

Wednesday, September 20, 2017

8:00AM - 6:00PM	Vendor Set-Up
6:00PM - 8:00PM	Welcome Networking Reception (Drinks and Appetizers) - Hyatt Bar

Thursday, September 21, 2017

7:00AM - 5:00PM	Registration Table Open
7:00AM - 8:00AM	Breakfast with Exhibitors
8:00AM - 8:15AM	Welcome and Opening Remarks
8:15AM - 9:30AM	Keynote Speaker - Chris Mack <p>Mack, who was born December 30, 1969 in Cleveland, Ohio, is the 17th head coach in program history. Prior to being named Xavier's head coach on April 15, 2009, Mack spent five seasons as an assistant on Sean Miller's Xavier staff. Prior to that he was on the staff of the late Skip Prosser both at Xavier and at Wake Forest.</p> <p>Mack was selected as the 2010-11 Atlantic 10 Conference Coach of the Year. In addition, Mack was the recipient of the 2011 Skip Prosser Man of the Year award, which was established in 2008 to honor those who not only achieve success on the basketball court but who display moral integrity off of it as well. Mack, the 2009-10 <i>Basketball Times</i> Rookie Coach of the Year, was the first Xavier head coach to guide XU to the NCAA Tournament Sweet 16 in either his first or second season.</p> <p>Mack and his wife, Christi, have two daughters, Hailee (10) and Laine (11), and a son, Brayden (2). Christi has a basketball background and was a 2014 inductee into the University of Dayton Athletic Hall of Fame, the Director of Basketball Operations for XU's women's basketball team (2001-03) and more recently as the former head girls basketball coach at Cincinnati's Colerain High.</p>
9:30AM - 10:15AM	Break with Exhibitors
10:15AM - 11:45AM	Breakout 1: Brian Williamson - S&P <p>Brian T. Williamson is a Director for S&P Global Ratings. Brian joined S&P in Aug. 2000 as an analyst specializing in Not for Profit Healthcare credits. As a senior healthcare analyst in the Chicago office, Brian analyzes hospitals and long-term care providers throughout the Midwest and Western states.</p> <p>Prior to joining S&P, Brian was a Senior Account Executive for FINOVA Capital Corporation in the Healthcare Group. Brian has spent this entire career prior to joining S&P in the banking industry holding various commercial leading positions.</p> <p>Brian is a member of the Chicago Municipal Analysts Society and the National Federation of Municipal Analysts.</p> <p>Brian holds a Master's of Business Administration in Finance from The Ohio State University and a Bachelor's of Science in Accounting from Hampton University.</p> Breakout 2: Accounting Update - Plante Moran - Speaker TBD Breakout 3: Risk Adjusted Contracts - Speaker TBD
11:45AM - 1:30PM	Lunch with Exhibitors

1:30PM - 3:00PM

Breakout 1: Panel - Fraud Abuse - Medicaid Attorneys, Defense Attorneys - Moderated by Wyatt, Tarrant & Combs, LLP

Moderator: Chris Melton - Attorney with Wyatt, Tarrant, and Combs

Christopher Melton concentrates his practice in the area of health care law, with an emphasis in Medicaid and Medicare claims litigation, including actions arising under the Federal False Claims Act. He represents clients in the areas of governmental investigations, long-term care investigations and defense, and white-collar criminal defense. Mr. Melton has experience with conducting internal investigations and is available for drafting self-reports under OIG protocols. He represents health care professionals and entities at all stages of investigation, prevention and litigation in administrative, civil and criminal matters.

Moderator: Jennifer Wintergerst - Attorney with Wyatt, Tarrant, and Combs

Jennifer Wintergerst is a member of the Firm's Health Care Service Team. She concentrates her practice in the area of regulatory compliance, Medicare and Medicaid billing compliance and claims litigation, Medicare and Medicaid provider enrollment, governmental audits and investigations, RAC, MIC and ZPIC audits and appeals, and false claims litigation. Ms. Wintergerst assists clients with the development, review, and maintenance of effective compliance plans, and conducts internal investigations regarding potential overpayments and data security incidents. She also assists providers with disciplinary actions before regulatory boards and with HHS/OIG exclusion and reinstatement.

Panelist: Lawrence J. Carcare II - Indiana Deputy Attorney General (Medicaid Fraud Control Unit)

Lawrence J. Carcare II joined the Office of the Indiana Attorney General in January 2002. A 1975 graduate of Culver Military Academy, Carcare obtained a Bachelor of Business Administration degree from the University of Notre Dame in 1979, and was certified as a CPA in 1981. After several years of practice in public accounting, he worked for various financial institutions as an accounting/treasury officer. In 1995, Carcare graduated from Indiana University McKinney School of Law.

A Deputy Attorney General in the Medicaid Fraud Control Unit ("MFCU") since August of 2009, Carcare prosecutes civil violations of state and federal False Claims Acts, Anti-Kickback Statutes, the Stark Law, FDA regulations, and State regulations primarily in federal courts. As a member of several multi-state litigation teams, he was instrumental in securing approximately \$818 million in global settlements (\$28.6 million for Indiana Medicaid (State & Federal), \$12.2 million (State only) while recouping \$1.86 million in attorney fees and costs. While litigating Indiana-only cases, Carcare obtained \$812 thousand in settlements, \$657 thousand of which was State-only funds, with \$47 thousand in attorney fees and costs. He is currently assigned to three multistate settlement teams (Novartis – Exjade, Novo Nordisk – Victoza, and Insys Therapeutics – Subsys; the latter two are currently under seal) and is working on a settlement of an Indiana-only FCA action where the parties have agreed to an \$18 million settlement in principle.

Panelist: Michelle Rudovich - Director of Kentucky Medicaid Fraud Unit for Attorney General (Confirmed)

Panelist: Keesha Mitchell - Ohio Medicaid Fraud Control Unit Director and Current President of National Association of Medicaid Fraud Control Unit

Keesha Mitchell is the Section Chief in charge of the Health Care Fraud Section in Ohio Attorney General Mike DeWine's Office. She has served in this position since 2010 and as the Assistant Chief since 2003. In this capacity she serves as the Director of the Ohio Medicaid Fraud Control Unit. She is cross-designated as a Special Assistant United States Attorney for the Southern District of Ohio. She currently serves as the President of the National Association of Medicaid Fraud Control Units. (NAMFCU)

Keesha has been involved in a number of National Association of Medicaid Fraud Control Units' (NAMFCU) global settlements and she currently serves as a member of NAMFCU's Executive and Global Case Committees. She has frequently appeared as a speaker on health care fraud enforcement issues, including conferences sponsored by NHCAA, the Ohio State Bar Association and the American Bar Association.

Keesha received her Bachelor of Arts degree from Mount Holyoke College and received her law degree from The Ohio State University.

Panelist: Cindy J. Cho - Asst. US Attorney, Southern District of Indiana

Cindy J. Cho is an Assistant U.S. Attorney and the Criminal Health Care Fraud Coordinator for the U.S. Attorney’s Office in the Southern District of Indiana. In that role, she investigates and prosecutes cases involving health care fraud, violations of the Anti-Kickback Statute, wire and mail fraud, and other white-collar crimes. Before joining the U.S. Attorney’s Office, she was a Trial Attorney at the U.S. Department of Justice, Consumer Protection Branch, in Washington, DC. In that role, she investigated and prosecuted civil and criminal violations of the Federal Food, Drug, and Cosmetic Act; the Federal Trade Commission Act; and other consumer-protection-related statutes. She also defended the U.S. FDA, FTC, and the Consumer Product Safety Commission in civil suits. Before joining the DOJ through the DOJ Honors Program, she completed a Fulbright scholarship in Namibia and a clerkship with a federal district judge in the Eastern District of Kentucky. Ms. Cho is a graduate of the Indiana University School of Law – Bloomington and Cornell University.

Breakout 2: Medicare Bad Debt - Shawn Gretz - Americollect & Ameriebo

In 15 short years America will have 20 million more Medicare beneficiaries than it does today. Many of these Medicare beneficiaries will be living paycheck to paycheck and have limited savings for retirement. Put these two facts together, and your hospital could be looking at more Medicare Bad Debt. In this session you will learn what Medicare Bad Debt is, the two different types, and how to prepare for the inevitable Fiscal Intermediary audits.

Shawn Gretz joined Americollect in 2003 as the 16th team member with the primary task of growing Americollect. Today, Americollect employs over 250 team members. Americollect provides early out and bad debt collection services to over 80 hospitals and 7000 physicians nationwide. Shawn has been an active volunteer with HFMA for eight years and is currently Wisconsin HFMA’s Past President and Regional Executive-Elect.

Breakout 3: Answering the Tough Questions in Healthcare - Duane Fitch - Plante Moran

Population Health can mean a lot of different things. One definition is taking financial risk for the health needs of a given population. Given that the financial incentives related to taking care of a population are so different than traditional fee for service care, how has your organization positioned itself to be successful in both reimbursement environments? What have been some of your successes and what continues to be challenging?

Insurance companies have longstanding expertise in underwriting health risks but many health systems are assigned risk for unfunded patients, employees, and even enrollees in managed Medicaid programs without the benefit of underwriting. Is this an issue in your organization? If so, how do you address it?

Most large employers are self-insured for the health claims of their employees. This is probably the most involved aspect of Population Health although not the situation most commonly discussed. Even if the employee health program incorporates a third party administrator and stop loss provisions, managing the expense associated with employee health is a significant industry concern. Does your organization utilize any strategies to case manage the “5% of enrollees that represent 50% of the expense”? Is there any early identification of your enrollees with unmanaged chronic diseases that may transition into an expensive destabilization event resulting in suboptimal clinical outcomes and increased costs? Do health care organizations have a particular advantage in managing the health care needs of their own employees?

The pace of conversion to fee for value vs. fee for service is different in different settings. Do you think this pace will increase, decrease, or stay the same in the next 5 years for your organization? Do you see a day when fee for value payments will be the exclusive or predominant method or reimbursement for healthcare providers? If so, what implications does that have for your organization? Are you ready?

3:00PM - 3:30PM

Break with Exhibitors

3:30PM - 5:00PM

General Session - Tyler Enslin - “Mastering Your Memory”

This fun and highly engaging training program will have you laughing, and surprised - doing things you never thought you could do! Learn techniques, and more importantly, the applications of memory skills to enhance all you do, professionally and personally. Train your memory to recall any information you need to remember. Lead meetings and give presentations without written notes. Delivered in a high energy fashion, your Instructor will be “working the crowd” to maximize results.

Tyler Enslin is the National Director for Direct Development Training. With over 200 speaking engagements a year for a multitude of industries, Tyler has received outstanding recognition by those in his audience. This has enabled him to work with State and National agencies across the country. From Fortune 500 companies and large organizations and associations, to hundreds of smaller groups, Tyler rarely passes on an opportunity to get his message across.

6:00PM - ?	<p>Networking Event - Cincinnati Reds Baseball Game Location: The Handlebar, Great American Ball Park</p> <p>Details: Networking and Pre-Game begins at 6:00pm in the Handlebar with food and drinks. Game starts at 7:10pm</p> <p>Please check in for the game and receive your ticket(s) by 4:00pm on Thursday at the Registration Table.</p>
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Friday, September 22, 2017

7:30AM - 12:00PM	<p>Registration Table Open</p>
8:00AM - 9:15AM	<p>General Session - Treasury Management Case Study - Julie Cruz, Dan Hausfeld, and Sandra Broerman - St. Elizabeth</p> <p>Julie Cruz</p> <p>As Senior Analyst of the Corporate Treasury Team for St. Elizabeth Healthcare; Julie is responsible for day-to-day initial processing of transactions, analysis of cash position, forecasting and general reporting of banking and investment activity. Working alongside the Treasury Team; she is collaborating on building the department from the ground up. Julie is an accomplished Healthcare Analyst with 20+ years of experience in Microsoft Excel and data reporting. Her background experience includes time as a Revenue Cycle Analyst and prior inpatient experience as a Bilingual Financial Counselor. She is knowledgeable in Epic billing and a super user in the clinical setting. Working across departmental silos is Julie's passion along with creating efficient policies and workflows for excellent internal customer service. Julie enjoys spending family time with her husband from Chicago and funny, bright son of 7 years old. Speaking Spanish fluently allowed Julie to find her passion in the healthcare setting as service to others and the indigent community. Travelling, dancing Salsa and studying Latin culture are near and dear to her heart.</p> <p>Dan Hausfeld</p> <p>Dan has been the Treasury Manager at St. Elizabeth Healthcare for the past two years. He is responsible for managing the daily cash processing and applications and ensures accurate reporting of all Treasury transactions. Dan reviews the daily and weekly cash position and forecasts and is responsible for monitoring the bank service fees and performing variance analysis on actual cash flow versus projections and budget. Additionally, he manages the PeopleSoft Treasury and Banking platforms, and works closely with the bank regarding services and account structure while maintaining a strong community and working relationship. Dan has over 20 years of experience in Treasury and Cash Management. Prior to joining St. Elizabeth, Dan was the Treasury Manager at Union Central Insurance and Investments where he worked for 23 years.</p> <p>Dan enjoys volunteering, sports, and coaching youth and high school athletics. He currently resides in Wilder, KY with his wife and two daughters.</p> <p>Sandra Broerman</p> <p>Sandra Broerman is the Director of Corporate Finance, Treasury, for St. Elizabeth Healthcare. In this role she oversees the cash management operations and investment and debt strategies for the health care system. She has been with St. Elizabeth for fifteen years, with the majority of her time spent overseeing the payroll and accounts payable functions. She was responsible for consolidating the separate payroll, accounts payable, and treasury departments of St. Elizabeth Healthcare and St. Elizabeth Physicians, creating a shared service model for the organization's finance area. This undertaking led to the implementation of numerous process improvements, including leading the functional implementations of the organization's PeopleSoft Procure-to-Pay and Treasury modules. In addition to her roles with St. Elizabeth, Sandra has worked in the service and manufacturing fields, including payroll and accounting positions with Illinois Tool Works and Rollins, Inc., the parent company of Orkin Pest Control.</p> <p>Sandra earned a Bachelor's degree in Accounting from Cumberland College. She served in several leadership roles with the Greater Cincinnati and Northern KY Chapter of the American Payroll Association, including a term as President from 2007-2008. She resides in Amberley Village, Ohio.</p>
9:15AM - 9:30AM	<p>Break</p>

9:30AM - 10:30AM	<p>Breakout 1: A More Granular Approach to Revenue Cycle: Digging Deeper into Specialty Reimbursement Niches - Michael Ford, J.D. - Executive Vice President, Medical Reimbursements of America, Inc.</p> <p>Overview: Landmark reform, an uncertain economy, the evolution of the health-care consumer, and a record number of consolidations are causing great bottom line challenges for hospital leaders. A more granular approach to identifying additional sources of revenue is now critical for success. Tightly managing all aspects of the revenue cycle, including specialty reimbursement categories, is no longer a luxury. This presentation delves into the science of specialty reimbursement with a particular emphasis on Motor Vehicle Accidents.</p> <p>Bio: Mr. Ford has served in senior leadership roles for Franklin, TN based Medical Reimbursements of America, Inc. (MRA) for more than sixteen years. Mr. Ford currently leads product development, strategic alliances, and relationship management for the nation's largest health systems. He is responsible for new revenue growth, working closely with MRA's business development and account management teams. Mr. Ford is an attorney who has been recognized as a leader in the accident claims management industry since its inception, and is uniquely qualified to speak about the challenges hospitals face related to complex accident claims. His deep understanding of the relevant legal, operational, and compliance challenges facing revenue cycle leaders is in demand from audiences nationwide.</p> <p>Breakout 2: Reimbursement Update - Michael Alessandrini - Blue & Co</p> <p>Mr. Alessandrini is a Director with Blue & Co., LLC. He works with Hospitals on their Medicare and Medicaid costs reports and Medicaid DSH engagements. Along with other reimbursement projects he also works with community mental health centers, rural health clinics and residential treatment facilities.</p> <p>Michael completed his undergraduate studies at Miami University and also graduated from Butler University's MBA program. Prior to joining Blue & Co., LLC, Michael was employed by a national accounting firm, where he performed Medicaid reimbursement audits of long-term care facilities located in the Midwest.</p> <p>Breakout 3: Co-Opetition - ECG</p>
10:30AM - 10:45AM	Break
10:45AM - 12:00PM	<p>General Session - Panel - Hospital Association - Ohio/Kentucky/Indiana</p> <p>IHA - Brian Tabor</p> <p>Brian Tabor serves as president of the Indiana Hospital Association, which represents the interests of approximately 170 Indiana hospitals. The association is the chief advocate for hospitals and their patients, representing their interests with the State of Indiana, the federal government, the business community, regulatory agencies, accrediting bodies, and other stakeholders.</p> <p>Prior to joining IHA in 2008 as vice president, Mr. Tabor worked in various policy roles for the Indiana General Assembly and in government relations for the Indiana Association of REALTORS®. He currently serves on several governing boards, including Covering Kids & Families of Indiana, the Indiana Health Information Exchange, the Sycamore School, and the Indiana Fiscal Policy Institute. He is also the 2016-17 president of the Governmental Affairs Society of Indiana. Mr. Tabor graduated from Purdue University with a B.A. in political science and an M.S. in agricultural economics.</p> <p>KHA - Nancy C. Galvagni - Senior Vice President - Kentucky Hospital Association</p> <p>Nancy C. Galvagni is Senior Vice President of the Kentucky Hospital Association (KHA), a position she has held for the last 18 years of her 37 year tenure with the Association. As Senior Vice President, she is responsible for management of KHA operations in the areas of health policy, finance, strategic planning, data and information services, membership services, communications, and quality improvement activities. She also serves as the Executive Director of the Kentucky Institute for Patient Safety and Quality, a non-profit subsidiary of the Kentucky Hospital Association, which is a federally certified Patient Safety Organization. In her capacity as KHA Senior Vice President, Ms. Galvagni is responsible for advising the KHA Board and membership on the impact of legislative, regulatory, financial, and health policy proposals and the development and advocacy of KHA's positions to state and federal legislators and government officials. of KHA advocacy positions and establishment of KHA advocacy priorities</p> <p>Ms. Galvagni is a graduate of The Pennsylvania State University, is a past president of the Kentucky Society for Health Care Planning and Marketing, and is a member of the American Association of Hospital Accountants.</p> <p>OHA - Shawn Stack - Director of Health Economics & Policy</p>