HBMA 2016
THE HEALTHCARE REVENUE CYCLE CONFERENCE
SEPTEMBER 21-23, 2016
OMNI ATLANTA HOTEL, ATLANTA, GA
Formerly the Fall Annual Conference

FULL CONFERENCE SCHEDULE

Wednesday, September 21

PRE-CONFERENCE WORKSHOPS   8:00am – 12:00pm

Microsoft Excel VLOOKUP and Business Intelligence Tools and Techniques
Speaker: Nate Moore, CPA, MBA, FACMPE, *Owner, Moore Solutions, Inc.*

Take a deep dive into Microsoft Excel's VLOOKUP feature, an indispensable tool for medical practices to combine data stored in multiple places. Analyzing CPT codes, diagnosis codes, RVUs and more is much faster and more accurate using VLOOKUP. This session will demonstrate the fundamentals and build to more complex applications of this flexible function. Do you know how Business Intelligence (BI) can help your practice make better decisions with better data? This session will also feature a live demonstration of Microsoft BI tools that will change the way you and the doctors you serve analyze data. You'll see Microsoft tools like PivotTables, SQL Server Reporting Services (SSRS), PowerPivot, Power View and Power Map. There will be plenty of inspiring examples of these business intelligence tools and VLOOKUP in action from practices around the country. Join us for a hands-on, thought provoking demonstration of how better data makes better decisions.

Learning Objectives: At the end of this session, participants will be able to:
- Work through a basic VLOOKUP example
- Combine functions to add power to VLOOKUP
- Identify and overcome VLOOKUP "gotchas"
- Describe Microsoft BI tools and the reports and analysis available from each tool.
- Explain applications of the BI tools to data needs in your practice.
- Get ideas and see examples to leverage BI tools in your practice.

Revenue Cycle Management Data Forensics and Artificial Intelligence
Speaker: A J Johnson, *Assistant Vice President, Trizetto Provider Solutions Analytics*, and Roshan Fernando, *CEO and President, MiddleGate, Inc.*

This preconference workshop will consist of 2 two-hour segments, one focusing on data forensics and the other focusing on the use of artificial intelligence in revenue cycle management and denials. In the first half of the workshop, you will discuss how Revenue Cycle Management (RCM) Data is readily available from multiple sources to aid in diagnosing issues and improving workflows to reduce Accounts Receivables (AR). The question is: have you used this data to improve your workflow results to lower your AR or costs? Discover the key areas of opportunities that every RCM shop should consider as their "low hanging fruit" and beyond. The second-half of the workshop will focus on utilizing STRONG Artificial Intelligence (AI) to determine the best course of action based on a high ROI and lowest level of effort, all before actually taking on the risk of working each claim. Patterns in CARC and RARC pairings, adjustment amounts, and payment cycle timing will be discussed. Participants will leave this session with new knowledge about how to best use the data that you have as well as future predictions to improve your business.

Learning Objectives – At the end of this session, participants will be able to:
- Define three areas of opportunity to reduce AR by using data analytics.
- Identify workflow shortfalls in your organization to improve in 2016.
- List top CARCs used on denials with high recovery success based on national remit data.
- List two methods to improve patient responsibility/bad debt thru data analysis.

CHBME Certificants Luncheon with Keynote Speaker   **12:00pm – 1:00pm**
Invitation Only Luncheon for Current CHBME Certificants

Annual Member Business Meeting   **1:00pm – 1:45pm**

President's Address and Introduction of Keynote Speaker   **2:00pm – 2:30pm**

Keynote: How Value-based Reimbursement will Affect HBMA Members   **2:30pm – 3:30pm**
Speaker: Mark Anderson, CPHIMS, FHIMSS, *CEO of AC Group and CEO of East Texas MSO*

As the industry moves to Value-Based reimbursement in 2018, HBMA members must upgrade their technologies to meet the new requirements of Value Based quality reporting, Population Health, Care Coordination, Patient engagement, and determine how you can add value to point-of-care clinical alerts. The major challenge is integrating new technologies with older legacy products plus the requirement of sharing data with all providers in the community. Policymakers and private industry has been pushing for a change in healthcare reimbursement policy. In January of 2015, the Health Care Transformation Task Force, whose members include 6 of the nation's top 15 health systems and 4 of the top 25 health insurers, challenged other providers and payers to join its commitment to put 75% of their business into value-based arrangements that focus on better care and lower costs by 2020.

Learning Objectives – At the end of this session, participants will be able to:
* Define how VBR payment models will affect HBMA member revenues
* Describe next generation VBR technology needs and how to offer both Fee for service and VBR RCM services
* Discuss successful VBR case studies for Billing companies
* Understand why VBR reimbursement models have failed and how to protect your organization
* List 5 steps to insure your organization thrives in the next generation reimbursement model

BREAK   **3:30pm – 3:45pm**

CONCURRENT SESSIONS   **3:45pm – 4:45pm**
Maximize Performance Measurement & Improvement
Speaker: Paul Bernard, MBA, Six Sigma Master Black Belt, *Director, Strategy & Analytics, Kareo*
Operations Track

At the core of successful medical billing is the use of analytics and data to measure performance, identify problems, and continue to improve. But many billing companies and their staff struggle to find the right mix of reports and measures to truly maximize their success. Learn about the pros and cons of traditional measures and standardized reports in measuring the most important drivers of success—yield and cycle time. There are other tools and techniques you can use to more effectively measure performance and identify root causes so you can set goals to improve. Learn what they are in this session with Paul Bernard.

Learning Objectives – At the end of this session, participants will be able to:
* Explain new ways to analyze and use billing data
* Utilize simplified metrics that allow managers to quickly understand how performance is tracking
* Understand how to have constructive, data driven discussions with clients

Keys to Managing a Successful Offshore Management Company
Speaker: Amy Redmond, CHBME, *Vice President of Revenue Integrity, Innovative Healthcare Systems, Inc.*
Management Track

Utilizing an offshore company in our industry today is part of many healthcare billing company business solutions. However, engaging business with an offshore vendor is not easy and many relationships begin to struggle after

implementation. Expectations need to be set and maintained by the both the billing company and vendor so expectations do not become reduced and frustrations increased. Whether you are currently doing business with an offshore vendor on a large or small scale, or are only starting to think about engaging business with a vendor, this session will provide valuable information.

If you are currently utilizing an offshore vendor, it is important to understand how they are performing. Are they meeting your expectations? Are you paying for appropriate claim adjudication? Are the claims they are touching getting paid? If you are not currently utilizing an offshore vendor, this session will provide the tips and tools that you need to determine what services in your business might benefit from outsourcing.

Learning Objectives – At the end of this session, participants will be able to:
- Determine what aspects of your business should transition to an offshore company or move internally
- Learn how to manage and monitor performance and define what measures should be reviewed daily, weekly and or monthly
- Maintain your billing expectations from the vendor and set expectations of excellence
- Reduce operational internal labor costs and increase profitability by managing the vendor performance using three key measures

BREAK   4:45**pm – 5:00pm**

Washington Update   **5:00pm – 6:00pm**
Speaker: Bill Finerfrock, *President, Capitol Associates, Director of Government Affairs, HBMA*

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.

RECEPTION IN THE EXHIBIT HALL   **6:00pm – 7:00pm**

Thursday, September 22

BREAKFAST   **7:30am – 8:30am**

First Timer's/New Member's Breakfast   **7:30am – 8:30am**

Commercial Payor Panel   **8:30am – 10:00am**
Speakers: TBD
HBMA is bringing the insurance companies to you! Come hear directly from leading health insurance companies as they discuss policies, programs, and other invaluable information for you and your company.

BREAK IN EXHIBIT HALL   **10:00am – 11:00am**

CONCURRENT SESSIONS   **11:00am – 12:00pm**
ICD-10 At One Year: How Does Your Practice Measure Up?
Speaker: Matthew Menendez, *Vice President and ICD-10 Specialist, White Plume Technologies, LLC*
Operations Track

Healthcare providers enjoyed an ICD-10 grace period for 12 months. As commercial carriers and Medicare begin to deny claims after October 1, 2016 for unspecified ICD-10 codes, recognize how the quality and specificity of your ICD-10 coding impacts the claims you submit today and prepare your small, group, or hospital-owned practice for value-based

reimbursement in the future. This session summarizes lessons learned by practices over the past year. Gauge your progress to adopt ICD-10. Compare your experience and results with practices similar to yours around the United States. Examine solutions to make in 2016-17, to maximize CMS and payer reimbursement. provider productivity, and speed up your revenue cycle.

Learning Objectives – At the end of this session, participants will be able to:
- Compare how your and others' practices fared with physician, coder, biller productivity, and payer reimbursement.
- Recognize the problems and adjustments that other practices have made and will be making in 2016-17, as payers move towards value-based reimbursement.
- Identify solutions used by others to improve the consistent use of ICD-10 coding, while maintaining physician and staff productivity, facilitating timely payments, and promoting practice growth.

The Complete Guide to Cost Savings: How to Find the Profits Hiding in Your Operation
Speaker: Jane Knox, MBA, *Chief Operations Officer, Healthcare Administrative Partners*
Management Track

You work hard every day to make your billing company as profitable as it can be. Business moves fast, but it pays to stop and take a fresh look at the list of factors you need to consider in order to truly optimize your performance. This action-item-packed presentation is a comprehensive guide to cost-savings that is loaded with ideas your peers are putting into practice right now. Join us and find out if you're spending more than you should!

Learning Objectives – At the end of this session, participants will be able to:
- Diagnose inefficiencies in the revenue cycle operation
- List often-overlooked opportunities to increase profits
- Recognize specific opportunities to reduce labor costs

AWARDS LUNCHEON	**12:00pm – 12:45pm**

BREAK IN EXHIBIT HALL	**12:45pm – 1:45pm**

CONCURRENT SESSIONS   **1:45pm – 2:45pm**
The Alphabet of Medicare Audits and Appeals
Speaker: Paul W. Kim, JD, MPH, *Chair of the Healthcare Group, Cole Schotz P.C.*
Operations Track

This session will introduce the audience to the alphabet of auditors that Medicare has deployed to review Medicare claims and enrollment. The audience will also learn how to file appeals to contest denials and revocations.

Learning Objectives – At the end of this session, participants will be able to:
- List all of the Medicare auditors
- Understand exactly what they are auditing
- Describe the appeal procedures

Determinants for Successful Transition from PQRS 2016 to MIPS 2017
Speaker: Dr. Dan Mingle, M.D., M.S., *CEO, Mingle Analytics*
Management Track

This presentation discusses each component of the CMS Physician Quality Reporting Program (PQRS), their relationship to the Value-Based Modifier program, including Quality Tiering, and how to align them for submission success in 2016. The presentation also assesses implications of the CMS final rule for the Merit-Based Incentive (MIPS) for 2017 quality reporting submissions. MIPS is slated to consolidate aspects of PQRS, the value-based modifier, quality tiering, and

meaningful use with increasing payment adjustments. The presentation describes implications for Alternative Payment Models (APMs) and a review of 2017 payment adjustments. Questions are encouraged throughout the presentation to assure understanding among all attendees and connection to real-world problems.

Learning Objectives – At the end of this session, participants will be able to:
- Generate a successful PQRS submission for 2016, despite a late-season start
- Understand how PQRS reporting success relates to a successful MIPS strategy
- List the key determinants of success under MIPS

BREAK   **2:45pm – 3:00pm**

CONCURRENT SESSIONS   **3:00pm – 4:00pm**
We Are All In This Together! Roundtables of Receivables = Instant Data!
Speaker: Susan Childs, FACMPE, *Founder of Evolution Healthcare Consulting*
Operations Track

Picture speed dating for Accounts Receivables policies! This is an extremely fun and dynamic interactive session where attendees visit each station with such titles as internal checks and balances, benchmarking, grace period issues, high deductibles, front desk to back office issues, credit card policies, collections policies, reporting to physicians and others. Attendees document and discuss what works and concerns! Best Practices for Benchmarking and other AR Metrics to help you track and increase collections are included in handouts. When all attendees have gone full circle and noted polices at each location, we will then discuss some answers, compare concerns and share success stories and AR policies across the spectrum of specialties. There will even be prizes for great responses and a report sent to all attendees after the conference.

Learning Objectives – At the end of this session, participants will be able to:
- Discuss real life best tips and practices
- Understand that we are all in this together and have similar concerns, successes and goals even in different specialties.
- Identify policies that will improve their business

Don't Think Your Documentation is Right, Know It Is!
Speaker: Michelle Ann Richards BSHA, CPC, CPCO, CPMA, CPPM-I, Manager, Compliance Division, AAPC
Management Track

Attendees will learn revenue cycle guidelines to follow that ensure correct claims are being processed timely. They will also learn best practice auditing & monitoring techniques. When attendees leave they will take back knowledge of coding & compliance methodologies that will streamline the revenue cycle process and make their department more efficient.

Learning Objectives – At the end of this session, participants will be able to:
- Discover Best Practice Revenue Cycle Auditing Methods
- Identify protocols needed to decrease A/R Delays
- Recognize all Elements Needed for Effective Revenue Cycle Management

BREAK IN EXHIBIT HALL   **4:00pm – 5:00pm**

Best Practices in Revenue Cycle Management   **5:00pm – 6:00pm**
Speaker: Elizabeth W. Woodcock, MBA, FACMPE, CPC, *Principal, Woodcock & Associates*
2016 brought a host of challenges in revenue cycle management. Health care reform, consumer-directed health care, and the uninsured all have an impact on the revenue cycle. To help you with these challenges, this fast-paced and succinct session will focus on ten proven ways to enhance your revenue cycle. The speaker will provide a precise and

detailed roadmap for strategies related to the pre-visit, time-of-service and post-visit collection processes, as well as denial prevention and management strategies. Invest XX minutes -- and you'll be armed with an action plan to apply in your own organization, with the focus being performance improvement initiatives you can implement immediately.

Learning Objectives – At the end of this session, participants will be able to:
- Learn how successful organizations handle patient collections
- Implement pre-visit collection processes
- Determine strategies to prevent denials in the first place
- Recognize how to best manage denials for your organization
- Create an action plan to improve revenue cycle management

RECEPTION IN EXHIBIT HALL   **6:00pm – 7:30pm**

Friday, September 23

Breakfast Roundtable Discussions Based on Billing Company Size   **7:30am – 8:30am**

Navigating the Politics of Healthcare   **8:30am – 9:30am**
Speaker: Jay P. Anstine, JD, *Compliance Officer/Contracts Administrator, Advanced Medical Imaging Consultants, P.C.*

This presentation is designed to provide useful strategies to attendees on navigating the daily "political" issues and relationships that exist in today's healthcare business environment. It will provide helpful tips for understanding to the political landscape, strengthen relationships with key stakeholders, using diplomacy to influence behavior, and strategies for resolving conflict. The presentation will include case scenarios and situational examples to illustrate key points and create an interactive format to engage attendees.

Learning Objectives – At the end of this session, participants will be able to:
- Strengthen their relationship with physicians and healthcare leaders
- Define strategies for negotiation and conflict resolution
- Describe how to diplomatically communicate with physicians and healthcare leaders

BREAK   **9:30am – 9:45am**

CONCURRENT SESSIONS   **9:45am – 10:45am**

In the Future of MIPs and APMs: Billing Companies are a Key to Data Deep Dives and Analytics
Speaker: Jennifer Searfoss J.D., CMPE, *CEO of SCG Health*
Operations Track

Payment reform is here and providers aren't ready to respond to the new contractual requirements for Medicare and large commercial insurers. Billing companies are uniquely positioned to be a major player in closing the gap between failure and success in these new models. This session will provide a refresher on the Medicare programs coming in 2019 – 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, participants will be able to:
- Summarize and understand the 2019 Medicare programs--MIPS and APMs.
- Define data required for reporting analytics.
- Identify and evaluate your infrastructure, technology and staffing needs.

Updating the Client Liaison Playbook
Speaker: Karna W. Morrow, CPC, RCC, CCS-P, approved AHIMA ICD-10-C Trainer, *Manager, Consulting Services, Coding Strategies, Inc.*
Management Track

Healthcare is a dynamic industry creating tight competition within the field of coding/billing. Physicians need more than a quarterly or monthly stack of reports to feel connected to their billing company. The billing company needs more than a nightly HL7 feed to provide quality services. This session is dedicated to identifying the edge you need to help your clients value all the extra services.
Learning Objectives – At the end of this session, participants will be able to:
- Write an updated job description for the key position of client liaison
- Define the benefits of the revised responsibilities/focus on the bottom line
- State specific tasks that can improve the clients perception of your services

BREAK   **10:45am – 11:00am**

Take Charge of Change by Choice   11:00am – 12:00pm
Speaker: Dana Lightman, Ph.D.

Healthcare billing and management professionals often find themselves struggling on a downward spiral of stress, powerlessness and anxiety. One reason may be trying to manage the rapid and complex changes currently taking place in healthcare. Uncover the secrets to Dana's pragmatic approach for turning that downward spiral into an upward one. Her proven system teaches you to tap into your power of choice. Learn how to eliminate the negative patterns that sabotage your change process, and experience the energy, mastery and confidence that comes when you embrace change from a position of control.

Learning Objectives – At the end of this session, participants will be able to:
- Outline the complex and rapid nature of today's change and how it impacts the individual and organization.
- Learn two strategies for experiencing change from an empowered position.
- Identify three steps to releasing the limiting beliefs that negatively effect change management.
- Acquire five specific tools for taking charge of change from a positive perspective.

Closing Remarks   **12:00pm – 12:15pm**

CHBME Examination   **1:00pm – 3:00pm**