



hfma™ region 1

Seventh Annual Healthcare Conference

Pre-Conference Golf Tournament
April 23, 2008

Conference
April 24 - 25, 2008

Mohegan Sun, Uncasville, CT



Tom Davenport, PhD, MA, BA
Co-Author of *Competing on Analytics*
Keynote Speaker



Robert L. Broadway, FHFMA
Chairman-Elect, HFMA
Opening Remarks



Presented by HFMA Region 1:
Connecticut, Maine, Massachusetts-Rhode Island and
New Hampshire-Vermont Chapters

HFMA Region 1 Seventh Annual Healthcare Conference

Agenda-at-a-Glance

Wednesday, April 23, 2008

11:30 am	Golf Tournament at Fox Hopyard Golf Course
6:30 pm	Golf Awards Reception
6:00 – 8:00 pm	Conference Registration (At Mohegan Sun)

Thursday, April 24, 2008

7:00 am	Conference Registration
7:00 – 8:30 am	Continental Breakfast & Exhibit Hall
8:30 – 10:00 am	Opening Remarks & Keynote Speaker
10:00 – 10:30 am	Break & Exhibit Hall
10:30 – 12:00 pm	Concurrent Sessions
12:00 – 1:00 pm	Lunch & Exhibit Hall
1:00 – 2:30 pm	Concurrent Sessions
2:30 – 3:00 pm	Break & Exhibit Hall
3:00 – 4:30 pm	Concurrent Sessions
4:30 – 6:30 pm	Networking Reception & Exhibit Hall
6:30 – 8:30 pm	Past Presidents Dinner (Invitation Only)

Friday, April 25, 2008

7:00 – 8:30 am	Hot Buffet Breakfast & Exhibit Hall
8:30 – 10:00 am	Concurrent Sessions
10:00 – 10:30 am	Break & Exhibit Hall
10:30 – 12:00 pm	Concurrent Sessions
12:00	Box Lunch/Conclusion

Course Levels:

T2B, T3B, T4B, F1B, F2B are Advanced Level Courses

T2A, T2C, T3A, T3C, T4A, F1A, F1C, F2A, F2C are Intermediate Level Courses

T2D, T3D, T4C, T4D, F1D are intended for anyone in the healthcare industry

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Track Descriptions

Leveraging Technology: HFMA Peer Reviewed Products – NEW THIS YEAR

HFMA's Peer Review process is designed to provide healthcare financial managers with an objective third party evaluation of products and services used in the healthcare finance workplace. The purpose of this track is to allow participants to receive first-hand information on four of these products from providers who are using them to improve their revenue cycle processes.

Peer Review consists of a rigorous review by a panel consisting of current customers, prospects who have not made a purchase, and HFMA members. The panel either validates or rejects the product and its performance claims based on the following criteria:

- The product has demonstrated that it provides a return on investment; can improve productivity or process effectiveness; meets its promoted benefits; and is accurate, effective, and easy-to-use.
- The vendor has demonstrated superior customer service and technical support of the product.
- The vendor delivers excellent customer relations to effectively and efficiently resolve customer issues.
- The product is based on practical industry knowledge and proven experience.
- The vendor and the product maintain a strong reputation of integrity in the healthcare field.
- The vendor and its product are compatible with HFMA's brand and value statements.

There are four Peer Reviewed Product sessions included in the concurrent sessions.

April 24th, 8:30 - 10:00 am

(T1) Opening Remarks, Robert L. Broadway, FHFMA, Chairman-Elect, HFMA

Keynote Address, Tom Davenport, PhD, MA, BA, President's Distinguished Professor of Management and Information Technology, Babson College
Competing on Analytics: How Fact-Based Decisions and Business Intelligence Drive Performance

Companies have long used business intelligence for specific applications, but these initiatives were too narrow to affect corporate performance. Now, leading firms are basing their competitive strategies on the sophisticated analysis of business data. Instead of a single application, they are building broad capabilities for enterprise-level business analytics and intelligence. Their capability goes well beyond data and technology to address the processes, skills and cultures of their organizations. These strategies are driven by senior executives who insist on fact-based decisions. Davenport will describe his recent research on firms that compete on the basis of their analytical prowess and will provide guidelines for adopting similar approaches. The article on this topic was *Harvard Business Review's* 2006 topper. The related book, [Competing on Analytics: The New Science of Winning](#), published March 6, 2007 by Harvard Business School Press, is already a bestseller and is in its third printing.

April 24th, 10:30 am - 12:00 pm

(T2A) Consumer Directed Chagemasters: A Patient-Centric Approach

As the healthcare industry adapts to a new environment of a more informed public who is demanding understandable charges and improved communication from healthcare providers, you will need to remember that the key to successfully implementing a consumer-

focused financial structure is to build a patient-centric process. This session will present the components needed to develop a positive consumer-oriented Charge Description Master (CDM). A case study focusing on an operational CDM that has included the patient-friendly concepts into its application will be shared.

You'll Learn:

- How to understand and translate a CPT-driven CDM to a patient-driven CDM
- How to identify the true audience of the CDM and how to revise internal processes to prepare for the audience
- How to review the CDM from the patient's point-of-view; i.e., challenging current CDM data and structure to ensure that they are truly patient friendly

Speaker:

Day Egusquiza, President, AR Systems, Inc.

(T2B) Executive Exchange: Building the Analytical Team

Description Statement: Based on research in "analytical competitors", Tom Davenport will describe the skills, organization, and culture necessary to achieve a high level of analytical capability within a health care provider organization. He will also briefly describe other attributes necessary to excel at analytical capabilities.

You'll Learn:

- What it means to "compete on analytics"
- The role of the CFO and other executives in building analytics
- How many and what type of analysts an organization needs
- How analytical groups should be organized
- How analytics are used to understand and predict

Speaker:

Tom Davenport, PhD, MA, BA, President's Distinguished Professor of Management and Information Technology, Babson College

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(T2C) Mastering Managed Care to Drive the Overall Performance and Success of Your Hospital

The managed care portion of total net revenue affords a real opportunity for a hospital to make significant improvements to the bottom line. How managed care activity is conducted can drive overall performance and success of a hospital. This session will address the following tenets of mastering managed care activity:

- Managed care is a process rather than simply a contract negotiations event.
- Data collection and analysis provide a foundation to evaluate the performance of managed care contracts.
- Training processes for hospital staff should ensure that the agreement is enforced.
- Preparation for contract negotiations is essential to achieve success in the final agreement.
- The contract negotiation process must yield an agreement specifying key activities and payment terms that minimize risk and guarantee agreement performance.
- Post contract negotiation processes are ongoing and lay the foundation for future success at the bargaining table.

The session also provides a variety of tools to support the key processes necessary to begin mastering the managed care activity at your hospital. They will include sample contract matrices, managed care logging tools, contract language checklists, sample language used to address payor behavior, and key payor performance reports.

You'll Learn:

- How to understand the key data requirements that support an effective managed care process
- How to train and support staff in a managed care environment
- How to navigate the negotiation process from adequate preparation to recognition and inclusion of key performance parameters
- How to evaluate the complete negotiation cycle, monitor outcomes, and prepare for subsequent negotiations
- How to establish an effective managed care process

Speaker:

Howard Green, Director Managed Care, QHR Consulting

(T2D) Peer Reviewed Product Session: ClearContracts - Concuity, a Healthcare Division of Trintech

ClearContracts helps healthcare organizations of all types to better manage their contracts and improve cashflow and revenue problems that plague the revenue cycle. Through its comprehensive suite of financial management tools, ClearContracts will help facilities optimize contract profitability, identify underpayments, correct business process errors, and negotiate better contracts.

See page three for an overview of the Peer Reviewed Product Track.

Speaker:

Matt Blackmore, Manager, Contract Compliance, Providence Health & Services WA/MT Region

April 24th, 1:00 - 2:30 pm

(T3A) Restructuring Hospital Pricing Systems - A Call to Action for Hospital Financial Leaders

The latest report from the **PATIENT FRIENDLY BILLING®** project - titled *Reconstructing Hospital Pricing Systems: A Call to Action for Hospital Financial Leaders* provides an overview of the current hospital pricing system and critical objectives of pricing system reform. This session will establish the importance of pricing transparency based on current industry issues. Joe Fifer, Spectrum Health Chief Financial Officer and a contributor to the *Reconstructing Hospital Pricing Systems* report, will provide examples of how Spectrum Health has furthered its transparency agenda.

You'll Learn:

- How to identify the criteria for a rational pricing system
- How to understand the pricing information that is important to consumers
- How to recognize the market forces that affect prices
- How to understand the need for collaboration and communication
- How to address specific challenges, including Medicare payment formularies, and to take immediate, short-term action to improve the rationality of your organization's pricing methodology

Speaker:

Joseph J. Fifer, FHFMA, CPA, VP Hospital Finance, Spectrum Health

(T3B) Understanding the Capital Assessment Process and How Best to Present Your Story

Haven't you always wanted to ask a bond rating analyst any question at all? This is your chance. Standard & Poor's senior health care analyst will discuss rating methodology, current issues and trends, as well as some tips on how to best tell your story.

You'll Learn:

- The rating process, key rating factors and ratios used when Standard & Poor's comes to its rating decisions
- The importance of non-financial factors
- The importance of recent performance versus longer term trends
- The value of forecasts

Speaker:

Martin Arrick, Managing Director, Standard & Poor's

(T3C) Advanced Medicare Cost Reporting

Management accountability is a key driver of successful organizations and needs to extend to regulatory reporting functions, including the Medicare cost report. Hospital cost reports remain the primary source of reporting and requesting proper Medicare hospital reimbursement. Understanding the implications of the cost reporting process, best practices related to the accumulation of information, advanced reimbursement issues and using the cost report as a management tool can contribute to a successful reimbursement function. This seminar provides the tools to ask the right questions and enhance skills for leveraging sources of information to meet the operational and reimbursement needs of the facility.

You'll Learn:

- To use the Medicare cost report as a key element in the management reporting process
- To understand Medicare payment methodologies and calculations, including IPPS, OPSS, medical education, DSH, bad debts and the wage index

- To understand add-on payments (IME, GME, DSH, bad debts, paramedical education)
- To calculate Medicare margin and discuss how to look at competitor cost report information
- To identify revisions to the cost report and the implications of these changes on internal processes
- To determine the best sources of accurate information to prepare compliant cost reports
- To provide enhanced communication about implications of the cost reporting process to various levels of hospitals or health systems

Speaker:

Mike Nichols, FHFMA, Managing Director, Midwest Healthcare Consulting, RSM McGladrey

**(T3D) Peer Reviewed Product Session:
Chargemaster Toolkit™ and Chargemaster
Corporate Toolkit™ (Bill Analyzer, Online Reference
Toolkit™ and Interface Scripting Module) -
Craneware, Inc**

Craneware, Inc. provides high value revenue cycle software solutions that are easy to install and use. They empower healthcare providers to improve their daily operations, optimize revenue, encourage regulatory compliance, and use information more efficiently to impact business decisions.

This session will be showcasing Chargemaster Toolkit and Bill Analyzer.

See page three for an overview of the Peer Reviewed Product Track

Speaker:

Kathleen Barry, Director of Reimbursement, St. Joseph's Hospital

April 24th, 3:00 - 4:30 pm

**(T4A) The Outsourcing Dilemma: A Strategic Model
to Determine When, Why and How to Outsource**

In today's revenue cycle opportunities abound to outsource. This course will provide the tools and metrics to make an outsourcing decision. Do I need to outsource? What should I outsource? Is my need to outsource short term or long term? Is it more cost effective to outsource or in-source? You will also learn how to prepare a Request For Proposal (RFP) and evaluate vendors to make the right vendor/partner decision. Outsourcing case studies from West Virginia University Hospital will be included to share a provider's perspective on the RFP process. Participants receive a sample RFP, a weighted objective method to evaluate vendors, and tools to calculate projected project costs.

You'll Learn:

- How to identify opportunities to improve revenue cycle performance through outsourcing
- How to use key indicators to predict outsourcing return on investment
- How to construct a Request For Proposal document that produces results

Speaker:

Alex J McFadden, Director of Patient Business Services and Patient Access for West Virginia University Hospitals in Morgantown, WV
Sandra J Wolfskill, FHFMA, President, Wolfskill & Associates, Inc

**(T4B) Capital Allocation Decisions to Achieve
Strategic Objectives**

Capital for new programs and services is becoming increasingly difficult to obtain. In formulating strategic plans, health care executives must consider the capital requirements needed to execute their strategies and understand the sources of capital, the cost of capital and the limitations of various financing options. The intent of this presentation is to explore capital allocation methodologies that link the capital planning process to strategic planning. We will use a case study of Memorial Medical Center, a hypothetical hospital consisting of a combination of actual capital allocation challenges hospital executives have encountered over the last four years.

This program addresses:

- Financing options and capital sources
- Understanding credit ratings and basic financial ratios
- Alternative methods for financing joint ventures

You'll Learn:

- How to understand capital markets and capital finance
- How to integrate capital access into strategic planning
- How to establish and communicate the process
- How to segregate capital needs by category
- How to establish capital investment limitation criteria
- How to set up a strategic planning team

Speakers:

Hubert U. King, CPA, MBA, Principal, QHR Consulting
Carol Dozier, RN, MBA, CEO, Ivins Memorial Hospital

(T4C) Washington Update

The pace of regulatory change, as related to government payors, is very fast and we all struggle to keep current. Changing reimbursement methodology, reporting of quality data, pay for performance, and hospital acquired conditions are just a few of the challenges hospitals and healthcare providers are facing today. Financial leaders in healthcare need to be looking two, three, or even five steps ahead to plan for the future success of the industry. This session will focus on summarizing the recent regulatory changes and proposals that will impact the finances and operations of healthcare providers as well as opportunities and advantages that accompany these challenges. Interactive discussion amongst the participants will further enhance the learning, focusing on practical solutions that others are planning and implementing.

You'll Learn:

- The recent and proposed regulatory changes related to governmental payors
- The impact that these changes and proposals may have on an organization
- The response to these changes and how to capitalize on opportunities presented by these changes

Speaker:

Brad Bowman, Director, Health Industries Advisory,
PricewaterhouseCoopers, LLP

Schedule

Presented by HFMA Region 1:
Connecticut, Maine, Massachusetts-Rhode Island and New Hampshire-Vermont Chapters.

April 23
11:30
Pre-Conference Golf Tournament – Hosted by the Connecticut Chapter
Fox Hopyard Golf Course, East Haddam, Connecticut
Followed by Golf Awards Reception

April 24
8:30-10:00
(T1) Opening Remarks Robert L. Broadway, FHFMA, Chairman-Elect, HFMA
Keynote Address Tom Davenport, PhD, MA, BA, President's Distinguished Professor of Management and Information Technology, Babson College
Competing on Analytics: How Fact-Based Decisions and Business Intelligence Drive Performance

	Revenue Management Track	Capital Finance and Planning Track	Reimbursement Track	Peer Reviewed Technology Track
April 24 10:30-12:00	(T2A) Consumer Directed Chagemasters: A Patient Centric Approach Day Egusquiza AR Systems, Inc.	(T2B) Executive Exchange: Building the Analytical Team Tom Davenport, PhD, MA, BA Babson College	(T2C) Mastering Managed Care to Drive the Overall Performance and Success of Your Hospital Howard Green QHR Consulting	(T2D) ClearContracts - Concuity, a Healthcare Division of Trintech Matt Blackmore Providence Health & Services WA/MT Region
April 24 1:00-2:30	(T3A) Restructuring Hospital Pricing Systems - A Call to Action for Hospital Financial Leaders Joseph J. Fifer, FHFMA, CPA Spectrum Health	(T3B) Understanding the Capital Assessment Process and How Best to Present Your Story Martin Arrick Standard & Poor's	(T3C) Advanced Medicare Cost Reporting Mike Nichols, FHFMA RSM McGladrey	(T3D) Chagemaster Toolkit™ and Chagemaster Corporate Toolkit™ (Bill Analyzer, Online Reference Toolkit™ and Interface Scripting Module) - Craneware, Inc Kathleen Barry St. Joseph's Hospital
April 24 3:00-4:30	(T4A) The Outsourcing Dilemma: A Strategic Model to Determine When, Why and How to Outsource Alex McFadden West Virginia University Hospitals and Sandra J Wolfskill, FHFMA Wolfskill & Associates, Inc	(T4B) Capital Allocation Decisions to Achieve Strategic Objectives Carol Dozier, RN, MBA Iverson Memorial Hospital and Hubert U. King, CPA, MBA QHR Consulting	(T4C) Washington Update Brad Bowman PricewaterhouseCoopers LLP	(T4D) Suite of Tools (CDM Master, CRM.Net, CCA.Net, Defensible Price Modeling and KnowledgeMaster) - MedAssets, Inc. Joe Pajor Norwalk Hospital
April 24 4:30-6:30	Networking Reception Sponsored by Berry, Dunn, McNeil & Parker			
April 24 6:30-8:30	Past Presidents Dinner (Invitation Only) Sponsored by Principal Healthcare Inc.			
April 25 8:30-10:00	(F1A) RAC's and Takebacks: Strategies for Dealing with Recovery Audit Contractors and Medicare's Payment Error Program Nancy Hirschl Hirschl & Associates and Hospital Representative TBD	(F1B) CAH Replacement Study Brian R. Haapala, FACHE and Jeffrey B. Sommer, MPP Stroudwater Associates	(F1C) MedPAC and CMS Wage Index Proposals & Occupational Mix Survey Dale E. Baker Baker Healthcare Consulting, Inc	(F1D) The Patient Compass™ - RelayHealth, a McKesson Company Lesla Klepper, FHFMA Novant Health, Winston-Salem, NC
April 25 10:30-12:00	(F2A) Leading the Charge: University Medical Center of Tucson's Self Pay Discount Program Kevin Burns and Marjorie Sisson University Medical Center, Tucson	(F2B) Alternative Financing Arrangements A Case Study Kerwin Brandt Accelitech LLC, Scott D. Milligan Accelitech LLC and Paul D. Storiato Hospital of Saint Raphael	(F2C) Critical Access Hospital - Reimbursement Update Bradley Brotherton, CPA and Tim Wolters, CPA BKD, LLP	
April 25 12:00	Box Lunch Available (to take with you) Sponsored by Bank of America			

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(T4D) Peer Reviewed Product Session: Suite of Tools (CDM Master, CRM.Net, CCA.Net, Defensible Price Modeling and KnowledgeMaster) - MedAssets, Inc.

MedAssets partners with healthcare providers to improve their financial strength by implementing integrated spend management and revenue cycle solutions that control cost, improve margins and cash flow, increase regulatory compliance, and optimize operational efficiency.

This session will showcase the Charge Capture Audit (CCA.NET) - MedAssets Net Revenue Systems, a MedAssets company product.

See page three for an overview of the Peer Reviewed Product Track.

Speaker:

Joe Pajor, Director of Revenue Cycle, Norwalk Hospital

April 25th, 8:30 - 10:00 am

(F1A) RAC's and Takebacks: Strategies for Dealing with Recovery Audit Contractors and Medicare's Payment Error Program

It's been 24 years since Medicare began to reimburse hospitals and physicians using ICD-9-CM and CPT-4 code based payment systems. Payment error detection programs continue to flourish with focus centered once again on overpayments made to facilities, physicians, and suppliers. CMS has successfully implemented a three-year pilot Recovery Audit Contractor (RAC) program in California, Florida, and New York that has identified \$300 million in overpayments. Implementation of this program on a national scale is expected no later than 2010. What can hospitals do to prepare for the inevitable? This session provides insights into the current RAC landscape and offers tools and strategies for effective RAC preparedness.

You'll Learn:

- How to understand the CMS Recovery Audit Contract Program history, objectives, financial outcomes, and plans for national implementation
- The inner workings of the RAC Program in California, Florida, and New York
- How to identify historically problematic coding targeted for audits as well as documentation, billing, and charging issues
- The rationale for and importance of pro-active RAC strategies
- The implications for P4P and other commercial payor adaptation

Speaker:

Nancy Hirschl, CCS, President, Hirschl & Associates
Hospital Representative TBD

(F1B) CAH Replacement Study

Red Capital Group and Stroudwater Associates evaluated the impact of rural hospital replacements with a first-of-its-kind study in 2005, updated and improved in both 2006 and 2007. The study analyzes performance data to determine volume, efficiency, and profitability of replaced facilities. Interview findings are reported to explore the perceived impacts in physician recruitment, quality and patient safety, and economic impacts to communities, among other topics.

The evidence of the positive impact on both internal operations and the general community has strengthened. Replacement facilities participating in the study are sustaining volumes gains on average and are generally increasing the number of staff to accommodate

higher use and/or new programs. Volumes, staffing, efficiency, and overall financial performance vary by individual hospital. Hospital-specific data is presented in the study to recognize these variances and assist leaders using the study for benchmarks.

You'll Learn:

- Replacement facility characteristics and quantitative benchmarks
- Qualitative data on physician and staff recruitment, quality, and economic impact
- Information from hospital CEO interviews

Speakers:

Brian R. Haapala, FACHE, Principal, Stroudwater Associates
Jeffrey B. Sommer, MPP, Senior Consultant, Stroudwater Associates

(F1C) MedPAC and CMS Wage Index Proposals & Occupational Mix Survey

This session will review the development of the occupational mix adjustment to the Medicare wage index including the original survey, the New York lawsuit that resulted in the second survey, the implications of the lawsuit, and the survey that hospitals must submit by September 1, 2008. This new survey will be used to adjust for occupational mix for Federal Fiscal Year 2010-2011. There are subtle differences in the current year that affect the preparation strategy of the new occupational mix survey, and understanding those differences will assist hospitals in preparing the survey. The impact of the new survey is a plus or minus 5% in the hospital's Medicare wage index.

In June of 2007, the Medicare Payment Advisory Commission (MedPAC) sent Congress a report that suggested using an area-wide Bureau of Labor Statistics based county-by-county wage index that would be "smoothed" at county lines. This change would eliminate the Medicare Geographic Reclassification. This session will include an explanation of the proposal and a summary of the impacts, ramifications, strengths and weaknesses of the Alternate Wage Index Proposal. The industry's response to the MedPAC proposal will also be addressed. CMS will also be issuing one or more wage index proposals in the Inpatient Proposed Rule due to be published in April or May 2008. Understanding the MedPAC and CMS proposals and their impact upon New England facilities is essential in developing industry responses to these controversial budget neutral proposals.

You'll Learn:

- What occupational mix is and why it is important
- When the next survey is due and how to prepare it
- What the MedPAC Wage Index Proposal includes and what the ramifications will be
- What Wage Index Proposals CMS is currently evaluating
- What the status is of current Wage Index Appeals

Speaker:

Dale E. Baker, President, Baker Healthcare Consulting, Inc.

(F1D) Peer Reviewed Product Session: The Patient Compass™ - RelayHealth, a McKesson Company

In this session, Novant Health discusses how it deployed Patient Compass, powered by RelayHealth, to simplify the billing experience by providing their patients with real-time access to their accounts from hospitals and medical groups. Available through a link on their hospital's website, patients can check the status of their accounts, pay their bills quickly and securely by e-check and credit card, send emails to billing office staff, get answers to commonly asked questions, view charity care and payment policies, update insurance and demographic

information, and obtain contact information. The focus of this presentation will be to show how the product has reduced billing costs, improved customer service levels, enhanced patient satisfaction, and improved cash flow.

See page three for an overview of the Peer Reviewed Product Track.

Speaker:

Lesa Klepper, FHFMA, CBO Director, Triad Region, Novant Health, Winston-Salem, NC

April 25th, 10:30 - 12:00 pm

(F2A) Leading the Charge: University Medical Center of Tucson's Self Pay Discount Program

In this day and age of increased numbers of uninsured and the growing scrutiny of the value of hospital charge amounts, University Medical Center – Tucson, took a unique and bold approach to the situation by implementing a streamlined Uninsured Patient Discount Program. UMC's CEO and CFO supported the initiative with the objective of improving access to care for patients.

Patients who are uninsured or under insured are offered a discount that mirrors federal program rates. The program was established in April 2004 and has yielded improved patient satisfaction, employee morale, and revenue cycle processing of uninsured patient accounts.

You'll Learn:

- The CFO's perspective
- How to implement an organized, streamlined uninsured program
- About the community's acceptance and payor acceptance
- About other benefits to the organization

Speakers:

Kevin Burns, Chief Financial Officer, University Medical Center, Tucson
Marjorie Sisson, Director - Transition Management, University Medical Center, Tucson

(F2B) Alternative Financing Arrangements - A Case Study

This session will be presented as a case study describing how the Hospital of Saint Raphael, an urban hospital with limited capital resources, located in a highly competitive environment, was able to successfully partner with physicians and a capital investment firm, Accelitech, for the acquisition of a \$5M CyberKnife® stereotactic-radiosurgery system. The presentation will discuss traditional financing options considered (CHEFA, traditional purchase/lease arrangements, philanthropy) alternative partnering options, the regulatory landscape (Certificate of Need, change in CMS regulations) and the Accelitech model.

You'll Learn:

- How to better understand the issues involved in joint venturing and aligning hospital and physician interests, the regulatory environment, and different models for creating a successful partnership

Speakers:

Kerwin Brandt, Chief Executive Officer, Accelitech, LLC
Scott D. Milligan, Vice President, Accelitech, LLC
Paul D. Storiato, Vice President & Chief Financial Officer, Hospital of Saint Raphael

(F2C) Critical Access Hospital - Reimbursement Update

Questions and concerns regarding Critical Access Hospital (CAH) payment issues under the Medicare program and how CAHs are addressing payment and regulatory concerns will be addressed from a national perspective. There are proven strategies for financial success for CAH providers which will be explored as well.

You'll Learn:

- Some tips and strategies for operating successfully as a CAH
- The basics of the MS-DRG system and its potential impact on CAH providers
- The current status of providers wishing to convert back from CAH to PPS hospitals
- Some possible cost report changes on the horizon and their impact on CAH providers
- The current status of proposed criteria for CAHs building replacement facilities
- The current status of other regulatory and legislative issues impacting CAHs

Speaker:

Tim Wolters, CPA, Partner, BKD LLP
Bradley Brotherton, CPA, Senior Manager, BKD LLP

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etc.

Registration

All attendees must pre-register for the conference by returning the registration form. It can be mailed to HFMA Region 1, 411 Waverley Oaks Road, Suite 331B, Waltham, MA 02452 or faxed to (781) 647-7222. No walk-ins will be accommodated on the day of the conference. The deadline for registration is April 17, 2008. Seminar space is limited and is available on a first come, first served basis.

Questions

Please contact the HFMA Region 1 Office at (781) 647-7004 or email us at HFMAReg1@camihq.com if you have any questions about the conference or your registration.

Cancellations

All cancellations must be received by the HFMA Region 1 office prior to April 17, 2008 in writing by email to HFMAReg1@camihq.com or fax to (781) 647-7222. If cancellations are received prior to April 17th, a full refund, minus a \$100 handling fee, will be issued. Cancellations made after that date will be charged the full conference fee.

Confirmations

Those registered for the conference will receive an email confirmation of registration.

Dress

Dress is business casual for all events.

Continuing Education Information

The total hours for this seminar are 12.6. Participants should consult their reporting jurisdictions concerning acceptance of individual courses. All HFMA educational programs earn points towards HFMA certification and certification maintenance requirements.

Meals

Thursday, April 24th and Friday, April 25th breakfast and lunch are included in your conference registration. Dinner on Thursday night is on your own. Dietary restrictions can be honored if requested. Please attach a written description of your needs to your registration form.

Parking

Free valet parking is available onsite.

Hotel

Mohegan Sun
One Mohegan Sun Blvd
Uncasville, CT 06382
1-877-Mohegan (877-664-3426)
www.mohegansun.com

Directions to the hotel can be found at www.mohegansun.com.

HFMA has reserved a block of rooms at Mohegan Sun. While rooms are available, preferred rates will be honored until March 28, 2008. You MUST contact the resort directly, and use Group Code HFMA2 to ensure your preferred rate. Rooms are available at the preferred rate of \$199 plus tax per night. You will be charged for one room night to reserve your room. Cancellations received within 24 hours of check-in will be charged one room night.

You are responsible for making your own hotel reservation including changes and cancellations.

April 24 - 25, 2008

Registration

Registration deadline is
Thursday, April 17, 2008

Name		HFMA Member # (if applicable)
Title		HFMA Chapter (if applicable)
Organization		
Address		
City, State, Zip		
Phone	Fax	Email

Wednesday, April 23, 2008 - Pre-Conference Golf Tournament at Fox Hopyard Golf Course.
Hosted by the Connecticut Chapter. Please see insert for full information and to register.

Please indicate the sessions you are attending using the session ID number from the Schedule page.
Registration is first come, first served.

Thursday, April 24, 2008

- 7:00 Breakfast Breakfast
- 8:30 – 10:00 am Keynote T1
- 10:30 – 12:00 pm T2A T2B T2C T2D
- 12:00 – 1:00 pm Lunch Lunch
- 1:00 – 2:30 pm T3A T3B T3C T3D
- 3:00 – 4:30 pm T4A T4B T4C T4D

Friday, April 25, 2008

- 7:00 Breakfast Breakfast
- 8:30 – 10:00 am F1A F1B F1C F1D
- 10:30 – 12:00 pm F2A F2B F2C
- 12:00 Box Lunch

Registration Fees

EARLY BIRD ON/BEFORE MARCH 13, 2008

- HFMA Member \$375
- Non-member \$500

AFTER MARCH 13, 2008

- HFMA Member \$475
- Non-member \$600

NOT AN HFMA MEMBER? JOIN NOW AND SAVE \$125 ON THIS REGISTRATION!

Annual membership from June 1st to May 31st is only \$245. Currently a prorated schedule applies: \$94 in February, \$78 in March, \$58 in April. Simply complete the membership application online at www.hfma.org/membership.

You will receive the HFMA member registration discount right now!

- YES! My HFMA membership application has been submitted online.**

Mail registration form and payment to: HFMA Region 1, 411 Waverley Oaks Rd., Suite 331B, Waltham, MA 02452 or fax to (781) 647-7222. Payment may be made by check (payable to HFMA Region 1) or credit card.

- Credit Card Information** MasterCard Visa American Express

Card Number	Expiration Date
Card Holder's Name	Signature

Exhibitors

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HFMA Region 1
411 Waverley Oaks Road, Suite 331B
Waltham, MA 02452

Connecticut Golf Outing

Come Join The Fun!!!

As part of the kickoff to the New England HFMA's Annual Healthcare Conference at Mohegan Sun Casino on April 24 and 25, 2008. The Connecticut Chapter is holding its Golf Outing on **Wednesday April 23, 2008** at the prestigious **Fox Hopyard Golf Club** in East Haddam, Connecticut, a short drive from Mohegan Sun. Fox Hopyard is one of Connecticut's finest courses and promises to be an exciting event.

Event Sponsor - \$5,000

Platinum Sponsor - \$2,000

Gold Sponsor - \$1,000

Reception Sponsor - \$1,000

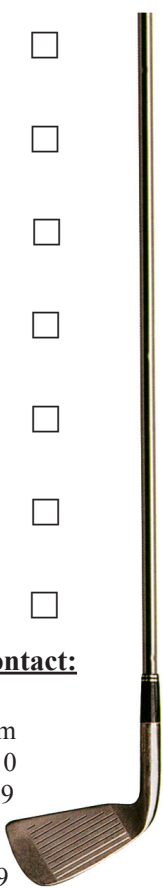
Lunch Sponsor - \$1,000

Silver Sponsor - \$500

Bronze Sponsor - \$300

For More Information Contact:

Michael Rosadini
 michael.rosadini@ey.com
 Office: (860) 524 - 3510
 Fax: (866) 358 - 7149
 or
 Susan Emhoff
 Office: (860) 524 - 3329



Event Details

- ◆ Scramble Format
- ◆ Shot Gun Start
- ◆ Prizes for Gross and Net , plus closest to the pin and longest drive
- ◆ Entry fee of \$200 Includes:
 - Lunch
 - Golf with cart
 - Roving refreshment cart
 - Cocktail hour
 - Driving Range / Practice Facility

Schedule of Events

11:30am - Registration / Lunch
 12:30pm - Golf Play Begins
 6:30pm - Cocktail Hour, Awards & Prizes

Directions to Fox Hopyard

From Hartford

Take Route 2 east to Exit 19 - (Rt 11) Follow Rt 11 until the end of the expressway (about 8 miles) at Rt 82 Take a right onto Rt 82. Take a right onto Hopyard Rd. (about 4 miles Look for brown sign "Devil's Hopyard State Park") Fox Hopyard Golf Club is your first left.

From Interstate 95 North or South

Take Exit 70 to Rt 156 North. Proceed on Rt 156 for about 8 miles until you merge with Rt 82. Take a right onto Rt 82 and Hopyard Rd. will be on your left. (Look for brown sign "Devil's Hopyard State Park") . Fox Hopyard Golf club is your first left.

From Interstate 395 North or South

Take Exit 80 west (Rt 82). Proceed on Rt 82 about 14 miles to Hopyard Rd. (Look for brown sign "Devil's Hopyard State Park") on your right. Fox Hopyard Golf Club is your first left

Registration Form

Company _____
 Address _____
 Phone _____ Fax _____
 Players Name _____ Handicap # _____
 1. _____
 2. _____
 3. _____
 4. _____

- I can't make the tournament but will attend the Reception (must be registered for Annual Conference)

Please Check One

- Visa Card Holder's Name: _____
 MasterCard Card #: _____
 Discover Expiration Date: _____
 American Express Signature: _____

Return With Check Payable To:

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 225 Asylum St.
 Goodwin Square
 Hartford, CT 06103