [CL]

CPE Field of Study: Taxes

Scott Mariani, CPA, Partner, WithumSmith+Brown

This session will provide an update and overview of current tax law changes and issues applicable to integrated healthcare delivery systems, hospitals, physicians, and other healthcare providers, including both taxable and tax-exempt organizations.

Session Objectives:
• Review IRS tax law changes
• Discuss current updates on IRC Section 501(r) tax-exempt requirements
• Review Form 990 Schedule H community benefit update

Plateau-Busting: Take Your CDI Program to the Next Level to Maximize Impact (B04) 1.5 CPEs [PT]

Laura Jacquin, RN, MBA, Managing Director, Prism Healthcare Partners, Ltd; Tricia Jewson, Director, HIM, United Health Services

This presentation will address tools and tactics to elevate clinical documentation improvement (CDI) programs for maximum impact, including securing the best and brightest clinicians and coders, improving data quality, engaging and educating physicians, and identifying core program metrics.

Session Objectives:
• Identify strategies and steps to recruit, hire, and retain CDI specialists
• Secure physician engagement, leadership, and support for your CDI program
• Identify CDI program benchmarks to achieve optimal performance
Clinically Integrated Network (CIN) Funds Flow Methodology for Risk-Based Contracts (B05) 1.5 CPEs

Kevin Locke, Dixon Hughes Goodman; Provider TBA

This session will explore risk-based revenue by clinically integrated networks (CINs) to improve clinical performance, including evolving data analytic tools, performance based contracts, and alternative value-based methodologies.

Session Objectives:
• Identify contracting alternatives
• Review performance thresholds that should be considered as part of any new contracting strategy
• Describe unique components of funds flow methodologies and structure
• Discuss change management tools to help CINs lead a successful transformation

Optimizing Medical Group RC Performance to Meet Physician and Health System Goals (B06) 1.5 CPEs

Duncan Campbell, Associate Administrator, UC San Diego Health; Michael Gladson, Managing Director, Huron Healthcare; Emily Alverson, Senior Director, Huron Healthcare

This session will describe how one organization worked with physicians to implement comprehensive, sustained improvement in the physician revenue cycle while increasing physician satisfaction and supporting a customer service orientation.

Session Objectives:
• Create a culture of success through expectation setting, communications, accountability, and training
• Identify best-practice processes that drive medical group margin improvement
• Identify transparent and consistent metrics focused for physicians to ensure accountability and set clear expectations

Engaging Physician Subspecialists to Support Strategic Service Lines (B07) 1.5 CPEs

Ross Swanson, Executive Vice President, Corazon, Inc.; Julie Miksit, Vice President of Heart & Vascular, WellSpan Health

This session will provide hospital-physician alignment models that highlight the details of fully realized governance structures, with a focus on core service lines such as cardiovascular and orthopedics, primarily from the acute care hospital perspective.

Session Objectives:
• Describe the impetus for various hospital-physician alignment models
• List the pros and cons associated with each available model and how they are being deployed today
• Review the anticipated results with each model, including the expected ROI for each
• Articulate a typical implementation roadmap based on a specific alignment model for a particular service line

Leveraging Clinical Insights to Drive Cost Savings (B08) 1.5 CPEs

Leslie Flick, Executive Director, Health Future; Hani Elias, CEO & Co-founder, Procured Health

This session will explore how clinical research led one organization to develop clinical best practices, standardize its utilization of Cardiac Rhythm Management (CRM) devices, and save significantly—while still providing superior patient care.

Session Objectives:
• Describe how clinical research engages physicians and facilitates meaningful conversations
• Identify the three pillars that are part of clinical analysis and cost management when selecting devices
• Review the use of clinical research to identify clinically-vetted cost savings and facilitate vendor negotiations
• Detail successful organizational structures and change management tactics
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**The 340(B) Drug Pricing Program: Key Challenges and Preparing for the Future** (B09) 1.5 CPEs CL
Ted Slafsky, President and Chief Executive Officer, 340B Health; Maureen Testoni, Senior Vice President and General Counsel, 340B Health

This session will cover major developments, issues, and opportunities in 340(B) for hospital finance executives, including information on the government’s proposed “mega-guidance,” as well as possible changes to Medicare Part B reimbursement.

**Session Objectives:**
- Describe current and emerging governmental and regulatory challenges in 340(B)
- Receive updates on the proposed “mega-guidance”
- Assess financial and operational impacts of possible changes to Medicare Part B reimbursement
- Articulate the value of 340(B)

**Executing a Patient Experience Measurement Initiative** (B11) 1.5 CPEs RC
Deborah Larkin-Carney, VP Quality, Barnabas Health; Catherine Gorman-Klug, RN, MSN, CPM, Director Quality Service Line, Nuance Communications, Inc.

This session will discuss how one provider approached, planned, and executed patient experience measurement initiatives, including the techniques used to gauge and measure patient views on hospital treatments, processes and interactions, and how those insights resulted in care delivery improvements.

**Session Objectives:**
- Describe the latest CMS guidelines, regulatory mandates, and VBP requirements for patient satisfaction and quality
- Review initiatives designed to improve the patient experience, and link associated processes and measures to reimbursement
- Discuss best practices and key learnings for setting up a patient experience program

**Aligning with Physicians to Regionalize Services** (B10) 1.5 CPEs CC
John Fink, ECG Management Consultants; Provider TBA

This session will present strategies to work with physicians via regionalization to optimize the delivery of care to a population through efficient use of capital resources, optimal resource utilization, and reduced redundancies.

**Session Objectives:**
- Review three options for regionalizing services (hub-and-spoke model, distributed model, and coordinated model)
- Recognize funds flow adjustments to allow health systems to transition to regionalization
- Describe the importance of integrating with physicians to support regional management of service lines
- Identify key concerns of stakeholders and potential solutions

**The Retail Revolution in Healthcare: Trends for Improving Care Delivery Models and Patient Satisfaction** (B12) 1.5 CPEs CC
Elizabeth Connelly, National Segment Head, J.P. Morgan Healthcare Banking; Christopher Kerns, Managing Director, The Advisory Board Company; Scott Powder, Senior Vice President, Chief Strategy Officer, Advocate Healthcare

Hear a panel discuss macro trends and innovative retail industry approaches to improve delivery models and patient satisfaction, and optimize payment management.

**Session Objectives:**
- Describe the impact of public and private health exchanges on consumers, payers, and providers
- Review new methods for delivering primary care, including telehealth, mobile and in-home services, and urgent care expansion
- Provide specific examples of strategies many healthcare systems are exploring to deliver a more retail experience that resonates with patient and consumer preferences
Centralized Scheduling for a Physician Enterprise (B13) 1.5 CPEs
Greg Meyers, SVP, Revenue Integrity, INTEGRIS Health; Kevin Ormand, Principal, The Chartis Group; Amber Harris, Administrative Director, Patient Access, INTEGRIS Health; Kathy Hughes, Manager, The Chartis Group
You’ll hear one organization’s story of embracing the opportunity to build a fully centralized scheduling operation that resulted in significantly enhancing the patient experience and improving physician office productivity.

Session Objectives:
• Identify steps to drive large-scale operations redesign in concert with planned technology infusion
• Design and build a change management and communication plan
• Identify key elements when redesigning the processes and workflows
• Explain how to effectively deploy project management and governance support for effective implementation

TUESDAY, JUNE 28 BREAKOUT SESSIONS 2:00 – 3:15 PM

Leveraging Laboratory Medicine and IT to Achieve Strategic Objectives (C01) 1.5 CPEs
John Spinosa, MD, PhD, Scripps Memorial Hospital
The session will provide insight into the lab’s contribution to care capability. Discussion will include population evaluation for risk/cost, resource allocation, and understanding the clinical and financial value of more complex testing.

Session Objectives:
• Review how the laboratory plays a central role in integration activities, accountable care, and population health management
• Discuss the importance of new test menus and the impact on patient care
• Describe how lab-centric strategies will be critical to fully realize the performance of health systems

MACRA and Strategies for Hospital-Physician Alignment (C02) 1.5 CPEs
Danielle Lloyd, Vice President, Policy Development and Analysis, Premier Inc.
This session will provide an update on Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)—the legislation that reformed the sustainable growth rate physician payment formula—and the implications for member hospitals and health systems.

Session Objectives:
• Describe changes to physician quality reporting programs
• Identify financial incentives for physicians to participate in value-based payment arrangements
• Review potential alignment strategies

Federal Policy Update (B14) 1.5 CPEs
Andrew Bressler, CFA, Managing Director, Bank of America Merrill Lynch Global Research
This session will focus on the implications of the 2016 presidential election, continued implementation of value-based payment models such as the Comprehensive Care for Joint Replacement and the MACRA legislation (SGR replacement for physician payment), coverage expansion, changes to regulations related to both health insurance exchange and Medicare Advantage products, and other Medicare reforms.

Session Objectives:
• Identify the impact of legislative and regulatory changes on hospitals, physicians, health plans, post-acute providers, and pharmaceutical manufacturers
• Review strategic and operational plans to succeed in a changing regulatory environment

Determining and Managing the True Costs of Care through Collaboration (C03) 1.5 CPEs
Pietro Ferrara, Vice President, Strategic Cost Management, UPMC Enterprises Division; Chris Bruerton, Director of Budgeting, Intermountain Healthcare
This session will feature three successful yet different approaches to managing cost of care, including how case supply models are being deployed to more accurately estimate the cost of care per encounter.

Session Objectives:
• Develop a strategy to connect costs across episode of care, ambulatory care sites, and the continuum of care
• Examine the confluence of risk absorption and cost reductions
• Explore how to work with payers around bundled payments, pricing, and contracting strategies
• Extend newly-derived cost metrics for strategic growth strategies, case-based budgeting, what-if scenario analysis, and rolling forecasting
Achieving Success in Value-Based Care via Joint Venture Health (C04) 1.5 CPEs PT
Russ Mohawk, CEO of Inova Health Plans & Population Health Services; Gary Thomas, President of Joint Venture Markets, Aetna
This session will review strategies for forming a successful collaboration, including tips on how to evaluate readiness for a joint venture, develop an effective go-to-market strategy, secure a competitive advantage, increase data sharing, and drive revenue growth.
Session Objectives:
• Review key criteria for determining if a joint venture insurance company aligns with a provider’s unique goals
• Describe next steps for launching a joint venture insurance company model
• Describe the assets and expertise that must be contributed to a joint venture, specifically around plan design, pricing, sales, marketing, and distribution strategies

Creating a Clinically Integrated, Academic-Community System Population Health Affiliation (C06) 1.5 CPEs CC
Jeffrey Hoffman, Senior Partner, Kurt Salmon US Inc.; Norman Gruber, CEO and President of Salem Health and President, OHSU Partners
This session offers a behind-the-scenes look at a unique community and academic integrated health system that has a consolidated income statement and is managed as a single entity, including financial arrangements, value distribution, and other common partnership issues.
Session Objectives:
• List five components of a comprehensive evaluation of a potential clinical partner
• Review how one academic/community partnership accommodated the academic mission across the entire clinically integrated network
• Describe how one partnership structured its financial arrangements

Using a Direct Care Health Plan to Improve Employee Healthcare Quality (C05) 1.5 CPEs PT
Matthew Morrison, MGM Resorts International; Ryan Esslinger, Wellcentive
This session will highlight the lessons learned and successes of launching a Direct Care Health Plan (DCHP) by one of the largest employers in Nevada, including the impact on population health, provider competitiveness, and revamped pay and operations.
Session Objectives:
• Strengthen collaborative relationships with primary care physician participants
• Explore the steps of workflow development and implementation of an IT solution to aggregate data
• Analyze how combined clinical and financial data helped create actionable patient registries that effected clinical outcomes improvements

RPI® = ROI: Utilizing Robust Process Improvement to Redesign Care Processes (C07) 1.5 CPEs RCE
Dawn Allbee, Director, Corporate Robust Process Improvement, The Joint Commission; Roger Sharma, CPA, Sr. VP & CFO, Citrus Valley Health Partners
This session will explore how one organization deployed a Robust Process Improvement® (RPI®) program as part of their transformation into a high reliability organization.
Session Objectives:
• Review the blended approach to Robust Process Improvement®
• Describe how organizations can utilize change management tools and methods to drive culture change and improve performance
• Discuss practical tools and concepts that can be applied to daily work
**TUESDAY, JUNE 28 BREAKOUT SESSIONS 2:00 – 3:15 PM**

### Using Hierarchical Condition Categories (HCCs) to Manage Population Health (C08) 1.5 CPEs PT
Ladd Udy, MHA, Manager of Accountable Care Program, Mercy Health System; Donna Smith, Product Delivery Manager, 3M Health Information Systems

Attendees will gain an in-depth understanding of hierarchical condition categories (HCCs), including how and why they are employed today, with special emphasis on the use of HCCs to drive value-based care.

**Session Objectives:**
- Define hierarchical condition categories (HCCs) and describe documentation practices that support accurate HCC data
- Assess how HCCs are being used today in risk stratification, population health management, and value-based purchasing
- Determine the impact of HCCs on the revenue cycle and changes to revenue cycle, documentation, and coding processes
- Identify practical strategies for addressing potentially competing documentation guidelines for MS-DRGs, APR-DRGs, SOI/ROM, PSIs, HACs, and HCCs

### Proposed Inpatient Medicare Prospective Payment System and Other PPS Payment Changes for 2017 & Beyond (C10) 1.5 CPEs CL
Lawrence Goldberg, President, Larry Goldberg Consulting, Advisor Reimbursement Alliance Group

A review and update of the latest Medicare legislative and proposed regulatory changes under consideration by both the Congress and Administration for FY 2017 and beyond.

**Session Objectives:**
- Recognize the latest actions and rationale for changes being proposed to Medicare payments
- Prepare for and share information with others
- Identify how other payers could adopt Medicare payment changes
- Plan and budget more precisely

### Collecting Patient Payments: Class Action Trends (C09) 1.5 CPEs CL
Ellen E. Stewart, JD, FHFM A, Partner, Berenbaum Weinshienk PC

This session will explore the growing trend of lawsuits regarding patient balances with and without a managed care agreement, as well as challenges to providers’ 501(r) calculations, financial assistance policies (under 501r and state laws), charge master policies and procedures, and managed care discounts.

**Session Objectives:**
- Review current status of class action and other lawsuits, including claims of unfair trade practices
- Identify sample language for inclusion in managed care arrangements to help with the collection of patient balances
- Discover ways to defend against 501(r) and related state law compliance
- Review how a facility’s charge master can be implicated

### Elevating Physician Documentation to Help Drive Accurate Reimbursement (C11) 1.5 CPEs PT

This session is presented by an organization whose product or service has earned the Peer Reviewed by HFMA® designation.

Ralph Wuebker, MD, Executive Health Resources, Inc.

Getting physician buy-in and engaging physicians to improve clinical documentation are critical to an organization’s success and accurate reimbursement. This session will focus on ways for hospital leaders to engage physicians to improve their documentation practices.

**Session Objectives:**
- Identify current physician engagement trends
- Recognize where common gaps in documentation interpretation occur
- Review strategies that leverage education and real-time reinforcement of thorough documentation practices that will support medical necessity and accurate coding
TUESDAY, JUNE 28 BREAKOUT SESSIONS 2:00 – 3:15 PM

**Maintaining a Strong Revenue Cycle While Switching EHRs (C12) 1.5 CPEs**
Rosh Pluge, Baptist Health System; Cindy Elder, Baptist Health System
Pete Welch, Senior Revenue Cycle Analyst, Baptist Health System

In this session, you’ll learn how one organization was able to leverage analytics to pinpoint trends, analyze root causes, and resolve issues encountered while moving to electronic health records (EHRs) to meet the demands of population health and value-based reimbursement while maintaining patient satisfaction and HCAHPS scores.

Session Objectives:
- Identify the impact switching EHRs can have on workflow, revenue cycle, and patient satisfaction
- Explain how opting out of Medicaid has created reimbursement challenges for hospitals
- Create flexible workflows and company cultures that can quickly adapt to IT changes as they arise

**Increasing Patient Portal Adoption to Improve Engagement and Financial Responsibility (C13) 1.5 CPEs**
Paul Shenenberger, Chief Information Officer, Summit Health Management; Todd Rothenhaus, MD, Chief Medical Officer, Athenahealth

In this presentation, you’ll hear how one physician-owned multi-specialty practice was able to significantly improve monthly revenue with patient portal adoption and utilization that goes beyond meaningful use to impact reimbursements, outcomes, and patient loyalty.

Session Objectives:
- Recognize barriers to implementing and utilizing the patient portal, and keys to a high adoption rate
- Implement best practices to activate self-care, increasing patient adherence, compliance, and satisfaction
- Demonstrate how patient portals can drive bottom-line performance, improve collection time, and reduce days spent in A/R

TUESDAY, JUNE 28 BREAKOUT SESSIONS 3:30 – 4:45 PM

**Engaging Physicians in Financial Improvement Initiatives (D01) 1.5 CPEs**
Andrew Agwunobi, MD, MBA, IC Managing Director, Berkeley Research Group

This session will define the components of clinical redesign, along with examples of what successful implementation looks like, utilizing real case study examples. Emphasis will be on physician engagement up front, as co-leaders with finance, to implement structured cost and quality improvement efforts.

Session Objectives:
- Give context for the need to redesign your approach to improving value, and to include physicians in co-leadership of these efforts
- Define clinical redesign and give examples of successful implementation
- Describe successful methods for implementing physician engagement and co-leadership

**Managing Labor Productivity and Performance Improvement: Two Perspectives (D02) 1.5 CPEs**
Mark Meyer, CFO, Grady Health System; Brenda Weyl, VP of Performance Improvement and Patient Flow, Grady Health System; Dianna LeVeck, Chief Human Resource Officer, Genesis Healthcare; Stephanie Dorwart, CEO, Altius Healthcare Consulting Group

This session will explore the parallels between managing labor cost and performance improvement through two different avenues (HR and Finance), as viewed through the lens of two distinctly different organizations.

Session Objectives:
- Implement a culture of accountability through cultural change, organizational transformation, and key performance indicators
- Describe the importance of performance improvement and benchmarking in a world of healthcare reform and value-based purchasing
- Recognize how productivity and performance connect to labor management, human resources, budget, and finance
- Discuss the tools, strategies, processes, and benchmarks that can drive labor management cost reduction initiatives, productivity enhancements, and performance improvement
Winning the Market Share Wars with a Comprehensive Referral Strategy (D03) 1.5 CPEs
Russell Baxley, CEO, Lancaster Regional Medical Center; Adam Sharp, MD, Founder and Chief Medical Officer, par80
This presentation will provide insight into an organization that designed and implemented a broad operational and technical initiative to grow their patient population in a competitive rural environment while preventing network leakage.
Session Objectives:
• Describe how to develop a comprehensive referral strategy that engages providers and patients
• Analyze the financial impact of network leakage and identify strategies for preventing it
• Identify the operational, technological, and cultural shifts that need to occur in order to grow and protect your market share

Establishing a Pharmacy Revenue Integrity Program (D04) 1.5 CPEs
Tara Hanuscak, Business Director Pharmacy Services, OhioHealth; Emily Castro, Client Success Manager, Craneware
This session will demonstrate how an organization engaged pharmacy with key stakeholders to launch a cross-departmental pharmacy revenue integrity program that standardized pricing, optimized medication charge capture, energized non-pharmacy stakeholders, and validated a new HIS medication conversion.
Session Objectives:
• Discover how a pharmacy revenue integrity strategy ensures compliance and optimum reimbursement
• Identify strategies that can be leveraged to align pharmacy in conjunction with an HIS conversion
• Describe best practices for aligning all stakeholders in a pharmacy revenue integrity initiative

Building a Successful Provider-Sponsored Health Plan (D05) 1.5 CPEs
Phillip Kamp, Chief Strategy Officer, Valence Health; Mark Mixer, CEO (Interim), Alliant Health Plans
Many organizations are evaluating the creation of a provider-sponsored health plan (PSHP), the most progressive form of value-based care. This session details how one organization evolved their partnership to build and successfully operate a PSHP.
Session Objectives:
• Outline the strategic considerations to determine if a PSHP should be part of a larger care strategy
• Identify the steps and operational capabilities required to create a provider-sponsored health plan
• Identify how collaboration, leveraging resources, and forging strategic partnerships can reach new members and keep them in-network

Creating a Virtual CBO While Integrating Technology and Predictive Analytics (D06) 1.5 CPEs
Tracy Berry, Vice President, Revenue Cycle, BJC Healthcare
You’ll hear how one organization transitioned from a highly decentralized operation to a virtual centralized business office (CBO) for patient receivables—while deploying new vendor management technology and predictive analytics.
Session Objectives:
• Recognize opportunities for new operating routines when migrating to a virtual CBO
• Discuss how to set realistic goals and expectations when planning revenue cycle transitions
• Identify different strategies to utilize charity analytics
Exceptions Resolution: How Machine Learning Can Transform Your Revenue Cycle (D07) 1.5 CPEs [RC]
Brian Sanderson, Managing Principal, Healthcare Services, Crowe Horwath LLP; Scott Hawig, CPA, Senior VP of Finance, CFO, and Treasurer, Froedtert Health
This session will explore integrated exceptions resolution via machine learning to improve and standardize performance, including key exception areas of focus, statistical validity findings, process and portfolio changes for credit balance and denials follow-up responsibilities, and results to date.
Session Objectives:
• Describe the patterns and performance of exceptions resolution
• Comprehend the mechanics of machine learning and predictive analytics as tools
• Recognize how automation of collector activity may fit into performance improvement plans
• Discern the three levels of statistical probability and the employee effort required for each portfolio

Legal Update (D09) 1.5 CPEs [CL]
CPE Field of Study: Legal
Joanne Judge, JD, CPA, Partner, Stevens & Lee
This session will provide updates on legal provisions under healthcare reform as well as their effect on compliance programs.
Session Objectives:
• Identify the latest developments in antitrust, fraud and abuse, corporate responsibility, privacy, taxation, employment, credentialing, and other areas under heightened legal scrutiny in healthcare organizations
• Review ways to maintain compliance and improve your relationship with legal counsel

Integrating Post-Acute Care into Alternative Payment Models (D08) 1.5 CPEs [PT]
Kelsey Mellard, Growth, Honor Technology, Inc.; Provider TBA
This session will focus on the IMPACT Act, new bundled payment models, and leveraging non-skilled healthcare workers, including PAC trends (ACOs, bundles, readmission penalties) viewed through an acute provider lens.
Session Objectives:
• Review the increased focus on post-acute care reform, including how Congress, MedPAC, and the provider organizations are weighing in and impacting the future payment policies
• Navigate your own communities, based on organizations participating in Alternative Payment Models (APMs)
• Recognize partnership models and how to create meaningful engagements

Optimizing ICD-10 Use Post-Implementation (D10) 1.5 CPEs [RC]
This session is presented by an organization whose product or service has earned the Peer Reviewed by HFMA® designation.
Thea Campbell, MBA, RHIA, Director of Health Information, Cedars-Sinai Medical Center; Thomas Ormondroyd, MBA, Vice President and General Manager, Precyse Learning Solutions
In this session, you’ll hear how one organization identified risk and staff deficiency after the implementation of ICD-10 codes and developed customized plans to address them.
Session Objectives:
• Describe the transition from preparing for ICD-10 to optimizing use
• Explore remedial education solutions and tools that can increase productivity, mitigate risk, and optimize performance
• Review potential training plans, including coder development, career ladder enhancement, and resident education

Late-Breaking Session (D11) 1.5 CPEs [TBA]
Changes continue to occur quickly in health care. We’ve reserved this session for late-breaking information affecting your financial strategy. For updates, go to hfma.org/ani.
Healthcare Innovation Panel
Moderated by Joseph J. Fifer, FHFMA, CPA, President & CEO, HFMA.

Hear from Wei-Nchih Lee, MD, internal medicine physician and senior research scientist at HP Labs; Nina Nashif, founder and CEO of Healthbox; and Glenn D. Steele, Jr., MD, PhD, Chair of xG Health Solutions, past president and chief executive officer of Geisinger Health System as they discuss the possibilities of using hospitals and clinics as learning laboratories to commercialize innovation.

Featured Speaker Session
9:45 – 11:00 AM

Martin Arrick, Managing Director, Standard & Poor’s
Industry Trends and Credit Issues (FS7)

INNOVATION LABS
11:15 AM – 1:00 PM
Conclude your conference experience with these highly interactive sessions that will engage you with both industry experts and your peers to create “next practices” to implement at your organization.
Industry Trends and Credit Issues

(FS7) 1.5 CPEs  FA

Martin Arrick, Managing Director, Standard & Poor’s

The strategic shift from fee-for-service to value-based care appears to be leading institutions to focus less on volume and more on cost, safety and quality, outcomes, and payment. This transition means delivering the clinical outcome and patient experience that lower the overall cost of care. This session will examine the credit and ratings implications as these strategic shifts continue to evolve.

Becoming a Value-Based Care Partner: Using Data to Identify Gaps (IL1) 2.0 CPEs  FA

Michael Funk, Vice-President, Provider Development Center of Excellence, Humana; Phillip Oravetz, Medical Director, Accountable Care, Ochsner Clinic Foundation; Patrick Adams, President, Transcend Population Health Management, LLC, Thomas Van Gilder, MD, CMO and VP, Informatics and Analytics, Transcend Insights

This session will dive into the readiness, potential challenges, opportunities, and ROI of value-based care partnerships, as well as the tools needed to become successful population health managers. You’ll review the results of an HFMA executive survey on value-based payment readiness, and leave with steps needed to achieve data interoperability capabilities.

Session Objectives:

• Review data analytics, including their uses in creating an impact on your ability to achieve value-based care success
• Assess interoperability gaps, HIT systems, and office workflow/processes and staffing
• Review the need for change and identify key quality indicators

Aligning Physician Compensation with Value-Based Reimbursement (IL2) 2.0 CPEs  PT

D. Louis Glaser, JD, Partner, Katten, Muchin, Rosenman & Zavis; Craig Holm, FACHE, Director, Veralon Partners, Inc.

Creating a physician reimbursement plan in various provider environments (SNFs, rehab facilities, orthopedic groups, ACOs) requires a delicate balance of managing a risk or bundled contracting arrangement without going afoul of regulatory requirements. This session will review both constraints and challenges, and offer an opportunity to discuss and create innovative compensation methods that align with evolving payment models.

Session Objectives:

• Identify how value-based reimbursement models impact current physician compensation models
• Discuss strategies for creating compliant incentive-based or gain-sharing contracts with physicians that align with organizational goals and risk arrangements
• Explore options for managing the transition to value-based compensation
The New Paradigm of Patient Access: Maximizing Access through Clinically Integrated Care
(IL3) 2.0 CPEs [C]

Meredith Duncan, Senior Director of Operations, Seton Health Alliance; Daniel Marino, Executive Vice President, GE Healthcare Camden Group

Leading clinically integrated networks are now pursuing a series of strategies that amount to a new paradigm of patient access. This session will describe how network leaders can achieve these goals and will present five strategies for ensuring in-network access and effective patient engagement. In addition, you’ll spend time creating a plan to combine better cost management with more comprehensive care management.

Session Objectives:
• Identify the risks associated with value-based contracting that make CIN participants accountable for clinical and financial outcomes
• Determine the best options for extending patient access beyond traditional models
• Build innovative methods to engage patients

The Imperative of Clinical and Financial Collaboration to Succeed in Alternative Payment Models (IL4) 2.0 CPEs [Q]

Dennis Hartung, Director, Deloitte Consulting; George Cheely, MD, Medical Director for Care Redesign, Duke University Health System; Katina Williams, Senior Director, Duke University Health Finance & Duke University Health System Financial Decision Support

While organizations have steadily improved their ability to “do things right,” the challenge on the horizon is to “do the right things”—to tackle the internal variation in clinical practice that at best increases cost without measurably better outcomes, and at worst leads to suboptimal care.

Session Objectives:
• Explore the role that finance plays in aiding clinical change
• Review tools and processes for sustaining efforts after the initial performance improvement cycle
• Describe the importance of a care redesign program structure that outlines clear roles, responsibilities, and accountabilities

Designing a Successful Patient Collections and Experience Strategy (IL5) 2.0 CPEs [RC]

Margaret Schuler, OhioHealth; Melissa Danamehr, Director of Revenue Cycle, OhioHealth

This session will present a case study of the financial challenges associated with growing patient responsibility and increasing Medicaid volume, as well a strategic approach to planning and implementing process changes to adapt to a new world of payment for healthcare services.

Session Objectives:
• Explore the mindset shift and behavior modification required in building and implementing a successful patient collections strategy
• Examine the specific steps for maximizing face-to-face interactions to ease the process
• Outline the process of setting goals to drive desired outcomes
• Illustrate how new perspectives on Medicaid processing helps both patients and the healthcare provider

Wednesday, June 29
Innovation Labs 11:15 AM – 1:00 PM
OUT OF THE BOX
JUNE 26-29 LAS VEGAS

[WHAT YOU NEED TO KNOW]

FOUR WAYS TO REGISTER

ONLINE:
Complete online registration at hfma.org/ani

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(printable registration form available at hfma.org/ani): HFMA Registration; 5202 Presidents Court; Suite 310; Frederick, MD 21703

FAX:
(printable registration form available at hfma.org/ani): (301) 694-5124

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The Venetian and the Palazzo Hotel-Resort/Sands Expo Center
Las Vegas, Nevada
$230 Single/Double Occupancy (Note: This is an all-suite resort.)
A standard resort fee of $17 plus tax per suite, per night will be charged at the time of occupancy. HFMA rates will be honored through Thursday, June 2, 2016.

OUR IRONCLAD GUARANTEE
If you are not satisfied with the quality of the program, HFMA will gladly refund your money or provide you with a credit certificate toward a future program. Contact HFMA directly at (800) 252-4362. Please provide HFMA with your comments within two weeks of the program.

CPE INFORMATION
Total CPE hours for Career Skills Sessions, Early Riser Sessions, Featured Speaker Sessions, Breakout Sessions, Innovation Labs, and Keynote Sessions: 21.5
See individual descriptions of Preconference Workshops for CPE hours.
Prerequisites (if required) are listed for individual sessions; prework required is “none” unless indicated for the session.
The CPE Field of Study for sessions is Specialized Knowledge and Applications, unless otherwise indicated in each specific description.
Instructional Method: Group Live
Complete details on all educational offerings can be found at hfma.org/ani.

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