

Wednesday, September 20, 2017

8:00AM - 6:00PM	Vendor Set-Up
6:00PM - 8:00PM	Networking Event

Thursday, September 21, 2017

7:00AM - 5:00PM	Registration Table Open
7:00AM - 8:00AM	Breakfast with Exhibitors
8:00AM - 8:15AM	Welcome and Opening Remarks
8:15AM - 9:30AM	<p>Keynote Speaker - Chris Mack</p> <p>Mack, who was born December 30, 1969 in Cleveland, Ohio, is the 17th head coach in program history. Prior to being named Xavier's head coach on April 15, 2009, Mack spent five seasons as an assistant on Sean Miller's Xavier staff. Prior to that he was on the staff of the late Skip Prosser both at Xavier and at Wake Forest.</p> <p>Mack was selected as the 2010-11 Atlantic 10 Conference Coach of the Year. In addition, Mack was the recipient of the 2011 Skip Prosser Man of the Year award, which was established in 2008 to honor those who not only achieve success on the basketball court but who display moral integrity off of it as well. Mack, the 2009-10 <i>Basketball Times</i> Rookie Coach of the Year, was the first Xavier head coach to guide XU to the NCAA Tournament Sweet 16 in either his first or second season.</p> <p>Mack and his wife, Christi, have two daughters, Hailee (10) and Laine (11), and a son, Brayden (2). Christi has a basketball background and was a 2014 inductee into the University of Dayton Athletic Hall of Fame, the Director of Basketball Operations for XU's women's basketball team (2001-03) and more recently as the former head girls basketball coach at Cincinnati's Colerain High.</p>
9:30AM - 10:15AM	Break with Exhibitors
10:15AM - 11:45AM	<p>Breakout 1: Brian Williamson - S&P</p> <p>Brian T. Williamson is a Director for S&P Global Ratings. Brian joined S&P in Aug. 2000 as an analyst specializing in Not for Profit Healthcare credits. As a senior healthcare analyst in the Chicago office, Brian analyzes hospitals and long-term care providers throughout the Midwest and Western states.</p> <p>Prior to joining S&P, Brian was a Senior Account Executive for FINOVA Capital Corporation in the Healthcare Group. Brian has spent this entire career prior to joining S&P in the banking industry holding various commercial leading positions.</p> <p>Brian is a member of the Chicago Municipal Analysts Society and the National Federation of Municipal Analysts.</p> <p>Brian holds a Master's of Business Administration in Finance from The Ohio State University and a Bachelor's of Science in Accounting from Hampton University.</p> <p>Breakout 2: Accounting Update - Plante Moran - Speaker TBD</p> <p>Breakout 3: Risk Adjusted Contracts - Speaker TBD</p>
11:45AM - 1:30PM	Lunch with Exhibitors

1:30PM - 3:00PM

Breakout 1: Panel - Fraud Abuse - Medicaid Attorneys, Defense Attorneys - TBD

Moderator: Chris Melton - Attorney with Wyatt, Tarrant, and Combs (Confirmed)

Moderator: Jennifer Wintergerst - Attorney with Wyatt, Tarrant, and Combs (Confirmed)

Panelist: Lawrence J. Carcare II - Indiana Deputy Attorney General (Medicaid Fraud Control Unit) (Confirmed)

Panelist: Michelle Rudovich - Director of Kentucky Medicaid Fraud Unit for Attorney General (Confirmed)

Panelist: Keesha Mitchell - Ohio Medicaid Fraud Control Unit Director and Current President of National Association of Medicaid Fraud Control Unit (Confirmed)

Panelist: Christine Corndorf - Asst. US Attorney, Eastern District of Kentucky (Pending)

Panelist: Shelese Woods - Asst. US Attorney, Southern District of Indiana (Pending)

Breakout 2: Medicare Bad Debt - Shawn Gretz - Americollect & Ameriebo

In 15 short years America will have 20 million more Medicare beneficiaries than it does today. Many of these Medicare beneficiaries will be living paycheck to paycheck and have limited savings for retirement. Put these two facts together, and your hospital could be looking at more Medicare Bad Debt. In this session you will learn what Medicare Bad Debt is, the two different types, and how to prepare for the inevitable Fiscal Intermediary audits.

Shawn Gretz joined Americollect in 2003 as the 16th team member with the primary task of growing Americollect. Today, Americollect employs over 250 team members. Americollect provides early out and bad debt collection services to over 80 hospitals and 7000 physicians nationwide. Shawn has been an active volunteer with HFMA for eight years and is currently Wisconsin HFMA's Past President and Regional Executive-Elect.

Breakout 3: Answering the Tough Questions in Healthcare - Duane Fitch - Plante Moran

Population Health can mean a lot of different things. One definition is taking financial risk for the health needs of a given population. Given that the financial incentives related to taking care of a population are so different than traditional fee for service care, how has your organization positioned itself to be successful in both reimbursement environments? What have been some of your successes and what continues to be challenging?

Insurance companies have longstanding expertise in underwriting health risks but many health systems are assigned risk for unfunded patients, employees, and even enrollees in managed Medicaid programs without the benefit of underwriting. Is this an issue in your organization? If so, how do you address it?

Most large employers are self-insured for the health claims of their employees. This is probably the most involved aspect of Population Health although not the situation most commonly discussed. Even if the employee health program incorporates a third party administrator and stop loss provisions, managing the expense associated with employee health is a significant industry concern. Does your organization utilize any strategies to case manage the "5% of enrollees that represent 50% of the expense"? Is there any early identification of your enrollees with unmanaged chronic diseases that may transition into an expensive destabilization event resulting in suboptimal clinical outcomes and increased costs? Do health care organizations have a particular advantage in managing the health care needs of their own employees?

The pace of conversion to fee for value vs. fee for service is different in different settings. Do you think this pace will increase, decrease, or stay the same in the next 5 years for your organization? Do you see a day when fee for value payments will be the exclusive or predominant method or reimbursement for healthcare providers? If so, what implications does that have for your organization? Are you ready?

3:00PM - 3:30PM

Break with Exhibitors

3:30PM - 5:00PM	<p>General Session - Tyler Enslin - “Mastering Your Memory”</p> <p>This fun and highly engaging training program will have you laughing, and surprised - doing things you never thought you could do! Learn techniques, and more importantly, the applications of memory skills to enhance all you do, professionally and personally. Train your memory to recall any information you need to remember. Lead meetings and give presentations without written notes. Delivered in a high energy fashion, your Instructor will be “working the crowd” to maximize results.</p> <p>Tyler Enslin is the National Director for Direct Development Training. With over 200 speaking engagements a year for a multitude of industries, Tyler has received outstanding recognition by those in his audience. This has enabled him to work with State and National agencies across the country. From Fortune 500 companies and large organizations and associations, to hundreds of smaller groups, Tyler rarely passes on an opportunity to get his message across.</p>
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Friday, September 22, 2017

7:30AM - 12:00PM	Registration Table Open
8:00AM - 9:15AM	General Session - Supply Chain Management Case Study - St. Elizabeth
9:15AM - 9:30AM	Break
9:30AM - 10:30AM	<p>Breakout 1: A More Granular Approach to Revenue Cycle: Digging Deeper into Specialty Reimbursement Niches - Michael Ford, J.D. - Executive Vice President, Medical Reimbursements of America, Inc.</p> <p>Overview: Landmark reform, an uncertain economy, the evolution of the health-care consumer, and a record number of consolidations are causing great bottom line challenges for hospital leaders. A more granular approach to identifying additional sources of revenue is now critical for success. Tightly managing all aspects of the revenue cycle, including specialty reimbursement categories, is no longer a luxury. This presentation delves into the science of specialty reimbursement with a particular emphasis on Motor Vehicle Accidents.</p> <p>Bio: Mr. Ford has served in senior leadership roles for Franklin, TN based Medical Reimbursements of America, Inc. (MRA) for more than sixteen years. Mr. Ford currently leads product development, strategic alliances, and relationship management for the nation’s largest health systems. He is responsible for new revenue growth, working closely with MRA’s business development and account management teams. Mr. Ford is an attorney who has been recognized as a leader in the accident claims management industry since its inception, and is uniquely qualified to speak about the challenges hospitals face related to complex accident claims. His deep understanding of the relevant legal, operational, and compliance challenges facing revenue cycle leaders is in demand from audiences nationwide.</p> <p>Breakout 2: Reimbursement Update - Michael Alessandrini - Blue & Co</p> <p>Mr. Alessandrini is a Director with Blue & Co., LLC. He works with Hospitals on their Medicare and Medicaid costs reports and Medicaid DSH engagements. Along with other reimbursement projects he also works with community mental health centers, rural health clinics and residential treatment facilities.</p> <p>Michael completed his undergraduate studies at Miami University and also graduated from Butler University’s MBA program. Prior to joining Blue & Co., LLC, Michael was employed by a national accounting firm, where he performed Medicaid reimbursement audits of long-term care facilities located in the Midwest.</p> <p>Breakout 3: Co-Opetition - ECG</p>
10:30AM - 10:45AM	Break

10:45AM - 12:00PM

General Session - Panel - Hospital Association - Ohio/Kentucky/Indiana

IHA - Brian Tabor

Brian Tabor serves as president of the Indiana Hospital Association, which represents the interests of approximately 170 Indiana hospitals. The association is the chief advocate for hospitals and their patients, representing their interests with the State of Indiana, the federal government, the business community, regulatory agencies, accrediting bodies, and other stakeholders.

Prior to joining IHA in 2008 as vice president, Mr. Tabor worked in various policy roles for the Indiana General Assembly and in government relations for the Indiana Association of REALTORS®. He currently serves on several governing boards, including Covering Kids & Families of Indiana, the Indiana Health Information Exchange, the Sycamore School, and the Indiana Fiscal Policy Institute. He is also the 2016-17 president of the Governmental Affairs Society of Indiana. Mr. Tabor graduated from Purdue University with a B.A. in political science and an M.S. in agricultural economics.

KHA - Nancy C. Galvagni - Senior Vice President - Kentucky Hospital Association

Nancy C. Galvagni is Senior Vice President of the Kentucky Hospital Association (KHA), a position she has held for the last 18 years of her 37 year tenure with the Association. As Senior Vice President, she is responsible for management of KHA operations in the areas of health policy, finance, strategic planning, data and information services, membership services, communications, and quality improvement activities. She also serves as the Executive Director of the Kentucky Institute for Patient Safety and Quality, a non-profit subsidiary of the Kentucky Hospital Association, which is a federally certified Patient Safety Organization. In her capacity as KHA Senior Vice President, Ms. Galvagni is responsible for advising the KHA Board and membership on the impact of legislative, regulatory, financial, and health policy proposals and the development and advocacy of KHA's positions to state and federal legislators and government officials. of KHA advocacy positions and establishment of KHA advocacy priorities

Ms. Galvagni is a graduate of The Pennsylvania State University, is a past president of the Kentucky Society for Health Care Planning and Marketing, and is a member of the American Association of Hospital Accountants.

OHA - Shawn Stack - Director of Health Economics & Policy