Arkansas Chapter Summer 2017 Conference

Wednesday, August 16, 2017

9:30 am – 4:00 pm  Golf Outing – Glenwood Country Club (Separate sign up)

5:00 pm  HFMA New Member meet & greet – Board Room

5:30 pm  HFMA Board and Committee Chair Meeting – Board Room

6:30 pm – 7:30 pm  Networking Opportunities Sponsored by Corporate Sponsors – Mezzanine

Thursday, August 17, 2017

7:45 – 8:15 am  Registration – Mezzanine

8:15 – 8:30 am  Welcome & Announcements – Derek Pierce, HFMA President–Ballroom 1&2

Joint Session – Ballroom 1&2

8:30 – 9:45 am | Course SU1701

Legal Issues in Healthcare Reimbursement

Elizabeth Richards, Division VP Outreach Solutions, Bolder Healthcare*

CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Intermediate | Prerequisites: Some revenue cycle knowledge required

Program Content: This presentation will cover the current legal and compliance issues facing Healthcare revenue cycles.

Learning objectives: After this presentation, participants will be able to

• Understand a variety of different legal issues effecting the revenue cycle.

• Bring information back to their team and management which ensures compliance with applicable laws and regulations.

9:45 – 10:00 am  Break with Exhibitors – Mezzanine
10:00 – 11:15 am | Course SU1702
The Office of the Medicaid Inspector General – Combating Fraud, Waste, and Abuse in the Arkansas Medicaid Program
*Bart Dickinson, Chief Counsel - Office of the Medicaid Inspector General*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: The Office of the Medicaid Inspector General (OMIG) fulfills the federal requirement to ensure compliance, efficiency, and accountability within the Medicaid program by detecting and preventing fraud, waste, and abuse under 42 CFR §455 et al.

Pursuant to Ark. Code Ann. §20-77-2506, the Office of the Medicaid Inspector General shall conduct and supervise activities to prevent, detect, and investigate medical assistance program fraud and abuse.

The Presentation will provide information of the auditing and investigation functions and duties of the agency. The presentation will focus on the duties and requirements of OMIG and the initiatives and projects that have been developed and implemented in the 2017 state fiscal year as well as those OMIG will focus on moving forward in state fiscal year 2018.

Some of the specific areas that will be addressed include: OMIG’s efforts to reform the current Medicaid regulations; how OMIG has utilized a newly developed Data Analytics Team to develop algorithms and case studies to identify audit and investigation targets; and the development of the OMIG self-disclosure protocol and provider self-reporting initiatives.

Learning objectives: After this presentation, participants will be able to
- Understand the Federal and State requirements for Medicaid program integrity and fraud, waste, and abuse monitoring.
- Learn how OMIG utilizes data analytics and develops methods for effective monitoring and compliance of Medicaid spending.
- Identify how to coordinate and communicate with OMIG in the even that they are the subject of an audit or review.
- Learn about the advantages of self-disclosure and reporting of potential fraud and overpayments.

11:15 am – 12:30 pm   Lunch – Ballroom 3

12:30 – 1:45 pm | Course SU1703
Tax Issues Impacting Not-For-Profit Organizations
*Amber Sherrill, CPA, Director, BKD, LLP*
CPE Credits: 1.5 | CPE Type: Tax | Level: Basic | Prerequisites: None

Program Content: This presentation will cover emerging tax issues for Not-For-Profit organizations including changes to Form 990, activities and investments which lead to unrelated business income, and Accountable Care Organization basics.
Learning objectives: After this presentation, participants will be able to

- Identify and discuss potential challenges and changes to the 2016 Form 990.
- Identify activities and investments, which lead to unrelated business income.
- Understand about the tax implications of forming an Accountable Care Organization.

Revenue Cycle – Ballroom 1&2

12:30 – 1:45 pm | Course SU1704
PCCP Accelerated: Mastering Federal and State Appeals, Dispute and Prompt Payment Laws
Ed Norwood, President, ERN/The National Council of Reimbursement Advocacy (NCRA)*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: To help healthcare professionals distinguish themselves with mastery of federal and state prompt payment laws, ERN/The National Council of Reimbursement Advocacy has organized a comprehensive PROFESSIONAL CLAIMS COMPLIANCE ACCELERATED PROGRAM (PCCP-ACC) that takes registrants into a one (1) day mini-boot camp on cases and laws that prohibit HMOs, PPOs, MA Plans and ERISA Payors from engaging in unfair payment patterns and claim settlement practices.

Learning objectives: After this presentation, participants will be able to

- Understand statutory timeframes for payors to respond with authorization.
- Identify how to convert tracking/reference numbers to authorizations prior to billing.
- Identify how to stop unlawful denials, requests and review of medical records after patient discharge.
- Learn how to challenge disagreements of level of care.
- Create denial trends by jurisdiction and fight smarter with plans.
- Write powerful appeals to challenge non-emergent, denied days, medical necessity, unauthorized care and MORE!

1:45 – 2:00 pm Break with Exhibitors – Mezzanine

Financial – Meeting Room 2&3

2:00 – 3:15 pm | Course SU1705
Cost Report 101
Stefanie Jaeger, CPA, FHFMA, Senior Reimbursement Specialist, Baptist Health*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: This presentation will cover the major sections of the cost report and describe how the sections work together to calculate settlement for Medicare and Medicaid. Explanations about how the revenue cycle can impact the cost report and how cost report data is used to set payment rates will also be presented. Prior cost report audit experiences will also be discussed.

Learning objectives: After this presentation, participants will be able to

- Identify the major sections of the cost report.
- Understand how the sections work together to calculate Medicare & Medicaid settlement.
- Understand how the cost report is used to set payment rates.
- Understand how the revenue cycle can impact the cost report.
Revenue Cycle – Ballroom 1&2

2:00 – 3:15 pm | Course SU1704

PCCP Accelerated: Mastering Federal and State Appeals, Dispute and Prompt Payment Laws – CONTINUED

Ed Norwood, President, ERN/The National Council of Reimbursement Advocacy (NCRA)*

CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: To help healthcare professionals distinguish themselves with mastery of federal and state prompt payment laws, ERN/The National Council of Reimbursement Advocacy has organized a comprehensive PROFESSIONAL CLAIMS COMPLIANCE ACCELERATED PROGRAM (PCCP-ACC) that takes registrants into a one (1) day mini-boot camp on cases and laws that prohibit HMOs, PPOs, MA Plans and ERISA Payors from engaging in unfair payment patterns and claim settlement practices.

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- Identify how to convert tracking/reference numbers to authorizations prior to billing.
- Identify how to stop unlawful denials, requests and review of medical records after patient discharge.
- Learn how to challenge disagreements of level of care.
- Create denial trends by jurisdiction and fight smarter with plans.
- Write powerful appeals to challenge non-emergent, denied days, medical necessity, unauthorized care and MORE!

3:15 – 3:30 pm Break with Exhibitors – Mezzanine

Financial – Meeting Room 2&3

3:30 – 4:45 pm | Course SU1706

Fiduciary Basics

Cody Mendenhall, Executive Director, Investment and Participant Services, Pension Consultants, Inc.*

CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: After this presentation, participants should have a more in-depth understanding about fiduciary basics.

Learning objectives: After this presentation, participants will be able to

- Understand the basics of being a fiduciary: origin, definitions, and background.
- Understand about Fiduciary ERISA Standards and the nature of decision-making
- Identify reasons why practice losses may exist.
- Identify consequences of breach and how to deal with those.
- Gain knowledge in how to structure a committee and perform oversight functions
3:30 – 4:45 pm | Course SU1704
PCCP Accelerated: Mastering Federal and State Appeals, Dispute and Prompt Payment Laws ~CONTINUED

Ed Norwood, President, ERN/The National Council of Reimbursement Advocacy (NCRA)*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: To help healthcare professionals distinguish themselves with mastery of federal and state prompt payment laws, ERN/The National Council of Reimbursement Advocacy has organized a comprehensive PROFESSIONAL CLAIMS COMPLIANCE ACCELERATED PROGRAM (PCCP-ACC) that takes registrants into a one (1) day mini-boot camp on cases and laws that prohibit HMOs, PPOs, MA Plans and ERISA Payors from engaging in unfair payment patterns and claim settlement practices.

Learning objectives: After this presentation, participants will be able to
• Understand statutory timeframes for payors to respond with authorization.
• Identify how to convert tracking/reference numbers to authorizations prior to billing.
• Identify how to stop unlawful denials, requests and review of medical records after patient discharge.
• Learn how to challenge disagreements of level of care.
• Create denial trends by jurisdiction and fight smarter with plans.
• Write powerful appeals to challenge non-emergent, denied days, medical necessity, unauthorized care and MORE!

5:00 – 6:30 pm Networkin g Opportunities Sponsored by Corporate Sponsors – Ballroom 3

Friday, August 18, 2017

8:00-8:30 am Registration – Mezzanine

Joint Session – Ballroom 1&2

8:30 – 9:45 am | Course SU1707
Best Practices for Workers’ Compensation and Motor Vehicle Accident Billing
Patrick McDonough, Vice President, National Business Development, The CCS Companies*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: Workers Compensation and Motor Vehicle claims typically make up roughly 2% of a provider’s Accounts Receivable, yet they are frequently very difficult to get paid. This presentation will explore the regulations involved with Workers’ Compensation and Motor Vehicle claims, discuss why these claims are so complicated, and provide tips for maximizing financial performance for all facilities.
Learning objectives: After this presentation, participants will be able to

- Understand the regulations regarding reimbursement for Workers’ Compensation and Motor Vehicle Accident-related injury treatment.
- Learn methods of evaluating current financial performance in these areas.
- Identify most common areas for improvement.
- Gain tips for hiring effective billers or identifying appropriate vendors.

9:45 – 10:00 am  Break

Joint Session – Ballroom 1&2

10:00 am – 11:15 am | Course SU1708
Improving the Financial Performance of Employed Physician Networks – Reign in the Losses!
Rudd Kierstead, MBA, MPP, Principal, Veralon*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge & Application | Level: Basic | Prerequisites: None

Program Content: After employing more and more physicians, hospitals and health systems are confronted with intolerable financial subsidies. CEO’s and leadership teams generally expect that subsidies are required to operate their physician networks and achieve the intended strategic benefits. However, with more and more physicians many hospitals and systems find that the level of subsidies is significantly higher than expected. Both large and small networks are commonly incurring losses of multiple millions. As networks move beyond compiling physician deals, it is now time to systematically review performance. In this session, we will explore why and ten ways to address the exorbitant subsidies.

Learning objectives: After this presentation, participants will be able to

- Understand the required diagnostics to prioritize reasons for excessive subsidies.
- Prioritize the most beneficial initiatives to address the losses.
- Take home the tools/exercises to analyze and address the losses at your organization.

*About the Speakers:

Elizabeth Richards is Division Vice President Outreach Solutions for Bolder Healthcare. She is an Attorney who specializes in third party healthcare reimbursement. Her current responsibilities include leading the denials, worker’s compensation, and eligibility divisions of Bolder Healthcare. She holds a Bachelor of Business Administration in Finance and a Juris Doctor, both from the University of Georgia. Prior to joining Bolder, she spent the first ten years of her career at Clinton A. Harkins, P.C. where she managed the law firm and the third party liability department. Her expertise includes hospital liens, workers compensation, insurance appeals, Medicaid and other complex reimbursement matters. Mrs. Richards is an active member of the Georgia Bar, Georgia Academy of Healthcare Attorneys, and Georgia Chapter of HFMA. As a member of Georgia HFMA, she has been a member of the board of directors, legal counsel to the chapter, and co-chair of the Region Five event. Additionally, she chaired and founded woman in healthcare initiative in the state. In 2014, she was selected and served on the National HFMA task force for Early Careerist. She also holds the HFMA Fellow designation. She frequently presents to groups all over the Country on third party reimbursement and revenue cycle compliance issues. When not working, Mrs. Richards enjoys spending time with her two sons, Hudson and Grayson, and cheering on the Georgia Bulldogs!
Bart Dickinson, Chief Counsel, Office of the Medicaid Inspector General is instrumental in the development of the state agency, drafting and implementing agency policies and procedures; day-to-day management and oversight of the staff and the focus and direction of the agency, negotiating settlements and litigation of appeals and Medicaid provider suspensions, responsible for personnel and employee issues, budget compliance, and federal and state reporting requirements; coordinating and developing protocols for vendors and agency contracts and communicating with state and federal agencies, as well as medical and health providers, associations, and boards. Prior to his work at the OMIG, he was Assistant Attorney General where he assisted in the creation and development of the AG Cybercrimes Unit and supervised investigations and served as a special prosecutor for the Cybercrimes unit. His state prosecutor experience consists of Assistant District Attorney in Shelby County Tennessee; Deputy Prosecutor in Pulaski County; and Chief Deputy Prosecutor in Lonoke County. He worked in private practice and also served as an Assistant Attorney General assigned to Antitrust and Consumer Protection cases.

Amber Sherrill has more than eleven years of experience providing tax compliance and consulting services to clients in the health care and not-for-profit industries. She provides guidance and research to assist exempt organizations in their compliance with the constantly changing exemption requirements and reporting. Her technical knowledge includes not-for-profit, benefit plan, corporate, partnership and individual tax planning, federal and multistate income tax compliance, and tax exempt bond arbitrage compliance. She is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants, and Healthcare Financial Management Association. Amber is a 2004 graduate of the University of Central Arkansas, with a B.B.A. degree in accounting and MIS, and in 2005 received an M.Acc. Degree in accounting.

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

Stefanie Jaeger is the Senior Reimbursement Specialist for Baptist Health and works on cost report preparation, analysis of new and existing Medicare regulations and appeal and settlement issues for hospitals, hospices, home health agencies and rural health clinics. She has worked on issues related to wage indexes, Medicare bad debts, interns and residents, organ transplants and disproportionate share adjustment. She has 14 years of experience in health care. Stefanie is a member of the American Institute of CPAs and Healthcare Financial Management Association. She is a graduate of Arkansas Tech University in Russellville, Arkansas with B.S.B.A. degrees in accounting and economics.

Cody Mendenhall is a member of Pension Consultants’ Executive Team, responsible for investment performance, participant retirement readiness, and individual retirement planning. Cody also serves on Pension Consultants’ Investment Committee, which oversees nearly $3.1B in AUM/AUA. He is a regular webinar presenter on a wide range of financial topics. He has been quoted in a variety of industry press publications and interviewed by several news outlets. Cody has spoken at numerous regional and national conferences including PLANSPONSOR’s and PLANADVISER’s national conferences.

Patrick McDonough has worked in the healthcare industry, focusing on Workers’ Compensation and Motor Vehicle billing, since 2003. He has spoken to multiple chapters of HFMA and AAHAM about understanding the regulations and optimizing the Workers’ Compensation and Motor Vehicle billing process for each individual provider. He is the past Revenue Cycle Committee Chair for the Massachusetts-Rhode Island Chapter of HFMA, is currently on the Board of Directors for the Vermont-New Hampshire Chapter of AAHAM, and is currently President of the Massachusetts Association of Patient Account Management.
Rudd Kierstead brings 25 years of experience in a range of provider settings to his work on physician initiatives. He has focused on enterprise performance improvement, medical staff planning, financial analysis, physician alignment, compensation planning, acquisition and employment analysis, and FMV projects. Rudd has worked in academic medical centers and done extensive consulting with health system and community hospital clients. Rudd’s experience includes compensation evaluation and design; valuation of entities and services; specification and valuation of unique arrangements with physicians; physician enterprise formation and evaluation; design and management of partnering ventures; balancing academic missions and cross-subsidy opportunities. He has worked extensively with physician leadership in New York medical centers, managing physician networks, practices, and departments in several academic medical centers and in different specialties. Before joining Veralon, Rudd was a Director in the Weill Cornell Physician Network, where he recruited physicians; negotiated compensation and transition arrangements with prospective physicians; onboarded physicians; and coordinated business planning, space arrangements, and credentialing. He holds an MBA from the University of Michigan, an MPP from the Gerald R. Ford School of Public Policy, and a BA from Wesleyan University.
HOTEL RESERVATIONS

Please make your own reservations with The Hotel Hot Springs in Hot Springs (1-877-623-6697). A block of rooms has been reserved, so please mention that you are with Healthcare Financial Management Association and use code HFMA17 to receive the rate of $119 for a single & $129 for double room. The Hotel Hot Springs will accept reservations until July 15, 2017. After this date reservations will be taken on a space & rate available basis. Please make your reservations as soon as possible.

EDUCATIONAL CREDITS

Arkansas Chapter HFMA is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.

Arkansas Chapter HFMA is registered with the Texas State Board of Public Accountancy as a CPE sponsor. This registration does not constitute an endorsement by the Board as to the quality of our CPE program. (Sponsor number 009840)

Prerequisites and advance preparation are not required unless otherwise indicated.
Depending on the track the participant attends, a maximum of 10.5 CPE credits is available.
All courses are instruction method GROUP LIVE.
All sessions will incorporate an element of participant engagement, and there will be time for questions after each session.

CPE Type is classified based on NASBA definitions. For the 20 credits (50%) rule by the AR State Board of Public Accountancy, the following CPE types qualify: Accounting, Accounting (Governmental), Auditing, Auditing (Governmental), Regulatory Ethics, Behavioral Ethics & Taxes. Chapter leadership is aware of these changes and committed to helping our CPA members meet the requirement each year by providing as many hours as possible in the specific categories listed above at each of our meetings, including annual Tri-State meeting and December CPA Focused meeting.

CPE SIGN-IN AND CERTIFICATES

To receive CPE credits, you must sign in for each individual session you attend. Sign-in registers are provided for those individuals who sign and check that they need a CPE certificate. Sign-in registers will be located in each session room. If your name is not printed on the register, be sure to print your name legibly on the one of the blank lines at the end and sign next to your name. CPE Certificates will be emailed to each participant following the meeting. Keep a copy of this program along with your certificate for your records.

SPEAKER PRESENTATION HANOUTS

Handouts will be made available electronically 3 days prior to the meeting. All attendees will receive an email notifying them that the handouts are available on the Arkansas HFMA website at arkansashfma.org so you can bring to the meeting if you choose.

REGISTRATION DISCOUNTS

Multiple registrations from the same organization are eligible for a discount. The 1st and 2nd entire meeting registrants pay full price, then the 3rd and 4th registrants pay 50% of the registration fee and the 5th and any additional registrants pay 25% of the registration fee. Multiple registrants are encouraged to register at the same time to ensure they receive the discounts. Multiple registrations discounts do not apply to sponsor comps or one day registrations.

Any Past President of the Arkansas Chapter will be a discounted registration fee of $75. This is being done both as a thank you for your tremendous efforts in past service to the Chapter and to encourage your continued attendance to meetings. If you are registering as part of a multi-attendee entity the discount will be applied to the last person registered.

PARKING/SHUTTLE FOR THIS EVENT

The Hotel Hot Springs offers valet parking for overnight guests. There is self-parking available also.

BUSINESS CASUAL DRESS IS APPROPRIATE FOR THE MEETINGS & EVENTS.
2017-2018 CORPORATE SPONSORSHIP PROGRAM
The Corporate Sponsorship Program is designed to enhance the quality of the Chapter programs, newsletters, and other activities. Organizations can strengthen the Chapter by becoming a Corporate Sponsor.

Diamond Sponsors
BKD, LLP
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MSCB, Inc.
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Welch, Couch & Company, PA

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Mid-South Adjustment
Professional Consulting Services, Inc.
Professional Credit Management, Inc.

Silver Sponsors
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Bolder Healthcare Solutions
D-MED Corporation
Experian Health
RMC of America

Bronze Sponsors
First Collection Services
Midwest Health Care, Inc.
SVMIC
The SSI Group, LLC
Unified Health Services
Xtend Healthcare, A Navient Company
ARKANSAS CHAPTER HFMA SUMMER 2017 CONFERENCE REGISTRATION

PLEASE REGISTER ON-LINE (Credit Card, Mail Check & Sponsor COMP options)
Go to: www.arkansashfma.org then click on Education & Events then Calendar of Events
OR go to:
http://events.constantcontact.com/register/event?llr=fruupihab&oeidk=a07ee8nuke14293cdfa

*Registration Fee: $250  HFMA Member (before 8/11)*
$125  ARHFMA Member & ARHFMA Sponsor (before 8/11)*
$75  Past ARHFMA President (before 8/11)*

*All Registrations after the Friday before the meeting will be an additional $25 late registration fee when you register at the door.

Thursday or Friday only registration is available. Call Tami Hill at 501-316-1229 for pricing for members and nonmembers. Checks and Credit Card are the only forms of payment accepted.

*If taking advantage of discounts referenced in brochure, please follow these instructions below:

Multiple Registrations from Same Organization:

1st & 2nd entire meeting attendee – full price
3rd & 4th entire meeting attendee – 50% off
5th & over entire meeting attendee – 75% off

Submit AR HFMA spreadsheet template with attendee information to arhfma@sbcglobal.net.
Submit a check or credit card information below for the total amount of all attendees. Contact Tami Hill to obtain the spreadsheet at arhfma@sbcglobal.net or 501-316-1229.

MAIL check payable to: HFMA Arkansas Chapter
Attn: Tami J. Hill, Registrar
419 Natural Resources Drive
Little Rock, AR 72205

OR

Please charge my credit card for discounted registrations only: (email to arhfma@sbcglobal.net)

Name on Card______________________ Card #______________________
Exp Date____________ CVV Code______________ Zip Code of Card______________
Card Type__________Signature______________________________
Email address for CC receipt______________________________________

REFUNDS AND CANCELLATIONS

If cancellations are received after August 11, 2017, only 50% of the registration fee is refundable. Registrants who do not cancel or cancel day of or after the meeting has started (Wednesday) or fail to attend must pay the entire fee. Substitutions, however, are permitted. Registration forms and cancellations must be emailed. Phone and voicemail are not valid forms of communication. For more information regarding administrative policies such as complaint and refund, please contact Tami Hill at 501-316-1229 or arhfma@sbcglobal.net.