

The HFMA REGION ONE Annual Conference

NAVIGATING TO THE NEW WORLD

PLEASE JOIN US AT THE
mohegan sun resort
UNCASVILLE, CONNECTICUT



PRE-CONFERENCE GOLF
TOURNAMENT:

MAY 15, 2013

CONFERENCE:

MAY 16-17, 2013



hfma region 1

CONNECTICUT, MAINE, MASSACHUSETTS-RHODE ISLAND,
NEW HAMPSHIRE-VERMONT

HFMA REGION 1 TWELFTH ANNUAL HEALTHCARE CONFERENCE

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AGENDA - AT - A - GLANCE

WEDNESDAY, MAY 15, 2013

11:30 am	Golf Tournament at Fox Hopyard Golf Course
6:30 pm	Golf Awards Reception (At Fox Hopyard Golf Course)
6:00 – 8:00 pm	Conference Registration (At Mohegan Sun)

THURSDAY, MAY 16, 2013

7:00 am	Conference Registration
7:00 – 8:00 am	Continental Breakfast (Sponsored by PNC Healthcare) & Exhibit Hall
8:00 – 10:00 am	Opening Remarks & Keynote (Sponsored by Bank of America Merrill Lynch)
10:00 – 10:30 am	Break & Exhibit Hall
10:30 – 12:00 pm	Concurrent Sessions
12:00 – 1:00 pm	Lunch (Sponsored by Public Financial Management) & 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 BerryDunn) & Exhibit Hall

FRIDAY, MAY 17, 2013

7:00 – 8:00 am	Hot Buffet Breakfast (Sponsored by Ormed Information Systems Inc.) & Exhibit Hall
8:00 – 9:00 am	Capstone Speaker (Sponsored by Bank of America Merrill Lynch)
9:00 – 9:15 am	Break & Exhibit Hall
9:15 – 10:45 am	Concurrent Sessions
10:45 – 11:00 am	Break & Exhibit Hall
11:00 – 12:30 pm	Concurrent Sessions
12:30 pm	Conference Conclusion Box Lunch Available to take with you (Sponsored by Lamont, Hanley, +Associates, Inc.)

TRACK DESCRIPTIONS

MAY 16TH, 8:00 - 10:00 AM

(T1) Opening Remarks – The Value Journey

Steve Rose, FHFMA, CPA, National Chair-Elect, HFMA



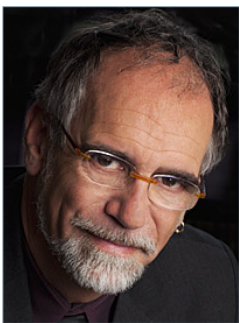
Value is driving a fundamental reorientation of the healthcare system. To successfully manage the transition to value, healthcare organizations should organize efforts around driving value for care purchasers. Finance leaders will play a critical role in this strategic transformation.

You Will Learn:

- To discuss stakeholder perspectives on value
- To develop strategies for improving value delivered to purchasers and payers
- To describe organizational road maps for value-driven health care.

(T1) Keynote Address – Strategic Financial Planning in the New Era

Joe Flower, Healthcare Futurist and Speaker, The Change Project



Most of the ACA does not kick in until the year end, but healthcare has been in deep change mode for several years, and the change is accelerating. For those of us who are in the business of driving strategy, we are well into the new era. This new era is not an idealistic endpoint, but a

messy hybrid transitional phase that may only last a few years but will be long enough to kill any organization whose leaders get the mix wrong.

You Will Learn:

- The complex interactions of new and old revenue streams
- The proper spreading of risk and return with partners or across new, larger organizations
- The problems of budget versus cash flow perspective
- “Medical migration” from states with poor Medicaid coverage
- The problems and real opportunities of entirely deeper levels of cost accounting and control.

MAY 16TH, 10:30 - 12:00 PM

(T2A) ICD-10: Ready or Not, Here it Comes! Really, No More Delays!

With October 1, 2014 less than two years away, we will discuss strategic considerations for organizations as providers, payors, and state agencies conduct comprehensive ICD-10 impact assessments and develop readiness plans in advance of the fast-approaching transition date. Organizations that have begun their impact assessments have generally identified four key streams of work that require focus: Integration and alignment with other key initiatives, such as computer-assisted coding and clinical documentation improvement; Business operations and workflow design/redesign; System remediation and testing; and Education, training and retention of staff.

You Will Learn:

- Impact assessment
- Readiness development work
- Key areas of focus for successful implementation.

Speakers:

Karen Matjucha, Principal, Deloitte Consulting LLP

Christi McBain, CPC, CPC-H, CPC-I, CCS, Director Provider, Education/ICD-10 Project, Revenue Management Division, Dartmouth-Hitchcock

Vickie Monteith, RN, MBA, Director, Deloitte & Touche LLP

Renee Washington, Director of Customer Systems Integration, MassHealth

(T2B) Risk Based Contracting and Population Management

Providers are faced with strategic decisions concerning the business environment, the sustainability of historical revenue and what actions are required to reposition their organization for the future.

Post 2014....Provider revenues will be calculated from risk based contract payment arrangements that link the ability to manage patient populations cost-effectively in alignment with physicians. The evolving business models require a rethinking of traditional pricing and payer contracting strategies. Organizations need to successfully negotiate pay-for-performance payment terms and clinical metrics that are based on patient centered pricing models and care delivery models that require the ability to manage patient populations.

Continued on Page 4

HFMA REGION 1 TWELFTH ANNUAL HEALTHCARE CONFERENCE

Continued from Page 3

You Will Learn:

- The changing provider business environment of “doing more with less”
- The managed care or contracted services pricing environment and payment methodologies in a post-2014 business environment with partial and full risk payment arrangements
- The process involved in building your managed care pricing strategy at a service line level as well as across an organization’s aligned network of provider organizations, under different risk based payment methodologies
- The impact of physician integration on different risk models and payer contracting strategy
- Core competency requirements in a post-2014 business environment.

Speaker:

Christopher Kalkhof, MHA, FACHE

(T2C) Vermont and Massachusetts HealthCare Reform: Standing on the Edge of the Cliff

Two states have taken significant steps toward reforming their health care systems. Mr. Slusky will describe health reform activities in Vermont, including movement toward a 'Unified and Uniform Health Care System', payment and delivery system reforms, and the development of ACOs in Vermont. Mr. Kirkpatrick will describe the health care reform activities in Massachusetts and what we can expect in the coming months.

You Will Learn:

- Healthcare and delivery system reform activities in Massachusetts and Vermont
- Development of ACO’s in Vermont.

Speakers:

Joseph Kirkpatrick, Sr. Vice President Health Care Finance & Managed Care, Massachusetts Hospital Association

Richard Slusky, Director of Payment Reform, Green Mountain Care Board

MAY 16TH, 1:00 - 2:30 PM

(T3A) Patient Access Services: Be Great! How to Make Customers Love Accessing Your Hospital

This presentation will motivate and empower you to transform the customer access processes of your hospital in order to create, ‘delight’ and achieve a competitive market advantage. In this era of tightening reimbursement, increasing competition, and new reimbursement models, the importance of great customer service at every point of access (even

discharge!) has never been more critical. Transformational access processes are already in place in leading hospitals nationwide – you are going to learn how to apply them to your organization.

You Will Learn:

- Key concepts in patient/customer satisfaction
- Factors that influence customer expectations related to access/service
- Top frustrations faced by patients and physician offices in accessing outpatient services
- Transformational processes for creating patient/customer ‘delight’
- Requirements for implementing these transformational processes.

Speaker:

Hans Moorefield, Senior Vice President of Strategic Partners, SCI Solutions

(T3B) Wage Index: Where We Are and Where We Are Headed

This presentation will focus on key components of the Medicare wage index and Occupational Mix Survey. In addition to providing an overview of the Medicare wage index, observations and strategies specific to HFMA Region 1 hospitals will be shared.

This presentation will also cover the proposed changes to the wage index system and potential impact on hospitals.

You Will Learn:

- An understanding of the wage index and occupational mix process
- Wage index and occupational mix strategies
- Implications of wage index reform.

Speaker:

Steve Parde, Senior Managing Consultant, BKD, LLP

(T3C) To Partner or Not: Mergers/Acquisitions and Other Options for Healthcare Reform

Many, if not most, healthcare providers are considering affiliations of various kinds as a strategic response to the pressures of health care reform, reimbursement changes, competition, and market demands. A healthcare attorney with substantial experience in hospital affiliations and similar transactions will review current trends, advantages and disadvantages of different affiliation models and lessons learned. Three healthcare executives will describe why they considered an affiliation, what alternatives were evaluated, how the best partner was selected and their experience with approval and implementation.

You Will Learn:

- The options and the factors to consider before settling on a particular affiliation strategy.

Speakers:

Vincent Capece, Jr., President and Chief Executive Officer, Middlesex Hospital

Gary Daniels, Daniels Consulting

Deborah Joelson, Senior Vice President, Strategic Services, Tufts Medical Center

Scott McKinnon, President and Chief Executive Officer, Memorial Hospital

Benjamin Townsend, Attorney, Kozak and Gayer, P.A.

MAY 16TH, 3:00 - 4:30 PM

(T4A) The Offensive and Defensive Side of the Chargemaster Game

In today's dynamic economic landscape, it is vital for healthcare organizations to implement strategic processes and technologies that enable them to achieve optimal compliance and legitimate reimbursement. In this presentation, a leading healthcare audit and compliance expert will share a step-by-step guide for ensuring a "clean and lean" chargemaster to support accurate charging, minimize financial risks and ensure operational efficiencies.

You Will Learn:

- How to use chargemaster software to proactively correct coding, minimize error potential and ensure accurate pricing and assignment of codes
- New, innovative ways that healthcare organizations can use a chargemaster as a defensive tool that aids in the identification of high-risk opportunities through data mining, pattern recognition, and mapping between information systems.

Speaker:

William Malm, Senior Data Projects Manager, Craneware

(T4B) Legislative and Regulatory Update for PPS Hospitals

This session will cover issues related to the fiscal year 2014 inpatient PPS proposed rule, implementation of healthcare reform, and Medicare legislative and regulatory issues. You will receive tips for improving the accuracy of the Medicare cost report, and a list of items to evaluate with regard to the inpatient PPS proposed rule and other recent legislative and/or regulatory developments.

You Will Learn:

- How to analyze the fiscal year 2014 inpatient PPS proposed rule so you can evaluate the impact of the proposed changes on your organization
- How to evaluate current MedPAC recommendations to the US Congress and the potential impact to acute care hospitals
- How to evaluate current healthcare reform issues and the potential impact to acute care hospitals
- How to examine other Medicare legislative and regulatory issues applicable to acute care hospitals.

Speakers:

Brad Bowman, MBA, Principal, Core Finance Team

Mike Laine, CPA, Principal, Core Finance Team

(T4C) ACO Panel Discussion

We have assembled key players from major ACO initiatives across the region. After updates from each ACO our panel, consisting of Chief Medical Officers, Senior Medical Directors, and CEO's will discuss the potential impact of ACO membership on their organization and how they plan to address the changes that must take place in their organizations in order for the ACO to be successful

You Will Learn:

- The impacts of ACO memberships
- Strategies for participating in a successful ACO.

Speakers:

Betsy Hampton, Executive Director, Medical Management, Reliant Medical Group, Atrius Health

Kennedy Hudner, Partner, Murtha Cullina, LLP

Todd Moore, Senior Vice President, Accountable Care and Revenue Strategy, Fletcher Allen Health Care

Stuart Rosenberg, MD, President and Chief Executive Officer, Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

Barbara Walters, Executive Medical Director, Dartmouth-Hitchcock Clinic

SCHEDULE

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

May 15
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 16
8:00-10:00 am

(T1) Opening Remarks - The Value Journey Steve Rose, FHFMA, CPA, HFMA
Keynote Address - Strategic Financial Planning in the New Era Joe Flower, The Change Project
 Sponsored by Bank of America Merrill Lynch

Revenue Management Track

Payment/ Reimbursement/ Regulation Track

Improving Value in Healthcare Track

May 16
10:30-12:00 pm

(T2A) ICD-10: Ready or Not, Here it Comes! Really, No More Delays!

Karen Matjucha, Deloitte Consulting LLP
 Christi McBain, CPC, CPC-H, CPC-I, CCS, Dartmouth-Hitchcock
 Vickie Monteith, RN, MBA, Deloitte & Touche LLP
 Renee Washington, MassHealth

(T2B) Risk Based Contracting and Population Management

Christopher Kalkhof, MHA, FACHE

(T2C) Vermont and Massachusetts HealthCare Reform: Standing on the Edge of the Cliff

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(T3B) Wage Index: Where We Are and Where We Are Headed

Steve Parde, BKD, LLP

(T3C) To Partner or Not: Mergers/Acquisitions and Other Options for Healthcare Reform

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(T4B) Legislative and Regulatory Update for PPS Hospitals

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 Kennedy Hudner, Murtha Cullina, LLP
 Todd Moore, Fletcher Allen Health Care
 Stuart Rosenberg, MD, Harvard Medical Faculty Physicians at Beth Israel
 Deaconess Medical Center, Inc.
 Barbara Walters, Dartmouth-Hitchcock Clinic

May 16
4:30-6:30 pm

Networking Reception Sponsored by BerryDunn

May 17
8:00-9:00 am

(F1) Capstone Address: Redefining the Exceptional Consumer Health Experience Kim Horn, Kaiser Permanente, Mid-Atlantic States
 Sponsored by Bank of America Merrill Lynch

May 17
9:15-10:45 am

(F2A) Revenue Cycle Staffing: How to Attract, Hire and Keep the Right People - Beth Israel Deaconess Medical Center Pipeline Programs

Laurie Fitzpatrick, Beth Israel Deaconess Medical Center
 Charles Messinger, Beth Israel Deaconess Medical Center

(F2B) Pearls of Wisdom – Updates and Better Practice Ideas to Reduce Vulnerabilities with RAC, MAC Medicaid and OIG Audits

Day Egusquiza, AR Systems, Inc.

(F2C) Granite State “Coopertition”

Rachel Rowe, Granite Healthcare Network
 Greg Vasse, Foundation for Healthy Communities

May 17
11:00-12:30 pm

(F3A) Be on Target, Not a Target: Surviving the Ongoing Focus on Medical Necessity and Short Stays

Kelly Sauders, Deloitte & Touche, LLP

(F3B) Medicare and Compliance Hot Topics

Jeffrey L. Heidt, Esq., Verrill Dana, LLP
 Gary A. Rosenberg, Esq., Verrill Dana, LLP

(F3C) Managing the Transition to Value: Findings From HFMA’s Value Project Cohort Research

Chad Mulvany, HFMA

May 17
12:30 pm

Conference Conclusion: Box Lunch Available to take with you
 Sponsored by Lamont, Hanley + Associates, Inc.

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MAY 17TH, 8:00 - 9:00 AM

(F1) Capstone Address - Redefining the Exceptional Consumer Health Experience – Convenient, Seamless and Affordable Care



Kim Horn, President, Kaiser Permanente, Mid-Atlantic States

Despite all the debate over health care reform, there is consensus that fee-for-service payment mechanisms are at the root of the U.S. health system problems with quality and efficiency. The business model of fee for service medicine and the legacy design of the health system conflict with the design and operation of more efficient and

integrated health models. Models that help people live longer more productive lives by designing ways to keep people out of hospitals, avoiding unnecessary and duplicative care, and empowering health and wellness.

The most immediate and visible sign to the American people that the current system is changing will emerge in just a few short months with the advent of health exchanges. These exchanges will enable an ever-increasing number of Americans to make their own purchasing decisions rather than relying on their employer or going uninsured.

In this new environment, health care insurers and providers will be clamoring to attract consumers by differentiating their value. The imperative to reduce per capita cost and make healthcare more affordable will spawn a great deal of inventiveness. New models of care will be more convenient and accessible to the consumer wherever and whenever they choose.

Health care leaders are challenged to operate in this ever-increasingly complex and competitive marketplace. There will be limited ability to pass on the increased cost associated with the fragmented fee for service health care system.

Information about cost, quality and consumer perceptions will be available through a variety of sources. Winning in a consumer-oriented marketplace requires discipline around measurement and constantly working to improve the total health care experience and all the while lowering cost. Health care financial leaders will play a critical role in creating the vision and providing organizational framework necessary to successfully operate in consumer markets.

You Will Learn:

- Kaiser Permanente's experience
- Consumer-market strategies
- Required partnership capabilities of integrated delivery
- Use of technology
- Building consumer-oriented and accountable culture.

MAY 17TH, 9:15 - 10:45 AM

(F2A) Revenue Cycle Staffing: How to Attract, Hire and Keep the Right People - Beth Israel Deaconess Medical Center Pipeline Programs

Every business struggles with finding the best people, placing them in the right job, and keeping them long enough to see a return on their investment.

BIDMC found that in a number of high turnover areas, it was spending a significant amount of effort and expense to attract and hire staff. Often they found the employee was not the right fit for the job, or the job was not what the employee thought it would be.

An innovative way to deal with these issues was for BIDMC to establish a "Pipeline" program to identify existing staff, assess their potential to both succeed and stay in a particular position before they are hired into it. The program has been rolled out in multiple areas within the medical center, including Revenue Cycle Operations, with very positive results.

You will learn:

- How was the Pipeline Program developed and implemented
- Specifics about the current and future programs
- Success stories of the program.

Speakers:

Laurie Fitzpatrick, Program Manager, Beth Israel Deaconess Medical Center

Charles Messinger, Training & Quality Assurance Manager, Beth Israel Deaconess Medical Center

(F2B) Pearls of Wisdom – Updates and Better Practice Ideas to Reduce Vulnerabilities with RAC, MAC Medicaid and OIG Audits

This session will focus on payer audits. Learn more about the RAC requirements for prepayment and post payment, plus the MAC prepayment auditing requirements. Actual audit results are provided to assist the attendees with better practice ideas to fix the broken processes, enhance documentation and charge capture ownership.

You Will Learn:

- Updates to the government audits - RAC, MAC, Medicaid
- How to engage all revenue cycle leaders in 'owning' their charge capture and supporting documentation
- Better practice ideas will be shared to help reduce vulnerabilities.

Speaker:

Day Egusquiza, President, AR Systems, Inc.

(F2C) Granite State “Coopertition”

As the transformation of health care and health care systems accelerates learn how the "playing field" is being transformed as well through simultaneous competition and cooperation to produce value.

Two examples from the Granite State illustrate how providers have to learn to simultaneously gain scale and increase quality while both competing and collaborating in different dimensions at the same time.

You Will Learn:

- Real life strategies for simultaneous competition and cooperation
- How to gain scale and increase quality.

Speakers:

Rachel Rowe, Executive Director, Granite Healthcare Network

Greg Vasse, Director, Rural Quality Improvement Network, Foundation for Healthy Communities

MAY 17TH, 11:00 - 12:30 PM

(F3A) Be on Target, Not a Target: Surviving the Ongoing Focus on Medical Necessity and Short Stays

As the government and numerous regulatory and enforcement agencies continue to focus on medical necessity and short-stays, it is imperative for providers to understand the revenue and compliance risks associated with these initiatives as well as how to manage short-stays in this era of ongoing scrutiny.

You Will Learn:

- Key issues external governmental auditors are focusing on and key findings from recent short-stay audits and investigations
- Leading hospital practices to achieve compliance and reduce revenue risk related to short-inpatient stays and outpatient observation.

Speaker:

Kelly Sauders, Partner, Deloitte & Touche, LLP

(F3B) Medicare and Compliance Hot Topics

This session will cover current issues facing providers in Medicare and Compliance.

You will learn:

- Latest developments in the on-going quagmire of inpatient short-stays vs. observation
 - Billing Part B after an admission is denied
 - Status of AHA lawsuit

- Update on DSH litigation
- Latest developments in provider-based rules and enforcement
- Latest developments in the Medicare 3-day payment window
- Latest developments in 340B drug pricing audits.

Speakers:

Jeffrey L. Heidt, Esq., Verrill Dana, LLP

Gary A. Rosenberg, Esq., Verrill Dana, LLP

(F3C) Managing the Transition to Value: Findings From HFMA’s Value Project Cohort Research

The transition toward more value-based methods of payment and care delivery is raising multiple challenges for hospitals and health systems. As part of its Value Project Phase 2 research, HFMA has been exploring these challenges with five provider cohorts: aligned integrated systems, academic medical centers, multi-hospital systems, rural hospitals and stand-alone hospitals. This session will present findings on the issues cohort members are facing, and the strategies and tactics they are pursuing to manage the transition to value.

You Will Learn:

- How to define effective steps you can take now to prepare for the transition to value-based care
- How to identify new strategies for mitigating the impact of quality improvements on volume and revenue.

Speaker:

Chad Mulvany, Technical Director, HFMA

HFMA REGION 1 TWELFTH ANNUAL HEALTHCARE CONFERENCE

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 6, 2013. 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 \$150 ON THIS REGISTRATION!

Annual membership from June 1st to May 31st is only \$284. Currently a prorated schedule applies: \$124 in February, \$108 in March, and \$87 in April. Simply complete the membership application online at www.hfma.org/join.

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 6, 2013 in writing by email to HFMAReg1@camihq.com or fax to (781) 647-7222. If cancellations are received prior to May 6th, 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

Thursday, May 16th and Friday, May 17th breakfast and lunch are included in your conference registration. Dinner on Thursday 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
1-877-664-3426
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 24, 2013. You MUST contact the resort directly, and use Group Code HFMA13 to ensure your preferred rate. Rooms are available at the preferred rate of \$189 plus 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.

EXHIBITORS

HFMA Region 1 Appreciates Our Generous Sponsors

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