

SEPTEMBER 18—20, 2013 Belterra Casino & Golf Resort Florence, Indiana

REGISTRATION BROCHURE

A JOINT MEETING OF









CONFERENCE SCHEDULE

See session details starting on page 4

Wednesday, September 18, 2013

8:00 am and 1:00 pm—Golf Outing Start Times 6:00 pm—Welcome Reception, hors d'oeuvres, host bar

Thursday, September 19, 2013

7:00-8:00 am Registration, Continental Breakfast

Exhibit Hall Open

8:00-9:30 am **Keynote Address—Joe Fifer, FHFMA,**

CPA

Thriving Amid Reform

9:30-10:15 am Refreshment Break and Exhibit Hall Open

10:15-11:45 am Break-Out Sessions

Track 1— Jean Even, Renee George,

MHA & Amanda Ricci
Revenue Cycle Success Story

Track 2—Richard Shonk, M.D.

The CPC Initiative

Track 3—Jamie Cleverley, MHA

Equity versus Adequacy of Managed Care

Contracts

11:45-1:30 pm Lunch and Chapter Awards

1:30-3:00 pm Break-Out Sessions

Track 1—Kyle Bennett, FHFMA, CPA

& Nathan Mowery, JD Physician Alignment

Track 2—Jason Lee, MPH &

Ken Steele, MHA *Public Exchanges*

Track 3—Scott Bezjak, CPA & Mick

Welscher

Regulatory Update

3:00-3:30 pm Refreshment Break and Exhibit Hall Open

3:30-5:00 pm General Session—Dale Anderson, M.D.

Strategies for Clinically Integrated

Networks

5:15-7:00 pm Reception with Exhibitors

7:00 pm Billy Brown Band

Friday, September 20, 2013

7:30-8:15 am Continental Breakfast

Exhibit Hall Open

8:15-9:15 am **Keynote Address—Clark Kellogg**

Be a Difference Maker

9:15-10:30 am Break-Out Sessions

Track 1—Dan Bergantz, MBA &

LeAnne Moran

A MAD Approach to Revenue Cycle

Performance

Track 2—Deborah Grider, CPC

Fast Tracking ICD-10

Track 3—Tim Glasser

Capital Markets

10:30-11:00 am Refreshment Break and Exhibit Hall Open

11:00-12:00 pm General Session—Brian Reardon

A D.C. Insider's Perspective



BILLY BROWN BAND

Incorporating rock with his southern roots, Billy Brown brings his very own flavor to country music. From ballads to boot stompin' anthems his music breaks the genre barrier and appeals to anyone who loves some good ol' tunes.

GENERAL INFORMATION

REGISTRATION FEE

Early Bird (by August 28, 2013)

Member—\$250 Non-Member—\$325

Regular Fee (after August 28, 2013)

Member—\$275 Non-Member—\$350

Guest Fee

For Wednesday and/or Thursday receptions—\$25 each event (please include information on registration form)

CANCELLATIONS

Cancellations must be received, in writing, by Monday, September 9, 2013. There will be no refunds for no shows. Substitutions are allowed.

CPE CREDITS

11 CPE credits will be awarded for both days.

HOTEL

Belterra Casino Spa & Resort 777 Belterra Drive, Florence Indiana 1.888.235.8377

\$89, plus tax, standard room; \$129, plus tax, deluxe room

Call to make reservations. State you are with the HFMA Tri-State Meeting, Group Code #C17400

Reservations must be made by September 2, 2013 to be guaranteed the group rate.

Go to www.belterracasino/directions.aspx for directions.

Visit Belterra's website for more information about the amenities and services offered at the resort.

NEARBY

Belterra is located next to Vevay in Switzerland County, a 19th century river community. Vevay was recently named *Budget Travel's 4th Coolest Small Town in America*! Go to http://www.vevayin.com to find out more about the town, Switzerland County, and all there is to see and experience. Just west of Vevay is Madison, IN with several wineries and the gateway to the Underground Railroad Driving Tour and the Ohio River Scenic Byway Artisan Tour. This will be the perfect time of year to spend a little extra time in this part of Indiana!

BELTERRA CASINO, SPA & RESORT



FEATURED SPEAKERS

Opening Keynote Address—Joe Fifer, FHFMA, CPA, President, HFMA

Friday Keynote Address—Clark Kellogg, Vice President, Player Relations, Indiana Pacers; Lead Analyst, CBS College Basketball

THURSDAY, SEPTEMBER 19, 2013

8:00—9:30 AM

Keynote Address

HFMA Update: Thriving Amid Reform

Presenter:
Joe Fifer, FHFMA, CPA
HFMA
Chicago, Illinois

HFMA's President and CEO will discuss forces in the market impacting HFMA members and healthcare providers, how the industry is responding to these forces, and HFMA's role in that response.

Learning Objectives:

- 1. Payment changes.
- 2. Impact of market trends and legislation like the ACA.
- 3. Shift toward price transparency in the healthcare marketplace.

10:15—11:45 am—BREAK-OUT SESSIONS

Track 1
Creating a Medicaid Conversion Program to
Improve Net Revenue

Presenters:
Jean Even
Vice President, Sales & Client Services
Medical Recovery Systems

Renee George, MBA
Revenue Cycle Vice President &

Amanda Ricci
Eligibility and Regulatory Manager
Premier Health
Dayton, Ohio

In this session you will hear from a hospital provider and one of its Medicaid Eligibility vendor partners about an innovative strategy that has increased the percentage of uninsured patients converting to Medicaid, improved Net Revenue and patient satisfaction.

Track 2

Health Transformation and the Primary Care Physician

Presenter:
Richard Shonk, M.D.
Chief Medical Officer
Greater Cincinnati Health Council
Cincinnati, Ohio

Dr. Shonk will provide information and insight on the current activities nationally supporting health transformation. The presentation will provide a broad oversight on the initiatives that managed care organizations, CMS and providers are trying to transform health care with the goal being improved care, improved health and lower cost.

This presentation shows the leadership role the primary care providers must take for effective health transformation. "The better the primary care, the greater the cost savings, the better the health outcomes, and the greater the reduction in health and health care disparities."

Learning objectives:

- 1. Update and review of the initiatives underway to support Health Transformation in Nationally.
- 2. Understanding of the leadership role Primary Care Providers must provide to improve health outcomes and reduce medical spend.
- 3. Information on the Comprehensive Primary Care initiative and what it means nationally and locally.
- 4. Take away several new ideas on opportunities that your organization may have to prepare and be a leader in Health Care Transformation.

Track 3 Equity versus Adequacy of Managed Care Contracts

Presenter:
Jamie Cleverley, MHA
Principal, Cleverley + Associates
Worthington, Ohio

Hospital payment has evolved into a complicated infrastructure with many competing forces. Among other things, hospitals are challenged in creating a payment structure that is equitable to payer groups, sensitive to charge and market positions, and mindful of financial

implications. This session will present a methodology to address these key considerations in order to develop an ideal payment strategy that is fair to payers and financially sustaining for the hospital.

Learning Objectives:

- 1. Evaluate internal and external payer equity to determine if payment differences are warranted.
- 2. Examine payment differences among US hospitals to understand relationships to demographic factors and pricing.
- 3. Develop an ideal strategy to enhance equity/ defensibility and yield.

Lunch—Chapter Presentations

1:30—3:00 pm—BREAK-OUT SESSIONS

Track 1

Physician Hospital Integration Models & Trends in a Brave New World Presenters:

> Kyle Bennett, FHFMA, CPA Executive Vice President & COO Memorial Hospital and Health Care Jasper, Indiana &

Nathan Mowery, JD Managing Director, Healthcare Navigant Consulting Indianapolis, Indiana

Health reform as well as other environmental drivers are forcing physicians, hospitals and other providers to integrate and work more closely together than ever before. This presentation will address the leading approaches to healthcare provider integration, as well as their pitfalls, possibilities and practicalities, with an emphasis on effective implementation of these integration strategies. This will be a practical presentation that provides concrete, current examples and case studies from the field with multiple opportunities for group discussion to increase meeting attendees' awareness. Specifically, the integration strategies of physician employment, co-management, centers of excellence and joint contracting around clinical integration will be discussed.

Track 2 Understanding State Health Exchanges to Optimize Managed Care Contracts

Presenters: Jason Lee, MPH Senior Manager &

Ken Steele, MHA
Senior Manager
ECG Management Consultants
Walnut Creek, California

With hospitals facing greater pressure to reduce costs and improve quality, gaining a higher degree of collaboration from their medical staff in these efforts is crucial. Performance-based incentive programs or gainsharing models have enabled many hospitals to align the interests of their physicians with their own to achieve these goals. This presentation will describe one such gainsharing program that is easy to implement and currently achieving great success in aligning goals, reducing inpatient costs and improving quality. The program establishes cost and quality performance benchmarks and rewards physicians for moving toward and/or reaching those benchmarks by allowing them to share in the hospital savings achieved. The program works in various settings – large and small, tertiary and community hospitals, and includes managed care admissions, as well as Medicare fee for service admissions, through a CMS demonstration project operational since 2008.

Track 3

Regulatory Update – 2014 Provisions of the Affordable Care Act and Inpatient Final Rule Presenters:

Scott Bezjak, CPA
Partner &

Mick Welscher Senior Managing Consultant BKD, LLP National Healthcare Group

The presenters will review the final Inpatient Prospective Payment Final Rule and other changes to Medicare legislation, regulations and payments. We will review the largest redistribution of Medicare funds in the history of the Medicare program and discuss future alternatives for the Medicare disproportionate share hospital program. We will also provide a perspective about other regulatory developments and trends from Washington D.C.

Learning objectives:

- 1. Understand the latest changes to Medicare payments.
- 2. Understand how other payers could adopt coming changes.
- 3. Budget more accurately.
- 4. Ability to transfer information to others in your organization.

3:30—5:00 pm—GENERAL SESSION

Strategies for Clinically Integrated Networks

Presenter:
Dale Anderson, M.D.
Managing Director
BDC Advisors
Columbus, Ohio

Healthcare reform is forcing health care providers to transform its delivery model. Dale will discuss strategies on how to leverage a clinically integrated network to achieve organizational success in the reform market.

Learning Objectives:

- 1. How Clinically Integrated Networks (CINs) can lead the transformation of a hospital system into a "Health System."
- 2. How CINs support the Health System Mission.
- 3. Design elements of CINs that can maximize physician engage physician engagement.
- 4. CIN strategies to position the Health System to grow market share and members.
- 5. CIN strategies to change the physician culture and better align values and incentives with market realities.

FRIDAY, SEPTEMBER 20, 2013

8:15—9:15 AM

Keynote Address Be A Difference Maker

Presenter:
Clark Kellogg
Vice President, Player Relations
Indiana Pacers
Lead Analyst, CBS College Basketball

Clark's presentation will include:

Attitude of Gratitude Control the Controllables Be Others Centered Joy in the Job 9:15—10:30 am—BREAK-OUT SESSIONS

Track 1

Measurement, Accountability, Discipline – a MAD Approach to Revenue Cycle Performance

Presenters:
Dan Bergantz, MBA
Director, Advisory Services
PNC Healthcare
Salt Lake City, Utah &

LeAnne Moran Director, Revenue Cycle East Alabama Medical Center Opelika, Alabama

This session will incorporate the principles of measurement, accountability, and discipline to illustrate how to develop a sustained approach to a high performing revenue cycle. In today's "magic pill" society, leaders must realize and accept that performance and profitability are not achieved by quick fixes, but by a measured, accountable, disciplined effort. Attendees will learn how to identify and track problem areas through KPI measurement, ensure all areas are held accountable for their measured performance, and incorporate a disciplined approach to process management. Real examples will be used from East Alabama Medical Center's experience in managing revenue cycle performance.

Learning Objectives:

- 1. Incorporate the principles of measurement, accountability and discipline in process improvement.
- 2. Examine their own revenue cycle to determine where problem areas may exist.
- 3. Explore tips and strategies for effective implementation of the MAD principles.

Track 2
Fast Tracking ICD-10

Presenter:
Deborah Grider, CPC
Senior Manager
Blue &Co. LLC
Indianapolis, Indiana

This session will cover ICD-10 readiness including what elements of implementation are necessary to move towards ICD-10, what questions to ask your vendors; why testing end-to-end is imperative for a successful transition; how ICD-10 will affect the entire industry, and what resources are available to help you get started.

Learning Objectives

- 1. What necessary steps must be taken now to "Fast Track" ICD-10 to be ready for the deadline of October 1, 2013.
- 2. How ICD-10 can impact your organization financially if you fail to take the appropriate implementation steps.
- 3. What resources are available to help you get started.

Track 3 Healthcare Capital Markets

Presenter:
Tim Glasser
Vice President
Fifth Third Securities, Inc.
Columbus, Ohio

This session will provide an assessment of the current healthcare environment, capital market conditions, and financing options for non-profit healthcare entities.

Learning Objective:

The objective of this session is to provide attendees with capital markets information and ideas in the current healthcare environment.

11:00 am—12:00 pm—GENERAL SESSION

A D.C. Insider's Perspective on the Economy, Budget, and Health Care Policy

Presenter: Brian Reardon Venn Strategies, LLC Washington, D.C.

Last year's Supreme Court decision coupled with the historic 2012 elections gave health care providers a new basis of certainty when looking to the future – the Affordable Care Act (ACA) would be the law of the land and health care providers could start planning. But the certainty of the ACA's implementation raises a whole new set of compelling questions: Will the state insurance exchanges be ready in time? Will anybody show up if they are? How much will all this cost?

Other related questions also deserve answers: Is the economy really on the road to recovery? Will the debt ceiling result in another government shutdown? How might the 2014 elections affect it all? Lots to cover and only an hour to do it, but Brian Reardon will give you a good sense of where Washington is headed and what it means to you.

CONFERENCE EXHIBITORS

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FEATURED SPEAKERS



Joseph Fifer, FHFMA, CPA

Joe Fifer, FHFMA, CPA is president and chief executive officer of the Healthcare Financial Management Association. HFMA provides the resources healthcare organizations need to achieve sound fiscal health in order to provide excellent patient care. With more than 39,000 members.

HFMA is the nation's leading membership organization of healthcare finance executives and leaders.

Prior to assuming this position in June 2012, Fifer spent 11 years as vice president of hospital finance at Spectrum Health, in Grand Rapids, Michigan. Fifer also spent time with McLaren Health Care Corporation, Flint, Michigan, as vice president of finance and Ingham Regional Medical Center, Lansing, Michigan, as senior vice president of finance and CFO. Fifer started his career with nine years at Ernst and Young, also in Michigan.

Fifer was Chair of the HFMA Board of Directors in 2006-07. An HFMA member since 1983, Fifer served as a chapter president and for two terms as an HFMA board member.



Clark Kellogg

Clark has been a commentator for Cleveland State University, the Big East Television Network, the Indiana Pacers, and ESPN. In December of 2008 he became the lead analyst for CBS' coverage of college basketball after serving as a game and studio analyst for over a decade. He was the lead studio analyst from 1997-2008, and has

been with CBS since 1993. In addition to his broadcasting duties, he is Vice President of Player Relations for the Indiana Pacers.

He is a former first-round draft pick of the Indiana Pacers in 1982 and was the eighth selection overall. He played five seasons with the team. Chronic knee problems forced him to retire with career averages of 18.9 points and 9.6 rebounds per game, as well as a unanimous selection to the 1983 NBA All-Rookie Team.



Kyle Bennett, FHFMA, CPA

Chief Operating Officer, Memorial Hospital & Health Care Center

Employed at Memorial Hospital since 1997 as vice president of finance, Bennett has Bachelor's degrees in English and Accounting as well as a Master's degree in Business Administration. He is a certified public accountant and holds the status of

Fellow in the Healthcare Financial Management Association and the American College of Healthcare Executives.



Dale Anderson, M.D.

Dale is a Managing Director at BDC Advisors with 25 years of experience in multispecialty group practice and hospital medical group management. Dale brings the perspective of a physician working in large hospitals and integrated health systems in both the fee-for-service and managed care environments. He has a special interest in

creating effective hospital / physician networks and structures that optimize the contributions of all participants in delivering superior patient care and service.

Having worked at the interface between hospitals and medical groups, Dale understands the challenges and opportunities that true clinical integration presents to health systems interested in achieving the Institute of Medicine goals related to patient-centered care. In the past three years Dale has help lead the development of Clinically Integrated Networks for twelve health systems and worked with management and the physician participants on strategies to maximize the potential benefits of these new structures for patients, payers and providers. Of particular interest to Dale is how development and investment in Clinically Integrated Networks can help lead the transformation of a hospital system into a "health system" accountable for care across a population continuum.

Dale has served as a senior health system executive in two leading healthcare organizations participating in both the planning and execution of physician led growth strategies.

Dale achieved certification as a SixSigma Black Belt through the American Society for Quality (ASQ) and, in 2008, completed the IHI Patient Safety Officer training. He spent a year (2007) with Presbyterian as their Senior VP of Quality and Safety during which time he crafted a comprehensive patient safety plan for the health system.

He earned his medical degree at Northwestern University Medical School and his business degree at Iowa State University.



Dan Bergantz, MBA

Dan has over 13 years of combined research, financial, and consulting experience in the healthcare industry. He currently serves as Director of Advisory Services for PNC Healthcare, specializing in revenue cycle process improvement, and also has extensive experience in strategic planning, labor management, strategic

pricing, and physician productivity. Prior to joining PNC, Dan worked in the healthcare industry for organizations including the Premier Healthcare Alliance, Phase 2 Consulting, GE Healthcare, and the Utah Medical Education Council. Dan earned his Master's in Business Administration in Health Administration from the Eccles School of Business at the University of Utah, and is an active member of HFMA's Utah Chapter.



Scott Bezjak, CPA

Scott provides auditing, accounting and consulting services to clients in the health care industry, primarily hospitals, long-term care facilities and physician practices. In addition to managing audits and preparing prospective financial statements and feasibility studies, he supervises the preparation of Medicare and Medicaid cost reports, reviews interim Medicare payment

rates and assists with client accounting and reporting problems.

He has more than 15 years of experience in public accounting. Scott's additional hospital consulting experience includes hospital rate methodology and strategy, productivity studies, community health needs assessments and assisting hospitals and clinics with their revenue cycle. His Medicare and Medicaid consulting experience includes analyzing the reimbursement implications of various programs and developing reimbursement strategies.

He is a member of the American Institute of Certified Public Accountants, Ohio Society of Certified Public Accountants and West Virginia Society of Certified Public Accountants and is an advanced member of the Healthcare Financial Management Association.



Jamie Cleverley, MHA

Cleverley serves as a Principal for Cleverley & Associates, where he has worked since September 2003. He consults with hospital and healthcare organizations to identify financial and operating opportunities, as well as related strategies for performance improvement. Prior to joining the firm, he directed a statewide health services program for a medical association.

Cleverley has authored a number of publications dealing with healthcare financial analysis and application, including the annual Community Value Index® hospital survey, The State of the Hospital Industry, and The Essentials of Health Care Finance. He was the recipient of the Healthcare Financial Management Association's Yerger/Seawell Best Article award.

Cleverley received his Masters in Health Administration from The Ohio State University in 2004. He received his Bachelors of Science in Business Administration from The Ohio State University in 1999.



Jean Even

Jean Even is the Vice President of Sales and Client Services for Medical Recovery Systems, a multi-service revenue cycle vendor located in Cincinnati, Ohio. Jean has responsibility for all service areas of Medical Recovery, which include Medicaid eligibility, A/R outsourcing, Healthcare staffing and Training. Prior to joining Medical Recovery

Systems, she held management positions at Cincinnati Children's Hospital and the Health Alliance. Jean also has experience in home health care administration and physician practice management in oncology and cardiology.

Jean has attended the University of Cincinnati and the College of Mt. St. Joseph, majoring in Healthcare Management. She is a member of the Southwest Ohio Chapter of HFMA and currently serves as a Co-chair on the Program Committee.

Jean resides in northwest Cincinnati with her husband Bob. They have two children and 5 grandchildren. She also services as a volunteer for Working in Neighborhoods, a HUD certified housing counseling agency, working in their Foreclosure Prevention Program.



Renee George, MBA

Renee joined Premier Health in Dayton, Ohio as Vice President, Revenue Cycle in October, 2008. Responsibilities include central scheduling, patient access, health information management, and the consolidated business office for the four Premier hospitals. Renee is the executive sponsor for Premier's ICD-10 preparation and clinical documentation improvement.

Renee holds a Master of Business Administration degree from Georgia State University and a Bachelor of Science degree from the University of Kentucky. She is a Fellow in the Healthcare Financial Management Association (HFMA) and serves on the southwest Ohio HFMA Chapter's board of directors, chairing the Progams and Education Committee. Renee is a member of the Leadership Dayton Class of 2013/2014.



Tim Glasser

Vice President, Fifth Third Securities. Glasser joined Fifth Third Securities, Inc. in April, 2000, after a combined twelve years with regional investment banking organizations. His primary focus during his investment banking career has been structuring taxexempt and taxable transactions in the health

care industry, including acute care, long-term care and medical office facilities.

His experience in health care issues includes extensive variable rate and fixed rate transactions, rated and unrated structures, and pooled financing programs for both taxable and tax-exempt borrowers. He has also utilized various credit enhancement techniques including municipal bond insurance and bank letter of credit structures. Glasser received an Economics degree with honors from Kenyon College and a Master of Business Administration degree in Finance from the University of Texas at Austin. He also received his Chartered Financial Analyst designation in 1989.



Deborah Grider, CPC, CPC-I, CPC-H CPC-P, CPMA, CEMC, COBGC, CPCD, CCS-P, and CDIP

AHIMA Approved ICD-10 Trainer Certified Documentation Improvement Practitioner

American Medical Association Coding Author IHIMA ICD-10 Taskforce; President-Elect

Grider is a Senior Manager with Blue & Co., LLC with over 32 years of experience in coding, reimbursement, practice management, billing compliance, accounts receivable, revenue cycle management, and compliance across many specialties. Her specific areas of expertise include medical documentation reviews, accounts receivable analysis and coding and billing education. Her background includes many years of practical experience in reimbursement issues, procedural and diagnostic coding, and medical practice management.

Deborah consults with private practices, physician networks, health plans, and hospitals assisting with revenue cycle issues as well as assisting with ICD-10 Implementation Strategies and education. She assisted with development of a Medical Assisting Program for Methodist Hospital of Indiana (IU Health) under a federal re-training grant, and developed the Medical Coding Program for Martin University in Indianapolis. She conducts many seminars throughout the year on coding and reimbursement issues. She is the former program director of the Medical Coding Program for Clarian Health Partners (IU Health). Deborah is a legal coding advisor for many attorneys nationally. She has provided testimony for the National Committee on Health Care Vital Statistics on ICD-10 implementation challenges and is considered an ICD-10 expert in the country. She developed the education and training curriculum for ICD-10 Implementation for Physicians and Payors for the American Academy of Professional Coders.



Jason Lee, MPH

Jason is a member of the Healthcare – San Francisco practice at ECG. He has over a decade of consulting experience in strategic planning, hospital/physician alignment, and commercial contracting. Lee's current practice focuses on managed care contract analysis and negotiation, development of hospital/physician financial relationships, and

assessment of physician productivity. His experience also includes having served as an interim System Director of Managed Care for a multibillion-dollar health system. Lee has a Master of Public Health degree from San Diego State University and Bachelor of Arts degrees in both Human Biodynamics and Molecular and Cell Biology from the University of California, Berkeley.



LeeAnne Moran

LeAnne Moran has over 25 years of hospital revenue cycle experience. She currently serves as Revenue Cycle Director of East Alabama Medical Center. LeAnne has comprehensive revenue cycle experience in all areas of Patient Access and Business Office functions. Her skills

and passion for process improvement and training have enabled EAMC to achieve noteworthy improvements in their revenue cycle operations, including significant increases in up-front and overall collections, significant decreases in A/R days and cost-to-collect, and substantial improvements to departmental processes and automation.

LeAnne attended Alabama Community College and the University of Alabama in Birmingham, and is an active member of HFMA's Alabama chapter.



Nathan Mowery

Mowery, a Managing Director with Navigant Consulting, has over 25 years of experience in the healthcare industry. His career focus is assisting his clients with strategic and tactical planning, business planning and development, managed care strategies, and contract

negotiations. Mowery has facilitated the strategic planning process for large and small physician groups, developed multiple business plans for joint ventures between hospitals and physicians, and facilitated physician practice acquisitions by hospitals. Most recently, he has been involved in the development and implementation of multiple tactics – from comanagement, to employment, to joint ventures – to bring hospitals and physicians together in more meaningful and mutually beneficial ways. He frequently presents on topics of strategic alignment and the implications of healthcare reform.

Mr. Mowery is licensed to practice law in the State of Indiana, and is a member of the American College of Healthcare Executives. He is an immediate past member on the Board of the Indiana Health Executives Network and is a member of the American Health Lawyers Association. He currently is the Team Leader of Navigant Consulting's Physician Strategy Team.

Prior to joining Navigant, Mr. Mowery was a Principal with EthosPartners where he was a leader in the hospital strategy group. Prior to that, he was a senior leader and shareholder of Health Evolutions, a boutique strategy practice located in Indianapolis, working in the areas of hospital and physician strategy.



Brian Reardon

Reardon joined Venn Strategies, LLC after serving as a Special Assistant to President George W. Bush for economic policy, where he was the principal tax aide at the President's National Economic Council.

Prior to serving on the White House staff, he was Staff Director and Chief Economist for the Senate Republican Policy Committee.

Reardon has also been lead tax lobbyist with the National Federation of Independent Business (NFIB) and an aide to Senator Spencer Abraham (R-MI).

At Venn, Reardon works to ensure that Venn's clients have market moving information first; that economic policies are fully understood by Congress; and that tax, energy, and health care policy encourages investment.

Amanda Ricci

Amanda has over ten years of health care revenue cycle experience. She began her career in Patient Access and currently manages the Financial Counseling program. Amanda is responsible for oversight of the Medicaid Eligibility and Enrollment process, state and hospital charity care programs and patient payment options. She has been very active in patient advocacy and establishing ongoing working relationships with governmental agencies and outreach programs serving the community.

Amanda holds a Bachelor's degree in Education from Wright State University and is currently perusing Master of Business Administration from Indiana Wesleyan University.



Dick Shonk, M.D., PhD

In 2013, Shonk joined the Greater Cincinnati Health Council, the Health Collaborative, and HealthBridge as the Chief Medical Officer of the newly reconstituted, nonprofit, health care improvement organizations. Dr. Shonk is a long time supporter of health transformation work in the Greater Cincinnati region.

In his previous capacity as Market Medical Director for United HealthCare, he served on various boards, committees and task forces of the three organizations. He was also United HealthCare's primary physician liaison to the Cincinnati and Dayton medical communities, overseeing clinical quality activities and medical expense management.

Shonk has held senior physician executive positions in hospital administration and brings experience in quality management, case management, patient safety, medical staff affairs and supervision of physicians in clinical and administrative roles. He held several positions with the Cleveland Clinic Health System, including vice president of Medical Operations and medical director of the Quality Institute. Previously, he was Sr. Vice President of Quality for the Ohio Health System in Central Ohio. Shonk was in private practice for 10 years and continues to be active clinically.

Shonk is a board-certified physician in Family Medicine and a Certified Physician Executive with the American College of Physician Executives. He earned doctorates in Medicine and Pharmacology from Case Western Reserve University in Cleveland and attended Ohio Dominican College in Columbus.

Shonk is a member of the Governor's Task Force in Ohio for Patient Centered Medical Home. He is a founding member of the Ohio Patient Safety Institute and served as chairman of its board. He currently sits on the statewide Patient Safety Organization Task Force.



Ken Steele, MHA

Ken has over 20 years of experience in managed care and hospital senior leadership positions, as well as in contract review, analysis, and negotiations.

Steele has had responsibility for 20 hospitals with over \$1 billion in annual managed care revenue. He has led many hospitals and hospital systems in substantially improving

their contract reimbursement rates, contract language, and revenue cycle management.

In addition to managed care, he has a comprehensive background in hospital operations, having held multiple hospital leadership positions, including CEO. He has successfully managed a hospital's financial and strategic turnaround in a large, competitive market.

Steele holds a Master of Health Administration degree from the Program in Hospital and Health Services Administration and a Bachelor of Science degree in Business Administration, both from The Ohio State University.



Mick Welscher

Mick is a member of BKD National Health Care Group, and his primary area of focus is assisting health care providers in the management of reimbursement matters related to Medicare and Medicaid. Other responsibilities include negotiating the settlement of cost reports and managing Medicare appeals with fiscal intermediaries

and the Provider Reimbursement Review Board.

He has more than 10 years of experience assisting health care providers with reimbursement and other financial consulting services. He has worked with a variety of hospital clients from small rural providers to large urban tertiary hospitals.

Mick is an active member of the Kentucky chapter of Healthcare Financial Management Association, Kentucky Society of Certified Public Accountants and American Society of Certified Public Accountants.

He is a 1991 graduate of University of Louisville, Kentucky, with a Bachelor of Science in Business Administration degree in Management, and a 1994 graduate of University of Louisville Brandeis School of Law, with a law degree.

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David McCullough at dmccullough@p-m-s.com

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September 18, 2013 Individual—\$55.00 Foursome—\$200.00

Tee Times—8:00 am & 1:00 pm Lunch—11 am & 1 pm Registration will be half an hour before each tee time.

Please plan to participate in the Tri-Chapter Golf Outing. A great day of golf is planned at the beautiful Belterra Golf Club where you will experience the thrill of a world class golf course and play the championship par 71 course. Designed by legend Tom Fazio, each of the 18 holes was created to highlight the natural surroundings, winding through lakes and around 2,200 trees. Ranked in the Top 20 casino golf courses in the United States by Golfweek, it challenges players with water hazards and bunkers set amidst the beautiful rolling hills.

The Outing will include a 4-person scramble, catered lunch, and awards reception following the golf. Our event will include a very special Hole In One Contest worth \$30,000 in cash!

Other features for the day will include: place award and team prizes.

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For more information, contact Brian McCAllister at **BMCCALL2@OhioHealth.com** or the office at 317-209-8733.



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