## SESSION AGENDA

**THURSDAY, JANUARY 25, 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Course#</th>
<th>CPE</th>
<th>Level</th>
<th>Prerequisites</th>
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<tbody>
<tr>
<td>7:30am – 8:30am</td>
<td>Breakfast &amp; Registration</td>
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<td>8:00am – 9:00am</td>
<td><strong>Fractionating Cycle: The Role of Denials Management</strong></td>
<td>180101</td>
<td>1.0</td>
<td>Entry</td>
<td>None</td>
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<td>Navigating the new financial terrain for the healthcare provider is challenging with the patient being the new payer and the ongoing shift of services to the outpatient arena. Where are we in this new environment and what steps can we take to ensure our revenue stream is intact will be discussed.</td>
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<td>Presented by: Nioca Stokes, RN, BSN, CCM</td>
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<td></td>
<td>Director – Clinical Appeals</td>
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<td>Premier Medical Appeals</td>
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<td>Jane S. Turner RN, BSN, M.S., CCM</td>
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<td>Vice President of Operations</td>
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<td>Premier Medical Appeals</td>
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<td>9:00am – 10:00am</td>
<td><strong>Update on the Economic Condition of the U.S. and it’s Relation to Healthcare Reform</strong></td>
<td>180102</td>
<td>1.0</td>
<td>Entry</td>
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<td>Latest update on the economic condition of the U.S., including federal social service expenditures, the national debt, Medicare, Medicaid and Social Security obligations, inflation, unemployment, and national economic policy options. Emphasis is on the impact of changes in healthcare reform legislation and implications for inter-generational equity.</td>
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<td>Course Objectives:</td>
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<td>• Identify current and future U.S. healthcare economic challenges</td>
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<td>• Evaluate healthcare economic policy options</td>
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<td>• Inform healthcare institutional strategic planning</td>
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<td>• Articulate the inter-generational healthcare economic implications</td>
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<td>Presented by: Dana A. Forgione, PhD, CPA, CMA, CPE</td>
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<td>Professor of Accounting</td>
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<td>University of Texas – San Antonio</td>
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<td>10:00am – 10:30am</td>
<td><strong>Refreshment Break</strong></td>
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<td>10:30am – 11:30am</td>
<td><strong>Palliative Medicine – The Tip of the Spear for Health Reform</strong></td>
<td>180103</td>
<td>1.0</td>
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<td>This course will bring awareness of palliative medicine and it’s impact in healthcare, with attention to cultural, emotional and financial aspects, healthcare reform and the future of American medicine.</td>
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<td>Presented by: Philip J. Huber, Jr., MD, FACS, FASCRS</td>
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<td>11:30am – 12:00pm</td>
<td><strong>Networking Break</strong></td>
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<td>12:00pm – 1:00pm</td>
<td><strong>Lunch &amp; Presentation: The Effects of Exercise and Nutrition on Metabolism</strong></td>
<td>180104</td>
<td>1.0</td>
<td>Entry</td>
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<td>This session will cover how the metabolism reacts to its surroundings, how we change and manipulate the metabolism, and what exercise and nutrition helps benefit it.</td>
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<td>Presented by: Mickey Hammer</td>
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<td>Metabolic Specialist/Personal Trainer</td>
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<td>LifeTime Fitness of Flower Mound</td>
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<td>Thank You to our Lunch Sponsor</td>
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LifeTime Fitness of Flower Mound
1:00pm – 2:30pm  Keynote Session – Federal Health Care: Deeper than the Headlines
   Course#: 180103  CPE: 1.5  Level: Intermediate  Prerequisites: None

The HHS Office of Inspector General (OIG) is a government watchdog charged with combatting fraud, waste and abuse in Federal health care programs such as Medicare and Medicaid. The course will describe the OIG’s core mission and organization, review the current work plan and sample projects, and provide a look at our preparations for the coming year.

After attending this session, attendees will:

- Understand the core mission and organization of the HHS OIG
- Gain insight about the OIG’s current priorities and expectations for the coming year.
- Have opportunity to interact and ask questions about OIG processes and contact.

Presented by: Ruth Dorrill, MPA
Deputy Regional Inspector General Office of Inspector General (OIG)
Health & Human Services

2:30pm – 2:45pm  Refreshment Break

2:45pm – 3:45pm  Driving Patient Satisfaction Through Teamwork and Collaboration
   Course#: 180106  CPE: 1.0  Level: Entry  Prerequisites: None

With today’s patients bearing more responsibility for the cost of their healthcare than ever before, their expectations have risen as well – along with willingness to shop around when things go wrong. How do we as providers meet these expectations, increase patient satisfaction, and maintain a high level of patient loyalty? The answer lies in knowing what patients need and want, and how to use collaboration and teamwork to deliver those very things.

Hawes Group CMO and motivational speaker, Jeff Johnson will share his years of experience with successful patient engagement and developing collaborative teams that deliver. With new and significant changes to the ACA forthcoming, he’ll discuss what this may mean for providers, and the impact it may have on patients as well.

Presented by: Jeff Johnson
Chief Marketing Officer
Hawes Group

Kathryne Rouse
System Director – Customer Support
Providence Health & Services

3:45pm – 5:15pm  Panel Discussion: UHRIP – Implications and LPPF Funding Mechanism
   Course#: 180107  CPE: 1.5  Level: Intermediate  Prerequisites: None

The uncertainty at the federal level related to Medicaid funding has required healthcare leaders across Texas to collaborate to develop alternatives to existing programs aimed at funding the cost of care for Medicaid patients and for those patients who have no insurance. This course will provide a discussion on how the new realities for funding the Medicaid program has resulted in an innovative program called the Medicaid Uniform Hospital Rate Increase Program (UHRIP). The panel will discuss the opportunities and complexities of the UHRIP program and include discussion of how the Local Provider Participation Funds (LPPF) are being used to finance programs aimed at reducing unfunded Medicaid shortfall and uncompensated care. This program will be of benefit to anyone who has to make decisions regarding the impact of Medicaid funding on operations and for those with oversight to Medicaid managed care contracting. In addition, this program will be beneficial to finance leaders who project, budget, and account for Medicaid and uncompensated care funding.

Presenters:
Carlos Zaffirini Jr.
President & Chief Executive Officer
Adelante Healthcare Ventures

Moderator:
David Salsberry
Chief Revenue Officer
Texas Health Resources

Panelists:
Keri Disney-Story
Director, Charge and Reimbursement Integrity
Parkland Health and Hospital System

Bill Galinsky
Vice President for Government Finance
Baylor Scott & White Health

Diana J. Strupp, C.P.A.
Senior Director, Regional Reimbursement
Tenet HealthCare Corporation

Mark Patton
Director of Reimbursement
Methodist Health System

5:30pm – 7:00pm  Networking Reception

5:30pm – 7:00pm  Networking Reception

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FRIDAY, JANUARY 26, 2018

7:30am – 8:30am  Breakfast & Registration

8:00am – 9:00am  The Healthcare Restructuring Epidemic – Containing the Spread and Capitalizing on the Remains
   Course#: 180108  CPE: 1.0  Level: Entry  Prerequisites: None

This course is designed to survey some of the current economic trends that are forcing distressed situations and bankruptcy filings in the healthcare industry, as well as point out opportunities to derive value from these situations. Several recent bankruptcy filings by healthcare organizations in North Texas will be discussed, along with the strategies utilized by those organizations to dispose of assets and eliminate liabilities. The course will also provide an overview of the events that may trigger a distressed situation, what business leadership can expect in these situations, and what opportunities may exist in distressed situations for opportunistic buyers and investors in the healthcare sector.

Presented by: Rachael L. Smiley
Attorney
Law Offices of Judith W. Ross
### New Directions for Payment Innovation

The Center for Medicare & Medicaid Innovation (CMMI) was created by the Affordable Care Act to develop and test new models for payment and service delivery reform. CMMI’s new leadership under the Trump administration has signaled potential new directions for future models. This session will discuss models that have been tested to date, strengths and weaknesses of these models, and likely new directions. Participants will then engage in an interactive discussion of experiences they have had with CMMI initiatives and ideas for payment and service delivery models that would best serve the needs of patients and providers.

- Define CMMI’s role in promoting new payment and care delivery models in Medicare and Medicaid programs
- Describe new guiding principles and focus areas proposed for CMMI’s future efforts
- Identify components of payment and service delivery models that best serve the needs of patients and providers

**Presented by:** Jim Landman  
Director – Healthcare Finance Policy Perspectives and Analysis  
Healthcare Financial Management Association

### Profitability Impacted by HIPPA 7 Texas Medical Records Privacy Act

This session will feature:

- A general overview of HIPAA and the basic tenets of HIPAA privacy and security rules.
- Discussions on who are considered covered entities and business associated under HIPAA
- Provide background on how HIPAA has evolved and brief discussion on how the HITECH
- Discuss exceptions to HIPAA implementation – TPO exception, inadvertently contact, etc. Act influenced that evolution.
- Discuss business associate agreements and who are considered business associates.
- Provide practical tips on developing a compliant culture to minimize costs and preserve profitability.
- Review of recent cases and discuss the type of penalties being implemented.

**Presented by:** Richard Cheng, JD, CHC  
Shareholder  
Munsch Health

### Camp Sweeney Presentation

Camp Sweeney is the largest camp for children with diabetes in the world. During this session, attendees will learn how Camp Sweeney supports their campers through the highs and lows of Type 1 diabetes.

**Presented by:** Katie Hayman  
Associate Program Director  
Camp Sweeney

### Eliminate the “Band-Aids” Keeping Your Department From Reaching Its Full Potential!

This session will introduce the concept of identifying and eliminating processes and systems that are unnecessary and create inefficiencies that are inhibiting your team and departments ability to grow and operate at its fullest potential.

**Presented by:** Miguel Lopez  
Director of Business Development – Healthcare RCM Solutions  
ApexonHealth

### It’s Not Your Momma’s Healthcare

Patients have a number of choices in how and where they access their healthcare outside of the traditional physician office and acute care settings. This session will discuss options for care, such as Urgent Care centers, free standing ERs, Medical Homes, Group visits, ancillary services, midlevel clinics and even alternative care models. The discussion will be in the context of patient generational differences, reimbursement issues and possible financial implications for the traditional providers.

**Presented by:** Christine Kalish  
President,  
Brittain- Kalish Group, LLC
UPCOMING EVENTS

TCU Annual Healthcare Forum
February 20, 2018
Texas Christian University
Fort Worth, TX

HFMA Lone Star & TAHFA Tyler Road Show
February 23, 2018
CHRISTUS Trinity Mother of Francis Health System
Tyler, TX

TAHFA & HFMA Lone Star Lubbock Road Show
March 9, 2018
Texas Tech University
Lubbock, TX

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