Agenda

Show **All Sessions**

Thursday, March 18, 2010

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7:00 AM - 8:00 AM	**Registration and Continental Breakfast**
8:00 AM - 8:10 AM	**Chapter Announcements**
8:00 AM - 11:45 AM	**Coaching for Certification Exam (CHFP) & Exam Preparation** The purpose of the Chapter Coaching Course includes the following: . Review some of the concepts covered in the self-study course from which all exam questions are derived. . Provide an overview of content to be covered on the CHFP certification exam. . For candidates who have not completed the self-study course, the course provides a preview to some of the content covered on the exam. . For candidates who have already completed the self-study course and/or other exam preparation activities, this course will provide a review of material covered on the exam and provide an opportunity for course participants to validate their level of knowledge. Certification testing will be available toward the end of the course. Please sign up early to assure a spot. National HFMA requires that you submit a completed Certification Exam Application at least 10 business days before your scheduled exam time (see details at http://www.hfma.org/certification/chfp/). Additional testing dates will be announced shortly at the House Ear Institute and can be arranged in Orange Country. Speakers: Debby Chanen, FHFMA, MBA, Senior Director Managed Care, Adventist Health Sam King, FHFMA, FHIMSS, MBA, MPH, Managing Principal, King's Consulting and Adjunct Professor, UC Irvine and Chapman University
8:10 AM - 8:30 AM	**Legislative Updates** Discussion of the general political climate and projected impact the budget discussions as well as the CHA Legislative agenda including some of the key issues for hospitals this year, such as seismic mandate relief, physician alignment, the waiver and national healthcare reform news. Speaker: Martin Gallegos, D.C. Senior Vice President/Chief Legislative Advocate, California Hospital Association
8:30 AM - 10:00 AM	**General Session #1 Financing of Care for the Indigent - How Did We Get Here** Session Objectives: You will learn about financial and operational impact from recent State legislation. This presentation will cover tradeoffs and expectations from passage of provider fee legislation [AB 1383] and forthcoming challenges created in the revised approach to the Medicaid waiver proposals. Speaker: Martin Gallegos, D.C. Senior Vice President/Chief Legislative Advocate, California Hospital Association
10:00 AM - 10:15 AM	**Break**
10:15 AM - 11:45 AM	**2010 Nursing Facility Reimbursement Update (Long Term Care)** Session Objectives: The current status of the State and National economies continue to pose a threat to the financial stability of California skilled nursing facilities that largely depend on Medicare and Medi-Cal as their primary sources of revenue. Darryl Nixon, Director of Reimbursement for the California Association of Health Facilities, will provide an overview of the many financial challenges facing California's skilled nursing facilities in 2010 and beyond. In

addition, Darryl will provide specific updates on National and State reimbursement issues including: the status of National Health Reform and its impact on skilled nursing providers; Medicare PPS within the FY 2011 Federal Budget; Medicare Contracting; Medicare Integrity Programs (RACs, etc.); California's 2010/11 State Budget; Future of AB 1629 and Quality Assurance (QA) Fees; Medi-Cal Audits; and other Medi-Cal issues impacting California skilled nursing providers.

Speaker: Darryl Nixon, Director of Reimbursement and Data Systems California Association of Health Facilities (CAHF)

Target Audience: Nursing Home Administrators, Owners, Financial and Reimbursement personnel interested in current and future Medi-Cal Reimbursement Issues

10:15 AM - 11:45 AM

How To Navigate Through The New HITECH Requirements (Revenue Cycle)

Session Objectives: The Health Information Technology for Economic and Clinical Health Act (HITECH) has now radically increased the scope and application of the Health Insurance Portability and Accountability Act's (HIPAA) Privacy and Security Rules to business associates.

As of February 2010, business associates will be directly regulated under HIPAA for the first time, subject to Office of Civil Rights enforcement actions and the same penalties and sanctions as covered entities. Under existing federal law, business associates must implement and document administrative, physical, and technical safeguards to protect health information, including electronic information.

Additionally, individuals, and in some cases the Department of Health and Human Services and local media, must be notified of breaches involving their protected health information. Civil penalty authority has increased to up to $1.5M per violation.

To ensure compliance with the new requirements, healthcare providers and business associates must examine the implications of HITECH for all existing and future business relationship agreements.

This dynamic session will offer insight to new HITECH requirements and show participants:

• How the HITECH Act expands HIPAA requirements to business associates.
• What the new penalties are for non-compliance.
• How to identify notification of breaches involving protected health information.
• How to avoid minimum penalties by challenging breaches that are not the result of "willful neglect.
• Best practices on developing and negotiating new business associate agreements
• How the American Recovery and Reinvestment Act of 2009 (ARRA) provides incentive payments (as much as $48,400 for eligible professionals and up to $11 million for hospitals) to healthcare providers that demonstrate they are a "meaningful EHR user."
• How AB 211 and SB 541 affects covered entities and MORE!

SPEAKER:
Shirley P. Morrigan , Partner - Foley & Lardner LLP

Target Audience: Directors and Managers of compliance, business offices, patient financial services in hospitals and health systems

10:15 AM - 11:45 AM

Quality of Care as an Emerging Legal Risk—What Hospitals Need to Know:(Gov't Pgms and Finance Exec)

Session Objectives:This session will cover quality of care government enforcement actions and what is new on the horizon ; the use of data mining by CMS, Medicaid and private insurance companies ; how health reform and payment reform are affecting enforcement activity in the area of quality of care cases (including discussion of Never Events) ; practical steps for integrating quality of care into a provider's compliance program; and steps providers can take to mitigate risk.

Speaker: Cheryl Wagonhurst , Partner, Foley & Lardner LLP

Target Audience:Cost Report preparers as well as Controllers and CFO's.

12:00 PM - 1:00 PM	**Lunch**

1:15 PM - 2:45 PM

Accountable Care Organizations and MD-Hospital Integration Under HCare Reform (Financial Executives)
Discussion of Accountable Care Organizations and other approaches to bundled payments. Initiating a clinical integration and/or an ACO project. Legal issues and implications of forming an ACO, including who can form an ACO and related contracting requirements. Reimbursement under an ACO model, who gets what, including bonuses and incentive payments. Data reporting, including costs, reimbursement received, and quality metrics.

Speakers: Paul DeMuro, Latham & Watkins LLP
John Valenta, Director, Deloitte & Touche LLP

Suggested for CEO's, CFO's, Finance Executives

1:15 PM - 2:45 PM

Are You Prepared for Transition from Wisconsin Physician Services to Palmetto? (Long Term Care)
Session Objectives: Providers whose Medicare billing and reimbursement services are now being done by Wisconsin Physician Services will Transition to Palmetto GBA in April 2010. Ruby will present the guidelines on what the provider should be doing to be prepared for this transition.
In the past the Provider Summary Report (PSR) which accumulates provider statistical and reimbursement system data was provided automatically by the Intermediary approximately 90 days after the providers year end. Beginning in 2009 the provider must register, establish passwords and obtain approval to access this report on line. Ruby Reed-Knighton, Palmetto's Ombudsman will discuss these new requirements so that the provider can access this information timely. The PSR report information is used by many providers to prepare their Medicare Cost Reports. Medicare Cost Reports for the ending 12/31/09 must be completed and filed May 31, 2010. Late cost reports can impact the Hospitals Medicare Reimbursement.

Speakers: Ruby Reed-Knighton, Ombudsman, Provider Outreach and Education (POE) Department for Palmetto GBA

Target Audience: Nursing Home Administrators, Owners, Financial and Reimbursement personnel interested in current and future Medi-Cal Reimbursement issues.

1:15 PM - 2:45 PM

Mastering Federal Appeal, Dispute and Prompt Payment Laws (Revenue Cycle)
Session Objectives: To help healthcare providers understand and benefit from protections under federal prompt payment laws that govern ERISA and VA payors, this session will assist participants with understanding their legal rights and how to argue those rights effectively when carriers make improper denials.

Participants will gain indispensable insights into:

- Federal timeframes for reimbursement
- Underpayments
- Timely filing denials
- VA reimbursement methodology
- Overturning common VA denials

This dynamic program offers take home materials, such as Sample Appeal/Demand Letters, Affidavits of Compliance and Case Studies to get you off to the right start!

FACILITATOR: Ed Norwood, President, The National Council of Reimbursement Advocacy

GUEST PANELISTS:
Julie Hall, J.D., The Reimbursement Advocacy Firm
James Barber, J.D., The Reimbursement Advocacy Firm
Speaker TBA

Target Audience: Directors and Managers of Compliance, Business Offices, Managed Care and Patient Financial Services professionals in hospitals and health systems.

1:15 PM - 2:45 PM	**Medicare Disproportionate Share (DSH) – A Review of Current DSH Appeal Issues (Government Programs)**

Session Objectives:This session will provide you with the latest updates to current Medicare DSH appeal issues. An overview and background of each issue will be provided to better understand the framework of these DSH appeal issues. The session will:

• Provide a status of the major Medicare DSH appeals outstanding
• Develop a background and framework of the DSH appeal issues
• Provide the latest update regarding CMS release of SSI% information

Speaker: Ronald G. Knapp, Executive Vice President, Toyon Associates, Inc.

Target Audience: Reimbursement staff, Vice Presidents and Directors of Finance and Hospital Administrators

1:15 PM - 4:15 PM	**Coaching for Certification Exam (CHFP) & Exam Preparation**

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Speakers:
Debby Chanen, FHFMA, MBA, Senior Director Managed Care, Adventist Health
Sam King, FHFMA, FHIMSS, MBA, MPH, Managing Principal, King's Consulting and Adjunct Professor, UC Irvine and Chapman University

2:45 PM - 3:00 PM	**Break**
3:00 PM - 4:15 PM	**General Session #2 Financing of Care for the Indigent - Where Do We Go From Here**

Session Objective: Provide an leading health legislator’s insight into what the State has done, what is currently under consideration and what can be done to improve funding for services to Medi-Cal, indigent and uninsured individuals.

Discussion points will include:

· California's approach to improving the funding for indigent care.

- Constraints and tradeoffs to building legislative and gubernatorial support for the legislation.

- Where do we go from here to assure adequate resources to care for the indigent and uninsured?

- Other legislation affecting the financing of health care.

Speaker: State Assembly Member Dave Jones, Chairman, Assembly Health Committee, Sponsor of AB 1383 and 188 Hospital Provider Fee Legislation

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Optional