

:HFMA REGION ONE : 2011 ANNUAL CONFERENCE:

MISSION CRITICAL:

THE COUNTDOWN TO HEALTHCARE REFORM

PRE-CONFERENCE GOLF
TOURNAMENT

MAY 23, 2011

CONFERENCE

MAY 24-25, 2011


Mohegan Sun
UNCASVILLE, CT



hfma region 1



Presented By HFMA Region 1:
Connecticut, Maine, Massachusetts-Rhode
Island and New Hampshire-Vermont
Chapters



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AGENDA AT A GLANCE

Monday, May 23, 2011

11:30 am Golf Tournament at Fox Hopyard Golf Course

6:00 pm Golf Awards Reception (At Fox Hopyard Golf Course)

6:00 – 8:00 pm Conference Registration (At Mohegan Sun)

Tuesday, May 24, 2011

7:00 am Conference Registration

7:00 – 8:00 am Continental Breakfast & Exhibit Hall

8:00 – 10:00 am Opening Remarks & Keynote Speaker (Sponsored by TriNet Healthcare and TD Bank)

10:00 – 10:30 am Break & Exhibit Hall

10:30 – 12:00 pm Concurrent Sessions

12:00 – 1:00 pm Lunch (Sponsored by PNC Healthcare) & Exhibit Hall

1:00 – 2:30 pm Concurrent Sessions

2:30 – 3:00 pm Break & Exhibit Hall

3:00 – 4:30 pm Concurrent Sessions

4:30 – 6:30 pm Networking Reception (Sponsored by Berry Dunn McNeil & Parker) & Exhibit Hall

6:30 – 8:30 pm Past Presidents Dinner (Sponsored by Phillips DiPisa) Invitation Only

Wednesday, May 25, 2011

7:00 – 8:00 am Hot Buffet Breakfast (Sponsored by Bank of America Merrill Lynch) & Exhibit Hall

8:00 – 9:00 am Capstone Speaker

9:00 – 9:30 am Break & Exhibit Hall

9:30 – 11:00 am Concurrent Sessions

11:00 – 11:30 am Break & Exhibit Hall

11:30 – 1:00 pm Concurrent Sessions

1:00 pm Conference Conclusion

Box Lunch Available to take with you. (Sponsored by Gragil)

TRACK DESCRIPTIONS

May 24th, 8:00 - 10:00 a m

(T1) Opening Remarks: Reform and Beyond: Driving Toward the Value Frontier



Dick Clarke, DHA, HFMA, President and Chief Executive Officer, HFMA

The current model of healthcare payment and delivery is unsustainable. Market forces coupled with the new reform legislation have accelerated the shift toward value-based health care. Providers who can create value will be best positioned to succeed in this new era of health care. Dr. Clarke will share early insights from HFMA's Value Project, identify processes and competencies needed to become a value provider, and discuss strategies to increase value in a reform environment.

Keynote Address: Better Health, Better Care, Lower Cost - We can ONLY achieve all three



Peter M. Senge, Ph.D.

Continued efforts to approach health and health care in fragmented ways will continue to fail in facing the growing crisis confronted by all advanced countries. No society is likely to be able to afford the modern, high technology western health care system for aging populations that are increasingly unhealthy. We will confront repeated crises of quality and cost on our way to a health care system that will become increasingly elitist and unaffordable for larger segments of our population.

We must learn to see the system as a whole, which starts with seeing that the highest leverage changes are those that help people stay healthy and develop ways of living that cultivate our innate abilities to restore well-being. Shifting the burden to disease treatment rather than health development is the source of runaway costs and increasingly inaccessible care. This is exacerbated by the growing financial power and influence of drug and medical equipment companies. Quality and cost effective disease treatment is a critical feature of a sustainable health care system, but it must be seen as secondary in importance to cultivating health and well being.

Redefining the system to include health and well being opens new, high leverage strategies for finding our way out of the seemingly intractable dilemmas we face: but they are community-based and combine the traditionally separate domains of public education, public health, food quality, workplace well being and medicine. How to pursue such community-based strategies is the focus of a new series of initiatives that Dr. Senge will talk about.

May 24th, 10:30 - 12:00 p m

(T2A) Dissecting Healthcare Reform: Practical Steps to Best Position Your Organization for Success

Healthcare Reform has gone from theory to reality and healthcare providers need to act to take advantage of new revenue streams and to avoid potential payment reductions. This session will focus on practical steps providers should be taking around four key themes identified by PWC's Health Research Institute.

You Will Learn:

- How you measure up? The focus is on the myriad of new quality and outcome measures that will impact the revenue cycle
- How you think outside of the organization? The focus is on the new mechanisms and incentives created for organizations to work cooperatively across the patient care continuum
- How you survive and thrive on governmental reimbursement? Here the focus is on the need to understand and control cost and maximize the capture of revenue
- How you ensure you are doing the right thing? This will focus on the compliance and monitoring aspects of the Healthcare Reform bill that will impact the revenue cycle.

Speaker:

Brad Bowman, Director, PricewaterhouseCoopers LLP

(T2B) The Impact of Federal Legislation on Information Technology Strategy: An Update

Federal legislation established meaningful use incentives for electronic health record adoption. The Affordable Care Act extended the Federal government's influence on electronic health records and provider information technology (IT) strategies. This presentation will discuss the current status of the Federal government strategy and review ramifications for provider information technology plans.

You Will Learn:

- To understand the core elements of Federal legislation that impact provider IT strategies
- To identify the status of the industry's response to the legislation
- To understand provider IT strategies and plans needed to respond to the legislation.

Speaker:

John Glaser, Chief Executive Officer, Health Services, Siemens

(T2C) Current Strategies in Medical Office Building (MOB) Ownership/Development

Both hospitals and physicians are faced with impending payment cuts and cost pressures while maintaining quality and continuing key investments in plant and equipment. For hospitals that currently own or anticipate building a medical office building (MOB) or physicians seeking ownership in an MOB, it is helpful to review the MOB

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market – both ownership and development – and potential structures for these transactions. This session will focus on the models in place for these projects and the associated challenges for the parties involved.

You Will Learn:

- The effective team needed for MOB ownership/development
- What others are doing to structure MOB deals
- Key focus areas to evaluate in your MOB property.

Speakers:

Eric W. Fischer, Senior Vice President and Principal, Trammell Crow Company
Jonathan L. Winer, Executive Vice President, Seavest Inc.
Betty Davis, Partner, On Call Advisory Services, Ernst & Young, LLP

(T2D) What's New with RAC 2: Updates, Audit Findings and Better Practice Ideas to Reduce Vulnerabilities

This dynamic class will address the 'hot off the press' RAC updates along with operational ideas for defense readiness in addition to better practice ideas to reduce vulnerabilities. Audit results will include process change recommendations to enhance ownership of the clinical team while understanding the charge capture risk to all staff.

You Will Learn:

- How to implement new RAC issues into the culture of compliance with a focus on process changes for identified vulnerabilities
- How to identify at risk patterns and immediately make changes to revise practices and involve the stake holders in the cultural change
- How to implement educational ideas with the charge capture staff and clinical team.

Speaker:

Day Egusquiza, President, A/R Systems

May 24th, 1:00 - 2:30 pm

(T3A) Patient Access Transformation

At a time when cost reduction and effective processes are key, Dartmouth-Hitchcock and Accretive Health have partnered to leverage experience and maximize technology in the revenue cycle to improve financial outcomes. This session will focus on how a successful partnership between Dartmouth-Hitchcock and Accretive Health, a management services organization, has produced innovative changes in front end processes and self pay management delivering excellent outcomes for the organization and its patients.

You Will Learn:

- About the success of an innovative partnership driving results
- How Front End processes have evolved since the partnership
- How change was embraced to create an excellent forward thinking team not afraid to try new things
- The key financial drivers in Patient Access.

Speakers:

Robert Dewar, Vice President of Client Services, Accretive Health
Sarah J. Morrison, Director of Patient Access, Dartmouth-Hitchcock

(T3B) ACO Development Forum

This session will examine the expectations of purchasers as they seek to buy high value health care and the requirements of physician organizations and hospitals to radically re-form themselves to create the kinds of organizations that can respond successfully to public and private sector payment reforms. Leaders of multi-stakeholder ACO pilots who are facilitating the system redesign and payment reforms to support them will share their experience and early lessons from implementation. Understanding the purchaser, consumer and plan perspectives to define the success factors and challenges ahead will be critical for the development of Accountable Care Organizations (ACOs).

You Will Learn:

- Essential expectations for quality improvement and cost reduction for ACOs and how purchasers may hold providers accountable
- The current experiences and lessons of implementation from pilot conveners in Maine and New Hampshire where multistakeholder ACO pilots are underway today
- The challenges of implementation and administration of new payment systems and an example from Massachusetts of what is working
- The legal developments applicable to ACOs.

Speakers:

April Greene, Director of Payment Reform, Blue Cross and Blue Shield of Massachusetts
Paul Knag, Partner, Murtha Cullina LLP
Elizabeth Mitchell, Chief Executive Officer, Maine Health Management Coalition/Foundation
Heather Staples, Consultant, New Hampshire Institute for Health Policy

(T3D) Utilizing Your Charge Master to Identify Revenue Opportunities

Ensure your Charge Master is accurately and consistently maintained. What can you do to get buy-in and commitment from clinical areas? What is billable and what impacts the charge master? How do you determine a strategy for ongoing education and audit of the charge master? Who owns the process and who is accountable?

You Will Learn:

- How to ensure that all revenue is being captured during Charge Master "self audits"
 - How to perform a successful charge master update – working with departments to ensure that all "bases" are covered
- How to look at steps you can take to ensure charge master accuracy during mini charge master reviews.

Speakers:

Penny Brennan, CMPAM, Director, Consulting Division, Medical Bureau/ROI

May 24th, 3:00 - 4:30 p m

(T4A) Using Shared Organizational Objectives to Drive Efficiency in Your Revenue Cycle

In the current times of doing more with less, all of us are dealing with budgets and resources becoming increasingly stretched. For every single task accomplished, there are two new tasks jumping into the queue, many with competing timelines for completion. Through this best practice case study, you will gain a better understanding of how to achieve optimal efficiency in your revenue cycle.

You Will Learn:

- To instill greater accountability from registration & clinical areas
- To cultivate a well-supported revenue cycle team
- To incorporate revenue cycle Initiatives in performance evaluations
- To gain leadership support
- To establish key performance indicators that drive improvement.

Speakers:

Mary Brannigan-Lowe, Vice President, Revenue Cycle Management, Danbury Hospital

Diana Tremont, Manager of Patient Financial Services, Danbury Hospital

(T4B) Strategic Financial Planning/Capital Needs in the Next Five Years

The economics of healthcare are changing as a new value-based business model, accelerated by healthcare reform, is emerging to replace the volume-based model that has been in place for many decades. Hospitals and health systems are responding rapidly to gain the new competencies required for success in a changing environment.

This session addresses why regular assessment of strategic financial and capital positions to reflect environmental shifts and market realities is critical. Hospital executives will learn how robust planning and modeling can be used to develop viable multiyear strategic financial plans that align initiatives with the new business requirements.

You Will Learn:

- How to revisit the organization's long-range financial plan in the wake of major payment and delivery model changes
- How to understand the financial and capital capacity implications of the new business model
- How to estimate capital requirements and analyze current capital position
- How to use risk/sensitivity analysis to identify the impact of possible changes to planning assumptions for volume, payment, payer risk, capacity, capital and operating requirements, capital costs, or other variables.

Speaker:

Jason H. Sussman, Managing Director, Kaufman, Hall & Associates

(T4C) Is Meaningful Use Meaningful- And How to Make It So

This session will examine the "do's" and "don'ts" surrounding electronic health records (EHR) and Meaningful Use and the implications of each to your organization. The discussion will address how each decision will affect your business strategy, whether you should try to meet Meaningful Use, and if so by when. The session will also address how to determine whether there is an actual return on investment associated with Meaningful Use, and the potential impact productivity losses from EHR could have. Finally, a perspective on how other pressing business/HIT issues like EHR, ACO, and ICD-10 will influence Meaningful Use.

- The internal and external influences involved in planning a health information systems strategy
- What to consider when deciding to meet the provisions of Meaningful Use
- When is the right time to achieve full Meaningful Use implementation?

Speakers:

Paul Roemer, Associate Partner, Consulting & Advisory Services, Santa Rosa Consulting

(T4D) Reimbursement Issues and Appeal Strategies

This session will discuss several hot topics in Medicare hospital reimbursement as well as strategies for handling appeals at the Provider Reimbursement Review Board, including possibly mediation, rather than litigation, issues.

You Will Learn:

- The status of national issues, including DSH (SSI, M+C, dual-eligibles, charity care/SAGA days) and bad debts, and strategies for pursuing
- The differences in reopenings, appeals, and mediation
- The IME/GME issues and regulatory changes.

Speakers:

Edward Kalman, Partner, Behar & Kalman, LLP

Gary Rosenberg, Partner, Behar & Kalman, LLP

May 25th, 8:00 - 9:00 a m

(W1) Implications of Health Reform and Lessons Learned From Innovations Within An Integrated Healthcare Delivery System



Kevin Brennan, CPA, FHFMA, Executive Vice President and Chief Financial Officer of Geisinger Health System, and Treasurer of Geisinger Foundation

The passage of the Patient Protection and Affordable Care Act (known as Health Care Reform) set into motion numerous changes that will take into effect between now and 2014. Complicating this are the ongoing challenges against reform that

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SCHEDULE

Presented by HFMA Region 1: Connecticut, Maine, Massachusetts-Rhode Island and New Hampshire-Vermont Chapters

May 23
11:30 am

**Pre-Conference Golf Tournament – Hosted by the Connecticut Chapter – Fox Hopyard Golf Course, East Haddam, Connecticut
Followed by Golf Awards Reception**

May 24
8:00-10:00 am

(T1) Opening Remarks: Reform and Beyond: Driving Toward the Value Frontier Dick Clarke, DHA, FHFMA, HFMA
Keynote Address: Better Health, Better Care, Lower Cost – We can ONLY achieve all three Peter M. Senge, Ph.D.

Revenue Management Track

Senior Executive Track

Reforming the Relationships Between Hospital and Physician Track

Payment/ Reimbursement/ Regulation Track

May 24
10:30-12:00 pm

(T2A) Dissecting Healthcare Reform: Practical steps to best position your organization for success
Brad Bowman, PricewaterhouseCoopers LLP

(T2B) The Impact of Federal Legislation on Information Technology Strategy: An Update
John Glaser, Siemens

(T2C) Current Strategies in Medical Office Building (MOB) Ownership/Development
Eric Fischer, Trammell Crow Company
Jonathan Winer, Seavest Inc.
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Paul Knag, Murtha Cullina LLP
Elizabeth Mitchell, Maine Health Management Coalition/Foundation
Heather Staples, New Hampshire Institute for Health Policy

(T3D) Utilizing Your Charge Master to Identify Revenue Opportunities
Penny Brennan, CMPAM, Medical Bureau/ROI

May 24
3:00-4:30 pm

(T4A) Using Shared Organizational Objectives to Drive Efficiency in Your Revenue Cycle
Mary Brannigan-Lowe, Danbury Hospital
Diana Tremont, Danbury Hospital

(T4B) Strategic Financial Planning/Capital Needs in the Next Five Years
Jason H. Sussman, Kaufman, Hall & Associates, Inc.

(T4C) Is Meaningful Use Meaningful- And How to Make It So
Paul Roemer, Santa Rosa Consulting

(T4D) Reimbursement Issues and Appeal Strategies
Edward Kalman, Behar & Kalman, LLP
Gary Rosenberg, Behar & Kalman, LLP

May 24
4:30-6:30 pm

Networking Reception Sponsored by Berry Dunn McNeil & Parker

May 24
6:30-8:30 pm

Past Presidents Dinner (Invitation Only) Sponsored by Phillips DiPisa

May 25
8:00-9:00 am

(W1) Implications of Health Reform and Lessons Learned From Innovations Within An Integrated Healthcare Delivery System
Kevin Brennan, CPA, FHFMA, Geisinger Health System

May 25
9:30-11:00 am

(W2A) Migrating to ICD-10: The Road Ahead
Craig Kappel, Ernst & Young LLP
Karen Rutkowski, CIGNA Corporation

(W2B) Lean Management Performance
Jennifer Schneider CPA, Saint Francis Hospital and Medical Center

(W2C) Physician Integration: Aligning Interests, Coordinating Quality and Lowering Costs
Kevin Brennan, CPA, FHFMA, Geisinger Health System

(W2D) Reimbursement and Financial Considerations of Health Care Reform
Eddie C. Marmouget, CPA, BKD LLP
Joseph M. Watt, CPA, BKD, LLP

May 25
11:30-1:00 pm

(W3A) Evidenced-Based Revenue Cycle Improvement
Suzanne K. Lestina, CHFP, CPC, HFMA

(W3B) Competing in the Outpatient Arena Revisited
Jeremy Bass, Public Financial Management, Inc.
Jeffrey Dykens, Cape Cod Healthcare
Anne Ogilby, Ropes & Gray, LLP

(W3C) We're Not Paper Anymore
Erika Gaudreau, PricewaterhouseCoopers

(W3D) Strategic Managed Care Pricing, Contracting and the Impact of Healthcare Reform on Both
Christopher J. Kalkhof, MHA, FACHE, Alvarez & Marsal Healthcare Industry Group

May 25
1:00 pm

Box Lunch Available to take with you (Sponsored by Gragil)



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include questions of its constitutionality, and legislative forces seeking its repeal. All of this will require strategies to be adopted to favorably position your organization during these challenging times. Mr. Brennan will offer his insight on the tools needed to successfully navigate the upcoming turbulence.

May 25th, 9:30 - 11:00 a m

(W2A) Migrating to ICD-10: The Road Ahead

The conversion to ICD-10 coding represents the biggest overhaul of the ICD coding system in over a decade. This session will address the current state of ICD-10 readiness within the payer and provider industry. Discussion areas include an assessment of the overall major tasks that need to occur between now and October 1, 2013 to support a successful transformation. Also addressed will be the different approaches and strategies that organizations are taking to address the challenges of ICD-10 transformation.

You Will Learn:

- How to organize an effective ICD-10 initiative
- Who should oversee this initiative
- What are the major work steps involved
- What are the issues and challenges
- Why it is important to start now.

Speakers:

Craig Kappel, Partner, Ernst & Young LLP
Karen Rutkowski, Business Project Director, CIGNA Corporation

(W2B) Lean Management Performance

The needs of the patient population and community as a whole, as well as challenges placed on hospitals related to Healthcare Reform, are requiring hospitals to look at how they are going to deliver healthcare in the future. This session will provide an overview of how Saint Francis Hospital and Medical Center in Hartford, CT has integrated Lean principles and continuous improvement into its daily operation as well as at the strategic level to support the perfect patient experience and improve efficiencies within the system. The session will give insight on the resources and effort required to implement Lean in your organization.

You Will Learn:

- How the infrastructure Saint Francis has created ensures success of this transformation including managing organizational change and sustaining gains
- How Lean principles have been successfully applied at Saint Francis to identify and eliminate waste and non-value added activities in daily operations
- How leadership is using A3 Thinking to prioritize and align local improvement activities with strategic goals and objectives.

Speaker:

Jennifer Schneider CPA, Vice President, Continuous Improvement and Compliance, Saint Francis Hospital and Medical Center

(W2C) Physician Integration: Aligning Interests, Coordinating Quality and Lowering Costs

One essential component of Healthcare Reform readiness is an effective physician development strategy. In this session, Mr. Brennan will provide his perspective on opportunities and challenges for dramatically transforming your organization in the areas of physician integration, organizational leadership, evidenced-based medicine and clinical process improvements. He will share his experience with some of Geisinger's innovations in increasing quality of care, accountability and cost efficiency.

You Will Learn:

- How the overview of external forces influences the current payment reform environment
- How to review real world innovations implemented at Geisinger
- How to identify successful initiatives for increasing physician integration and use of evidence-based medicine.
- How to discuss actions required and investments necessary to successfully implement major organization changes.

Speaker:

Kevin Brennan, CPA, FHFMA, Executive Vice President and Chief Financial Officer of Geisinger Health System, and Treasurer of Geisinger Foundation

(W2D) Reimbursement and Financial Considerations of Health Care Reform

This session will discuss the reimbursement provisions of Health Care Reform and how this will impact strategic financial planning and decisions. This will go well beyond the basic reimbursement discussion and will provide information and ideas that will assist CFOs and financial planners position their organization for financial success under Health Care Reform.

You Will Learn:

- The key provisions of Healthcare Reform as it impacts hospital reimbursements
- The strategic decisions to be made in financially planning for Reform.

Speakers:

Eddie C. Marmouget, CPA, Partner, BKD LLP
Joseph M. Watt, CPA, Partner, BKD, LLP

May 25th, 11:30 - 1:00 p m

(W3A) Evidenced-Based Revenue Cycle Improvement

Over the last decade, the business justification for detailed analytical measures has been clear; organizations that leverage benchmarks consistently outperform peers. As a result, a new set of best practices are expanding and nowhere is the opportunity greater than enhancing revenue cycle management. The Healthcare Financial Management Association will present an overview of the revenue cycle management best practices and measures as gathered across our diverse and extensive member communities. We will share the importance of benchmarks and their ability to impact management decision making. Our approach to Key

Performance Indicator (KPI) development and promotion stresses the value of consistent measures and peer comparisons with solutions that can bring improvement to any provider's financial performance and enhance customer satisfaction. Our session will demonstrate why peer compared analytics will create new opportunities for your institution to improve your revenue cycle performance.

You Will Learn:

- How aspects of reform and current environment that affect revenue cycle imperatives
- How to meet these needs through evidence-based improvement
- HFMA's KPIs
- How HFMA's MAP fosters performance improvement.

Speaker:

Suzanne K. Lestina, CHFP, CPC, Director – Revenue Cycle MAP, HFMA

(W3B) Competing in the Outpatient Arena Revisited

Hospitals are experiencing increasing levels of competition in the outpatient services area which pose a threat to its profitability. The competition is intensifying due to payer efforts to "bend the cost curve" and physicians' desire to capture the technical component of hospital revenue.

This session will describe the landscape of competitive entities in the outpatient arena, revisit the strategy that Cape Cod Healthcare has adopted to adapt to the intensifying outpatient competition, and review the legal structures available for hospitals to compete.

You Will Learn:

- An understanding of the clinical services that are at risk for competition
- A description of the competing entities
- Various strategies that hospital can adopt to compete
- An understanding of legal structures for hospitals to develop to compete.

Speakers:

Jeremy Bass, Senior Managing Consultant, Public Financial Management, Inc.

Jeffrey Dykens, Vice President Finance, Cape Cod Healthcare
Anne Ogilby, Partner, Ropes & Gray, LLP

(W3C) Business Infrastructure Changes in the Physician Practice Setting – "We're Not Paper Anymore"

As healthcare entities move forward to meet the federal requirements of Electronic Health Records (EHR), the way they maintain and access information will change. This change has been taking place in many hospitals but the wide-reaching impact on all types of providers is just beginning to be felt. We will explore the changes that healthcare provider staffs will experience and offer ways to make that transition occur as smoothly as possible. This impact will be felt by individual physician office, group practices and practices associated with hospitals. This session will cover such areas as 1) the "coming of age" of EHR in the physician setting and its impact on physicians and office staff, 2) the coordination of care

across the continuum, making interfaces work and how this impacts small hospitals and integrated systems, 3) HIPAA and changing office processes, 4) persuading physicians to change practice patterns, 5) getting stakeholder physicians and staff on board - using templates vs. notes, 6) changes in coding and documentation requirements, and 7) changes in payer reimbursement requirements.

You Will Learn:

- The reasons for modifications to an Electronic Health Record system
- The procedures that will be impacted
- The development of checklists and guidelines to ease the transition.

Speakers:

Erika Gaudreau, RN, Manager, Advisory Health, PricewaterhouseCoopers

(W3D) Strategic Managed Care Pricing, Contracting and the Impact of Healthcare Reform on Both

Cost shifting, government reform and state budget deficits are eroding the traditional payer-provider relationship. The cost shifting from government payers will not lessen under the Affordable Care Act and may actually increase at the same time that major third party payers begin a fundamental restructuring in payment methodologies for hospitals and other providers. As a result in this transformation shift in conventional paradigms on payer-provider relationships and payments, providers and payers alike will be entering into uncharted waters with multiple pricing and payment models emerging.

If the above future payment and payer relationship scenario holds true for New England Region providers, hospitals will need to adopt a flexible strategic pricing approach to improve their chances of achieving and maintaining positive patient care operating margin. On a concurrent basis, hospitals and other provider organizations must rethink how they organize, deliver and manage the clinical and financial aspects of healthcare within their community.

You Will Learn:

- Changing managed care pricing environment and payment methodologies
- Cost shifting among different payer financial classes and the impact on managed care pricing
- The process involved in building your managed care pricing strategy at a service line level and under different payment methodologies, current and emerging
- Determining full costs by service line level, by Payer financial class or product
- The impact of physician integration on different risk models and payer contracting strategy.

Speaker:

Christopher J. Kalkhof, MHA, FACHE, Alvarez & Marsal Healthcare Industry Group



ADDITIONAL INFORMATION

Registration

All attendees must pre-register for the conference by returning the registration form or registering online with a credit card. The form, with check or credit card payment, can be mailed to HFMA Region 1, 411 Waverley Oaks Road, Suite 331B, Waltham, MA 02452 or faxed to (781) 647-7222. Register online with a credit card at <http://www.ma-ri-hfma.org/region1.html>. No walk-ins will be accommodated on the day of the conference. The deadline for registration is May 13, 2011. Seminar space is limited and is available on a first-come, first-served basis.

Join HFMA Now

NOT AN HFMA MEMBER? JOIN NOW AND SAVE UP TO \$125 ON THIS REGISTRATION!

Annual membership from June 1st to May 31st is only \$274. Currently a prorated schedule applies: \$107 in February, \$91 in March, \$70 in April. Simply complete the membership application online at www.hfma.org/membership.

You will receive the HFMA member registration discount right now!

Cancellations

All cancellations must be received by the HFMA Region 1 Office prior to May 13, 2011 in writing by email to HFMAReg1@camihq.com or fax to (781) 647-7222. If cancellations are received prior to May 13th, a full refund, minus a \$100 handling fee, will be issued. Cancellations made after that date will be charged the full conference fee.

Confirmations

Those registered for the conference will receive an email confirmation of registration.

Questions

Please contact the HFMA Region 1 Office at (781) 647-7004 or email us at HFMAReg1@camihq.com if you have any questions about the conference or your registration.

Continuing Education Information

The total contact hours for this seminar are 12.5. Participants should consult their reporting jurisdictions concerning acceptance of individual courses. All HFMA educational programs earn points towards HFMA certification and certification maintenance requirements.

Dress

Dress is business casual for all events.

Meals

Tuesday, May 24th and Wednesday, May 25th breakfast and lunch are included in your conference registration. Dinner on Tuesday night is on your own. Dietary restrictions can be honored if requested. Please attach a written description of your needs to your registration form.

Parking

Free valet parking is available onsite.

Hotel

Mohegan Sun
One Mohegan Sun Blvd
Uncasville, CT 06382
1-888-777-7922
www.mohegansun.com

Detailed directions to the hotel can be found at www.mohegansun.com/getting-here.

HFMA has reserved a block of rooms at Mohegan Sun. While rooms are available, preferred rates will be honored until April 22, 2011. You MUST contact the resort directly, and use Group Code HFMAR11 to ensure your preferred rate. Rooms are available at the preferred rate of \$210 plus 12% tax per night. You will be charged for one room night to reserve your room. Cancellations received within 24 hours of check-in will be charged one room night.

You are responsible for making your own hotel reservation including changes and cancellations.

REGISTRATION

Two ways to register! Via paper form or online at <http://www.ma-ri-hfma.org/region1.html> with a credit card.

Name	HFMA Member # (if applicable)	
Title	HFMA Chapter (if applicable)	
Organization		
Address		
City, State, Zip		
Phone	Fax	Email

Registration Fees and Payment

EARLY BIRD ON/BEFORE MAR 31, 2011

- HFMA Member \$425
- Non-member \$550

AFTER MAR 31, 2011

- HFMA Member \$450
- Non-member \$575

Check Information

- Check enclosed
- Check being mailed

Credit Card Information

- MasterCard
- Visa
- American Express

Card Number	Expiration Date
Signature	

**NOT AN HFMA MEMBER?
JOIN NOW AND SAVE UP TO \$125 ON THIS
REGISTRATION!**

**See the Additional Information Page for full
information.**

Submitting Registration

**Register online at <http://www.ma-ri-hfma.org/region1.html> with a credit card
or mail registration form and payment to:**

HFMA Region 1, 411 Waverley Oaks Rd., Suite 331B, Waltham, MA 02452 or fax to (781) 647-7222.
Payment may be made by check (payable to HFMA Region 1) or credit card.

Session Selection

**Please indicate the sessions you are attending using
the session ID number from the Schedule.
Registration is first come, first served.**

Tuesday, May 24, 2011

- 7:00 am Breakfast Breakfast
- 8:00 – 10:00 am Keynote T1
- 10:30 – 12:00 pm T2A T2B T2C T2D
- 12:00 – 1:00 pm Lunch Lunch
- 1:00 – 2:30 pm T3A T3B T3D
- 3:00 – 4:30 pm T4A T4B T4C T4D

Wednesday, May 25, 2011

- 7:00 am Breakfast Breakfast
- 8:00 – 9:00 am Capstone W1
- 9:30 – 11:00 am W2A W2B W2C W2D
- 11:30 – 1:00 pm W3A W3B W3C W3D
- 1:00 pm Box Lunch

EXHIBITORS

HFMA Region 1 Appreciates Our Generous Sponsors

Accelerated Receivables Management Solutions, (ARMS) LLC
Account Recovery Services
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Dell
eClinical Works
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Trace/ The White Stone Group, Inc.
TriNet Healthcare Consultants
Vaughan Holland Consulting, Inc.

CONNECTICUT GOLF OUTING



hfma



COME JOIN THE FUN!!!

Become part of the kickoff to the Region 1 HFMA's Annual Healthcare Conference at Mohegan Sun Casino on May 24 and 25, 2011. The Connecticut Chapter is holding its Golf Outing on **Monday May 23, 2011** at the prestigious **Fox Hopyard Golf Club** in East Haddam, Connecticut, a short drive from Mohegan Sun. Fox Hopyard is one of Connecticut's finest courses and promises to be an exciting event.

Sign up early as last year's tournament was Sold Out!

For More Information Call

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Eric Wetherell
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Fax: (813) 329-7747
eric.wetherell@us.pwc.com

Fox Hopyard G.C.
1 Hopyard Rd.
East Haddam, CT
860.943.1903
golfthefox.com

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* Annual Sponsorships Available *
Call for details

Event Details

- ◆ Scramble Format
- ◆ Shot Gun Start
- ◆ Prizes for Gross and Net plus closest to the pin and longest drive
- ◆ Fee of \$225 per Golfer Includes:
 - Lunch
 - Golf with cart
 - Roving refreshment cart
 - Cocktail hour, Reception
 - Driving Range /Practice Facility

Schedule of Events

11:30 am - Registration / Lunch
12:30 pm - Golf Play Begins
6:30 pm - Cocktail Hour,
Awards & Prizes

Registration Form

Company _____
Address _____
Phone _____ Fax _____
Email _____
Players Name _____ Handicap # _____
1. _____
2. _____
3. _____
4. _____

- I can't make the tournament but will attend the Reception (must be registered for Annual Conference)

Please Check One

- Visa Card Holder's Name: _____
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HFMA Conn. Chapter
c/o Eric Wetherell
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