THE **HFMA REGION 1** ANNUAL CONFERENCE

**AT THE CROSSROADS: CHOOSING THE RIGHT PATH**

**PRE-CONFERENCE GOLF TOURNAMENT**
**TUESDAY, MAY 13, 2014**

**CONFERENCE**
**WEDNESDAY, MAY 14, 2014**
**THURSDAY, MAY 15, 2014**

**PLEASE JOIN US!**

**MOHEGAN SUN RESORT | UNCASVILLE, CT**

PRESENTED BY CONNECTICUT, MAINE, MASSACHUSETTS-RHODE ISLAND, NEW HAMPSHIRE-VERMONT CHAPTERS
HFMA REGION 1 THIRTEENTH ANNUAL HEALTHCARE CONFERENCE

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AGENDA - AT - A - GLANCE

TUESDAY, MAY 13, 2014

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)

WEDNESDAY, MAY 14, 2014

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 The PFM Group) & 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

THURSDAY, MAY 15, 2014

7:00 – 8:00 am Hot Buffet Breakfast (Sponsored by TD Bank) & Exhibit Hall
8:00 – 9:00 am Capstone Address (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 & Raffle Drawings in Exhibit Hall
Box Lunch Available
(W1) Opening Remarks –
HFMA: Leading the Value Journey

Kari S. Cornicelli, FHFMA, CPA
National Chair-Elect, HFMA

The Value Journey: Organizational Road Maps for Value-Driven Health Care. All healthcare organizations face common challenges in transitioning to value-based payment and care delivery. But different types of organizations also have unique challenges and opportunities in the transition. HFMA has defined value road maps for the various provider organizations. Phase 2 of The Value Journey addresses what healthcare purchasers expect in terms of value, and how provider organizations work to deliver value. How does the business model for value differ for different types of hospitals and health systems? Kari Cornecelli discusses how leading provider organizations are answering these questions using resources from Value Project Phase 2.

(W1) Keynote Address –
Healthcare Finance Professionals: Taking the Lead in Redesigning the Healthcare System

Donald M. Berwick, MD
Former Administrator, Center for Medicare and Medicaid Services and Founding CEO, Institute for Healthcare Improvement

“Now is the time for healthcare finance professionals to take the lead in redesigning our nation’s healthcare system, so that it meets the ‘triple aim’ of providing better care and improving health at lower cost,” Berwick stated at the 2013 HFMA ANI where he was featured as a keynote speaker.

This is a moment of “very special opportunity” for healthcare finance professionals to make a difference in health care by pinpointing areas where waste can be removed throughout the continuum of care, so that better care can be provided at lower cost and so that a portion of state and federal funds that currently go toward our nation’s healthcare system can instead be directed to other programs that benefit society.

(W2A) IPPS and 2 Midnight Rules Affecting Observation, Short Stays and Audits

The two major provisions of the 2014 IPPS Final Rule will impact hospital operations and compliance oversight of clinical decisions for Medicare patients. In addition, the 2 Midnight Rule further complicates Medicare Part A payments for hospital inpatient admissions.

This session will expand on the importance of utilizing case management, properly documenting and managing that documentation which is critical to ensure that observation or short stay billing is appropriate and compliant.

You Will Learn:
- The pertinent information on all aspects of the IPPS Final Rule and 2 Midnight Rule
- The clinical management, coding and billing impacts for observation patients
- Possible rule effects on business models and auditing processes
- Other payer rules that are changing that apply to short stays

Speaker:
Tom Sills, MD, Founder and President, Clinical Financial Resources Inc.
Kimberly Barry, BSN, MS, RN, Director of Case Management and Social Work, Lahey Hospital and Medical Center

(W2B) Cash Impact on Operations from ICD-10 and Audit Efforts: How to Prepare Your Revenue Cycle for Success

When it comes to ICD-10 and audits, where are many organizations vulnerable? With anticipated coder productivity decreasing by 20 percent and the increase to federal and insurance audits, the revenue disruptions can be staggering. What steps are you potentially missing that can help you prevent a cash flow meltdown?

You Will Learn:
- Review the current status of RAC and Pre Payment Audits and learn how to effectively manage recovery efforts
- Identify how your organization can ensure transition success due to the impact of ICD-10 on your revenue cycle
- Evaluate the best course of action to prevent a cash-flow slowdown

Speaker:
Christine Fontaine, CHFP, CPAM, Vice President of Revenue Cycle Solutions, Optum360

Continued on page 4
The Healthcare Industry’s Changing Landscape

Healthcare in America is undergoing intense change and many unknowns. Healthcare expenses in the U.S. are 2.5 times greater than other developed countries, and statistically we have poorer outcomes. We are constantly challenged with reform initiatives while trying to solve these economic issues. How can we provide access to affordable and high-quality care for everyone and embrace and manage these rapid changes within our industry and our individual organizations?

You Will Learn:
- Ways the healthcare industry can adapt to change by changing itself
- Ways the healthcare industry can face these uncertain times through innovation and new ways of thinking, use of technology and dramatically transforming the way we deliver care

Speaker:
Gene Lindsey, MD, CEO Emeritus, Atrius Health

Patient Estimates – Transparency and Patient Satisfaction

Patients are demanding cost transparency and it falls on healthcare organizations to provide it. Additionally, states like Massachusetts are requiring that patient responsibility estimates be produced within 2 working days. Is your state next?

This session will provide the roadmap that BIDMC used to create a tool and the operational process that both provides patients what they need and complies with the law. In addition, it will describe the journey all the way from the conceptual idea and the build, to the implementation and how it benefited hospital staff as well as the patient. The session will tie it all together with Best Practices and Lessons Learned.

You Will Learn:
- How the program was initiated and developed at BIDMC
- The technical components that are necessary to create an estimator tool
- The steps to be taken to implement the delivery and communication of patient responsibility estimates
- The key operational decisions necessary to determine success

Speakers:
Kristen McKenney, Director of PAS, Beth Israel Deaconess Medical Center
Elekcia Pimentel, Project Specialist, Revenue Cycle Operations, Beth Israel Deaconess Medical Center

IPPS Update – FFY 2015 Proposed Rule and Other Emergent Issues

This session will cover issues related to the fiscal year 2015 inpatient PPS proposed rule, impact of the Affordable Care Act, and Medicare 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 regulatory developments.

You Will Learn:
- How to analyze the fiscal year 2015 inpatient PPS proposed rule so you can evaluate the impact of the proposed changes on your organization
- How to evaluate current MedPAC and OIG recommendations to the US Congress and the potential impact to acute care hospitals
- How to evaluate current Affordable Care Act issues and the potential impact to acute care hospitals

Speakers:
Brad Bowman, MBA, Principal, Core Finance Team
Gary Marker, CPA, Senior Project Director, Core Finance Team

Managing Change at the Speed of Sound

Our distinguished panel of healthcare leaders will build off of concepts from the previous session, “The Healthcare Industry’s Changing Landscape”, and describe how their organizations have embraced the many changes in our industry. Leading organizations through reform is a challenge and it is being done successfully but not without pain along the way.

You Will Learn:
- Listen as these leaders relay how they have met the challenges of our times
- Discuss different perspectives on change across the New England health care landscape
- Review changes that require the most innovation and change: compensation models, payment models, technology innovation, care management, board management, etc.

Moderator:
Kari S. Cornicelli, FHFMA, CPA, Vice President and CFO, Sharp Grossmont Hospital and National Chair-Elect, HFMA

Panelists:
Vinnie Capece, Chief Executive Officer, Middlesex Hospital
Chuck Hays, Chief Executive Officer, MaineGeneral Health
Neil Meehan, DO, Chief Medical Officer and Chief Medical Information Officer, Lawrence General Hospital
Peter Walcek, Vice President of Finance/Chief Financial Officer, Wentworth-Douglass Hospital

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Continued from page 4

MAY 14TH, 3:00 - 4:30 PM

(W4A) Data Analytics
It is widely accepted that hospitals can improve their revenue cycle performance through utilization of technology, data, and strategic process improvement tactics. The key is where to focus; denials, underpays, point-of-service collections, self-pay management, or all of the above?

This session will provide insight, suggestions and experience to help apply data analytics to disparate delivery models and measure the results for the purpose of improving processes, procedures and enhancing revenue.

You Will Learn:
- How to conduct ROI analyses
- How to measure metric-driven performance
- How to utilize the data available through in-house systems
- How to identify the metrics that will enhance revenue

Speaker:
Alex Guambana, Director of Performance Technologies, The Advisory Board Company

(W4B) Medicare and Billing Compliance Hot Topics and Washington Updates
This session will cover current issues facing providers in the areas of Medicare and Compliance.

You Will Learn:
- Latest developments on 340B drug pricing audits and issues
- Latest developments regarding Inpatient short-stays/2 Midnight Rule vs. observation
- Recent settlements regarding the False Claims Acts
- Latest in the ongoing DSH litigation and self-disclosure protocols
- Up to the minute Medicare and Billing Compliance Hot Topics and Washington Update

Speakers:
Jeffrey L. Heidt, Partner, Verrill Dana LLP
Gary A. Rosenberg, Counsel, Verrill Dana LLP

(W4C) Patient Engagement and the Patient Experience
The voice of the patient is critical to achieve truly patient-centered care, which is a key element of the current health care paradigm as evidenced in the accreditation requirements of NCQA for the Patient Centered Medical Home designation and new integrated care models. The old saying, “if you can’t measure it, you can’t manage it” applies in this realm so it’s critical to be able to measure the patient experience and to organize programs and services that optimize the patient experience, which also includes providing a high quality of care. Reviewing the key elements of measuring patient experience and collecting deeper data to improve care and the overall experience, is the core of this presentation. Also, this session will specifically address how to use data to discover root causes of poor patient experiences and develop targeted improvement programs to optimize patient experience. CFO and senior healthcare financial managers need to understand how patient satisfaction can impact reimbursement under Value-Based Purchasing or any other payment plan with a patient experience component.

You Will Learn:
- The key elements of measuring the patient experience
- The data that should be collected to improve care and the overall experience

Speaker:
Patrick T. Ryan, Chief Executive Officer, Press Ganey Associates, Inc.

MAY 15TH, 8:00 - 9:00 AM

(T1) Capstone Address – Learning from Disney: Going from Good to Great in Patient Perceptions / Patient Experience

Fred Lee
Author, If Disney Ran Your Hospital – 9 ½ Things You Would Do Differently

Fred Lee will share important insights from his Disney inspired book, where he asserts that we cannot go from good to great in patient perceptions by focusing primarily on patient satisfaction or service excellence.

You Will Learn:
- Discuss why focusing primarily on service excellence and patient satisfaction cannot take us from good to great in patient perceptions
- Explain what W. Edwards Deming, the father of quality measurement, meant when he said, “the most important figures for management are unknown and unknowable”
- Recount the 1990’s research that shows no correlation between patient satisfaction and financial performance, and indicate the major flaw that renders its conclusion false
- State the single most important variable in going from good to great in patient perceptions, and discuss why it is not on our patient surveys and consequently ignored in service excellence initiatives

Continued on page 8
May 14, 11:30 am
Pre-Conference Golf Tournament – Hosted by the Connecticut Chapter – Fox Hopyard Golf Course, East Haddam, Connecticut followed by Golf Awards Reception

(W1) Opening Remarks - HFMA: Leading the Value Journey
Kari S. Cornicelli, FHFMA, CPA, HFMA

Keynote Address - Healthcare Finance Professionals: Taking the Lead in Redesigning the Healthcare System
Donald M. Berwick, MD, Institute for Healthcare Improvement and Former Administrator, Center for Medicare and Medicaid Services

Sponsored by Bank of America Merrill Lynch

<table>
<thead>
<tr>
<th>Revenue Management Track (A)</th>
<th>Payment/Reimbursement/Regulation Track (B)</th>
<th>Leadership, Innovation, and Managing Change Track (C)</th>
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| (W2A) IPPS and 2 Midnight Rules Affecting Observation, Short Stays and Audits
  Tom Sills, MD, Clinical Financial Resources Inc.
  Kimberly Barry, BSN, MS, RN, Lahey Hospital and Medical Center |
| (W2B) Cash Impact on Operations from ICD-10 and Audit Efforts: How to Prepare Your Revenue Cycle for Success
  Christine Fontaine, CHFP, CPAM, Optum360 |
| (W2C) The Healthcare Industry's Changing Landscape
  Gene Lindsey, MD, Atrius Health |

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| (W3A) Patient Estimates – Transparency and Patient Satisfaction
  Kristen Mckenney, Beth Israel Deaconess Medical Center
  Elekcia Pimentel, Beth Israel Deaconess Medical Center |
| (W3B) Topic: IPPS Update – FFY 2015 Proposed Rule and Other Emergent Issues
  Brad Bowman, MBA, Core Finance Team
  Gary Marker, CPA, Core Finance Team |
| (W3C) Managing Change at the Speed of Sound
  Moderator: Kari S. Cornicelli, FHFMA, CPA, Sharp Grossmont Hospital
  Vinnie Capece, Middlesex Hospital
  Chuck Hays, MaineGeneral Health
  Neil Meehan, DO, Lawrence General Hospital
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May 14, 3:00-4:30 pm
(W4A) Data Analytics
Alex Guambana, The Advisory Board Company

(W4B) Medicare and Billing Compliance Hot Topics and Washington Updates
Jeffrey L. Heidt, Verrill Dana LLP
Gary A. Rosenberg, Verrill Dana LLP

(W4C) Patient Engagement and the Patient Experience

Networking Reception
Sponsored by Berry Dunn

May 15, 8:00-9:00 am
(T1) Capstone Address - Learning from Disney: Going from Good to Great in Patient Perceptions / Patient Experience
Fred Lee, If Disney Ran Your Hospital – 9 ½ Things You Would Do Differently

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| (T2A) ICD-10 – It’s Coming: Is it a Clock Ticking or Fuse Burning?
  Kathleen Maher, e4e
  Neville Zar, Steward Healthcare |
| (T2B) Reimbursement and Payment Strategies in the Ever-Changing Healthcare Environment
  Ronald K. Rybar, FHFMAs, CMPA, The Rybar Group |
| (T2C) Public Health Insurance Exchanges and Their Impact on Population Health Management
  David K. Dafilou, Premier Performance Partners |

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| (T3A) Healthcare Reimbursement Law Education
  Jennifer Tosto, Esq., Convergent Revenue Cycle Management, Inc. |
| (T3B) A Look at Coverage Expansion as a Result of Reform in January of 2014
  Joel Gardiner, Deloitte Consulting LLP
  Jim Hardy, Deloitte Consulting LLP
  Paul Lambdin, Deloitte Consulting LLP |
| (T3C) Managing Healthcare Costs Under Evolving Payment Models
  Moderator: Richard B. Siegrist, Jr., MS, MBA, CPA, Harvard School of Public Health
  Richard Lopez, MD, Beth Israel Deaconess Care Organization |

Conference Conclusion & Raffle Drawings: Box Lunch Available
MAY 15TH, 9:15 - 10:45 AM

(T2A) ICD-10 – It’s Coming: Is it a Clock Ticking or Fuse Burning?

Two organizations have teamed up to meet one of the biggest healthcare operational challenges of this decade. Steward Healthcare and e4e have partnered to meet the many daunting obstacles that face us all in implementing ICD-10 which is now looming perilously in the fall. What are the most important things that still need to be done – staffing, training, testing, systems, all of the above?

With the deadline in sight and the pressure building, this session will highlight some of the critical junctions still ahead in the now increasingly short road before us, and provide some strategic direction as well as help to steer around the traffic jams we all want to avoid.

You Will Learn:
- Where am I? - What’s left on your road map? How do you know if you are on target? How can you drill down from the “Big Picture” and “The Plan”
- How to implement process changes that not only get ready for ICD-10 but also improve overall operations
- Cost vs. Revenue- The impact of ICD-10 and DNFB. The ROI of being on target and reaching out for support
- Adjust for changes in staffing – creative ideas to acquire and retain ICD-10 talent and expertise testing. Have you completed testing? What can you learn from the results? What do I do with the failures?
- Training – Following the road map to meet your needs
- Learning from the last 6 months – What I know now that I didn’t know then!

Speakers:
Kathleen Maher, Associate Vice President of Sales and Business Development, e4e
Neville Zar, Senior Vice President of Revenue Operations, Steward Healthcare

(T2B) Reimbursement and Payment Strategies in the Ever-Changing Healthcare Environment

The healthcare landscape has historically been in a state of consistent change. The pace of the evolution is true today more than ever due to the increasing cost of healthcare, the requirements of the ACA and other payor issues. The question is what can we do today to be strategically prepared for these changes?

This program will review the anticipated changes and trends related to reimbursement and payment. Valuable insights into trends will be presented and practical solutions will be explored with the group.

The session will be held in an interactive format, focusing on identifying strategic solutions to ensure that the hospitals are optimizing the opportunities the changes present.

You Will Learn:
- A list of actions necessary for hospitals to assess their current reimbursement and payor environment and the potential challenges that the changes from ACA will create
- How to develop a strategic plan for your facility to ensure that opportunities are being optimized
- How to be better prepared to make management decisions that affect both short-term and long-term reimbursement strategies of the organization

Participants will be provided with a checklist of key payment considerations to be used during an analysis of the hospital’s current environment and in the development of strategies for optimal outcomes.

Speaker:
Ronald K. Rybar, FHFMA, CMPA, Founder and President, The Rybar Group

(T2C) Public Health Insurance Exchanges and Their Impact on Population Health Management

Public Health Insurance Exchanges may be used by over 25 million people over the next several years. Many analysts are predicting that this number may be eclipsed by Private Health Insurance Exchanges sponsored by employers. In either case, individual consumers purchasing on an exchange will drive price competition, patient centered care and, potentially, narrower provider networks. Health systems that are able to institute population health programs that address these objectives will have a competitive advantage.

This presentation will review private and public exchanges, how they work, possible market implications and implications for health systems.

You Will Learn:
- How private and public health exchanges work
- What the possible market implications are for health systems as a result of these health exchanges

Speaker:
David K. Dafilou, Principal, Premier Performance Partners

MAY 15TH, 11:00 - 12:30 PM

(T3A) Healthcare Reimbursement Law Education

Empowering your staff and improving your Hospital’s Financial Performance is a vital necessity. This session will focus on healthcare and insurance reimbursement issues for personnel involved in the process of acquiring reimbursement for patient care.
Join this interactive and educational session that is presented by a healthcare attorney well versed in the applicable laws and their impact on our work.

**You Will Learn:**
- How the relevant State and Federal statues can be applied to insurance reimbursement issues
- An introspective view on the Third Party Payer reimbursement issues
- Specific impacts on Pre-Authorization denials, issues with COBRA, slow paying claims and auto accident claims

**Speaker:**
Jennifer Tosto, Esq., Account Executive, Convergent Revenue Cycle Management, Inc.

**T3B) A Look at Coverage Expansion as a Result of Reform in January of 2014**
Hear from Deloitte thought leaders about the impact of the decisions, made and unmade, on health insurance coverage for the previously uninsured.

**You Will Learn:**
- Implemented exchanges – State vs. Federal and the competitive landscape
- Medicaid expansion and health insurance exchanges enrollment of the uninsured
- Coverage expansion impacts for Providers

**Speakers:**
Joel Gardiner, Senior Principal, Deloitte Consulting LLP
Jim Hardy, Specialist Leader, Deloitte Consulting LLP
Paul Lambdin, Director – Health Plan Strategy, Deloitte Consulting LLP

**T3C) Managing Healthcare Costs Under Evolving Payment Models**
As reimbursement continues to get squeezed from all payers and the fee for service reimbursement model becomes more outdated, organizations are already working under alternative payment models. We have set up a panel of medical leaders from innovative healthcare institutions to share their experiences for managing patient populations under various payment models. They will share the economics and challenges they face managing healthcare costs under evolving payment models.

The fee for service method of reimbursement for healthcare services is unsustainable. Innovative healthcare institutions led by entrepreneurial medical directors are already exploring new methods of payment to coincide with managing population health in terms of quality improvement for individuals and populations and to achieve greater efficiencies in management of total medical expense. They will share some of their experiences in adopting these new payment methodologies and their insight into what financial risks each of their organizations face under the new models and how they have approached population management initiatives in light of these changes.

**Moderator:**
Richard B. Siegrist, Jr., MS, MBA, CPA, Director of Innovation and Entrepreneurship, Associate Academic Director, Masters in Health Care Management Program, Adjunct Lecturer on Health Care Management, Department of Health Policy and Management, Harvard School of Public Health

**Panelists:**
Richard Lopez, MD, Chief Medical Officer, Atrius Health
Creagh E. Milford, DO, MPH, Assistant Medical Director, Massachusetts General Physicians Organization and Associate Medical Director, Population Health Management at Partners HealthCare
Rich Parker, MD, Chief Medical Officer, Beth Israel Deaconess Care Organization
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 days of the conference. The deadline for registration is May 2, 2014. 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 $292. Currently a prorated schedule applies: $135 in February, $119 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 2, 2014, in writing or by email to HFMAReg1@camihq.com or fax to (781) 647-7222. If cancellations are received prior to May 2nd, 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
Wednesday, May 14th and Thursday, May 15th breakfast and lunch are included in your conference registration. Dinner on Wednesday 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 22, 2014. You MUST contact the resort directly, and use Group Code HFMAR14 to ensure your preferred rate. Rooms are available at the preferred rate of $169 per night, plus tax. 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.

Reservations can be made at https://resweb.passkey.com/go/HFMAR14
REGISTRATION

Attendee Information

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 MARCH 14, 2014
- HFMA Member $425
- Non-member $550

AFTER MARCH 14, 2014
- HFMA Member $475
- Non-member $625

Payment Options (select one)
Make checks payable to HFMA Region 1
- Check enclosed
- Check being mailed
- MasterCard
- Visa
- American Express

Card Number ___________________________ Expiration Date __________

Name on Card ______________________________________________________

Signature __________________________________________________________

NOT AN HFMA MEMBER? JOIN NOW AND SAVE UP TO $150 ON THIS REGISTRATION! See the Additional Information Page for full information.

Session Selection

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

WEDNESDAY, MAY 14, 2014
7:00 am Breakfast ☐
8:00 – 10:00 am Keynote ☐ W1
10:30 – 12:00 pm ☐ W2A ☐ W2B ☐ W2C
12:00 – 1:00 pm Lunch ☐
1:00 – 2:30 pm ☐ W3A ☐ W3B ☐ W3C
3:00 – 4:30 pm ☐ W4A ☐ W4B ☐ W4C

THURSDAY, MAY 15, 2014
7:00 am Breakfast ☐
8:00 – 9:00 am Capstone ☐ T1
9:15 – 10:45 am ☐ T2A ☐ T2B ☐ T2C
11:00 – 12:30 pm ☐ T3A ☐ T3B ☐ T3C
12:30 pm ☐ Box Lunch

Submitting Registration

Online: Register with a credit card at http://www.ma-ri-hfma.org/region1.html
or Mail: Return registration form and payment to:
HFMA Region 1, 411 Waverley Oaks Rd., Suite 331B, Waltham, MA 02452 or fax to (781) 647-7222.
AccuReg Revenue Cycle Solutions
Axiom EPM
Baker Newman Noyes
Bank of America Merrill Lynch
BerryDunn
BESLER Consulting
Capio Partners
Cardon Outreach
CBCS
Cleverley + Associates
Collection Bureau Hudson Valley
Coverys
Craneware
Cymetrix
Elavon
E-Management Associates, LLC
Emdeon
GE Healthcare
Harris & Harris, LTD
HBCS
Healthcare Payment Specialists, LLC
Higgins Corporation
HSM Consulting
Information Builders
Kaufman Hall
Lighthouse Payment Services Inc.
LogixHealth
Marcum LLP
MedAssets
Medical Bureau/ROI
Nuance Communications, Inc.
Orbograph
Ormed Information Systems Inc.
Parallon
ParrishShaw
Passport Health Communications
PNC Healthcare
ProMedical, LLC
RevSpring, Inc.
Saslow Lufkin & Buggy, LLP
Sevenex Group
Sherloq Solutions
Sibson Consulting
TD Bank
The PFM Group
The SSI Group, Inc.
Transamerica Retirement Solutions
TruBridge
Vaughan Holland Consulting, Inc.
WithumSmith+Brown, PC
CONNECTICUT GOLF OUTING

At the crossroads, take the path to fun!!!

Become part of the kickoff to the Region 1 HFMA’s Annual Healthcare Conference at Mohegan Sun Resort on May 14 and 15, 2014. The Connecticut Chapter is holding its Golf Outing on Tuesday, May 13, 2014 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 this promises to be an exciting event.

Sign up early as the tournament typically sells out quickly!

Schedule of Events
11:30 am - Registration / Lunch
12:30 pm - Golf Play Begins
6:30 pm - Cocktail Hour, Awards and Prizes

Event Details
• Scramble Format
• Shotgun Start
• Prizes for Gross and Net plus closest to the pin and longest drive
• Fee of $235.00 per Golfer Includes:
  - Lunch
  - Golf with cart
  - Roving refreshment cart
  - Cocktail hour, Reception
  - Driving Range / Practice Facility
• Cocktail Hour Reception only $25.00

Sponsorship Levels
Tournament Sponsor
Reception Sponsor
Lunch Sponsor
Event Sponsor
Tee Sponsor

** Call for Details on all the Sponsorships Available

For More Information Call
Cynthia Henry
Association Resources
Office: (860) 586-7510
Fax: (860) 586-7550
cheny@associationresources.com

Michael Rosadini
Office: (860) 539-6055
michael.rosadini@yahoo.com

Registration Form

Company____________________________________________
Address____________________________________________
Phone__________________________  Fax_________________
Email_________________________________________________

Players Name     Handicap #
1__________________________________________________________________
2__________________________________________________________________
3__________________________________________________________________
4__________________________________________________________________

Return with Check Payable to:
HFMA Conn. Chapter
c/o Cynthia Henry
Association Resources
342 North Main Street
West Hartford, CT 06117

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