

TNHFMA and Nashville MGMA

present

Moving Forward Together

The Spring Institute

May 16-18 Franklin, TN

For more information, including exhibitor opportunities, session details, scholarships, and accommodations please visit

thespringinstitute.org



WELCOME FROM THE PRESIDENT

Martha's Musings:

Spring is such a wonderful and exciting time of the year. With the rebirth of the trees and plants (along with the pollen) comes the TN HFMA Spring Institute. Having started the planning in the fall, the Spring Institute Committee is allowed to see their many hours of planning and developments come to fruition with the culmination of the Spring Institute.

As usual, a wonderful program is planned and we have changed the usual program to expand one day to include our physician management partners. Partnering with the Nashville MGMA for programming will address issues that are common between the organizations. Please remember to share your thanks with the planning committee for their hours of planning on your behalf.

The Spring Institute also brings about a rebirth of the chapter with the installation of the 2016-17 Officers and Board of Directors. Tuesday's lunch will not only feature the installation of the TN Chapter officers but will also allow Mary Mirabelli, TN HFMA member and the soon to be 2016-17 National HFMA Chair, the opportunity to share a National HFMA update. It is such an honor to have one of our very own TN HFMA members to represent the chapter as the National Chair.

This year we open the Spring Institute with the annual Gloria Adams Scholarship Fund Golf Tournament and we will have an opening evening with a barbeque dinner at The Governor's Club. The tournament allows your chapter to provide financial aid through the scholarship fund for TN HFMA member's high school and college students or TN HFMA members, themselves, who are pursuing a career relevant to healthcare finance. If you are aware of an individual who may qualify for the scholarship, please direct them to our website, www.tnhfma.org, for information on qualifications and application deadlines. And, if you'd like to join us on the golf course, sign up on our website and grab your clubs!

This has been an amazingly fast and successful year for your Chapter and it is all thanks to the tireless efforts of the volunteer leadership team. We've had a great team this year and we've tried to bring you some great opportunities for great education and networking. A huge thanks to our 2015-16 sponsors who have been so helpful with making it financially possible to bring you the education at reasonable pricing.

Check out the line-up for the Spring Institute and I look forward to seeing you there as we wrap up the final portion of the 2015-16 year and "spring" into new 2016-17 year.

See you at Spring Institute,
Martha Calfee
2015-16 TNHFMA President

COMMITTEE MEMBERS

Kellie	Buchanan	Functional Pathways – Committee Co-Chair
Tammy	Wood	SCI Solutions – Committee Co-Chair
Jack	Abernathy	Affiliated Creditors
Brad	Arnold	Frost-Arnett
Julie	Atchley	Matheney Stees & Associates
Ariel	Biggs	Xtend Healthcare
Martha	Calfee	Matheney Stees & Associates
Marc	Carter	CBS Collects
Mark	Cameron	RevenueVantage
Merle	Glasgow	Wheelhouse
Ben	Jacobs	First American Healthcare
Pamela	Jones	MCOT, Inc.
David	Lane	Healthcare Revenue Cycle Consultant
Carol	Lewis	Williamson Medical Center
Buffy	Loveday	CarePayment
Tina	Minnick	Press Ganey
Bryon	Pickard	Vanderbilt University Medical Center
Jason	Poteet	Berkeley Research Group
Guice	Smith	Stanton Chase International
Shawanna	Snider	CarePayment
Jess	Stewart	HCFS
Nick	Swift	Maury Regional Medical Center
Katie	Tarr	LBMC, PC
Kathryn	Topper	Ardent Health
Carmen	Voelz	Accordias Healthcare Services, LLC
Charles	Yewell II	Ardent Health

SCHEDULE AT A GLANCE

Monday, May 16th

- 10:30 a.m. – 11:30 a.m. TN HFMA Board Meeting
- 12:30 p.m.–5:30 pm Gloria Adams Memorial Scholarship Fund Golf Tournament – Governors Club
- 5:30 pm – 9:00pm Outdoor BBQ Dinner – Governors Club
- 4:00 pm – 6:00pm Exhibitor Set up

Tuesday, May 17th

- 7:00a.m.-5:00 p.m. Registration
- 7:30 a.m.–8:30 a.m. Networking & Breakfast in the Junior Foyer Exhibit Hall
- 8:30 a.m.–10:00 a.m. **Keynote:** Creating a Safer and More Reliable Patient Experience
- 8:15 a.m.–10:00 a.m. **Concurrent Session:** Ethics for the Tennessee CPA
- 10:00 a.m.– 10:15 a.m. Break
- 10:15 a.m.–11:30 a.m. **Concurrent Session:** Accounting and Auditing Update
- 10:15 a.m.– 11:30 a.m. **General Session:** Map Award Winner – St. Elizabeth Healthcare Case Study
- 11:30 a.m.– 1:00 p.m. Lunch Provided - HFMA National Update and Officer Installation
- 1:00 p.m.–2:30 p.m. **Concurrent Session:** Inpatient or Observation: Big Impacts of January Changes
- 1:00 p.m.–2:30 p.m. **Concurrent Session:** Beyond the Bill: A Journey to Price Transparency and Effective Financial Communications.
- 2:30 p.m.–2:45 p.m. Break
- 2:45 p.m.–4:00 p.m. **General Session:** The Real Cost of Patient Leakage
- 4:15 p.m.–5:00 p.m. Welcome Reception & STAR Committee Meetings
- 5:00 p.m.– 6:00 p.m. President's Reception

Wednesday, May 18th

- 7:30 a.m.– 8:30 a.m. Networking & Breakfast in the Junior Foyer Exhibit Hall
- 7:30 a.m.– 8:30 a.m. Prayer Breakfast: Room in the Inn
- 8:30 a.m. – 8:45 a.m. Break
- 8:45 a.m.– 10:15 a.m. **Keynote:** EMR's are not a Business Strategy
- 10:15 a.m.– 10:30 a.m. Break
- 10:30 a.m.– 12:00 p.m. **Panel Discussion:** CFO Panel
- 12:00 a.m.–1:00 p.m. Lunch & Door Prizes
- 1:00p.m. – 2:00p.m. TMA Legislative Update
- 2:00 p.m.– 3:30 p.m. **Keynote:** The Evolution of Value Based Care at the Ochsner Health System
- 3:30 p.m.– 3:45 p.m. Break
- 3:45 p.m.– 5:00 p.m. **Panel Discussion:** Pros & Cons of Merger vs. Partnership, How to work together

PRESENTATION DESCRIPTIONS AND BIOGRAPHIES

Tuesday, May 17th

8:30 a.m. – 10:00 a.m. Keynote: Creating a Safer and More Reliable Patient Experience

Gary Yates, MD

The growth of consumerism, the increasing transparency of quality, patient safety, and cost performance, and the linkage of performance to reimbursement are among the many market forces making the current healthcare environment more challenging than ever. To compete in this emerging marketplace, providers have to be efficient and meet patients' needs – or their market share may erode. Healthcare systems face special challenges to provide consistently excellent patient outcomes and drive out unwarranted variation across the enterprise to deliver on a meaningful brand promise.

For hospitals and health systems to be successful in this environment it will be important to acknowledge that the patient experience is about more than just satisfaction and recognize the interdependency among safety, quality, and patient-centeredness as three critical components of the patient experience. Patients and their families hope to receive care that delivers reliably across all three. Of these three, patient safety is foundational and unfortunately there has been slow and uneven progress in reducing patient harm since the original Institute of Medicine Report on the topic in 1999. In addition, a growing body of research suggests that employee and physician engagement are linked to the patient experience. This session will describe these interdependencies and explore why focusing on improving the caregiver and patient experience increasingly will be critical to financial performance and overall organizational success. It will also explore the promise of high reliability organizing as an approach to delivering excellent results across multiple domains of performance and share examples and lessons learned from hospitals and health systems on the high reliability journey.

Learning Objectives:

- Describe challenges in the current healthcare environment that are driving market competition based on cost and patient outcomes
- Understand the interdependency between safety, quality, and patient-centeredness as critical components of the patient experience.
- Describe an approach to using high reliability organizing principles to improve patient safety and transform the patient experience

Take away:

Quality, safety, and patient-centeredness are three interdependent, critical components of the patient experience and how well hospitals and health systems performance across these three domains may increasingly impact competition for market share in the future. A growing body of evidence suggests a link between provider engagement and patient experience so focusing on both will be important areas for organizational success. Recent reports highlight the limited progress improving patient safety in the US. There is growing interest among a number of hospitals and health systems in applying high reliability organizing to not only accelerate progress in reducing harm, but to create a chassis to improve performance across all domains of the patient experience.

CPE Credits: 1.5 Hours, Specialized Knowledge

8:15 a.m. – 10:00 a.m. Concurrent Session: Ethics for the Tennessee CPA

Don Mills

This course will present an overview of Board Members, support staff, license requirements, changes to Laws and Rules, and standards of professional conduct.

Learning Objectives:

- List current renewal and CPE requirements
- Define peer review requirements
- Describe the common infractions and the complaint process

CPE Credits: 2.0 Hours, TN State Specific Ethics

10:15 a.m. – 11:30 a.m. Concurrent Session: Map Award Winner – St. Elizabeth healthcare Case Study

Anthony Helton

In 2012, St. Elizabeth embarked on a journey to reduce their cost to collect from 6% to 3%. Realizing there are two ways to reduce cost to collect, reduce expenses and increase cast collections. During the following two years, they implemented a program that focused on both. Some of the initiatives include:

- Redesigned the Organization Chart and alignment to create a comprehensive Revenue Cycle
- In sourced denial work – reduced denial write-offs from 1.25% to .4%
- Leveraged the EPIC System through additional build out
- Developed an internal KPI Dashboard with a drill down to the desk/staff level
- Implemented a POS collections program – increased collections from an average of \$145K per month to \$825K per month
- Increased the Patient Experience Scores to the 75th percentile
- Reduced Late Charges from 2.6% to 1.2%

In 2014, St. Elizabeth Healthcare was recognized by HFMA with the MAP Award for Revenue Cycle High Performance. In 2015, they were recognized by Healthcare Business Insights with their award for Revenue Cycle Performance.

Learning Objectives:

- Identify ways to decrease the Cost to Collect
- Discuss the process of reducing denial write offs through clinical collaboration
- Discuss the process of applying for the MAP Award

CPE Credits: 1.5 Hours, Specialized Knowledge

10:15 a.m. – 11:30 a.m. Concurrent Session: Accounting and Auditing Update

William (Bill) Matheney & Meredith Cate

During this session we will discuss the most recently issued and soon to be effective accounting and auditing standards with emphasis on those with the most impact on healthcare providers. We will provide insights into how providers of healthcare services can prepare themselves for the effective dates of these standards. We will provide attendees with suggestions for implementation preparedness.

Learning Objectives:

- To provide an executive summary of the impending and recently issued accounting and auditing standards
- To discuss the impact on providers of healthcare services
- To offer recommendations for preparing to implement the standards and methods of reducing disruption

Take aways:

A better understanding of the changes in accounting and auditing standards that may impact your provider organization.

CPE Credits: 1.5 Hours, Accounting & Auditing

1:00 p.m. – 2:30 p.m. Concurrent Session: Inpatient or Observation: Big Impacts of January Changes

Linda Corley, MBA, CRCR, CPC

Inpatient or Observation? CMS continues to publish guidance on medical criteria for determining appropriate patient status. The Two-Midnight Rule has been updated for 2016, and may require adjustments in your documentation and billing practices to comply with the changes. Even more importantly, reimbursement criteria for Observation services were revised as of January 1 to realign payment for “outpatient monitoring” with the new

packaging requirements for Medicare OPPS. Learn how the new “Comprehensive APC” for Observation will be applied, and how several strategies for compliant coverage, coding and billing will allow optimization of Medicare payment.

The learning objectives:

- Establish appropriate documentation and physician ordering criteria for the 2016 changes in the Two-Midnight Rule.
- Identify the necessary revisions in providing Observation services, and how to charge and bill for the new Observation Comprehensive APC.
- Discuss the effects of the Two-Midnight Rule on Medicare Observation services, and the appropriate work-flow for upgrading a patient from ED to Observation to an Inpatient.
- Discuss patient (beneficiary) financial responsibility for Observation services; and 2016 expected Medicare payment.

This session will provide an understanding of the changes in the Two-Midnight Rule for 2016, and will provide compliant strategies for optimizing both Inpatient and Observation services payment.

CPE Credits: 1.5 Hours, Specialized Knowledge

1:00 p.m. – 2:30 p.m. Concurrent Session: Beyond the Bill: A Journey to Price Transparency and Effective Financial Communications.

Ryan Schultz

This discussion will outline the environmental catalysts driving the need for our industry to provide greater transparency around the price of healthcare and what it means to provide effective financial communication. We will also explore University Hospital’s journey to meet the demand for pricing transparency and financial communication from our patients and our payers.

The learning objectives:

- Identify multiple environmental factors driving the need for increased price transparency in the healthcare industry.
- Discuss strategies to provide effective financial communication to the recipients of services.
- Describe key points of the University Hospital’s journey to meet new expectations related to pricing transparency.

CPE Credits: 1.5 Hours, Specialized Knowledge

2:45 p.m. – 4:00 p.m. General Session: The Real Cost of Patient Leakage

J. Tod Fetherling

This presentation will present a new view of the Total Cost of Care. The presenter will present a review of the economic impact on local communities from leakage and network alignment. A projection of disease state and the future of health’s expenses will be covered. We will review potential strategies for providers to maximize sustainable business models.

Learning Objectives:

- Discuss the full Continuum of Care and the Total Costs
- List Disease Trends
- Identify how Value Based Payments affects reimbursements
- Discuss Consumer’s View of Total Cost of Ownership of Health

The audience will have a more complete view of the market, the forces, and overall financial impact of key components on the stakeholders.

CPE Credits: 1.5 Hours, Specialized Knowledge

Wednesday, May 18th

8:45 a.m. – 10:15 a.m. EMR's Are Not a Business Strategy

Joel French

Health care's transition from fee-for-service to value-based care, requires health systems, payers and consumers to more accurately capture, monitor and share data, making the digitization of health care inevitable. While this process started with implementing electronic health records (EHRs), for many hospitals, the vision of connecting disparate departments and enhancing real-time decision making fell short. In fact, many health system strategies have done little more than reclaim file room real-estate and limit paper-based processes. However, there are health systems that recognize EHRs are not designed to interoperate with connection points across a disparate health care community; rather, they are built to gather and house information living within one health system or hospital. These health systems extend their information technology strategy beyond EHRs, to improve care delivery, outcomes and revenue.

This is done by implementing a strong orders and referral management strategy that extends health systems' outpatient services to new parties, keeping revenue strong as inpatient volumes decline. They may also stop revenue leakage and find new revenue streams through web-based care coordination tools that redirect orders and referrals to their organizations. This powers better business and clinical collaboration for health systems – helping to make better use of legacy health information technology investments, including EHRs, and giving them meaningful new ways to share data with larger communities, including independent providers and trading partners. This strategy helps health systems strengthen relationships across wider care ecosystems by giving community players a simple tool for improving patient care and coordination.

This presentation will provide actionable steps to move past the limiting mind-set and effects of EHRs, demonstrating how health systems may increase outpatient revenue, absorb network leakage and grow contribution margins. It will give step-by-step advice to help health systems boost ROI by managing referrals, scheduling and reporting among greater channels of care. Think beyond EHRs to break the mold of competitors and achieve a lasting

Learning Objectives:

- Discuss how to extend investments and care coordination strategies outside of their four walls to a broader community.
- Help health systems identify revenue they're missing and how to capture it.
- List the ways health systems can easily capture new revenue streams through better collaboration around orders and referrals.
- Help health systems avoid the pitfalls of costly care coordination strategies, showcasing inexpensive methods for achieving stronger partner trading

Take away

Recognize EHRs for what they are: isolating and limiting to care coordination strategies, without the support of extension strategies. Hospitals are in desperate need of increasing reimbursements and outpatient revenues – and can easily achieve both by implementing cost-effective, web-based strategies across its broader community of providers, including independent physicians and specialists

CPE Credits: 1.5 Hours, Specialized Knowledge

10:30 a.m. – 12:00 p.m. Panel Discussion: CFO Panel

Join us as a panel of CFOs discuss their current challenges in today's healthcare environment.

Learning Objectives:

- Identify the impacts healthcare organizations face due to regulations
- Discuss strategic initiatives that have enhanced the financial performances for the CFO's respective facilities
- List various metrics that the CFO's track periodically and those metrics that are outside usual "course of business" and discuss their importance.

CPE Credits: 1.5 Hours, Specialized Knowledge

1:00p.m. – 2:00p.m. TMA Legislative Up-Date

Rebecca Lofty

Overview of health related topics that were addressed during the 2nd Session of the 109th General Assembly. A brief overview of advocacy opportunities, state elections and up-coming issues will be included.

Learning Objectives:

- Discuss summary legislation that was passed and defeated in 2016
- Identify potential issues for 2017 based on legislative decisions
- Discuss key highlights of the 2016 Election
- Identify membership engagement opportunities and discuss the importance of grassroots advocacy.

CPE Credits: 1.0 Hours, Specialized Knowledge

2:00 p.m. – 3:30 p.m. The Evolution of Value Based Care at the Ochsner Health System

Philip M Oravetz, MD, MPH, MBA

Since 2005, the Ochsner Health System has seen unprecedented growth, and currently owns or manages 15 acute care hospitals and 40s clinics throughout southeast Louisiana. Along with regional growth, Ochsner has increased its risk profile, with over one-third of patients in value based payment programs. This has prompted a greater need to manage patient care across the continuum. This program will explore Ochsner's historical approach, evolving strategy, implementation, and results in engaging both employed and community physicians in a value-based clinical integration network

Learning Objectives:

- To identify the factors influencing the drive to value based system design
- Discuss the range of available physician alignment strategies
- To identify the factors that influence physician behavior in clinical integration

Take away:

The audience will understand the factors driving the move to value based health care design and the available options to engage physicians in the move to value based care. Strategies to engage physicians in value based care via clinical integration will be discussed and summarized.

CPE Credits: 1.5 Hours, Specialized Knowledge

3:45 p.m. – 5:00 p.m. Panel Discussion: Pros & Cons of Merger vs. Partnership, How to work together

Join us for this interactive panel discussion that will discuss the pros and cons of the hospital/physician mergers showing the impact/benefits of mergers, the successes and challenges of mergers, and the “ah ha moments” – things you would have done differently during the merger.

Learning objectives:

- Discuss the impacts and benefits of the merger.
- List things to consider in the early discussion/planning stage
- Identify who needs to be involved from both sides
- Identify IT differences – planning early

CPE Credits: 1.5 Hours, Specialized Knowledge

SPEAKER BIOGRAPHIES

Don Mills

Don Mills has been an Investigator for the Tennessee State Board of Accountancy since 2009. Prior to that, he was the Audit Manager for the Hamilton County Department of Education. He has also worked in public accounting and was a senior auditor with the Division of Municipal Audit under Dennis Dycus.

Don is a graduate of the University of Tennessee at Knoxville. He is a Certified Public Accountant, a Certified Fraud Examiner, and holds the Certification in Financial Forensics as well as a Certificate of Educational Achievement in Governmental Accounting and Auditing from the American Institute of Certified Public Accountants.

He is a member of the Tennessee Society of CPAs, the American Institute of CPAs, the Association of Certified Fraud Examiners, the Forensic CPA Society, and the Antique Automobile Club of America.

In addition to his responsibilities as an Investigator, Don travels throughout the state providing the Board of Accountancy's State Specific Ethics course to Tennessee CPAs.

Gary Yates, MD

Dr. Yates is a Partner in the Strategic Consulting Services division at Press Ganey. He is the former Senior Vice President and Chief Medical Officer for Sentara Healthcare and founding President of the Sentara Quality Care Network. Dr. Yates also served as President of Healthcare Performance Improvement, LLC (HPI), which has been recognized as a leading firm helping to improve patient safety by using evidence-based methods derived from high-risk industries. He is a board-certified family physician and fellow of the American Academy of Family Physicians.

Dr. Yates served as co-chair of IHI's ninth annual National Forum on Quality Improvement in Health Care. He also served two years as President of Virginians Improving Patient Care and Safety (VIPCS), the statewide patient safety consortium for Virginia.

In 2005, Dr. Yates was awarded the Physician Executive Award of Excellence from Modern Physician and the American College of Physician Executives (ACPE). He currently serves on the Board of Stewardship Trustees for Catholic Health Initiatives (CHI), as a member of the editorial board for the American Journal of Medical Quality, and as a member of the American Hospital Association-McKesson Quest for Quality Prize Selection Committee.

Anthony Helton

Tony Helton is the Vice President of Revenue Cycle Operations at St. Elizabeth Healthcare in Northern Kentucky. St. Elizabeth Healthcare is a five facility system in the Greater Cincinnati region – Northern Kentucky - with net revenues of one billion dollars. His responsibilities include: Pre Access, Access, Business Office, Health Information Management and Clinical Documentation Improvement. Previously, Mr. Helton worked at Cincinnati Children's Hospital for 22 years. During his tenure at Children's, he served as the Executive Director of Hospital Billing Operations.

Mr. Helton received his Bachelor's degree from Northern Kentucky University in Management and Organizational Studies. He has served as the President of the Southwestern Ohio Chapter of HFMA (2011 – 2012), Chair of the Patient Account Managers Committee for the Greater Cincinnati Health Council (2007 – 2008) and has served on the Strategic Planning Committee for the Ohio Children's Hospital Association and the ABC Committee of the OHA. He became a Fellow in HFMA in 2013 and has been a member since 1995.

Mary Mirabelli, National HFMA Chair Elect

Ms. Mirabelli is the National Chair-Elect of HFMA during the 2015-16 term, beginning June 1, 2015. She is vice president, Global Practice-Healthcare, HP Enterprise Services LLC, Plano, Texas.

A member of HFMA since 2003, Ms. Mirabelli has served on the Association's Board of Directors, Governance Committee, National Advisory Council, Morgan Award Judging Committee, Healthcare Leadership Council, and Strategic Planning Committee. She is also a recipient of the Follmer Bronze Award. She also has had governance positions with the HCA Foundation Board and Vision Consulting, and she serves as chair of the Federation of American Hospitals Health Information Technology Task Force.

Joel French

Since 1989, Joel French has founded or led a variety of publicly traded and investor backed healthcare information technology companies, serving hundreds of hospitals, health plans, and life sciences firms. He has led or participated in consummating financial transactions valued at \$9 billion, including \$1.5 billion raised in public and private equity financings and M&A transactions valued at \$7.5 billion, including acquisition and operational integration of twenty companies and sale of five companies as principal, owner or advisor.

Since July 2011, French has served as Managing Partner and CEO of SCI Solutions and a board member of its parent company, ClearSight Group Holdings, LLC. SCI Solutions operates a national patient referral management and care coordination network, currently in use by 10,000 physician practices, 750 hospitals and imaging centers in 275 markets.

Mr. French has been widely published in peer reviewed journals and served as faculty speaker more than 100 times at industry conferences such as ACHE, HFMA, RSNA, CHIME, HIMSS, and MGMA along with technology company events for McKesson, Microsoft, Intel, and Allscripts. Industry contributions have included adjunct professorships and service on various health system, non-profit and technology company boards. French received a BA in Economics from Pacific Lutheran University.

Philip M Oravetz, MD, MPH, MBA

As ACO Medical Director at Ochsner Health System in New Orleans, Louisiana, Dr. Oravetz provides physician leadership to the system's Accountable Care Network, which is the largest integrated delivery system in southeast Louisiana. As an experienced medical professional in integrated delivery, Dr. Oravetz serves as lead in development of Ochsner's Clinical Integration Network, Pursuit of Value initiative and integration of the system's population risk management model. He has been published in many prominent industry trade publications including, Strategic Health Care Marketing Magazine and FAM Med. Dr. Oravetz is a highly respected and distinguished speaker at industry conferences and medical management educational events.

Over the course of his medical career, Dr. Oravetz has practiced in health care settings throughout the United States, including Rhode Island, South Carolina, Massachusetts and California. In addition to his experience as a practitioner, Dr. Oravetz has served as Preceptor and both, Associate and Assistant Clinical Professor in the Department of Family Medicine at the California College of Medicine, University of California-Irvine. Dr. Oravetz earned his undergraduate degree in Chemical Engineering from Yale University, medical degree from the University of Connecticut School of Medicine, residency at Brown University, Master of Public Health degree in Epidemiology from the University of California- Los Angeles, School of Public Health and a Master of Business Administration degree from the University of California- Irvine, Graduate School of Management

William (Bill) Matheney

Bill has approximately 33 years of extensive experience in the healthcare industry. This includes approximately two years with the State of Tennessee Medicaid Program fiscal agent, two years as a large SNF/ICF nursing home controller, and twenty-seven years in public accounting serving the healthcare industry. Bill has managed and served as in-charge auditor for audits ranging from small rural hospitals to the largest tertiary facility in Southeast Tennessee. He has served as reimbursement consultant to many healthcare providers with primary responsibility for cost report preparation, reimbursement maximization, and intermediary representation. He continues to have excellent relationships with several MACs. Bill entered public accounting in 1984 with KMG Main Hurdman. He remained with the firm through the merger with Peat Marwick Main & Co. and attained the level of manager at KPMG. Bill maintains membership in: the American Institute of Certified Public Accountants, the Tennessee Society of Certified Public Accountants, and the Tennessee Chapter of the Healthcare Financial Management Association,

having been President of the Tennessee chapter in 2001-2002. He has served on the Board of Directors of various healthcare related organizations. He is the recipient of the HFMA William G. Follmer, Robert H. Reeves and Fredrick T. Muncie Merit Awards, the Medal of Honor and has twice won the President's award from the Tennessee chapter. Bill is certified as a Fellow in hfma with a specialty in accounting and finance. Bill served on the hfma National Advisory Council from 2008-2010 where responses to various issues and positions on healthcare as it

relates to hfma members are discussed. The Council provides input to the National hfma on how they should respond to issues of importance to hfma's members. Bill has also recently been appointed to the National hfma Board of Examiners that develops the proficiency testing and study material for National certification examinations. He will served as area expert in accounting/finance He is also the out-going Regional Executive for Region V of hfma which includes Alabama, Florida, Georgia, South Carolina and Tennessee.

Bill has been a presenter at the Tennessee Society of CPAs Healthcare Conference and has spoken frequently in other venues on healthcare topics.

Meredith Cate

Meredith has approximately 17 years of experience in the healthcare industry. She most recently worked as a Cost Report Specialist with Crown Medical Management Group, LLC. Her previous work experience includes 9 years with Riverbend Government Benefits Administrator (a Medicare Contractor) and 2 years with National Healthcare Corporation ("NHC"), a large skilled nursing facility chain. Meredith joined MSA in November, 2011 bringing a wealth of financial and cost reporting expertise. While at Crown and since joining MSA, Meredith built her knowledge of Medicaid cost reporting. She has assisted many Rural Health Clinics and Federally Qualified Health Centers with filing their Medicare and Medicaid, if applicable, cost reports. Meredith is an active member of the Tennessee Chapter of the Healthcare Financial Management Association, where she assists various committees when needed. She is also involved in the Tennessee Health Care Association and the Medical Group Management Association.

Meredith graduated magna cum laude from Middle Tennessee State University ("MTSU") with her Bachelor of Business Administration with a major in accounting. While at MTSU, Meredith was an active member of Beta Alpha Psi, International Honor Organization for financial information students, where she served on the audit committee and as social chair. She was also a member of Phi Kappa Phi, National Honor Society, and Beta Gamma Sigma, Academic Honor Society and was the recipient of the Academic Service and W. Wallace Robertson scholarships

Linda Corley, MBA, CRCR, CPC

Linda Corley, MBA, CRCR, CPC, 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 previous college professor who taught financial processes for healthcare, health information management skills, and billing and collections courses. Linda also has over twenty years' experience on the national level of leading CDM Reviews, Coding and Billing Audits, and providing consulting services for revenue cycle improvement. Linda is a credentialed coder and a frequent HFMA presenter, who is often invited back for a second and even third session due to her in depth knowledge of governmental regulations and her workable "how-to" recommendations for compliant best practices.

Ryan Schultz

Ryan has 17 years' experience within the health care industry focusing on revenue cycle performance improvement and provider reimbursement strategies. Prior to arriving at University Hospital, Ryan spent 13 years with PricewaterhouseCoopers, LLP as part of its Health Industries Advisory practice where he provided revenue cycle and reimbursement advisory services to some of the nation's leading hospitals and health systems.

As part of his current role as Director of Revenue Cycle, Ryan serves as a facilitator across the inpatient and ambulatory revenue cycle functional areas to promote and drive best in class performance across organizational people, process and technology initiatives. Ryan also provides oversight for University Hospital's external audit program, which includes audit lifecycle management and risk feedback related to hospital third party payer audits.

J. Tod Fetherling

J. Tod Fetherling serves as the CEO of Perception Health. Fetherling's career has been a series of "Firsts" in various industry segments. He built the first health portal at HCA, created the first home health use rates, directed the first live surgery and first live birth on the Internet, first K-12 Health Curriculum online, and now he is bringing the first cloud based care management system to life.

Jan Conwill

Conwill has over 25 years of medical practice experience ranging from family practice to oncology. She has worked with private owned practices as well as hospital owed practices. Conwill has a passion for Oncology and has dedicated her career to that specialty. She is currently Regional Operations Manager for Tennessee Oncology managing practice locations in Murfreesboro, Smyrna, McMinnville and Shelbyville. Prior to that role, she was the Director of Oncology for Baptist Medical Group and Chief Operations Officer of Family Cancer Center, both in Memphis. She has a BSOL from Union University and an MBA with healthcare concentration from Bethel University, and is actively studying to complete her ACMPE certification through the national Medical Group Managers Association (MGMA). Conwill was President of the MidSouth MGMA in 2012. She is currently a volunteer for Alive Hospice and Make a Wish Foundation.

Rebecca Lofty

In January 2014 Rebecca Lofty took on TMA's newly created position of Grassroots Coordinator. Prior to joining TMA Lofty worked for the County Officials Association of Tennessee for the 2010 Legislative Session and then spent 4 years at Government Service Automation, providing software solutions for county governments in Tennessee, Arkansas and Texas. Lofty interned for Governor Phil Bredesen in 2008. She earned a bachelor's degree from the University of Tennessee and received her MS in Strategic Leadership from MTSU. Lofty was named in Nashville's Top 30 Under 30 Class of 2014.

Stephen Dickens, JD, FACMPE

Stephen Dickens is an attorney in the Medical Practice Services Department with State Volunteer Mutual Insurance Company where he works as a Senior Consultant in Organizational Dynamics. In this role he advises physicians and their staff on organizational issues including operations, strategic planning, leadership, patient experience and human resources. He is a frequent speaker at state and national conferences on these topics. Mr. Dickens has spent the last 23 years working with physicians in various roles including 15 years in medical practice, hospital and home care executive positions before joining SVMIC in 2008. He is a Past Chair of the Medical Group Management Association which has more than 33,000 members who manage 18,000 healthcare organizations where 385,000 physicians practice.

He is a Past President of the MGMA Financial Management Society, Tennessee MGMA and Tennessee Association for Home Care. He is a Board Certified Medical Practice Executive and a Fellow in the American College of Medical Practice Executives. In addition, he has previously earned Fellowship in the American College of Healthcare Executives and certification as a Home and Hospice Care Executive by the National Association for Home Care.

Randy Sharrow

Randy is a Strategic Financial Executive with expertise in Finance & Treasury departments that excel in the areas of Investments, Treasury, Finance, Financial Planning and Contract Management. He also has expertise in Risk Management and Strategic Planning for Capital Markets to ensure Corporate Liquidity. Randy is recognized as a collaborative leader who drives operational efficiency and tackles complex problems to consistently deliver quantifiable results. He is also known for bringing stability to an organization by providing strategic decisions to recognize and resolve complex issues. Prior to becoming the CFO for Blue Ridge Medical Management, Randy served as CFO for Holston Medical Group PC. Randy brings a diverse background to the ever-changing business of Healthcare.

Cecelia Moore, MHA, CPA, CHFP, Chief Financial Officer and Treasurer

Cecelia earned her AB with honors from Duke University in Public Policy Studies (Health Policy Concentration) followed by a Masters in Health Administration, also from Duke. She is a Certified Public Accountant in the State of North Carolina and a Certified Health Care Financial Professional through HFMA. Cecelia is a member of HFMA, AICPA, and NCACPA. She arrived at Vanderbilt University Medical Center as the Associate Vice Chancellor for Finance in October 2013. With new healthcare direction for the Medical Center, she assumes the title of CFO and Treasurer. She directs financial operations for the \$3.2B Medical Center which includes three hospitals (Vanderbilt University Hospital, Monroe Carell Junior Children's Hospital and Vanderbilt Psychiatric Hospital), the School of Medicine, School of Nursing and a number of joint venture entities. Prior to her appointment at Vanderbilt, Cecelia worked in a variety of roles at Duke University Health System (DUHS) and its faculty practice plan, the Private Diagnostic Clinic, PLLC (PDC). Cecelia was the Chief Financial Officer for the PDC, directing the finance efforts of the half billion dollar, 1,400 physician practice including financial planning, general accounting, budgeting, reporting, and managed care contracting. For nine years, Cecelia was the lead revenue cycle executive for DUHS, as the Chief Operating Officer of the Patient Revenue Management Organization (PRMO), LLC, responsible for revenue cycle operations for all DUHS entities and the PDC. The PRMO was responsible for accounts receivable management and cash collections in excess of \$2.8 billion, annually, along with a staff of close to 1,400 FTEs. Cecelia came to Duke in July 1999 as the Associate Director for Managed Care Operations and Finance for DUHS, leading financial operations for the health-system affiliated Independent Practice Association. During her tenure at Duke, Cecelia worked in both Corporate Finance and at Duke Health Raleigh Hospital as Assistant Vice President of Financial Services. Prior to her work at Duke, Cecelia consulted with numerous hospitals in charge master optimization and coding and worked in physician practice and receivables management.

REGISTRATION, FEES, AND CONTINUING EDUCATION CREDITS

Early Bird Discount

Expires on April 18th, 2016

Registration is available exclusively through our website at
<http://www.thespringinstitute.org/register/>

	By April 18 th , 2016	After April 18 th , 2016
Spring Institute		
HFMA Member	\$175	\$225
HFMA/MGMA Student Member	\$125	\$175
Non-Member	\$225	\$275
Single Day		
HFMA Member	\$100	\$150
HFMA/MGMA Student Member	\$50	\$100
Non-Member	\$175	\$225
Guest Tickets		
Monday BBQ	\$35	
Tuesday Lunch	\$35	
Tuesday Reception	\$35	

Cancellation Policy

If cancellations are received after May 1, 2016, there will be a \$50 administrative fee. **Registrants who do not cancel, cancel the first day of the Institute (May, 16, 2016), or fail to attend will not be eligible for a refund.** Substitutions, however, are permitted. Registration forms and cancellations must be emailed. Phone and voicemail are **not** valid forms of communication. For more information regarding administrative policies such as complaints and refund, please contact registration@thespringinstitute.org.

CPE Credits

TNHFMA recommends a maximum of 18 hours CPE for the 2016 Spring Institute. The Tennessee Chapter of the Healthcare Financial Management Association (HFMA) is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.



If you have questions or concerns regarding educational programs provided by TNHFMA please contact our Programs and Education Chair, Buffy Loveday, at programs-education@tnhfma.org. Please direct questions about CPE, including certificates, to our CPE Coordinator, LeeAnn Burney, at cpe@tnhfma.org.

Program Level: Basic, Intermediate or Advanced

Prerequisites: None

Advanced Preparation: None

Delivery Method: Group Live

Handouts

In an effort to be **green**, printed handouts will not be provided. However, handouts will be posted to the institute website. Attendees will be e-mailed when handouts are available.

CONFERENCE INFORMATION

Hotel

Reservation Deadline: April 15th, 2016

The 2016 Spring Institute will be held at The Embassy Suites in Franklin, TN. Please make your reservations no later than April 15th, 2016 to take advantage of our group rate of \$169/night (plus taxes and fees). To reserve a room, please call (615) 515-5151 and ask for reservations. Please indicate you are part of the TN Healthcare Financial Management block of rooms, reservation code: **HFM**. You may also book your reservation online by visiting <http://www.nashvillesouth.embassysuites.com>, the property code is **BNAFL** in case you are prompted for it. Additional information to make online reservations is available on our website.

Smoking and Dress Policy

A "No Smoking Policy" has been adopted for all meetings. "Business Casual" attire is appropriate for all educational meetings and activities.

Special Dietary Needs

Please indicate any special dietary needs on your registration, so we can try to accommodate your request. If you are not planning to attend any of the meal functions, please indicate this as well. This information will be useful in planning the number of meals to be served. Thank you for your cooperation.

Gloria Adams Memorial Scholarship Fund Golf Tournament

For the first time, the golf tournament will be held at The Governors Club in Brentwood, TN. As always, all of the proceeds from the tournament will go towards the Gloria Adams Memorial Scholarship Fund which helps students majoring in Healthcare Finance and Administration with the cost of college.

The golf tournament is not only a terrific opportunity to spend some quality time with your HFMA and Nashville MGMA colleagues but also to enjoy a round of golf at this challenging and picturesque golf course! Form your teams and come out and play! We will also be hosting a BBQ dinner following the golf tournament. Dinner is included with your green fees and you can buy additional tickets for guests when you register. If you have questions about sponsorship, please contact Brad Arnold or Ryan Scott at golf@thespringinstitute.org.

Details

When: Monday, May 16, 2015

- 12:30 pm CDT - Lunch and Registration begin
- 1:30 p.m. CDT - Shotgun Start
- 5:30 p.m. CDT - BBQ Dinner immediately following the Spring Institute Golf Tournament

Format: 4-Person Best Shot Scramble

Cost: \$175 per person, \$600 per team of 4

Dress Code: Please review the club dress code and wear appropriate attire.

Door prizes

There will be prize drawings held on Wednesday, May 18th, at the close of the meeting. You must be present to win!!

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