50th Annual HFMA Conference
Ala Moana Hotel; April 20-21 2017; 7:30 am to 5:00 pm

DISCOVER
the latest products & services

MEET
experts in the industry

GROW
with more breakout sessions

EARN
valuable CPEs
MAHALO TO OUR CONFERENCE SPONSORS!

MAHALO TO OUR CONFERENCE EXHIBITORS!

EXPERIAN HEALTH

HRG HEALTHCARE RESOURCE GROUP

MEDDATA

TOYON ASSOCIATES, INC.

XTEND HEALTHCARE

MEDITECH

SUNBELT MEDICAL INTERNATIONAL

SHIDLER COLLEGE OF BUSINESS

UNIVERSITY OF HAWAI‘I AT MĀNOA

“Specializing in International Billing & Collections for over 25 years”

954-568-1033

www.sunbeltmedicalinternational.com

www.xtendhealthcare.net
**Conference Schedule at a Glance: Thursday, April 20, 2017**

7:30 to 8:30 a.m.  **FOYER:** Registration and Continental Breakfast and visit Exhibitors

8:30 to 8:45 a.m.  **HIBISCUS BALLROOM I:** Welcome by President Valerie Sonoda

8:45 to 10:00 a.m.  **HIBISCUS BALLROOM I:** General Session 1 - Dan Bergantz & Andre Kemeny “Healthcare Consumerism”

10:00 to 10:15 a.m.  **FOYER:** Break and Visit Exhibitors

10:15 to 11:30 a.m.  **HIBISCUS BALLROOM I:** General Session 2 - Michael Archuleta “Cyber Security Awareness”

11:30 a.m. to 1 p.m.  **HIBISCUS BALLROOM II:** Lunch; Panel Session: Healthcare Reform: “Payer Provider Impact”; Networking and Door Prizes

1:00 to 2:00 p.m.  Breakout Sessions

<table>
<thead>
<tr>
<th>Breakout 1A: <strong>HIBISCUS</strong></th>
<th>Breakout 1B: <strong>CARNATION</strong></th>
<th>Breakout 1C: <strong>ILIMA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>B1A: Matt Cardon “Troubling Trend of Unresponsive Patient Denials”</td>
<td>B1B: Sean Riesterer “Evolving Claims Strategy &amp; Analytics”</td>
<td>B1C: Susan Ruchin “Medicare Hospital Regulatory Update”</td>
</tr>
</tbody>
</table>

2:00 to 2:15 pm  **FOYER:** Break and Visit Exhibitors

2:15 to 3:15 pm  Breakout Sessions

<table>
<thead>
<tr>
<th>Breakout 2A: <strong>HIBISCUS</strong></th>
<th>Breakout 2B: <strong>CARNATION</strong></th>
<th>Breakout 2C: <strong>ILIMA</strong></th>
</tr>
</thead>
</table>

3:15 to 3:30 p.m.  **FOYER:** Break and visit Exhibitors

3:30 to 4:45 p.m.  **HIBISCUS BALLROOM I:** General Session 3 - Lyman Sornberger “Top Five Healthcare Revenue Cycle Challenges of 2017: Jeopardy”

4:45 to 5:00 p.m.  Closing Remarks and Door Prize Drawing for Free 2018 Conference Registration by President Valerie Sonoda

5:00 to 7:00 pm  **HIBISCUS BALLROOM II: 2017** Hawai’i Chapter Officer Installation, Reception, Door Prizes, & Entertainment provided by “A Touch of Gold”
### Conference Schedule at a Glance: Friday, April 21, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 to 8:30 a.m.</td>
<td>Foyer</td>
<td>Registration and Continental Breakfast and visit Exhibitors</td>
</tr>
<tr>
<td>8:30 to 8:45 a.m.</td>
<td>Hibiscus Ballroom I</td>
<td>Welcome by President-Elect Cassandra Stewart</td>
</tr>
<tr>
<td>8:45 to 10:00 a.m.</td>
<td>Hibiscus Ballroom I</td>
<td>General Session 4 - Patrick McDermott “How an Ironman Would Run A Hospital”</td>
</tr>
<tr>
<td>10:00 to 10:30 a.m.</td>
<td>Foyer</td>
<td>Break and Visit Exhibitors</td>
</tr>
<tr>
<td>10:30 to 11:45 a.m.</td>
<td>Hibiscus Ballroom I</td>
<td>General session 5 - Arlene Baril “Welcome to the Alphabet Soup of OIG/CMS”</td>
</tr>
<tr>
<td>11:45 a.m. to 1 p.m.</td>
<td>Hibiscus Ballroom II</td>
<td>Lunch, Networking and Door Prizes</td>
</tr>
<tr>
<td>1:00 to 2:00 p.m.</td>
<td></td>
<td>Breakout Sessions</td>
</tr>
<tr>
<td>2:00 to 2:15 a.m.</td>
<td>Foyer</td>
<td>Break and Visit Exhibitors</td>
</tr>
<tr>
<td>2:15 to 3:15 p.m.</td>
<td></td>
<td>Breakout Sessions</td>
</tr>
<tr>
<td>3:15 to 3:30 p.m.</td>
<td>Foyer</td>
<td>Break and visit Exhibitors</td>
</tr>
<tr>
<td>3:30 to 4:45 p.m.</td>
<td>Hibiscus Ballroom I</td>
<td>General Session 6 - Patrick McDermott “Being Extraordinary”</td>
</tr>
<tr>
<td>4:45 to 5:00 p.m.</td>
<td></td>
<td>Closing Remarks and Door Prize Drawing by President-Elect Cassandra Stewart</td>
</tr>
</tbody>
</table>

#### Breakout Sessions

<table>
<thead>
<tr>
<th>Breakout 3A: CARNATION</th>
<th>Breakout 3B: HIBISCUS</th>
<th>Breakout 3C: PAKALANA/ANTURIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3A: Laura Legg “Clinical Documentation Improvement”</td>
<td>B3B: Kurt Mosley “Doctors, Dollars &amp; Health Reform”</td>
<td>B3C: Michael Hatfield “Arrange at Thrive: Continuous Improvement through Investigative Analytics”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breakout 4A: CARNATION</th>
<th>Breakout 4B: HIBISCUS</th>
<th>Breakout 4C: PAKALANA/ANTURIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4A: Paul Shorros/Kathy Rink “A New Blueprint for a Front-End Revenue Cycle Model”</td>
<td>B4B: Linda Corley “MACRA”</td>
<td>B4C: Trahan Whitten &amp; Ron Knapp “Use of Worksheet S-10”</td>
</tr>
</tbody>
</table>
General Session 1: Healthcare Consumerism: How Patient Behavior is changing the Landscape

The ACA law and its resulting effects on access, delivery, and payment are no doubt having an effect on healthcare consumers. More than ever, the healthcare patient is becoming increasingly engaged in the decision-making process. Similar to the transformation of entertainment media delivery (think Netflix, RedBox, Hulu), healthcare providers stand at the edge of a changing landscape where patients are playing an ever larger role of how, where, and with whom they will obtain and pay for healthcare services. This presentation focuses on the forces affecting healthcare supply and demand, and examines the effects and strategies that continue to emerge.

 Speakers: Dan Bergantz, Vice President, Healthcare Advisory Services PNC Healthcare & Andre Kemeny, Assistant Vice President, Healthcare Advisory Services PNC Healthcare

Dan Bergantz has over 15 years of combined research, operational, and consulting experience in the healthcare industry. He currently serves as Vice President of Healthcare Advisory Services with PNC, specializing in healthcare financial/operations improvement – specific areas of expertise include revenue cycle operations and strategy, labor management and productivity, strategic planning, physician productivity, strategic pricing, and data analytics.

Andre Kemeny has over 10 years of combined research, consulting, and management experience in the medical device and healthcare industries. He currently serves as Assistant Vice President of Healthcare Advisory Services with PNC – applying Lean, Six Sigma, and other process improvement methodologies in strategic planning, revenue cycle management, and project management. He received a Bachelor’s degree in Electrical Engineering and a Master of Science in Physiology from Purdue University, and received his MBA and Master in Healthcare Administration degrees from the University of Utah.
General Session 2: Cyber Security Awareness; Managing Today’s Healthcare Information Explosion

“Cyberterrorism.” In the healthcare landscape this can appear in a variety of forms, such as bringing down a hospital computer system or publicly revealing private medical records. Whatever shape it takes, the general effects are the same: patient care is compromised, and trust in the health system is diminished. Fortunately no significant cyber attack has been successfully launched against a U.S. healthcare organization to date.

Speaker: Michael Archuleta, Director of IT for Mt. San Rafael Hospital

Michael Archuleta is the Director of IT for Mt San Rafael Hospital Innovator and Award Winning Healthcare IT Leader. Most recently, Michael was selected to serve on the Netapp Neural Network CXO Advisory Board and the Colorado HIMSS Board of Directors. He is also an active Member of CHIME. Additionally, he was branded as Becker’s Hospital Review Top 100 CIOs to know in 2016, Rising stars: 50 healthcare leaders


An event not to be missed by healthcare leaders! Discussion will include the challenges of 2017 in the Revenue Cycle and will include: “Healthcare Under the New President”, “New Reimbursement Models, “The Next Generation of Managing Patient Responsibility”, “Managing Third Party Vendors and Creating a Return on Investment”, and “ New Revenue Cycle Concepts.” The session will close with a live Jeopardy Game to engage the attendees on lessons learned.

Speaker: Lyman Sornberger, Chief Healthcare Strategy Officer, Capio Parnters, LLC

Lyman Sornberger is the Chief Healthcare Strategy Officer at Capio Partners. Prior to joining Capio and forming LGS Health Care in 2013, Mr. Sornberger was the Executive Director of Revenue Cycle Management at Cleveland Clinic Health Systems. Prior to that he was with the University of Pittsburgh Medical Center (UPMC) for 22 years in leadership roles for their revenue cycle management groups.
General Session 4: “How an Ironman Would Run A Hospital”
So many of us have participated in false starts or partial successes in hospital initiatives. And not for lack of effort we have been frustrated from achieving our best while the solutions seem to be within our reach. What if we managed and improved a hospital with the same basic principles and tactics an Ironman triathlete approaches what seems to be an impossible distance? Patrick McDermott will share 12 steps he took to overcome an impossible challenge and along the way gives his reflections on how each of us can become an “Iron Leader” as we approach our next hospital challenge.

**Speaker:** Patrick McDermott, Vice President, Revenue Cycle, Sutter Health

Patrick McDermott received his M.B.A in Finance from University of Illinois. As the Vice President of Revenue Cycle for Sutter Health, a 25-hospital health system in Northern California, Patrick has deep experience leading EPIC go-lives and LEAN value stream initiatives. Patrick invented with his Resurrection team the “Revenomics 102” class, which won the HFMA Yerger award for innovative training delivered to members. Patrick’s career started with consulting firms Stockamp & Associates (now Huron consulting) and KPMG.

General session 5 - “Welcome to the Alphabet Soup of OIG/CMS”
In recent years, the Office of Inspector General (OIG), the Centers for Medicare & Medicaid Services (CMS) and state governments have allocated more resources in their efforts to identify improper payments and combat healthcare provider fraud, waste and abuse. This has resulted in an increase in the number of government audit programs, all of them known by various acronyms. There are currently 11 different audit programs in use for healthcare entities today. This presentation will define the specifics of these audit programs to help your organization understand the various audit guidelines and requirements. Specific requirements for each audit program.

**Speaker:** Arlene Baril, Senior Director of Facility Reimbursement Services at Altegra Health

Arlene Baril is Senior Director of Facility Reimbursement Services at Altegra Health (A division of Change Healthcare). She resides in Dallas and has over 35 years of experience specializing in revenue cycle management and HIM operations: APC auditing and rebilling services, RAC Readiness Assessments, Charge Description Master Reviews, Inpatient MS-DRG and Outpatient OPPS Coding Assessments, Physician Practice coding, and HIM Operations/ HIM Department Outsource. Prior to Altegra/Sinaiko, Arlene was Principal/CEO at Baril & Associates Healthcare Consulting.
General session 6 - “Being Extraordinary”

Everyone can "hit it out of the park" in the next phase of her/his career – even so it will take a change in approach and thought process. Patrick McDermott will provoke you to think and act differently, and reject the ordinary. Foremost, is learning at an exponential rate with your team! Next, is electrifying your network of influence. And lastly, is connecting with people at deeper level to reduce their suffering and unlock their passion with Person-Centered Leadership.

Speaker: Patrick McDermott, Vice President, Revenue Cycle, Sutter Health

Patrick McDermott received his M.B.A in Finance from University of Illinois. As the Vice President of Revenue Cycle for Sutter Health, a 25-hospital health system in Northern California, Patrick has deep experience leading EPIC go-lives and LEAN value stream initiatives. Patrick invented with his Resurrection team the “Revenomics 102” class, which won the HFMA Yerger award for innovative training delivered to members. Patrick’s career started with consulting firms Stockamp & Associates (now Huron consulting) and KPMG.
Healthcare Reform: Payer Provider Impact

Healthcare Reform Act officially called the Patient Protection and Affordable Care Act (PPACA) created massive changes across all healthcare stakeholders, including payers, providers, and plan members. Increased competition, expanded access, and amplified cost-containment pressures will change payer DNA to achieve product differentiation, administrative and medical cost-containment and quality-based relationships with their provider networks. Future provider revenues will have less to do with patient volumes and more to do with clinical outcomes, quality and cost efficiency.

Jeff Nye, M.B.A., became Castle’s vice president for finance and its chief financial officer in September of 2014. Before coming to Castle, Nye was director of finance at Feather River Hospital in Paradise, California. He held this post for seventeen years, and he served as that hospital’s interim CFO from April to September of 2013.

Nye holds a Bachelor of Business degree in administration and accounting from Pacific Union College in Angwin, California, and an M.B.A. from the University of Phoenix in Phoenix, Arizona. After graduating from Pacific Union College, Nye began his career with Adventist Health at Hanford Community Hospital as its chief accountant. After five years there, he accepted the directorship at Feather River Hospital.

Jason Chang took his post as COO of Queen’s Health System in October of 2015. Prior to coming to Hawaii Jason was CEO of McAllen Heart Hospital and South Texas Health System and interim CEO of McAllen Medical Center. Jason’s background includes hospital and health system management, ambulatory service and clinical program development, quality and service improvement; managing tertiary/quaternary services in a teaching hospital environment; clinical integration and physician network development.

Jason received his bachelor’s degree from Northern Arizona University and his MBA from University of Massachusetts.
Andy Lee, MD is the Medical Director for Hawaii Health Partners, providing clinical leadership and guidance for the ACO. He oversees care coordination activities with participating providers and facilities and ensures the delivery of demonstrable, patient-centered care. Dr. Lee received his undergraduate degree at the University of California, Irvine, and earned his medical degree at the University of Hawaii John A. Burns School of Medicine. He completed his emergency medicine residency at the Medical College of Pennsylvania-Hahnemann University/Allegheny General Hospital in Pittsburgh and is board certified in Emergency Medicine.

Jayme Puu is the Vice President of Provider Services at HMSA where she leads teams dedicated to supporting the relationship between a patient and doctor. It’s the most influential relationship in health care and one of the cornerstones of HMSA’s Māhie 2020 vision to transform health care in Hawaii into a more affordable and sustainable statewide system.

Jayme directs HMSA teams in provider relations, strategic network relations initiatives, and provider contracting. She also led the primary care provider adoption and contracting of HMSA’s Payment Transformation Program. In addition, Jayme is experienced in government payor programs in Medicaid Managed Care and Medicare Advantage Programs to include dual special needs plans (DNSP); and has served in leadership roles in managing both the Operations and Network Management at Ohana Health Plan in Hawaii, a subsidiary of WellCare Health Plans, Inc. She holds an undergraduate degree in Health Care Administration with a concentration in Long-Term Care.
Breakout Session 1A - “Troubling Trend of Unresponsive Patient Denials”

(Hibiscus)

One of the unforeseen and growing consequences of regulations surrounding healthcare has been in the increase in “soft” denials where insurers require a patient’s input to process or complete the process of a claim. This presentation will arm you with the tools you and your team will need to address this issue meaningfully and effectively.

Speaker: Matt Cardon, VP AR Services, MedData

Matt Cardon is a graduate of Brigham Young University in Provo, Utah with a Bachelor’s degree in Political Science and is based in our Draper, Utah regional office. Matt Cardon is currently the Executive VP of the AR Services arm of Cardon Outreach, a company of MedData. His area encompasses 3 of the key service lines: Third Party Liability, Out of State Medicaid Enrollment and Billing and Billing and Denials Management.

Breakout Session 1B - “Evolving Claims Strategy & Analytics”

(Carnation)

This presentation offers a full-cycle perspective for improving business performance using analytics. Using timely, actionable analytics promotes value in healthcare transformation, pursuing the Triple Aim and developing a population health approach rooted in a healthy revenue cycle.

Speaker: Sean Riesterer, MBA, Revenue Cycle Consultant / Director – Analytics, McKesson RelayHealth

Sean Riesterer has more than 27 years experience in healthcare, finance and technology. His leadership roles include senior executive and advisory positions for hospitals, health systems and insurers. He brings a unique knowledge set to RelayHealth, having walked in the role of the customer.
Breakout Session 1C - “Medicare Hospital Regulatory Update”  (Ilima)

This presentation will cover the IPPS Medicare final rule for FFY 2017 including DSH-Uncompensated Care, Medical Education and Re-admission Reduction Program with the sharp drop in rates for Hawaii hospitals and the Value Based Purchasing Program. In addition, we will discuss site neutral payments as a result of the provisions of the Bipartisan Budget Act of 2015.

Speaker: Susan Ruchin, Senior Manager, Healthcare Consulting, Moss Adams LLP

Susan Ruchin has been in the healthcare industry for over 30 years, including 10 years working for a Medicare Contractor in the supervision and audit of large healthcare chain organizations. She also has six years of experience in hospital settings, where she was responsible for all phases of reimbursement, including Medicare cost report preparation and appeals with the Provider Reimbursement Review Board.

Breakout Session 2A - “Are your Zero Balances, Really Zeros”  (Hibiscus)

Case Study of 7 Hospitals system in Southern California that has implemented a software program to accurately model complex contracts including split claim DOFR situations. The system has revolutionized the entire contract modeling, insurance follow-up and payment validation process. Staff(s) are being re-aligned due to system flow automation of the entire claims adjudication process. No requirement to have vendor review zero balance, underpayments are identified immediately.

Speaker: Susan Labow, Sr. Vice President Revenue Cycle, Alta Hospitals System, LLC

Susan Labow is active with the California Hospital Association and serves on the Payer Relations Committee. She is a frequent speaker both at the state and national level. As a consultant, Susan has the unique opportunity to view and improve a vast number of provider organizations.
Breakout Session 2B - “New Tools of the Trade: What You’ll Need to Manage Your Populations, Lower Costs & Improve Outcomes”  (Carnation)

This session will highlight the benefits of specializing care delivery based on risk stratification, new roles emerging in healthcare, how Business and Clinical Analytics can help your organization identify areas for improvement and track progress, and specific tools that will help engage patients to produce better outcomes at lower costs.

Speaker: Kenneth Laliberte, Manager of Product and Industry Messaging, Medical Information Technology, Inc.

Ken Laliberte is a Manager of Product and Industry Messaging at MEDITECH. In this capacity, he is responsible for collaborating with healthcare leaders to help them leverage MEDITECH’s solutions and services, he enjoys finding creative solutions organizations can deploy to standardize and enhance workflows for increased efficiencies, as well as strategies to promote engagement and buy-in across an organization.

Breakout Session 2C - “The Gallant Effort to Procure Additional Hospital Medicare DSH Reimbursement in a Post-Baystate World”  (Ilima)

This presentation shall explore one specific type of DSH Medicare reimbursement issue-CMS Ruling 1498-R which has spawned hundreds of lawsuits currently pending in federal courts. More specifically, that CMS ruling 1498-R (which seeks to remand thousands of hospital fiscal years back to the MAC for further reimbursement computations) improperly mandates the inclusion of certain Part A patient days in the Medicare SSI fraction of the DSH calculation that were not actually paid through Part A, resulting in reduced reimbursement payments to the hospitals.

Speaker: Alan Sedley, JD, Sedley Health Law

Alan J. Sedley brings over 30 years of experience in healthcare law, with expertise in regulatory, transactional, and operational matters affecting hospitals, physicians, and related entities. Alan has represented hundreds of hospitals in federal court filings seeking additional Medicare reimbursement payments initially denied by the Provider Reimbursement Review Board. Many of those hospitals are DSH hospitals otherwise entitled to such additional, and often times significant add-on payments. He regularly advises hospitals regarding Stark Law Compliance, HIPPA, HITECH, and EMTALA compliance, fraud and abuse, anti-kickback, and patient privacy, and represents physicians, nurses and facilities before state regulatory and licensing boards.
Breakout Session 3A - Clinical Documentation Improvement  
“(Carnation)”  
“There’s no time like the present”  

Telling providers to “document better” won’t do it. We need concrete measurable solutions. Look at clinical documentation improvement from a practical standpoint. Explore some recent CDI initiatives in our industry and see what is happening post ICD-10 implementation 2016.

Speaker: Laura Legg, RHTI, CCS, DRIP - Director of Optimization  

Laura Legg is experienced as a leader, consultant, coding expert, speaker, trainer and auditor for acute care and critical access hospitals and major health systems. Laura’s focus at HRG is providing consulting clients with expertise to improve operations, provide education and ensure compliant coding through auditing services.

Breakout Session 3B - “Doctors, Dollars & Health Reform”  
“(Hibiscus)”  

This presentation includes an eye-opening look at physician and hospital payment patterns of the past, an examination of today’s “hybrid” compensation models blending volume and value, and an explanation of the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) by which physicians will be reimbursed in the near future.

Speaker: Kurt Mosley, Vice President, Strategic Alliances, Merritt Hawkins-AMN Healthcare  

Kurt Mosley has over 20 years of healthcare staffing and consulting experience and addresses dozens of healthcare professional organizations each year. Cited by U.S. News & World Report, USA Today, Modern Healthcare and many other publications, Mr. Mosley is nationally recognized for his healthcare staffing expertise.
Breakout Session 3C - “Arrive at Thrive: Continuous Improvement through Investigative Analytics” (Pakalana/Anthurium)

The variety of data systems available is as complex as the ever-changing healthcare landscape. Learn the importance of a collaborative, interactive analytics platform as a central source of truth. Learn to liberate your organization’s data to continuously improve and transform at the leading edge of the healthcare industry.

**Speaker:** Michael Hatfield, Managing Consultant – Global Applied Analytics & Healthcare Performance Improvement Berkeley Research Group, LLC

Michael Hatfield is a senior member of the BRG Applied Analytics team who possesses over 10 years of experience related to data informatics, performance management, data mining and complex customer analysis for U.S. and global healthcare and other international firms.

Breakout Session 4A - “A New Blueprint for a Front-End Revenue Cycle Model” (Carnation)

Today up to 30% of provider revenue is due from patients. Up to 80% of denials are predictable and preventable at the front door, and the likelihood of collecting patient liability is triple if financial liabilities are discussed and payment options are offered. This session offers the vision and a blueprint for providers looking to standardize and automate front-end processes to produce repeatable financial results.

**Speakers:** Paul Shorrosh, MSW, MBA, CHAM AccuReg, Founder and CEO and Kathy Rink, Director, Admitting/Registration and Scheduling The Queen’s Medical Center

Paul Shorrosh has over 25 years of experience in hospital revenue cycle and patient access. He holds an MBA in Healthcare Administration and IT from the University of Connecticut and an MSW in Healthcare from the University of Alabama. Paul is Founder and CEO of AccuReg and serves as the Industry Standards Committee Chair for NAHAM. Paul’s mission is to transform hospital financial performance and patient experience from the

Director, Admitting/Registration and Scheduling at The Queen's Medical Center
Breakout Session 4B - MACRA: “The Good, the Bad and the Confusing of 2017 Physician Reimbursement” (Hibiscus)

The Centers for Medicare and Medicaid Services (CMS) continues to publish clarifying guidance on the change in professional fee reimbursement from the Medicare Physician Fee Schedule to MACRA (Medicare Access and CHIP Reauthorization Act). 2017 will be the initial year of reporting medical outcomes for individual and/or group physicians that will determine the percentage of increase or penalty for payment during 2019. The complex reimbursement methodology ends twenty (20) years of professional service payment based on the sustainable growth rate (SGR), and establishes a Merit Based Incentive Payment System (MIPS). In addition, professionals may participate in an Advanced Alternate Payment Model (APM) for determination of payment rates that bypass the MIPS. This session will discuss all the variability built into attainment of optimum, but compliant reimbursement. Ten specific strategies will be presented for asking the appropriate performance and reporting questions, for considering the options available for differing types of medical and specialty services, and for ensuring all pertinent guidance is followed.

Speaker: Linda Corley, MBA, CPC, CRCR, Vice President of Compliance and Quality Assurance Xtend Healthcare

Linda Corley has worked collaboratively with hospitals and physician offices for the past twenty-five years. She has served as Controller of a University-owned, four-hospital group; and provided insight to clinical and financial staff members on compliant reimbursement. Linda is a credentialed coder and a frequent HFMA presenter.
Breakout Session 4C - Use of Worksheet S-10 as the basis for the DSH Factor 3 Determination – “The Allocation of Uncompensated Care Pool Dollars”
(Pakalana/Anthurium)

Use of Worksheet S-10 for DSH uncompensated care allocations is inevitable. This session will provide you with what you need to know to prepare for this imminent change including understanding revisions to S-10 reporting, evaluation of policies & practices as well as use and tracing of your system’s transaction codes.

Speakers: Trahan Whitten, Executive Vice President/Toyon Associates, Inc. and Ron Knapp, Executive Vice President/Toyon Associates, Inc.

Trahan H. Whitten has over 24 years of experience in the field of healthcare operations, finance and reimbursement. Mr. Whitten oversees the Strategic Service group who focuses on restructuring, outsourcing, standardization, revenue recognition, wage index improvement strategy services and compliance. Prior to joining Toyon, Mr. Whitten has served as the CEO of a regional consulting firm consisting of over 100 employees and as the National Managing Partner of Ernst & Young’s Government Programs, Reimbursement and Compliance Service lines in the United States.

Ronald G. Knapp has over 35 years of experience in the field of Medicare/Medicaid governmental reimbursement services. For the past 30 years, Mr. Knapp has been part of Toyon Associates executive leadership overseeing the firm’s growth from a staff of 3 to over 55 and now the largest Medicare/Medicaid governmental consulting firm on the West Coast. As one of Toyon’s senior experts in Medicare/Medicaid reimbursement strategies, Mr. Knapp continues to provide to advise hospitals and healthcare systems. Mr. Knapp also oversees Toyon’s practice groups involved in cost report preparation and support, Medicare disproportionate share and bad debt consulting services and Toyon’s software development group that includes Toyon’s proprietary ABSOLUTE software.
REGISTRATION INFORMATION

HFMA Hawai'i Chapter 2017 Annual Conference
April 20-21, 2017
Ala Moana Hotel, Honolulu, Hawaii
Register online at: http://www.hfma.org/Content.aspx?id=52539

Name

Employer
Title

Phone
Email

Professional Association Membership
Members of the following professional association may attend the conference at the Member rate. Join one of the Professional Associations now and attend the conference at the member rate. Circle the organization for which you have an active membership:

1) HFMA
2) AAPC (American Academy of Professional Coders)
3) ACHE (American College of Healthcare Executives)
4) HMGMA (Hawaii Chapter of the Medical Group Management Assoc.)

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

Conference Activities (please check if attending)
☐ I will attend the HFMA Hawaii Chapter Reception on Thursday, 4/20/17.

Conference Fees
One and two-day fees include the evening reception. Circle the appropriate box below. The deadline for all registration is April 10, 2017.

<table>
<thead>
<tr>
<th>Thursday, April 20, 2017 1:00 pm - 2:00 pm</th>
<th>Friday, April 21, 2017 1:00 pm - 2:00 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A 1B 1C</td>
<td>3A 3B 3C</td>
</tr>
<tr>
<td>Thursday, April 20, 2017 2:15 pm – 3:15 pm</td>
<td>Friday, April 21, 2017 2:15 pm – 3:15 pm</td>
</tr>
<tr>
<td>2A 2B 2C</td>
<td>4A 4B 4C</td>
</tr>
</tbody>
</table>

Registration Options: You can register for this event through any method listed below. New members, who want to use the $25 off any HFMA event coupon, please contact Mark Hung at mhung@rehabhospital.org for registration procedures. If you have any questions regarding registration, please contact HFMA Member Service Center at (800) 252-4362, ext. 2.

1) Via the Internet/Online: http://www.hfma.org/Content.aspx?id=52539. Credit card and PayPal payments only.
2) Via Mail: Complete the registration form and mail with payment to the address below
   HFMA
   6063 Eagle Way
   Chicago, IL 60678-1060
3) Via Fax: (708) 531-0665
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 20, 2017. The deadline for all registrations is April 10, 2017. Payment must be received no later than the conference check-in in order to attend.

PRESENTATION MATERIALS

Presentation handouts will be available at hawaiihfma.org prior to the conference. No hard copies will be distributed. Internet access will be available in the Hibiscus Ballroom.

CANCELLATION & REFUNDS

50% of the conference registration fee is refundable only if written cancellation is received by March 20, 2017. After March 20, 2017, there will be NO refunds. Substitutions are allowed for those registrants unable to attend. 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, 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

CPA – 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. A maximum of 12 credits will be granted.

HOTEL ACCOMMODATIONS

The 2017 HFMA Hawaii Chapter Annual Conference will be held at the Ala Moana Hotel in Honolulu. Conference attendees may reserve hotel rooms at a discounted conference rate by calling Ala Moana Reservations at 1(800)367-6025 or visiting their Web site at www.alamoanahotel.com please indicate “2017 HFMA Annual Conference”. The Ala Moana Hotel is located at 410 Atkinson Drive, Honolulu, Hawaii 96814.

INQUIRIES

Please direct inquiries to Valerie Sonoda at val.sonoda@yahoo.com

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.
MAHALO TO OUR CHAPTER SPONSORS!

Ali‘i Sponsors:

- KPMG
- MedData
- Sunbelt Medical International
  “Specializing in International Billing & Collections for over 25 years”
  www.sunbeltmedicalinternational.com
- MEDITECH
- Xtend Healthcare
  Advanced Revenue Solutions
  www.xtendhealthcare.net
MAHALO TO OUR CHAPTER SPONSORS!

Kokua Sponsors:

CONIFER
HEALTH SOLUTIONS®

EY

HRG
Healthcare
Resource Group

Ohana Sponsors:

CHANGE
HEALTHCARE™

HAH
Healthcare Association
of Hawaii