nebraska chapter
Nebraska HFMA
2017 Spring Conference
March 22-24, 2017
Hilton Garden Inn
801 R Street
Lincoln, NE
Wednesday, March 22, 2017

7:45 – 8:15 a.m.  Registration and Continental Breakfast

8:15 – 8:30 a.m.  President’s Welcome
Joe Harnisch

8:30 – 10:00 a.m.  Trends Overview: The Shifting Health Policy Landscape
Ben Isgur, Leader, PwC Health Research Institute

With a new Administration in office, the political landscape in Washington DC looks nothing like the pundits predicted a few short months ago. The concepts of ACA repeal and replace are now in play. But, how will changes to the ACA repeal ultimately affect the health industry and consumers? What other trends will be influencing the health ecosystem? Join Ben Isgur, PwC Health Research Institute Leader, for a conversation on how a second round of healthcare reform will impact the industry.

10:00 – 10:30 a.m.  Sponsors’ Break

10:30 a.m.– 12:00 p.m.  Latest Changes Impacting Medicare Provider Enrollment
Dennis Grindle, CPA, Partner, Seim Johnson, LLP
Gretchin Heckenlively, CPA, FHFMA, Partner, Seim Johnson, LLP

This session will focus on the latest regarding enhanced Medicare program integrity efforts by use of the provider enrollment process, proposed and final enrollment regulatory changes affecting ongoing enrollment in the Medicare program and update on CMS regulatory and sub-regulatory guidance related to off-campus provider-based hospital outpatient departments. After this session, attendees will:

• Understand the latest on Program Integrity Enhancements to the provider enrollment process and the impact on your organization.

• Understand CMS’ initiative to strengthen provider and supplier enrollment screening by increasing site visits and continuous data monitoring practices to verify practice location information is accurate and in compliance with enrollment requirements.

• Review of timeframes for reporting requirements and revisions to the Medicare revocation process if found in violation.

• Discuss recent developments related to off-campus provider based locations for PPS hospitals and review of current CAH regulations regarding the same.

12:00 – 1:00 p.m.  Lunch

1:00 – 2:00 p.m.  Making the Supply Chain Your Competitive Advantage in an Era of Bundled Payments & Population Health
Steve Suhrheinrich, Curvo Labs

With the onset of Medicare’s Comprehensive Care for Joint Replacement, the continued proliferation of private payment bundles, and greater assumption of performance-based risk in general, hospitals have a unique challenge and opportunity—through strategic supply chain management—for competitive advantage in the marketplace. Top performing organizations are integrating physician leadership and robust information resources to engineer cost out of care. Laggards are not. This presentation will utilize Pearlson and Saunders’s Information Systems Strategy Triangle as an effective method for assessing and remedying disagreement between business strategy, people strategy, and information strategy. This presentation will walk through the ghosts of healthcare past—using The Information System Strategy Triangle—to uncover vestiges of cost based reimbursement,
outsourced contracting, and transactional management that plague and inhibit an organization’s competitiveness and growth. Participants will examine Medicare market and cost report insights to quantify the impact that strategic supply chain management has on an organization and evaluate their current state.

2:00 – 2:30 p.m.  
**Sponsors’ Break**

2:30 – 3:30 p.m.  
**Leveraging Your Employee Benefit Program to Attract & Retain Employees**  
Cara Kirsch, Vice President, Group Benefits, SilverStone Group  
Andie Gordman, Senior Consultant, Human Capital, SilverStone Group

Offering employee benefits is the backbone to a solid recruiting strategy, and there are new strategies that are emerging that are gaining traction. With the goal of creating a long-term relationship with employees, many employers are creating unique programs. In this session, we will discuss emerging employee benefit trends that are helping employers to attract and retain talent.

3:30 – 4:30 p.m.  
**Nebraska Legislative Update**  
Andy Hale, Vice President, Advocacy, Nebraska Hospital Association

A lot has happened in the legislature since the 90-day session began on January 4, 2017. Seventeen new senators have been sworn into a legislative body where 70% of the senators have less than two years of experience. They have had to address a budget shortfall of over $900 million, deal with a correctional system that seems broken, find solutions for an agricultural economy that is stagnant, provide more funding for K-12 education, and look for ways to give Nebraskans tax relief. Mr. Hale will provide an update on their efforts and discuss the following other issues affecting the legislature: political landscape, Governor’s influence, new Speaker, new committee chairs and members, other major issues and Healthcare Issues.

4:30 – 6:00 p.m.  
**HFMA Board Meeting**

**Thursday, March 23, 2017**

7:30 – 8:00 a.m.  
**Registration and Continental Breakfast**

8:00 – 9:00 a.m.  
**The Middle Revenue Cycle: How CM, HIM and CDI Provide the Vital Link Between Patient Engagement and Revenue Capture**  
Elaine O’Bleness, Cerner Financial Alignment Executive

This presentation will review the increased need for integration within the middle space of the revenue cycle to facilitate accuracy and throughput. This will assist the attendees to react to the increased audit activity of the payer community, while at the same time assuring that the revenue of the facility remains stable. As this type of integration is adopted, the actual cost to collect will be decreased. Review of the middle space processing best practices of a variety of sizes and types of facilities will be reviewed. After this session, participants will be able to:

- Understand how the middle space of the revenue cycle (Case Management, CDI and HIM) is essential for documentation clarity and capture of correct revenue for the healthcare entity.
- Understand best practices for different size (large facilities, community hospitals and CAHs) and types of facilities (both ambulatory and inpatient facilities) with regard to revenue cycle middle space integrated processing.
• Understand how this is imperative not only for efficient throughput of the revenue cycle, but also for the increased scrutiny of all types of audit initiatives that are being enacted.

9:00 – 10:00 a.m.  The Hidden Dangers of Liability
Michael Ford, JD, Executive Vice President, Medical Reimbursements of America, Inc.
This program provides an overview of the complexity of managing accident claims including best practices in billing, patient advocacy, and compliance for every patient and every payment source across the U.S. With our speaker’s legal and HIPAA expertise, the content presents insights to avoid legal issues while optimizing the reimbursements available to hospitals for accident claims. Much detail is provided regarding the challenges hospitals face in managing this unique financial class along with real-life examples of legal violations and damages incurred in recent years. The ultimate objective for the speaking event is to educate, enlighten and engage hospitals to consider and review their current processes and learn how to properly manage Accident Claims.

10:00 – 10:30 a.m.  Sponsors’ Break

10:30 – 11:30 a.m.  HFMA National Update: Thrive
Carol Friesen, FHFMA, 2016-17 Chair, HFMA
Healthcare finance professionals today face considerable challenges, from new payment models to innovation to consumerism. Rather than looking at such challenges as obstacles, healthcare leaders can choose to view them as opportunities to learn, grow, and leverage their skills to improve the health of their communities. To that end, this presentation will focus on current challenges and the opportunities they offer to truly thrive—on the personal, professional and organizational levels.

After this session, attendees will be able to:
• Describe current challenges and opportunities facing healthcare finance professionals and other healthcare leaders.
• Identify HFMA resources to support healthcare stakeholders in their efforts to meet challenges and take advantage of opportunities.
• Discuss how a commitment to thrive can help individuals meet their personal and professional goals.

11:30 a.m. – 12:15 p.m.  Awards & Officer Installation

12:15 – 1:15 p.m.  Lunch

1:15 – 3:00 p.m.  Building Your Ethical Leadership: Explore Evidence-Based Best Leadership Practices to Prevent Poor Ethical Decision-Making In Your Firm/Organization
Steph Vanous, Director, HR Consulting
This session will synthesize best leadership practices with the ethical decision-making process giving the participant an opportunity to benchmark his/her Ethical Leadership Potential. The session will then explore best practices to help prevent poor ethical decision from happening within the organization.

3:00 – 3:30 p.m.  Sponsors’ Break
3:30 – 5:00 p.m.  
**MACRA: An Overview and Strategic Implications of MACRA Payment Reform**  
Steve Smith, Managing Consultant, BKD, LLP  
In this presentation, attendees will be provided with an up-to-date overview of the MACRA program, including both the MIPS and APM tracks. Attendees will also receive strategic implications and recommended actions to succeed under the program. After this session, attendees will be able to:  
- Receive a complete overview of the MACRA program, including both the MIPS and APM tracks.  
- Be prepared to engage physician and administrative leadership in the development of MACRA reporting guidelines.  
- Determine short- and long-term objectives for success under the MACRA program.

**Friday, March 24, 2017**

7:30 – 8:30 a.m.  
**Past President’s Breakfast (Past Presidents Only)**

8:00 – 8:30 a.m.  
**Registration and Continental Breakfast**

8:30 – 10:00 a.m.  
**Health Law Year-in-Review**  
Michael Chase, Partner, Baird Holm, LLP  
Zachary J. Buxton, Associate, Baird Holm, LLP  
A fast-paced review of recent legal, regulatory and case developments impacting hospitals and other healthcare providers. Each topic will be related to typical health care operations with emphasis on the lessons learned. Participants will learn about recent changes to the healthcare regulatory setting. The goal is to help participants keep current on new legal developments and thus identify existing policies, practices and procedures needing attention.

10:00 – 10:30 a.m.  
**Sponsors’ Break**

10:30 – 11:30 a.m.  
**Building a Population Health Strategy for the Future: An All-Payer, All-Population Approach**  
Jeff Carroll, Senior Vice President and Head of Midwest Market, Lumeris  
The transition from a fee-for-service (FFS) reimbursement system to one based on value is one of the greatest financial challenges for many healthcare organizations. To successfully transition to value-based care, healthcare leaders must not only build an effective population health strategy, but also understand their organization’s readiness to move to a new business and care delivery model. Moreover, payers and providers must embrace new capabilities that ultimately drive improved healthcare and economic outcomes across the entire continuum: managing financial outcomes under risk-based payment, engaging providers, transforming care delivery, adopting technology to drive workflow change, and more.

Structuring and implementing effective value-based contracts is critical to both a successful population health strategy and an organization’s financial sustainability. To garner physician engagement and initiate behavior change, value-based contracts must be aligned with an organization’s (and provider’s) readiness and ability to manage risk. Through this session, Lumeris will discuss a case study with business and financial results: how an organization realigned its strategy and infrastructure to effectively manage multiple populations across multiple value-based contracts.
Zachary J. Buxton, Member, Health Care Section for Baird Holm, LLP, represents hospitals, healthcare facilities, physician practices and other healthcare providers in regulatory, transactional and reimbursement matters. Zach earned a Juris Doctor from Saint Louis University School of Law in 2014 with a certificate in health law. Zach also earned a Master of Health Administration from the Saint Louis University College for Public Health & Social Justice.

Jeff Carroll, Senior Vice President and Head of Midwest Market for Lumeris, is a proven leader with a decade of experience working with healthcare providers to design and execute profitable growth strategies. He leads Lumeris’ market strategy for the Midwest region of the United States and is responsible for driving business development, key customer partnerships and revenue growth. Prior to taking over the Midwest market, Jeff spent four years building, designing and implementing Lumeris’ solutions in the mid-Atlantic market’s high-performing population health organizations. Before joining Lumeris, he worked in long-term care, health system operations and consulting, as well as the U.S. Peace Corps in Kenya.

Michael W. Chase, Partner, Health Care Section for Baird Holm, LLP, counsels clients on federal and state regulatory matters including the Federal healthcare fraud and abuse laws, HIPAA, Meaningful Use, compliance programs and investigations, and institutional review board compliance. Michael Chase is a member of the American Health Lawyers Association, the Healthcare Financial Management Association and the Health Care Compliance Association. He studied healthcare law at Saint Louis University School of Law and also received his Master of Health Administration from the Saint Louis University College of Public Health & Social Justice.

Andie Gordman, Senior Consultant, Human Capital for SilverStoneGroup, brings decades of diverse human resource experience. Andie provides support to clients through her expertise in compliance, employee relations and affirmative action planning as well as compensation structure and analysis. Andie’s work with clients in the human resource assessment process assists them in identifying areas for improvement and lays the foundation for creating human resource strategic plans. Andie’s experience has allowed her to learn about the success factors of many industries, including customer service, sales, entertainment and hospitality. Prior to working as a Senior Consultant for SilverStone Group’s Human Capital Team, Andie was the Vice President of Human Resources for MECA/CenturyLink Center Omaha and Director of Human Resources for SITEL. In both roles, she worked with management teams to implement human resource strategies to increase efficiency and improve the employee experience. She provides clients with practical advice on how to create a human resource function to support the mission and vision of an organization. She routinely provides advice on compliance issues and works with organizations to ensure current information and training is provided at all levels. Andie is a member of the Society for Human Resource Management and World at Work and recently became the Certification Director for the SHRM Nebraska State Council. She holds the Senior Professional in Human Resources (SPHR) designation from HRCI, the SHRM Senior Certified Professional (SHRM-SCP) designation from the Society for Human Resource Management and the Certified Compensation Professional (CCP) designation from World at Work. Andie is an active community volunteer. Currently, she is on the Board of Trustees at Temple Israel and a Director for the Society for Human Resource Management Nebraska State Council. She is also a member of the Greater Omaha Chamber’s Leadership Omaha Class 38.

Dennis K. Grindle, CPA, Partner in Health Care Consulting for Seim Johnson, LLP, has been with the consulting and accounting firm of Seim Johnson, LLP, since 1989. Prior to that time, he had two years of tax consulting experience with a national accounting firm and four years of physician reimbursement management experience with a hospital-owned physician management group. In 1983, Dennis graduated with a Bachelor of Science degree in Business Administration with a specialization in Accounting from the University of Nebraska at Omaha. Dennis primarily consults on Medicare provider enrollment; Medicare provider-based; Medicare reimbursement; and physician and non-physician practitioner Medicare billing issues and is a frequent presenter on these topics at a local, state and national level. His presentations are many times with representatives from the CMS Central Office, CMS Regional Offices, Medicare contractors and state agencies. He also serves on the CMS Central Office PECOS Focus Group.
**Speaker Bios**

**Andy Hale, MPA, Vice President, Advocacy for the Nebraska Hospital Association**, works closely with member hospitals and health system staff in various roles in crafting and implementing the Association's regulatory response to major state and federal public policy initiatives. Andy brings a unique experience of having worked in the executive, legislative and judicial branches of federal government. He has over 15 years of experience in public policy and government relations. He is responsible for federal and state related policy issues that impact Nebraska hospitals and health systems. Previously, Andy worked as a staffer for U.S. Congressman Brad Ashford and as legislative aide in the Nebraska Legislature for the Eighth Legislative District. He holds a Master of Public Administration from Grand Valley State University and a Bachelor of Science in Criminology and Criminal Justice from the University of Nebraska-Omaha. Andy currently serves on the Board of Directors for Nebraska CASA and Metro Catholic Teammates. He coaches football at Omaha Creighton Prep, St. Margaret Mary and volunteers for the Memorial Little League.

**Gretchen S. Heckenlively, CPA, FHFMA, Health Care Consulting Partner for Seim Johnson, LLP**, graduated from Doane College in May 1997 with a Bachelor of Science in Accounting and Finance. Gretchen joined the firm in 1997 in the HealthCare Audit Division providing audit and Medicare/Medicaid cost report services on over 100 engagements. Gretchen left in 2006 to pursue an opportunity as the Chief Financial Officer of a critical access hospital. There she was able to gain valuable experience in both the financial and clinical arenas of a hospital. Gretchen rejoined the firm in 2010 and since that time, she has been able to bring the knowledge and understanding of working in the healthcare environment to the consulting division. Her focus since rejoining the firm has been on Medicare and Medicaid provider enrollment, Medicare provider-based issues and reimbursement. Gretchen has given many presentations on a wide range of healthcare and not-for-profit related topics at a local, state and national level, and is currently serves on the CMS Central Office PECOS focus group. She is a past President of the Nebraska Chapter. She also served as the Treasurer of HFMA Region 8.

**Benjamin Isgur, PwC Health Research Institute**, leads PwC’s Health Research Institute (HRI). HRI is a dedicated research group that provides new intelligence, perspective, and analysis on major health-related business issues. In this role, he oversees thought leadership and research initiatives for the firm and clients. He also consults with healthcare systems, trade associations, and policy groups on strategic planning, and industry intelligence and trends. Ben is a published writer and his research is often cited by health leaders across the industry. He has been quoted in media outlets such as the New York Times, Wall Street Journal, Washington Post and Modern Healthcare and has appeared on the CNBC Nightly Business Report. In addition, he frequently speaks on a range of topics, including physician-hospital alignment, government policy, medical cost trends, consumerism, academic medicine and digital health. Prior to joining PwC he developed health policy as a legislative director in the Texas House of Representatives and as a government relations officer for the City of Austin. Ben received a master’s degree from the LBJ School of Public Affairs at the University of Texas at Austin where he was a U.S. Department of Defense fellow.

**Cara A. Kirsch, Vice President, Group Benefits for Silverstone Group**, is a motivated and dynamic employee benefits professional offering 20 years of expertise in all facets of employee benefit management including sales, account management, business development, and project management. Her proven ability to develop strategic alliances, motivate high performing teams and execute organizational strategy is an asset to SilverStone Group. In her role as Vice President of the Group Benefits division, Cara focuses on new business sales and building relationships with clients and prospects. She makes a difference with clients because of her unique background in account management, sales and strategy. Cara puts her clients interests first and builds their trust by working tirelessly on their behalf. Her ability to create out of the box solutions brings value to her customers and is a demonstration of her commitment to drive innovation. Cara was recognized by the Midlands Business Journal with the 40 Under 40 Award in 2012. Prior to joining SilverStone Group, Cara served as director of large and national account sales for Blue Cross Blue Shield of Nebraska. Cara is also a board member of the Omaha Association of Health Underwriters and the Child Savings Institute. Cara is a member of the 2016-2017 Leadership Nebraska class.
Speaker Bios

Michael Ford, JD, Executive Vice President for Medical Reimbursements of America, Inc., has served in senior leadership roles for Franklin, Tennessee based Medical Reimbursements of America, Inc. (MRA) for more than 16 years. He currently leads product development, strategic alliances, and relationship management for the nation’s largest health systems. He is responsible for new revenue growth, working closely with MRA’s business development and account management teams. Michael is an attorney who has been recognized as a leader in the accident claims management industry since its inception, and is uniquely qualified to speak about the challenges hospitals face related to complex accident claims. His deep understanding of the relevant legal, operational, and compliance challenges facing revenue cycle leaders is in demand from audiences nationwide.

Carol A. Friesen, FHFMA, Chair-Elect, Healthcare Financial Management Association, is Vice President of Health System Services for Bryan Health in Lincoln, Nebraska. She also serves as Chair-Elect of HFMA’s National Board Directors. A member of HFMA since 1999, Ms. Friesen’s involvement with the National Association includes serving as Director for the Board of Directors, the National Advisory Council, Early Careerist Task Force and Region 8 Regional Executive. Ms. Friesen has also served the Nebraska Chapter as Director, Treasurer, Secretary, Vice President, and President. She has received the Follmer Bronze, Reeves Silver, and Muncie Gold merit awards, as well as the HFMA Medal of Honor. Carol Friesen, a Fellow of HFMA and Certified Healthcare Financial Professional, holds a Bachelor of Science in business management and a Master of Public Health in healthcare administration.

Elaine O’Bleness, MBA, RHIA, CDIP,CHP, CRCR, Cerner Financial Alignment Executive, is a recognized authority on health information management with more than 25 years of related leadership experience in healthcare organizations, higher education and health information technology. As a Financial Alignment Executive at Cerner, and an AHIMA-approved ICD-10 CM/PCS Trainer, O’Bleness is responsible for facilitating client usage and optimization of technologies across the revenue cycle spectrum. Prior to Cerner, she served as Western Region Director of Health Information Management Services for Banner Health for 14 years. As an associate and adjunct faculty member at Regis University, she teaches ICD-9-CM, ICD-10-CM/PCS and Healthcare Reimbursement. O’Bleness is a former president of the Colorado Health Information Management Association and widely published in HIM and Healthcare Revenue Cycle publications. She holds an MBA degree from the University of Texas at Tyler and a Bachelor of Science degree from Wichita State University in Wichita, Kansas.

Steve Smith, MBA, CMPE, Managing Consultant for BKD, LLP is a member of the Physician Services Center of Excellence and payment reform teams. He provides consulting services to provider groups and healthcare organizations related to payment reform initiatives, revenue cycle, process improvement and compliance. He has experience planning and completing consulting projects which utilize big data and historical performance to predict future outcomes as well as identifying trends which may indicate areas of opportunity for process change and improved financial and clinical outcomes. He has provided detailed presentations on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Comprehensive Care for Joint Replacement (CJR), Comprehensive Primary Care Plus (CPC+) and numerous other payment reform initiatives. Steve is a member of the Healthcare Financial Management Association and of Medical Group Managers Association, through which he earned his Certified Medical Practice Executive (CMPE) designation. He is a 2003 graduate of William Jewell College, Liberty, Missouri, with a bachelor’s degree in business administration, and a 2007 graduate of MidAmerica Nazarene University, Olathe, Kansas, with an MBA.

Steve Suhrheinric, MBA, Co-Foudner and COO for Curvo Labs. Steve brings leadership experience and sales expertise from multiple disciplines to his current role as Co-Founder and COO at Curvo Labs. Curvo is a supply chain technology company helping hospitals make big improvements in the cost to deliver care. After success as a Naval Officer, hedge fund VP, and enterprise sales leader, Steve co-founded Curvo with Andy Perry in 2012. He holds a BS from Vanderbilt University and a MBA from San Diego State University. Steve lives in San Diego with his wife and two daughters.
**Steph Vanous, Director of HR Consulting** has a passion for developing people to enhance cultural performance. As the Director of HR Consulting, she has impacted over 13,000 people through technical and soft skill training programs. Steph has developed and maintained several training initiatives. Steph has worked in the training and development field for over 10 years. During that time, she has helped companies significantly improve the quality of their organization through people. She has helped companies implement new human resource processes to improve innovation, engagement, profit and loss, and process improvement. To assist with these initiatives, Steph has received several certifications including: Predictive Index, OMS, Social Styles, and EQ-I 2.0. Steph spends the majority of her time working with performance management, talent management, leadership development and delivering team-building solutions. Steph is skilled at not only facilitating leadership development sessions, but developing evidence-based custom content for each client. Steph also leads efforts to help identify ways to create a better workforce within human resource teams. This approach leads human resource teams to position themselves as a vital part of an organization versus a necessity. Steph is currently a graduate student in the Organizational Leadership Program at Gonzaga University. She graduated from Nebraska Wesleyan University where she earned a bachelor’s degree in business administration.
Hotel Information

Hilton Garden Inn
801 R Street
Lincoln, NE 68508
(402) 475-9000
Group Name: HFMA Spring Meeting

Guest rooms available on Tuesday, Wednesday and Thursday - March 21, 22 & 23, 2017, at the rate of $109 + tax/per night. **Cut-off date for reservations is March 1, 2017.**
Registration Form - Spring Conference 2017

Deadline for registration is March 15, 2017

Your Information (please print)

Name & Title

Member ID

Organization

Address City, State, Zip

Phone Fax

Email

Sponsors: Please contact Jill McClure at jill.mcclure@umb.com

Past Nebraska Presidents Registration: Please contact Andrew Kloeckner directly at akloeckner@bairdholm.com or 402-636-8222 to take advantage of any free registrations.

Choose Your Sessions

- All Three Days $260
- Wednesday Only $130
- Thursday Only $130
- Friday Only $80

How to Register & Payment Information

- By Credit Card: REGISTER: www.hfma.org/msc/login.aspx?script_name=https%3A%2F%2Fmy.hfma.org%2fcpbase__event_detail%3fid%3da1Ko0000002ibXJ

- By Check: Please complete registration form and fax to HFMA, Attn: MSC at (708) 531-0665 or mail to: HFMA, 6063 Eagle Way, Chicago, IL 60678. Checks should be made payable to HFMA and mailed to the aforementioned address. Please include the meeting code 1760NE3 on your check.

Marketing Link: http://www.hfma.org/Content.aspx?id=52537

If you have any questions regarding your registration, please contact Andy Kloeckner@bairdholm.com.

Cancellation Policy

A full refund of meeting registration fees will be granted only if the cancellation is received at least seven days prior to the scheduled program.