



hfma[™] nebraska chapter
healthcare financial management association

Nebraska HFMA 2015 Winter Meeting

January 29-30, 2015
Younes Conference Center
Kearney, NE

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 hfma 2014 - 2015

2015 Winter Meeting Agenda

Thursday, January 29, 2015

7:30 - 7:55 a.m. **Registration and Continental Breakfast**

7:55 - 8:00 a.m. **President's Welcome**

Troy Bruntz

8:00 - 9:00 a.m. **Nebraska Legislative Update**

Bruce Rieker

Nebraska Hospital Association

Bruce Rieker will present an overview of Nebraska's 2015 legislative session and discuss legislation that will impact the future quality, affordability and accessibility of health care in our state. During the 90-day session, the Unicameral will develop Nebraska's budget for the 2015-17 biennium that will dictate many things, including how health care providers will be reimbursed for their services over the next two years. In addition to his comments about the state's budget, Mr. Rieker will also discuss other health care related proposals that the legislature will consider, such as: transformation of the Department of Health and Human Services, data analytics, Medicaid expansion, scopes of practice for surgical first assists and nurse practitioners, and sales and use tax exemptions.

9:00 - 10:00 a.m. **Federal Legislative Update**

David Burd

Nebraska Hospital Association

Decisions made in Washington D.C. have a significant impact on Nebraska's providers. The elections are over and members of the Senate and House of Representatives are preparing for the 114th Congress, which will convene in early January 2015. Mr. Burd will provide updates and engage attendees in a discussion regarding the following:

- Breakdown of Congress reflecting the recent elections;
- Congressional priorities for 2015
- Status of health care legislation
- Congressional outlook for 2015

10:00 - 10:30 a.m. **Break**

10:30 a.m. - 12:00 p.m. **Business Intelligence: How to Get the Most out of Your Data**

Dan Bergantz & Andre Kemeny

PNC Healthcare Advisory Services

Healthcare providers are facing a "perfect storm" of external forces that include government and industry changes to payment methodologies, and new clinical and business standards. Both the American Medical Association and the Healthcare Information Management Systems Society have publicly noted that the number one tool that providers must embrace is enterprise-wide data analytics. Effective Business Intelligence (BI) tools are able to create integrated reports from disparate databases to see a complete and meaningful picture of the business enterprise. In healthcare, that may include, but is not limited to, EHR data, billing data, HR costs and allocations, purchasing costs and assignment to services. Healthcare reform, bundled payments, value based purchasing, ACOs and pay for performance all threaten the healthcare provider's bottom line. A BI solution can be used to save billions of dollars at a time when every dollar counts.

12:00 - 1:00 p.m.

Lunch

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1:00 - 2:15 p.m.

IRS Colleges and University Compliance Project Final Report: Why it Matters to Health Care Providers and What They Should Know

John Holdenreid, JD

Baird Holm LLP

The IRS recently completed its Colleges and University Compliance Project and issued a Final Report. While focused on colleges and universities, there are several aspects of the Final Report that are of equal interest to hospitals and other tax-exempt health care providers. This program will review the Report and its impact on tax-exempt health care providers. Topics from the Report include a focus on under-reporting of unrelated business income tax, whether certain activities had a profit motive such that their losses should offset other gains, and whether certain activities (such as fitness centers) should be reclassified as unrelated activities. The program will also focus on Final Report dealing with executive compensation issues, including what constitutes peer compensation data and several related employment tax issues. Relevant examples from the Report will be discussed.

2:15 - 2:45 p.m.

Break

2:45 - 4:45 p.m.

The Latest in the Ever Changing World of Medicare Enrollment

Dennis Grindle & Gretchin Heckenlively

Seim Johnson

The Medicare provider enrollment world is ever changing! The last wave of mandatory revalidations are being sent out, practice location names and on-site visits are still compliance concerns, reassignment enrollment changes for critical access hospitals have been implemented, correspondence address policy has changed, recent developments related to provider-based compliance have surfaced (including additional billing considerations that will go into effect in 2015 and 2016), regulatory changes for RHCs and an overview of key enrollment compliance areas often overlooked will be reviewed. Compliance with Medicare's enrollment regulations and rules are the foundation from which all providers and suppliers claims and reimbursements are based. This is a compliance session you will not want to miss!

Learning Objectives:

- Importance of the Medicare enrollment process
- Latest developments in Medicare provider enrollment including:
 - Update on Enrollment Forms (including new Form CMS-855R)
 - Application Fees
 - Moratoriums
 - Revalidations
 - On-Site Inspections
 - Reassignment to CAHs
- Provider-Based Latest Considerations (including upcoming billing changes for 2015/2016)
- RHC Certification Regulatory Changes

4:45 - 5:45 p.m.

HFMA Board Meeting

6:30 p.m.

Social Event

Big Apple Fun Center, 500 W. 4th Street, Kearney

2015 Winter Meeting Agenda

Friday, January 30, 2015

7:30 - 8:00 a.m.

Registration and Continental Breakfast

8:00 - 9:40 a.m.

Ethics First

Aaron Beam, Founder and first Chief Financial Officer
HealthSouth

“Ethics First” is the primary message Aaron Beam conveys to his audiences. His experience with HealthSouth and the research he’s done about ethics in American business qualifies him to deliver this compelling story and message on the value of ethical behavior, and the process of achieving it.

9:40 - 10:00 a.m.

Break

10:00 - 11:00 a.m.

Community Betterment Through Health Information Exchange

Deb Bass
Nebraska Health Information Initiative

Attend this session to learn about progress the Nebraska Health Information Initiative (NeHII, Inc.), the collaborative that serves as the statewide health information exchange (HIE) for Nebraska has made in adoption of hospitals and providers, added functionalities and services HIE offers to its participants and the sustainability goals the organization has achieved. Value statements for hospitals and providers such as the admission/discharge alerting and 30-day readmission reporting services NeHII provides will be discussed, as well as future plans for population management and data analytics services the HIE will be implementing for 2015 and beyond.

11:00 a.m. - 12:00 p.m.

WPS Update

Chris Severson & Tom Bruce
Wisconsin Physicians Service (WPS)

This program will cover a number of cost reporting topics, including Medicare bad debts, contracted therapies, provider-based physicians, Disproportionate Share Payments and the Electronic Health Records incentive payments.



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Deborah Bass

Deborah Bass serves as the Chief Executive Officer and is an active board member of the Nebraska Health Information Initiative (NeHII). NeHII, Inc. is the statewide health information exchange in the state of Nebraska. Ms. Bass directed the creation of this 501 (c) (3) non-profit corporation, and currently oversees and manages the continued efforts in the development of Nebraska's statewide Health Information Exchange (HIE). She is a regular public speaker for national conferences on a number of topics surrounding the development and future of HIE.

Aaron Beam

Aaron Beam was a founder and the first Chief Financial Officer of HealthSouth from 1984 until 1997. Today he lives in Loxley, Alabama with his wife of 44 years, Phyllis. In 1996, he took part in the accounting fraud at Healthsouth. In 2003, he plead guilty to the fraud and spent time in a federal prison for his crime. He began his public speaking career in 2009, and as of October 2014, he has spoken to over 250 different groups. These include universities, associations, companies and civic groups. His primary message is about corporate fraud. Who is actually responsible for these frauds, how they take place and what can be done to prevent frauds such as Enron and Healthsouth. Mr. Beam is also an author. His first book "HealthSouth: The Wagon to Disaster" was published in 2009. He is currently writing a second book "Ethics Playbook: Winning Ethically in Business." The book will be available in late 2014.

Dan Bergantz, MBA

Dan Bergantz has 15 years of combined research, operational, and consulting experience in the healthcare industry. He currently serves as Director of Advisory Services for PNC Healthcare specializing in revenue cycle process improvement, and also has extensive experience in strategic planning, labor management and productivity, strategic pricing, physician productivity, and data analytics. Prior to joining PNC, Mr. Bergantz developed his expertise and passion for the healthcare industry working for organizations including the Premier Healthcare Alliance, Phase 2 Consulting, GE Healthcare and the Utah Medical Education Council. Mr. Bergantz earned his MBA in Health Administration from the Eccles School of Business at the University of Utah, and he enjoys presenting and writing articles as part of his involvement with HFMA.

Tom Bruce

Tom Bruce has worked for a Medicare contractor in cost report audit for the past 27 years. He is currently the J5 audit director for Wisconsin Physicians Service (WPS) and has held this position since 2005. From 1993 to 2004, he worked mainly with cost report re-openings and appeals at Mutual of Omaha, serving as an appeals consultant, supervisor and finally manager of these functions. Mr. Bruce graduated from the University of Nebraska at Omaha with a major in accounting and has spent his entire professional career working for Medicare contractors.

David Burd, FHFMA

David Burd joined the Nebraska Hospital Association in November 2004 and serves as Vice President, Finance. His responsibilities include oversight of the financial management of the NHA and subsidiaries, advocating on behalf of NHA member hospitals primarily on federal issues, communicating with Nebraska's Congressional delegation, analyzing federal legislation and regulations, and providing impact analyses to the NHA membership. Prior to joining the NHA, he served in leadership positions at a large urban hospital and a Critical Access Hospital. Mr. Burd worked at Bryan Health in various roles including the Patient Accounts Manager and at Thayer County Health Services as CFO. Mr. Burd graduated from the University of Nebraska - Lincoln with a bachelor of science degree in business administration. He is active in the HFMA, has been a member since 1997, received his certification in 2006 and became a Fellow in 2010. David and his wife Tammy have 3 children – Kayley (21), Emily (18) and Kevin (13).

Dennis Grindle, CPA

Dennis K. Grindle, Partner in Health Care Consulting, has been with the consulting and accounting firm of Seim Johnson, LLP, since 1989 and 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, Mr. Grindle graduated with a Bachelor of Science degree in Business Administration with a specialization in Accounting from the University of Nebraska at Omaha. Mr. Grindle focuses on the following services: Medicare provider enrollment (Form CMS-855 completion and compliance consulting) issues; Medicare provider-based issues; Medicare reimbursement (fees, reimbursement schedules, jurisdiction, rules and regulations, etc.); physician and non-physician practitioner Medicare billing issues, corporate compliance programs; non-Medicare reimbursement (coverage issues, RVU, fee schedules, etc.); physician compensation issues; practice restructurings; financial accounting; practice valuations; evaluation of managed care contracts; review of economic implications of physician contracts; negotiation of hospital-based physician contracts; and other such issues.

Gretchin Heckenlively, CPA

Gretchin Heckenlively is a Partner in the Health Care Consulting division at Seim Johnson, LLP. She graduated from Doane College in May 1997 with a Bachelor of Science Degree in Accounting and Finance. She joined the firm in 1997 in the HealthCare Audit Division providing audit and Medicare/Medicaid cost report services on over 100 engagements. Ms. Heckenlively 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. She 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. Ms. Heckenlively's focus since rejoining the firm has been on Medicare and Medicaid provider enrollment, Medicare provider-based issues and reimbursement. She 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. In addition, Ms. Heckenlively is an active member of Healthcare Financial Management Association (HFMA) and is a past President of the Nebraska Chapter. Currently, she is serving as the Treasurer of HFMA Region 8.

John R. Holdenried, JD

John Holdenried the chair of the Health Law Practice Group of Baird Holm LLP in Omaha, Nebraska. While he provides a full range of health law services to healthcare providers, he concentrates on regulatory, transactional and contracting issues; managed care contracting and network formation; tax exemption and corporate compliance issues, including reimbursement, tax, Stark, and fraud and abuse. He received his undergraduate degree from Creighton University, B.S., Business Administration, magna cum laude, and his law degree from the University of Michigan Law School, cum laude. He is the past program chair of the annual Tax Issues for Healthcare Organizations program of the American Health Lawyers Association, and he is currently a member of its board of directors.

Andre Kemeny

Andre Kemeny has more than 10 years of combined research, consulting, and management experience in the medical device and healthcare industries. Mr. Kemeny's experience and expertise includes applying data analytics and process improvement methodologies in strategic planning, revenue cycle management and project management. Prior to joining PNC, Andre consulted for Zoll Medical Corporation and was a manager at Med Institute, Inc. (a Cook Medical company). Andre earned his Master of Science in Physiology from Purdue University and most recently, he received his MBA and MHA degrees from the University of Utah. He completed an administrative internship at Intermountain Healthcare - Primary Children's Medical Center and worked as a project consultant in their systems improvement department.

Bruce Rieker, JD

Bruce Rieker is the Vice President, Advocacy for the Nebraska Hospital Association. He is responsible for providing leadership in the development of public policy on issues affecting the accessibility, financing, delivery and cost effectiveness of healthcare services in Nebraska. Prior to joining the NHA in 2006, Mr. Rieker served as a congressional staff person for 16 years; first, as deputy chief of staff for United States Congressmen Bill Barrett and then as chief of staff for United States Congressman Tom Osborne. He graduated from the University of Nebraska in 1982 with a bachelor of science degree from the College of Agriculture. In 1987 he received his Juris Doctor degree from the University of Nebraska College of Law. In addition to his role with the NHA, Bruce is a professor of U.S. Health Care Policy for Doane College. Outside of work, Mr. Rieker is a trustee at the Nebraska Children's Home Society, a board member for Epworth Village, a YMCA youth sports coach and a former Teammates mentor. Mr. Rieker and his family reside in Lincoln. He and his wife Dawn have three children – twin daughters, Haley and Kaitlyn, and a son, Jacob.

Chris Severson

Chris Severson has 11 years of Medicare Audit and Reimbursement experience from his time working at Mutual of Omaha/WPS. His current position at Wisconsin Physicians Service (WPS) is supervisor of audit advisement: a research, training and consulting area within the Medicare Audit department. Mr. Severson also teaches financial and managerial accounting courses part time for the MBA program at the University of Nebraska-Omaha and is a subject matter expert, contributing editor, and Classroom Instructor for the Becker Professional CPA Review courses. Chris is a native Nebraskan and graduated from the University of Nebraska-Lincoln with a Master of Professional Accountancy degree.



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Registration Form - Winter Meeting 2015



Your Information (please print)

Name & Title

Member ID

Organization

Address

City, State, Zip

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

Past Nebraska Presidents Registration: Please contact Joe Harnisch directly at jharnisch@seimjohnson.com or (402) 330-2660 to take advantage of any free registrations.

Choose Your Sessions

☐ Both Days (Thursday lunch provided) \$180 ☐ Thursday Only (lunch provided) \$130 ☐ Friday Only \$80

How to Register & Payment Information

☐ **By Credit Card:** Please register online at <http://www.hfma.org/Content.aspx?id=26475>

☐ **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 1560NE1 on your check.

If you have any questions regarding your registration, please contact Joe Harnisch at jharnisch@seimjohnson.com

Hotel Information

Younes Conference Center
416 Talmadge Road
Kearney, NE

A block of rooms has been held at the Fairfield Inn at the group rate of \$97.95 + tax per night for January 28 and January 29.
Call 308-236-4200 to make your reservation. Cut off date is January 15, 2015 to receive the group rate.

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.