

2017

HEALTHCARE REVENUE CYCLE CONFERENCE

SEPTEMBER 14 - 16 + ARIZONA GRAND RESORT & SPA
PHOENIX, ARIZONA

HBMA

SESSION DESCRIPTIONS

Thursday, September 14

PRE-CONFERENCE WORKSHOP

Controlling Your Revenue Cycle and Company's Value Through Proper Contracts



Jennifer Kirschenbaum, Esq., Kirschenbaum & Kirschenbaum, P.C.

Thursday, September 14, 2017 | 8:00 am - 12:00 pm

The devil is always in the details. We can have the best people, have the best technology and have the best intentions, but without great contracts, your revenue cycle is not much of a cycle, so much as a monthly gift from clients. Join Jennifer Kirschenbaum for a discussion about protecting your revenue cycle and using your contracts to grow your revenue cycle and company worth. We will discuss relevant instances of how potential HBMA members have properly used their contracts for increased value and the pitfalls of poor or no contracts.

Learning Objectives – At the end of this session, attendees will be able to:

1. Reevaluate client contracts
2. Understand relevant and necessary protective provisions
3. Protect their revenue cycle

PRE-CONFERENCE WORKSHOP

Intermediate Excel Tips and Tricks



Nate Moore, CPA, MBA, FACMPE

Thursday, September 14, 2017 | 8:00 am - 12:00 pm

Back by popular demand, Nate Moore will be conducting a hands-on workshop on Intermediate Excel skills. Bring your laptop and take a deep dive into topics like conditional formatting, Excel formulas, and Tables. This session will help you to be more efficient with your data, create informative dashboards, and analyze detailed data. Join us for many great examples of these tools in action throughout the industry and leave with new ways to improve your business through better data.

Learning Objectives – At the end of this session, attendees will be able to:

1. Develop DIY Dashboards
2. Analyze detailed data in Excel Tables
3. Format data using a variety of conditional triggers

Keynote: The New Health Age: A Look Into the Future of Health Care and Medicine



David Houle, Healthcare Futurist, Thinker, and Speaker

Thursday, September 14, 2017 | 2:30 pm - 3:30 pm

Based in part on his influential 2012 book, “The New Health Age: The Future of Health Care in America,” Futurist David Houle presents a high level look at the trends that are and will shape

the future of both health care and medicine in the United States and globally. Houle has delivered keynotes at major health care conferences in three countries, always updating presentations based upon his continued research and insights as to what lies ahead. This presentation will provide a vision as to what the next 5-10 years will look like in healthcare.

Patient Pay Optimization



Kiran Kumar, Senior Vice President of Client Relations & Solutions, GeBBS Healthcare Solutions
Thursday, September 14, 2017 | 3:45 pm - 4:45 pm

Where revenue cycle, patient accounting, and collections make up the financial engine of a healthcare provider organization, payment processing is the fuel. Payment optimization initiatives can deliver tremendous value, helping healthcare systems compete in rapidly evolving and uncertain markets. As patient payments increase as a percentage of net patient revenue, the ability to optimize patient collections and drive payments earlier in the process will take on even greater importance. Payment optimization initiatives can deliver tremendous value -- get tips on how to get value for your organization.

Learning Objectives – At the end of this session, attendees will be able to:

1. Define patient payment optimization methodology
2. Maximize patient collections
3. Build internal process re-engineering steps to maximize POC collections
4. Execute back-end collection processes

Seven Digital Techniques to Grow Your RCM Company



Jason Ciment, Chief Executive Officer, GetVisible and Michael Moshkovich, President, GetVisible

Thursday, September 14, 2017 | 3:45 pm - 4:45 pm

From website design elements to keyword research, there are many ways to improve your digital footprint. Through this session, attendees will learn seven techniques to help use their websites and other social media properties to attract more clients to their RCM practice. A few topic areas to be covered include optimizing your budget on pay-per-click advertising campaigns, social-proofing and receiving feedback for testimonials, and how to use website technology audit tools to assess the performance of your website.

Learning Objectives – At the end of this session, attendees will be able to:

1. Create a content calendar and syndicate content online
2. Determine the proper keywords to embed in your digital content
3. Utilize tools to find other websites to link to your own site

From Policy to Bottom Line: Improving Revenue Cycle Performance with Use of Operating Rules for Healthcare Transactions



Robert Bowman, Associate Director, CAQH CORE & Kim Peters, Process Owner, Provider Process Implementation, Humana Inc.

Thursday, September 14, 2017 | 5:00 pm - 6:00 pm

There is widespread consensus that administrative costs in healthcare are excessive. The nonprofit CAQH CORE, as the HHS-designated operating rule authoring entity, is a key driver of an ongoing industry-wide transition to replace manual processes with electronic, real-time transactions to reduce the cost of doing business in healthcare and meaningfully impact efficiency, productivity, and data quality. To date, operating rules addressing eligibility, claim status, electronic remittance advice (ERA), and electronic funds transfers (EFTs) are in effect and new rules for claims and prior authorization are just around the corner. This session will share real world examples of how providers are benefiting from the use of operating rules for administrative healthcare transactions and key action steps for providers to ensure maximum gains.

Learning Objectives – At the end of this session, attendees will be able to:

1. Build awareness of the HIPAA administrative simplification provisions, new voluntary operating rules for claims and prior authorization, and how operating rules and standards can improve revenue cycle performance.
2. Understand why it is critical for providers to coordinate with their practice management and clearing house vendors to ensure they are benefiting from the administrative simplification provisions using a case study.
3. Learn about recently approved voluntary operating rules for claims and prior authorization and how providers, practice management systems and vendors can get involved in the development of operating rules. CAQH CORE Participants develop the operating rules which may then adopted by the Secretary of Health and Human Services.

Friday, September 15

CPR Payor Panel



Friday, September 15, 2017 | 9:00 am - 10:00 am
Aetna, Cigna, Humana, and UnitedHealthcare

HBMA is bringing the insurance companies to you! Come hear directly from leading health insurance companies, Aetna, Cigna, Humana, and UnitedHealthcare as they discuss invaluable information for you and your company.

Billing Metrics That Matter



Matt Seefeld, MBA, President & CEO of MedEvolve
Friday, September 15, 2017 | 11:15 am - 12:15 pm

This session will outline metrics that matter for physician practices that will help them get the best possible results while lowering costs. Reduce the number of phone calls you receive, reduce denials, and increase efficiency by using the information that is available to you to improve your decision-making. These are the billing metrics you need to be monitoring to effectively run your business.

Learning Objectives – At the end of this session, attendees will be able to:

1. Define billing metrics for use in their business
2. Understand the financial health of their business
3. Identify potential problem areas
4. Improve their practice performance

There Was an Audit: Now What?



Karna W. Morrow, Manager Consulting Services, Coding Strategies, CPC, RCC, CCS-P, AHIMA Approved ICD10-CM trainer
Friday, September 15, 2017 | 11:15 am - 12:15 pm

Knowing what to do with the results of a coding review can be as critical as having the task performed on a regular basis. But interpreting the results can be daunting and unsettling to those with a stake in the outcome. This session is dedicated to strategic strategy for turning an audit into the key to both efficiency and compliance.

Learning Objectives – At the end of this session, attendees will be able to:

1. Design process for turning external review findings into daily operations
2. Translate Error Rates into Training
3. Identify when results require raising the red flag (vs. chicken little sky is falling)
4. Recognize why external reviews are critical to your sanity and internal or external client's confidence

Above & Beyond the Call: Anatomy of a Patient Services Call Center



Thomas Mathews, President, OnQ
Friday, September 15, 2017 | 2:30 pm - 3:30 pm

A patient services call center is a key touch point for patients. Many factors must be evaluated to develop a topnotch, HIPAA compliant call center operation. There are dozens of decisions to be made in order to maximize returns and the patient experience including staffing, routing, escalation mapping and metric development. This session will discuss the role the call center plays in healthcare, its impact on financial performance and tips for establishing a successful operation.

Learning Objectives – At the end of this session, attendees will be able to:

1. Structure a successful call center operation
2. Understand the financial impact of a successful call center
3. Define the most common call types and associated resolution times

Quality Payment Program & Value Based Data



Jennifer Searfoss, Esq, CPOM, CHCI, CMCS, Founder & Chief Solutions Strategist, SCG Health, LLC

Friday, September 15, 2017 | 2:30 pm - 3:30 pm

BIGdata is the key for providers to survive in the future, and billing companies have the greatest resource for data mining. This session will provide a refresher on the Medicare programs in 2017 and 2018 – the Medicare Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) – along with the private insurance models. Participants will gain an understanding of how the models require data reporting and analytics to identify at-risk populations requiring clinical interventions before complications happen and chronic care management. The session will provide clear next steps in evaluating infrastructure needs, technology investment and in-house skilled personnel along with the market’s appetite to pay for these enhanced services.

Learning Objectives – At the end of this session, attendees will be able to:

1. Define the four components to the MIPS program, the weight and calculation of each
2. Using case studies, evaluate options for your clients and a 2017-2018 action plan
3. Illustrate data-mining opportunities and values to Clients

Don’t Leave Cash on the Table, Start your Revenue Cycle Right with Complete Onboarding



Michelle Pivelja, CPCS, PESCS, Director of Credentialing, PracticeWorx and Dawn Anderson, CPMSM, PESCS, Product Manager, Echo, A Healthstream Company

Friday, September 15, 2017 | 3:45 pm - 4:45 pm

We all agree that provider enrollment and credentialing can be a tedious task, but without it claims are not going to be paid. Developing a thorough onboarding process and streamlined credentialing system within your organization can save you time, and money, by reducing the DIE (Days in Enrollment) and the number of claims re-worked due to out-of-network denials. Best practices in provider onboarding and enrollment that include automation of several functions can improve your Revenue Cycle, making your Clients (and staff) happier.

Learning Objectives – At the end of this session, attendees will be able to:

1. Establish a good onboarding process
2. Streamline the enrollment process, improve efficiency and decrease days to enroll
3. Build reports for clients
4. Maintain information and manage the recredentialing process

Maintain a Competitive Edge With Effective Tools and Industry Best Practices for Consumer Engagement



Mark J. Snow, Vice President of Business Development, InstaMed

Friday, September 15, 2017 | 3:45 pm - 4:45 pm

Driven by an increase in high-deductible health plans (HDHP), consumerism is rapidly growing in healthcare – impacting the way many in the industry do business. Medical billing companies can maintain their competitive edge with their provider clients by delivering payment assurance. With consumer-friendly tools and industry-proven best practices, billing companies can offer their clients the ability to meet the demands of consumerism by maximizing patient engagement while optimizing payment collections.

Learning Objectives – At the end of this session, attendees will be able to:

1. Identify key industry drivers behind the growing role of consumers in the healthcare payments process
2. Outline the necessary tools and industry-proven best practices to meet the demands of consumerism in healthcare
3. Summarize how to maintain competitive edge through maximize patient engagement and optimized payment collection

Washington Update



Bill Finerfrock, Director of HBMA Government Relations

Friday, September 15, 2017 | 5:00 pm - 6:00 pm

An annual favorite, the Washington Update is your chance to hear exactly what is happening in our Nation’s Capital. Bill Finerfrock will discuss recent health policy developments and provide an update about how these changes might impact you and your clients.

Saturday, September 16

Healthcare Data Security and Compliance: Expectations of Business Associates



James “Jay” Harmon, Managing Director and Co-Founder of BorderHawk Cyber Security

Saturday, September 16, 2017 | 8:30 am - 9:30 am

Due to dramatically increased governmental regulation, covered entities, and healthcare vendors are increasing pressure on the business associate supply chain to beef up their cyber security and information protection and requiring evidence of compliance with the HIPAA Security and Privacy Rule. The reality of HIPAA being law is upon us and time is up from the OCR’s perspective for getting ready. Breaches are continuing to occur and fines will continue to be levied to covered entities and business associates alike. What we do about it to protect our organizations, clients and stakeholders is up to us. This session will explore how business associates, small to large, can get their arms around a risk management program to help ensure the protection of health information in this rapidly evolving industry.

Learning Objectives – At the end of this session, attendees will be able to:

1. Recognize how businesses are identified as business associates and clarify current privacy, security and breach obligations under the Final Rule.
2. Review requirements to conduct business with one another along with real-world examples of the implications of ineffective cyber and data security.
3. Develop methods to communicate commitment to privacy and security of all PHI throughout the healthcare chain of trust.
4. Discuss relevance of security opinions (e.g., SSAE Soc2) or “certifications” (e.g., HITRUST) and their relationship to security, privacy and compliance.
5. Discuss an Actionable Plan to Implement a HIPAA Compliance and Risk Management Program

Robotics in Revenue Cycle Management



Rob Gontarek, President and Chief Executive Officer, Meridian Medical Management
Saturday, September 16, 2017 | 8:30 am - 9:30 am

Robotics process automation is gaining traction in many industries, including revenue cycle management. This session explores the opportunities to materially reduce cost and improve client results through deploying advanced robotics. Participants will learn how robots operate, the types of tasks where robotics are likely to be effective, and how to avoid the pitfalls of 'rogue IT'.

Learning Objectives – At the end of this session, attendees will be able to:

1. Define the elements of the revenue cycle process that can be replaced with robots
2. Reduce costs with the use of robotics
3. Develop robots to match your current process

ERISA Finding the Hidden Gold in Your Revenue Cycle



Lea Fowler, Director of ERISA Recovery, ERISA Revenue Solutions
Saturday, September 16, 2017 | 9:45 am - 10:45 am

Are you missing out on money in your claims? This session will help you to articulate what ERISA can and cannot do and define how it can be used to appeal underpaid or denied commercial health claims. This session will also discuss overpayments and how to fight them and the difference between a B-2 and B-3 assignment and why it's important.

Learning Objectives – At the end of this session, attendees will be able to:

1. Combat overpayments
2. Define the difference between a DO B-2 and B-3 assignment
3. Explain the options for providers to appeal

Beyond the Buzzwords: Analytics, Machine Learning, and Artificial Intelligence



Roshan Fernando, Chief Executive Officer and President, MiddleGate
Saturday, September 16, 2017 | 9:45 am - 10:45 am

There is a rising interest in leveraging technology to help revenue cycle managers, but as interest rises, so do the buzzwords. Buzzwords are designed to excite and sell you, but there are real differences between dashboards, analytics, rules engines, machine learning, and artificial intelligence. Do these differences matter and how much? How do each of these technologies really impact underpayments and denials? How specifically can each of these technologies help the medical billing industry? Most importantly, do these systems work and provide enough of a return on investment to warrant the cost?

Learning Objectives – At the end of this session, attendees will be able to:

1. Define technological buzzwords in the revenue cycle management industry
2. Utilize new technologies to impact denial management
3. Decide which new technologies are worth an investment

Building, Motivating and Rewarding a Winning Team



Dave Jakielo, MPM Seminars and Consulting
Saturday, September 16, 2017 | 11:00 am - 12:00 pm

You will only be as successful as the people you surround yourself with. Having the right people in the right positions is a must. This session will provide you with the skills necessary to ensure you have a winning team.

Learning Objectives – At the end of this session, attendees will be able to:

1. Recognize who can become a valuable team member.
2. Give valuable feedback that will motivate your team.
3. Recognize what motivates and what demotivates your team.

POST-CONFERENCE WORKSHOP

MIPS Interactive Workshop

Faculty Being Finalized by August 5th
Saturday, September 16, 2017 | 1:00 pm - 5:00 pm

Are you searching for more in depth operational education regarding the many challenges of the MIPS implementation? Then this is the right event for you. HBMA will be offering a post-conference workshop that will focus on MIPS operational challenges and opportunities. This session will begin with presentations from an experienced panel, sharing best practices and tips for you to optimize your business. The session will conclude with customized breakout discussions based on attendee demographics. Topics may include but are not limited to medical specialty nuances, whether companies are charging separately for additional MIPS related services, if and how to choose a registry, and more. You can select areas of interest during registration and the final curriculum will be built around the specific attendees.