



**hfma**<sup>™</sup> hawaii chapter  
healthcare financial management association

*Riding the Waves of Change*

## **HFMA Annual Conference**

**Monday, April 25<sup>th</sup> – Tuesday, April 26<sup>th</sup>, 2011**  
**Ala Moana Hotel**  
**Honolulu, Hawaii**



**In Partnership with:**





## *Riding the Waves of Change*

*HFMA Hawaii Chapter 2011 Annual Conference*

*Monday, April 25—Tuesday April 26, 2011*

*Ala Moana Hotel, Honolulu, HI*

## **Conference Highlights**

*The 2011 HFMA Annual Conference “Riding the Waves of Change” will feature informative keynote and breakout sessions that explore challenging issues in the healthcare industry. We will probe provocative topics related to the Healthcare Reform Act, revenue cycle, accounting, technology, regulatory compliance, physician practice and leadership. There will be information for policy makers, industry executives, healthcare management personnel and professionals eager to shape healthcare in Hawaii. An outstanding faculty, highlighted by the distinguished speakers listed below, will share their ideas and perspectives on the issues facing today’s healthcare leaders.*

## **Keynote Speakers**

*David Gans, Vice President, Innovation and Research, Medical Group Management Association*

David Gans administers research and development at the Medical Group Management Association. Mr. Gans authors a monthly column in the association’s journal and is a national speaker on patient safety, administrative simplification, cost efficiency, information technology, and how to prepare for health care reform and a transformed health delivery system.

*Frances Miller, JD, Visiting Professor of Law, University of Hawaii, William S. Richardson School of Law*

Frances Miller is a visiting professor of law at the University of Hawaii. She has been a Professor of Law at Boston University’s School of Law since 1975. Professor Miller has taught courses on Health Law, Food & Drug Law, Antitrust in the Health Sector and Health Care Resource Allocation. She also serves on the Institutional Review Board of Partners Health Care System. In 1993 she was a consultant to the White House Task Force on Health Care Reform.

*David Hammer, MBA, MHS, Partner, Accenture*

David Hammer is a Partner is Accenture’s Revenue Management group. In his more than 27 years of health care industry experience, Mr. Hammer has held a variety of positions with leading health systems, consulting firms, IT vendors, and outsourcing companies. Mr. Hammer is certified by HFMA as a Fellow (FHFMA) and as a Certified Healthcare Finance Professional (CHFP). He has been named an HFMA Distinguished Speaker for eight consecutive years and has received HFMA’s Medal of Honor service award.

*Shan Steinmark, PhD, Founder, Strategic Transitions Research Corporation*

Dr. Shan Steinmark has been enabling national and international leaders to enhance their individual, team and organization effectiveness for over 35 years. As the founder of Strategic Transitions Research, he has collaborated with the diverse pioneers of R&D projects, strategic development initiatives and emerging growth businesses to help translate visions and strategies into successful ventures.

## Schedule at a Glance—Monday, April 25, 2011

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**7:30 A.M.—8:30 A.M. Registration and Continental Breakfast**

**8:30 A.M.—8:45 A.M. Welcome—Elsa Honma, HFMA Hawaii Chapter President**

**8:45 A.M.—10:00 A.M. General Session 1: How Health Reform Can Benefit Your Practice**  
**David Gans, Vice President, Innovation and Research,**  
**Medical Group Management Association**

**10:00 A.M.—10:15 A.M. Break**

**10:15 A.M.—11:45 A.M. Breakout Sessions**

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**Breakout Session 1**  
**2011 Update Wage Index & Occupational Mix Survey**

Trahan H. Whitten, Principal,  
HFS Consultants;  
Fred A. Fisher, Manager,  
HFS Consultants and  
Erin L. Miller, Senior  
Consultant, HFS Consultants

**Breakout Session 2**  
**Compliant Billing Strategies for Optimum Reimbursement**

Linda J. Corley, Senior Leader,  
Compliance and Associate  
Development,  
Xtend Healthcare

**Breakout Session 3**  
**ACOs, IDS and the Future of Private Practice**

David Gans, Vice President,  
Innovation and Research,  
Medical Group Management  
Association

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**11:45 A.M.—1:15 P.M. Networking Luncheon**

**1:15 P.M.—2:45 P.M. Breakout Sessions**

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**Breakout Session 4**  
**CMS New Cost Report Forms- Ready, Set...**

Susan Ruchin, Senior  
Manager, Moss Adams LLP  
and Cheryl Storey, CPA,  
Partner, Moss Adams LLP

**Breakout Session 5**  
**HIPAA 5010 and ICD10 - Are You Where You Need To Be?**

Elaine Lips, President and  
Chief Executive Officer,  
ELIPSe, Inc.

**Breakout Session 6**  
**The Perfect Storm: The Patient Centered Medical Home Meets Meaningful Use**

Dale Glenn, MD

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**2:45 P.M.— 3:00 P.M. Break**

**3:00 P.M.— 4:15 P.M. General Session 2: Federal Reform Uncertainties: The Impact on Hawaii**  
**Francis Miller, JD, Visiting Professor of Law, University of Hawaii**

**4:15 P.M.—4:20 P.M. End of Day Remarks**

**4:30 P.M.— 8:00 P.M. 2011 HFMA Hawaii Chapter Officer Installation and Evening Reception (Heavy Pupus, Host/No-Host Beverages)**

## Schedule at a Glance—Tuesday, April 26, 2011

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**7:30A.M.—8:30 A.M.      Registration and Continental Breakfast**

**8:30A.M.—8:45 A.M.      Welcome—Elsa Honma, HFMA Hawaii Chapter President**

**8:45A.M.—10:00 A.M.      General Session 3: Healthcare Reform - Where Are We Now?  
David Hammer, MBA, MHS, Partner, Accenture**

**10:00A.M.—10:15 A.M.      Break**

**10:15A.M.—11:45 A.M.      Breakout Sessions**

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**Breakout Session 7  
Developing a Winning  
Strategy of Denial  
Prevention**

Christine Fontaine, CHFP,  
CPAM, Vice President,  
Revenue Cycle Solutions,  
Ingenix

**Breakout Session 8  
“Self Pay” Will It or Will It Not  
Be Here After Healthcare  
Reform?**

William Woolbright,  
Vice President, Business  
Development,  
Aargon Agency, Inc.

**Breakout Session 9  
Cost Accounting for the  
Quality-Driven  
Reimbursement**

David Hammer, Partner,  
Accenture

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**11:45 A.M.—1:15 P.M.      Networking Luncheon**

**1:15 P.M.—2:45 P.M.      Breakout Sessions**

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**Breakout Session 10  
What Are You Leaving On  
The Table?**

Amber Ott, Manager, Triage  
Consulting and  
Kathleen Cain MHA, Interim  
Chief Financial Officer,  
Redwood Regional Medical  
Group, Inc.

**Breakout Session 11  
Developing a  
Pre-Access Call Center: The  
New Revenue Cycle Frontier**

Gary Prala, Senior Vice  
President, AHC, Inc. and  
Paul J. Morino, Executive  
Director, AHC, Inc.

**Breakout Session 12  
Medicare OPPS**

Linda J. Corley, Senior Leader,  
Compliance and Associate  
Development, Xtend Healthcare

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**2:45 P.M.— 3:00 P.M.      Break**

**3:00 P.M.— 4:15 P.M.      General Session 4: Strategic Leadership in the Era of Healthcare  
Reform  
Shan Steinmark, PhD, Founder, Strategic Transitions Research  
Corporation**

**4:15 P.M.—4:20 P.M.      End of Day Remarks**

# Additional Conference Information

## Attire

Aloha, Military Class B or Business Casual.

## Conference Rates

Two-day and one-day rates include registration, continental breakfast, lunch, and the evening reception. The evening reception only rate includes food, tax and gratuities. No-host bar will be available. Early-bird registrations are due on or before March 25, 2011. The deadline for all registrations is April 15, 2011. Payment must be received no later than conference check-in in order to attend.

## Presentation Materials

Electronic access to presentation handouts will be available to conference attendees prior to the conference. Conference attendees will also be given electronic files of the presentations at the conference. Printed conference materials **will not** be distributed at the conference.

## Cancellation and Refunds

50% of the conference registration fee is refundable only if written cancellation is received by April 8, 2011. Registrations and cancellations received after April 8, 2011 are not refundable. Registrants unable to attend may send a substitute. If the substitute is not a member, the non-member registration fee is required.

To cancel your registration to this event, please email or fax your cancellation request to the HFMA Member Service Center (email: [memberservices@hfma.org](mailto:memberservices@hfma.org), fax: 708/531-0665). If you have any questions regarding the cancellation policy for this event, please contact the HFMA Member Service Center at (800) 252-4362, extension 2.

## Continuing Professional Education Credits

The Hawaii Chapter of HFMA is registered with the Hawaii State Board of Public Accountancy as a sponsor of continuing professional education. Complaints regarding registered sponsors may be addressed to: Hawaii State Board of Accountancy; P.O. Box 3469; Honolulu, Hawaii 96801; (808) 586-2696. The Hawaii Chapter of HFMA's Hawaii State Board Registration Number is 94001-07. A maximum of 12 credits based on a 50-minute hour will be granted.

## Hotel Accommodations

The 2011 HFMA Hawaii Chapter Annual Conference will be held at the Ala Moana Hotel in Honolulu. Conference attendees may reserve hotel rooms by calling Ala Moana Reservations at 1-800-367-6025 or visit their website at [www.alamoanahotel.com](http://www.alamoanahotel.com). The Ala Moana Hotel is located at:

Ala Moana Hotel  
410 Atkinson Drive  
Honolulu, Hawaii 96814

## Inquiries

Please direct general inquiries to Tammy Dumlao at (808) 678-7401 or e-mail [tdumlao@hawaiimedcen.com](mailto:tdumlao@hawaiimedcen.com).

Please direct inquiries related to registration to Elise Ueoka at (808) 535-7795 or email [elise.ueoka@kapiolani.org](mailto:elise.ueoka@kapiolani.org).

## Parking

Parking is available at the Ala Moana Hotel. Parking validations for a discounted parking fee will be provided to conference attendees. Validated parking is \$6.00 for 8 hours and \$8.00 for 10 hours.

**Riding the Waves of Change**  
**HFMA Hawaii Chapter 2011 Annual Conference**  
**April 25-26, 2011, Ala Moana Hotel, Honolulu, Hawaii**

Register online at <http://www.hfma.org/Hawaii-Chapter-2011-Annual-Conference-Riding-the-Waves-of-Change/>

Name			
Employer		Title	
Address	City	State	Zip
Phone	Email		

**Professional Association Membership**

Members of the following professional associations may attend the conference at the Member rate. Join one of the Professional Associations now and attend the conference at the Member rate. Check the organizations of which you are a member:  HFMA  HMGMA (Hawaii Chapter of the MGMA)

**Breakout Session Registration** (circle one breakout session per time slot)

<u>Monday, April 25, 2011</u>				<u>Tuesday, April 26, 2011</u>			
10:15 – 11:45 A.M.	1	2	3	10:15 – 11:45 A.M.	7	8	9
1:15 – 2:45 P.M.	4	5	6	1:15 – 2:45 P.M.	10	11	12

**Conference Activities**

I will attend the HFMA Hawaii Chapter Officer Installation and Evening Reception on Monday, April 25, 2011

**Conference Fees**

One and two-day fees include the Evening Reception. Circle the appropriate box below. The deadline for all registrations is April 15, 2011.

	<b>Early Bird Registration</b>		<b>General Registration</b>		<b>Neighbor Island Registration</b>	
	(received on or before March 25)		(received after March 25)			
<b>Registration for:</b>	<u>Member</u>	<u>Non-Member</u>	<u>Member</u>	<u>Non-Member</u>	<u>Member</u>	<u>Non-Member</u>
2 days	\$330	\$380	\$380	\$430	\$200	\$250
1 day	\$220	\$280	\$270	\$330	N/A	N/A
Evening Reception Only	\$35	\$50	\$35	\$50	N/A	N/A

**Registration Options:** You can register for this event through any of methods listed below. HMGMA members must register by mail, fax or phone. If you have any questions regarding registration, please contact HFMA Member Service Center at (800) 252-4362, extension 2.

1. Via the Internet (not available for HMGMA member pricing): Complete the registration form located at <http://www.hfma.org/Hawaii-Chapter-2011-Annual-Conference-Riding-the-Waves-of-Change/>. Credit card payments only.
2. Via Mail: Complete the registration form and mail with payment to the address below (checks payable to HFMA).  
 HFMA  
 Dept. 77-6063  
 Chicago, IL 60678-6063
3. Via Fax: Complete the registration form indicating payment information (or that check payment will follow) to (708) 531-0665, Attn: MSC.
4. Via Phone: (800) 252-4362, extension 2

# Session Descriptions

Monday, April 25, 2011

**8:45 A.M.—10:00 A.M.      General Session 1: How Health Reform Can Benefit Your Practice**

David Gans, Vice President, Innovation and Research, Medical Group Management Association

The Patient Protection and Affordable Care Act will fundamentally change our nation's healthcare delivery. Organizations that understand health reform will find opportunities to gain market share, reduce costs and exert greater influence in their communities, while those that do not prepare for the transformed environment will suffer the consequences.

*Mr. Gans administers research and development at the Medical Group Management Association. He authors a monthly column in the association's journal and is a national speaker on patient safety, administrative simplification, cost efficiency, information technology, and how to prepare for health care reform and a transformed health delivery system.*

**10:15A.M.—11:45A.M.      Breakout Session 1: 2011 Update Wage Index & Occupational Mix Survey**

Trahan H. Whitten, Principal, HFS Consultants,  
Fred A. Fisher, Manager, HFS Consultants and  
Erin L. Miller, Senior Consultant, HFS Consultants

This session will discuss the Occupational Mix Adjustment (OMA) as it relates to the Medicare wage index and Medicare reimbursement. This discussion will include group participation with a demonstration of OMA reporting opportunities for Hawaii hospitals and best practices for reporting wage data in the upcoming OMA survey.

*Mr. Whitten leads the Government Programs and Regulatory Reporting and Compliance Service Lines of HFS Consultants. The Regulatory group focuses on reimbursement, revenue management, risk mitigation, finance and compliance services. He specializes in reimbursement strategy validation and implementation, CDM standardization, pricing, mergers and acquisitions, and strategic financial management. Mr. Whitten is the former National Managing Partner of Ernst & Young's Government Programs, Reimbursement and Compliance Service Lines in the United States.*

*Mr. Fisher is a Manager at HFS Consultants and is a regulatory specialist on numerous State wide, regional and hospital specific reimbursement engagements. Mr. Fisher's expertise includes nine years of experience working with hospital associations, academic medical centers, community hospitals, governmental medical centers, and other health care providers. Mr. Fisher has successfully worked with many providers in achieving additional Medicare reimbursement through compliant reporting of wage index, disproportionate share, low volume, and other cost report related reimbursement payments.*

*Ms. Miller is a Senior Consultant with HFS Consultants and has more than six years experience in the healthcare industry. Ms. Miller has provided services to academic medical centers, community hospitals, health care systems and skilled nursing facilities. Ms. Miller specializes in the analysis of disproportionate share (DSH) calculation for hospitals to ensure optimal reimbursement, conducting extensive occupational mix reviews to ensure optimal reimbursement rates for Core-Based Statistical Area (CBSA) and the review of area wage index to ensure optimal reimbursement rates for a Core-Based Statistical Area (CBSA).*

**Monday, April 25, 2011**

**10:15A.M.—11:45A.M. Breakout Session 2: Compliant Billing Strategies for Optimum Reimbursement**  
Linda Corley, Senior Leader, Compliance and Associate Development  
Xtend Healthcare

The Department of Health and Human Services has launched an aggressive plan to improve clinical quality of health care services. Two tenets of this plan require providers to "avoid unnecessary costs" in their delivery of care and to "make performance results transparent and comprehensible." CMS cites the overriding need for providers to "empower consumers to make value-based decisions about their health care." The result of pricing transparency, per CMS, will transform Medicare from a passive payer to an active purchaser of high-quality, efficient health care. How will your facility respond to these evolving pricing requirements and resulting changes in reimbursement?

Review realistic and proven strategies that will strengthen your facility's performance in the areas of required clinical documentation, inpatient and outpatient coverage of services, concurrent coding and timely billing compliance. This presentation will discuss how your facility can optimize service delivery in the appropriate setting and optimize reimbursement under both the Inpatient Prospective Payment System (IPPS) and Outpatient Prospective Payment System (OPPS) for 2011.

*Ms. Corley serves as Xtend Healthcare's senior leader in the areas of Compliance and Learning and Development. She has more than twenty-five years experience working directly for or with hospitals in the areas of Patient Financial Services, Health Information Management and Accounting. An experienced hospital accounting manager and accomplished college professor, Ms. Corley has ten years experience working with financial accounting systems in hospitals and more than thirty years experience in training accounting professionals, patient financial services staff and coders for the medical environment.*

**10:15A.M.—11:45A.M. Breakout Session 3: ACOs, IDS and the Future of Private Practice**  
David Gans, Vice President, Innovation and Research,  
Medical Group Management Association

Traditional private practice is increasingly endangered, as hospitals embrace a strategy of forming integrated delivery systems and Accountable Care Organizations. This session will examine the options that physicians have to remain independent or how they can best partner with hospital systems in the post Affordable Care Act environment.

*Refer to the description of General Session 1 for Mr. Gans' biography.*

**1:15 P.M.—2:45 P.M. Breakout Session 4: CMS New Cost Report Forms - Ready, Set...**  
Susan Ruchin, Senior Manager, Healthcare Industry Group,  
Moss Adams LLP and  
Cheryl Story, CPA, Partner, Moss Adams LLP

1996 was the last time hospital cost report forms were completely overhauled. This presentation will highlight changes to the new forms, including refinement of the uncompensated care data, health information technology (HIT) incentive payments, new cost centers, along with an overview of the expanded reporting of the wage index survey.

*Ms. Ruchin has over 25 years experience in healthcare reimbursement, which includes ten years of audit experience with fiscal intermediaries with her last position as Audit Manager of Medicare Audit & Reimbursement at Premera Blue Cross now Noridian Administrative Services. At Moss Adams LLP, she is in the consulting division, working with acute care and critical access hospitals. Ms. Ruchin's extensive experience focuses on reimbursement and related payment issues, formulating Medicare appeals and preparing and/or reviewing Medicare and Medicaid Cost Reports.*

*Ms. Storey has over 30 years of experience specifically focused on various Medicare and Medicaid reimbursement issues and related billing and coding issues. She has worked with health care providers on graduate medical education programs, compliance with CMS' provider-based requirements, such as signage, attestations, and certification and licensure of the provider-based departments in conjunction with the applicable State departments. In addition, Ms. Storey provides client support during Medicare and Medicaid audits and appeals. She works closely with hospitals in various States on their payment and funding issues, which include services such as wage indices and geographic classifications and reclassifications.*

**Monday, April 25, 2011**

**1:15 P.M.—2:45 P.M. Breakout Session 5: HIPAA 5010 and ICD-10 - Are You Where You Need To Be?**

Elaine Lips, President & CEO, ELIPSe, Inc.

It's raining Regs! The perfect storm is brewing with HIPAA5010, ICD-10, ARRA/HITECH and ACA, portions of which are already in effect and convergence of which will occur in 2011-2013. This presentation brings awareness of how these four enormous initiatives are interrelated and how healthcare organizations should not plan separately to meet the various compliance dates. Are you where you need to be?

*Ms. Lips, RHIA is the President and Chief Executive Officer of ELIPSe, Inc., a Health Information Management (HIM) consulting firm dedicated to transforming HIM with emphasis on the EMR, and HIPAA5010 / ICD-10 migration. She has thirty years experience in HIM consulting and information systems in the user, integrated health organizations, and vendor environment. Her extensive experience in HIM includes business process outsourcing, operational assessment, EMR transformation, HIM/Revenue cycle solutions, change management with strong communication and people skills. Prior to forming ELIPSe, Ms. was the HIM Practice Leader for Perot Systems Healthcare. She started her first HIM and IT consulting business in 1990, providing specialized services throughout the country, which ultimately merged with three firms to form a knowledge-based consulting and revenue cycle management company. Ms. Lips is an Advanced Member of HFMA, Senior Member of HIMSS, and has been very active with AHIMA. She currently serves on the HIMSS Electronic Health Record Adoption Committee, HIMSS ICD-10 Task Force, and Editorial Board Member for Medical Record Briefings.*

**1:15 P.M.—2:45 P.M. Breakout Session 6: The Perfect Storm: The Patient Centered Medical Home meets Meaningful Use**

Dale Glenn, MD

*Dr. Glenn started in medicine 20 years ago working a hospital transporter. He subsequently attended the John a Burns School of Medicine in Honolulu and completed a residency in Family Medicine at the Medical College of Pennsylvania in Philadelphia. He has served as one of four lead physicians working to install the Epic electronic medical record used statewide by nearly 1,000 physicians affiliated with the Hawai'i Pacific Health system, Hawai'i's largest health care provider. He currently serves as Chief of Family Medicine at Straub Clinic and Hospital, and is the medical director for HealthAdvantage, the Hawai'i Pacific Health Medical home. He has also been a pioneer in internet based patient care and population health Management.*

**3:00 P.M.— 4:15 P.M. General Session 2: Federal Reform Uncertainties: The Impact on Hawaii**

Francis Miller, JD, Visiting Professor of Law, University of Hawaii,  
William S. Richardson School of Law

The Federal Health reforms are currently under both political and judicial attack. This presentation will focus on the way the reforms currently affect Hawaii, the potential for success of these attacks, and what it will mean for Hawaii should they succeed.

*Professor Miller has been a Professor of Law at Boston University's School of Law since 1975. She has taught courses on Health Law, Food & Drug Law, Antitrust in the Health Sector, Health Care Resource Allocation, Trusts & Estates, Family law and Estate Planning. She has also served since 1983 as Professor of Public Health at the Boston University School of Public Health, and in 1997 was appointed Professor of Health Care Management at Boston University's School of Management as well. Professor Miller is a cum laude graduate of Boston University School of Law and earned her undergraduate degree from Mount Holyoke College, where she majored in political science and economics. She also studied international economic law at the London School of Economics. Appointed a Fulbright Scholar for 1991 and again for 1998, and awarded a Kellogg Foundation Fellowship from 1983 - 1986, she has written widely for law review publications and medical journals focusing on health care issues, including antitrust in the health sector and food & drug law. A specialist on comparative health systems, she has held visiting appointments at Cambridge and Oxford Universities and the London School of Economics, as well as at the University of Queensland in Australia. She was a Visiting Professor at the University of Houston in 2006, and has been Visiting Professor at the University of Hawaii since 2008.*

Tuesday, April 26, 2011

**8:45 A.M.—10:00 A.M.    General Session 3: Healthcare Reform - Where Are We Now?**  
David Hammer, MBA, MHS, Partner, Accenture

Forces of reform are converging on the US healthcare delivery system. These forces will require healthcare providers to fundamentally assess, re-engineer and change. Major factors challenging the industry include the Patient Protection and Affordable Care Act, the American Recovery and Reinvestment Act (ARRA) and regulatory reform already in the pipeline, including MS-DRGs, HIPAA 5010, and ICD-10-CM. Therefore, today's imperative is reform readiness. Healthcare finance executives need to lead their organizations now, focused on improving financial performance, in order to mitigate reform's financial impacts and take advantage of its opportunities

*Mr. Hammer is a Partner in Accenture's Revenue Management group. In his more than 27 years of health care industry experience, Mr. Hammer has held a variety of positions with leading health systems, consulting firms, IT vendors, and outsourcing companies. Mr. Hammer received an MBA in Management and an MHS in Health Care Administration from the University of Florida. Mr. Hammer is certified by HFMA as a Fellow (FHFMA) and as a Certified Healthcare Finance Professional (CHFP).*

**10:15 A.M.—11:45 A.M.    Breakout Session 7: Developing a Winning Strategy of Denial Prevention**  
Christine Fontaine, CHFP, CPAM, Vice President, Revenue Cycle Solutions, Ingenix

The economic downturn and healthcare reform will compel providers to do more with less and advance their current revenue cycle processes. Providers must move from a strategy of denial "management" to denial prevention to meet this challenge. This session will focus on cutting edge processes that will allow them to move from good to great in their denial prevention strategy.

*Ms. Fontaine is the Vice President of Revenue Cycle Solutions for Ingenix. Prior to joining Ingenix, Ms. Fontaine was the Director of Revenue Cycle Operations for Shore Health System, a member of the University of Maryland Medical System. She has been in the healthcare finance field for over 20 years, in both physician and hospital business offices, directing all facets of Revenue Cycle Operations. Ms. Fontaine is a Certified Healthcare Finance Professional, Certified Patient Account Manager, and is actively involved in AAHAM and HFMA, where she served a three year term as a member of the HFMA PFS Revenue Cycle Forum, and is currently serving a two year term on the HFMA National Advisory Council.*

**10:15 A.M.—11:45 A.M.    Breakout Session 8: "Self Pay" Will It or Will It Not Be Here After Healthcare Reform? What Hawaii Healthcare Providers and Their OCA Vendors Can Expect To See In the Near Future.**  
William Woolbright, Vice President, Business Development, Aargon Agency, Inc.

This presentation will provide the audience with the medical collection industry's view on what significant changes Hawaii Healthcare providers and their OCA vendors can expect to encounter in self pay receivables in the coming years as a result of recently passed healthcare reform legislation. With over 30 million newly insured patients expected nation wide, what will the increased number of newly insured patients and the effects associated with this create for Hawaii's healthcare provider's self pay receivables? Although Hawaii healthcare providers will not feel the same effect as some other states, will Hawaii's healthcare providers see an increase in self pay receivables as an effect of how private insurance and the businesses community react to the Affordability Act? This along with other factors, we believe will change how OCA vendors collect from your patients.

*Mr. Woolbright is Vice President of Business Development for one of the largest Revenue Cycle Management Companies in the nation, Aargon Agency, Inc. and its Hawaiian based division RCM. He currently manages one of the largest bad debt portfolios in the nation. Mr. Woolbright has been in the debt collection industry for 16 years and is responsible for the development of collection treatment strategies used by countless credit granters, service providers and third party agencies throughout the nation. Clients include large national healthcare chains, The Queens Medical Center, Adventist Health, Castle Medical Center, North Hawaii Community Hospital and some of the largest credit grantors in the country.*

**Tuesday, April 26, 2011**

**10:15 A.M.—11:45 A.M. Breakout Session 9: Cost Accounting for the Quality-Driven Reimbursement**

David Hammer, MBA, MHS, Partner, Accenture

Healthcare payment systems are evolving from simple pay-for-performance (P4P) demonstration projects and never-event exclusions, to Medicare value-based purchasing, readmission restrictions, and bundled payments. The importance of accurate, reliable, and actionable cost accounting information has never been greater. This seminar will guide participants through the planning, pitfalls, and successes in designing a best practice cost accounting system that is consistent with today's complex reimbursement environment.

*Refer to the description of General Session 3 for Mr. Hammer's biography.*

**1:15 P.M.—2:45 P.M. Breakout Session 10: "What Are You Leaving on the Table?"**

Amber Ott, Manager, Triage Consulting and  
Kathleen Cain MHA, Interim Chief Financial Officer,  
Redwood Regional Medical Group, Inc.

Even the best organizations with the tightest controls miss 0.5% to 2% of total net revenue from commercial and government payors. Ms. Cain, with Triage Consulting Group will share experiences of uncovering missed revenue opportunities, common underpayment trends and how to best leverage external review companies.

*Ms. Cain is a seasoned healthcare executive as a CFO with a wide experience at hospitals, health systems, health plans and physician groups. Ms. Cain has participated in the boards of both the Hawaii and California chapters of HFMA and currently serves as the President of the Northern California Chapter. She also serves on the American Cancer Society California Division Board of Directors.*

*Ms. Ott joined Triage in 2002 after graduating from the University of California, Davis with a degree in Civil Engineering. She has managed projects in California, Washington, Arizona, Oregon, Texas and Hawaii and her clients have included hospital systems such as Tenet, HCA, Adventist and St. Joseph's. Ms. Ott has extensive experience with issues affecting critical access hospitals, teaching facilities, trauma units and cancer centers. In addition to managing comprehensive payment review projects, she serves on Triage's internal knowledge group as the firm's billing and coding expert.*

**1:15 P.M.—2:45 P.M. Breakout Session 11: Developing a Pre-Access Call Center: The New Revenue Cycle Frontier**

Gary Prala, Senior Vice President, Attorneys Healthcare (AHC, Inc.) and  
Paul J. Morino, Executive Director—Business Development,  
Attorneys Healthcare (AHC, Inc.)

This presentation will cover call center outsourcing, current state challenges and future state solutions, implementation and lessons learned, compare and contrast the current and future pre-access process and discuss the pre-access dashboard and the metrics that should be monitored.

*Mr. Prala has been in the healthcare industry for over 25 years which include positions as Credit Manager, Business Office Manager, Corporate Director of the Revenue Cycle for Catholic Healthcare Partners in Cincinnati, Ohio and Christus Health in Dallas, Texas. In addition, Mr. Prala was President of a hospital based outsourcing company and Chief Operating Officer for a National Out Source Company. Mr. Prala is currently an Independent Consultant working with Attorneys Health Care. Mr. Prala has designed and implemented many financial improvement projects that include patient access, cash acceleration, point of service collections and reduction of bad debt.*

*Mr. Morino is responsible for AHC, Inc. business development functions. His responsibilities include revenue cycle consulting, customer satisfaction, partnership development and sales. Mr. Morino has over 26 years of healthcare experience and has held a variety of positions prior to AHC, Inc., including Chief Business Development Officer with a company in Nashville, TN and Vice President for Business Operations for Western United States and Canadian markets for a healthcare revenue cycle / technology company based out of Chicago, IL. Mr. Morino graduated from California State University Fullerton with a degree in Business Administration with a Strategic Marketing emphasis.*

**Tuesday, April 26, 2011**

**1:15 P.M.—2:45 P.M. Breakout Session 12: Medicare OPPS**

Linda J. Corley, Senior Leader, Compliance and Associate Development,  
Xtend Healthcare

Optimum reimbursement for hospital outpatient services requires capturing the appropriate charge in the correct patient care setting that is billed with the most accurate coding. Join in a discussion of 2011 OPPS regulations for Medicare coverage of drugs, devices, orthopedic implants, new cardiology codes, and surgical services. The OIG requirements for appropriate drug units billing will also be reviewed.

Medicare Advantage Plans (HMOs) continue to increase their adoption of traditional Medicare claims editing processes including NCCI Edits and Medically Unlikely Edits (MUEs) that may reduce reimbursement if not appropriately resolved.

This session will provide a checklist of questions by outpatient department that you can utilize to evaluate your hospital's performance and reimbursement under Medicare's OPPS.

*Refer to the description of Breakout Session 2 for Ms. Corley's biography.*

**3:00 P.M.— 4:15 P.M. General Session 4: Strategic Leadership in the Era of Healthcare Reform**

Shan Steinmark, PhD, Founder, Strategic Transitions Research Corporation

This session will provide a unique multi-viewpoint perspective on some of the special requirements for Strategic Leadership and explore the key dynamics of so-called Healthcare Reform that may call for increased application of Strategic Leadership. In addition, this session will also include discussions related to recommending a series of actions to "stop, start or continue" to improve the application of Strategic Leadership to Healthcare Reform in Hawaii.

*Dr. Steinmark and his partner Melinda A. Rockwell have been enabling national and international leaders to enhance their individual, team and organization effectiveness for nearly 40 years. As the founder of Strategic Transitions Research, Dr. Steinmark has collaborated with the diverse pioneers of R&D projects, strategic development initiatives and emerging growth businesses to help translate visions and strategies into successful ventures. Dr. Steinmark has worked with startups, turnarounds and re-vitalizations in a wide range of industries, including energy, financial services, consumer products, telecommunications and bio-technology. He facilitates innovation improvement, strategic planning, business integration and leadership development processes for intrapreneurs and entrepreneurs. After basing in San Francisco, Chicago and New York while consulting with Fortune 500 companies for most of his career, Dr. Steinmark now invests in a variety of for-profit and not-for-profit organizations in Hawaii, inc. Hawaii Angels (Board of Directors), Hawaii Science & Technology Council (Board of Directors), Pacific Asia Center of Entrepreneurship - Shidler College of Business - University of Hawaii (Board of Advisors), Entrepreneurs Foundation of Hawaii (Board of Advisors), Tech Hui (Member), Hawaii Venture Capital Association (Member), Governor's Hawaii Innovation Council - Committee on Capital Formation (Former Member), Governor's Maui Council of Advisors (Former Member), Rotary Club of Honolulu (Member).*