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EVENTS –
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ALL-ACCESS
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ACO FINANCIAL MANAGEMENT SUMMIT

Establishing Financial Parameters & Sound Financial Distribution

SUMMIT HIGHLIGHTS INCLUDE:

- Learn how to obtain the optimal ACO financial business model & infrastructure
- Establish sound terms & financial parameters for your ACO
- Align financial incentives for all key shareholders – when financial distribution is CRUCIAL
- Learn how to manage cost through effective data stratification & predictive analytics
- Effectively manage ACO risk & risk adjustment
- Taking a close look at the financial advantages & disadvantages of hospital re-admissions & low occupancy and their effects on your ACO

JUNE 23-24, 2014

CAESARS PALACE LAS VEGAS

THE 2014 ACO PERFORMANCE ANALYTICS & DATA MANAGEMENT SUMMIT

Improving Clinical/ Financial Outcomes with High-Value Data & Actionable Analytics

FEATURED SESSIONS INCLUDE:

- Taking a Strategic Approach to Managing and Analyzing Data from Multiple Sources
- Achieving Actionable Data: Moving Beyond Merely Reporting Data to Using Data
- Establishing Health Information Exchange (HIE) Utilization Strategies to Support ACO Performance
- Avoiding Costly Mistakes by Properly Vetting Vendors, Redefining Payment Terms, Setting Expectations and Measuring ROI
- Ensuring Privacy and Data Security - Achieving Effective Information Sharing while Remaining Compliant
- Provider Perspective - Aligning with Providers to Reach Data Management Goals

**ALSO
CO-LOCATED
WITH**

the
**Consumer-
Driven
Healthcare
and the Private
Marketplace**

*The Consumer
Engagement
and Experience
Summit*





Many ACO conferences try to cover everything—and end up with a superficial look at just a few of the issues you really need to know! Healthcare Education Associates has responded to your needs by delivering two side-by-side events this June in Las Vegas that delve deep into some of the most important issues affecting your ACO: data analysis and financial management. You can choose to attend one event or the other, or buy the all-access pass and attend all of the sessions of your choice!

Join us for The ACO Financial Management Summit to discover:

- The optimal mix of resources, financial business model and infrastructure
- Key nuances of ACO contracts that you've never heard of—but may encounter
- Best practices in financial distribution—aligning incentives for all key shareholders
- How to link quality and financial performance most effectively
- Finding the right balance in reducing hospital readmissions yet sustaining your hospitals' financial solvency
- Legal traps that can really cost you...and much more!

Don't miss the 2014 ACO Performance Analytics and Data Management Summit to gain strategies to:

- Maximize data to pinpoint your ACO's performance - where you are and where you need to be
- Balance the differences in managing data from CMS vs. commercial payers
- Stay afloat amidst large pools of clinical data with protocol specific to managing big data sets and achieving actionable analytics
- Employ data to analyze provider patterns, manage quality benchmarks and determine savings distribution
- Achieve provider buy-in to data collection practices and new platforms
- Optimize HIE utilization to align with your ACO's existing data and build meaningful analytics

Register today! Call 866-676-7689 or online at www.healthcare-conferences.com.

Sincerely,

Kevin Mowll

Kevin Mowll, Executive Director

RESOURCE INITIATIVE AND SOCIETY FOR EDUCATION (RISE)

Laura Garza

Laura Garza, Senior Vice President

HEALTHCARE EDUCATION ASSOCIATES

Tracy Bidot

Tracy Bidot, Conference Director

HEALTHCARE EDUCATION ASSOCIATES

P.S. Register for the all-access pass to move between the two conferences as you wish!

WHO SHOULD ATTEND?

ACOs:

- Heads of Accountable Care
- Heads of Population Health Management
- Heads of Finance
- Heads of Operations
- Heads of Contracting
- Chief Medical Officers
- Heads of Information Technology
- Heads of Informatics
- Heads of Quality
- Heads of Care Coordination
- Chief Operating Officers
- Actuaries
- Physician Relations
- Legal/Regulatory Affairs

Plus:

- Consultants
- Actuarial Firms
- Attorneys
- IT & Software Providers
- Data Warehousing

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Sponsored learning activities are measured by program length, with one 50-minute period equal to one CPE credit. One-half CPE credit increments (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. Please note that not all state boards adopted this rule. Some participants may not be able to use one-half credit increments. This course is offered as a group-live course and does not require prerequisites or advance preparation. We offer advanced level courses. Although no prerequisite courses, experience, or advance preparation is required to participate in this program, working knowledge of Healthcare is required, as well as, prior knowledge of the program topic.

For specific learning objectives and program description, please refer to the individual conference sessions topics in the conference brochure located on our website: www.healthcare-conferences.com/thefineprint

The recommended CPE credit for this course is 12.5 credits in the following field(s) of study: Healthcare

TOP REASONS TO ATTEND THE ACO FINANCIAL MANAGEMENT SUMMIT:

- Gain insights into the crucial financial nuances that can make or break your ACO
- Explore the ins and outs of ACO contracts—and discover what to watch out for!
- Take a detailed look into financial distributions—how should incentives be aligned?
- Determine the best way to link performance and quality—amongst a constant influx of data
- Assess if the upside cost savings of an ACO will offset the loss in hospital bed revenue
- Get an update on medical loss ratios—what's happening in Washington?
- Keep an eye out for legal traps—prepare now to avoid them!
- Discuss your infrastructure and resource needs and how they impact your financial results

TOP REASONS TO ATTEND THE 2014 ACO PERFORMANCE ANALYTICS AND DATA MANAGEMENT SUMMIT:

- Build a data management protocol that will optimize your ACO's clinical and financial performance
- Gain strategies for achieving actionable data to move beyond merely reporting data to using data
- Develop a strategic approach to managing and analyzing data from multiple sources
- Establish health information exchange (HIE) utilization strategies to support ACO performance
- Avoid costly mistakes by learning how to properly vet vendors, redefine payment terms, set clear expectations and measure ROI
- Ensure privacy and data security measures are being taken while achieving meaningful information sharing
- Gain a clear understanding of how to effectively align with providers to reach data management goals
- Hear how to effectively use the data to better understand your marketplace when establishing a new ACO or growing an existing accountable care network

SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

To learn more about sponsorship opportunities, please contact Jennifer Clemence 704-341-2438 or jclemence@healthcare-conferences.com



IMPORTANT INFORMATION

To Register:

Fax: 704-341-2641
 Mail: Healthcare Education Associates
 18705 NE Cedar Drive
 Battle Ground, WA 98604
 Phone: 866-676-7689
 Online: www.healthcare-conferences.com

ACO Financial Management Summit

The 2014 ACO Performance Analytics and Data Management Summit

June 23-24, 2014
 Caesars Palace
 3570 Las Vegas Blvd. South
 Las Vegas, NV 89109
 p: 702-731-7110

Notes: We have a block of rooms reserved at a special rate of \$149/night (Saturday night rate is \$199). This rate expires on May 23, 2014 although we expect the block to sell out prior to this date. To receive a room at the negotiated rate book well before the expiration date. Mention the "ACO Conference" when placing your room reservation by phone to receive the negotiated rate. We urge you to book your room early as we expect the block will sell out. Upon sell out of the block room rate availability will be at the hotel's discretion. Please call **702-731-7110** to book your room.

FEES AND PAYMENTS

The fee for attendance at ACO Financial Management Summit AND/OR the 2014 ACO Performance Analytics and Data Management Summit is:

Standard Rate: \$2095/\$2195*
 Health plan or provider rate: \$1785/\$1895*

*For all-access pass to both events

Please make checks payable to Healthcare Education Associates, and write code H224 on your check. You may also pay by Visa, MasterCard, Discover, or American Express. Purchase orders are also accepted. Payments must be received no later than June 15, 2014.

TEAM DISCOUNTS:

- Three people will receive 10% off
- Four people will receive 15% off
- Five people or more will receive 20% off

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For more information, please contact Theresa Powers at **704-341-2437** or tpowers@healthcare-conferences.com

CANCELLATIONS

If we receive your request to cancel 30 days or more prior to the conference start date, your registration fee will be refunded minus a \$250.00 administrative fee. Cancellations occurring between 29 days and the first day of the conference receive either a 1) \$200 refund; or 2) a credit voucher for the amount of the original registration fee, less a \$250.00 administrative fee. No refunds or credits will be granted for cancellations received after a conference begins or for no-shows. Credit vouchers are valid for 12 months from the date of issue and can be used by either the person named on the voucher or a colleague from the same company. Please Note: For reasons beyond our control it is occasionally necessary to alter the content and timing of the program or to substitute speakers. Thus, the speakers and agenda are subject to change without notice. In the event of a speaker cancellation, every effort to find a replacement speaker will be made.

ACO FINANCIAL MANAGEMENT SPEAKER ROSTER:

- Andrew Weniger, CPA, *Vice President of Product Strategy – CHES Cornerstone Health Care*
- Brandon Franklin, *Vice President Of Health Connectivity Services, CompuGroup Medical*
- Danielle M. Sloane, *Member, Bass, Berry & Sims*
- David Cook, *Chief Administrative Officer, Prohealth Solutions*
- Dr. Jordan Asher, *Chief Medical Officer & Chief Integration Officer, Mission Point Health*
- Edward M. Duke, *Managing Partner, Silver State ACO, LLC * E.M. Duke & Associates, LLC*
- J. Corey Feist, *General Counsel & Chief of Staff, University of Virginia Physicians Group*
- John Wood, *Vice President, TP-ACO, President, Alliance Healthcare Corporation*
- Kenneth R. Jennings, PhD, *Head of Population Health Solutions, Accretive Health, Inc.*
- Mark Henrichs, *Assistant Vice President of Finance and Assistant CFO University of Iowa Hospitals and Clinics*
- Markus Mueller, Ph.D., MBA, *Executive Vice President & Chief Financial Officer FirstCare Health Plans; Chief Executive Officer, Beyond Conceptual, Inc.*
- Michael Barrett, *Vice President Accountable Care Services, HealthCare Providers ACO*
- Robert Booth, *CFO, Summit Medical Group*
- Robert Church, *Chief Financial Officer, Southern Region, Select Health of South Carolina*
- Susan Lanese, RN, MBA, *Executive Director, Clinical Integration & Chief Compliance Officer, Saint Francis HealthCare Partners*
- Terri Thompson, *Vice President, Population Health, ProMedica*
- Terry Chesser, *ARM/Principal, U.S. Advisors, Inc.*

2014 ACO PERFORMANCE ANALYTICS AND DATA MANAGEMENT SUMMIT SPEAKING FACULTY:

- Renee E. Broadbent, *Vice President/Chief Information Officer & Information Security Officer, Accountable Care Associates*
- Mark Casmer, *Interim President and Chief Executive Officer Medical Advantage Group*
- Richard Ferrans, MD, ScM, *Chief Executive Officer, Medicare Value Partners; System Vice President, Chief Medical Officer, Clinical Integration & Accountable Care, Presence Health*
- Tim Ford, *Executive Vice President, Health-Lynx*
- Maureen Halligan, *Vice President of Strategic Planning, Scott & White Healthcare*
- Melissa Huff, MCP/MCSA, *Director Information Services, Clinics of North Texas, LLP*
- Alicia Majcher, MHSA, *Director of Operations, CareBridge*
- Daniel McCabe, MD, *Chief Executive Officer, Arizona Connected Care*
- Tony McCormick, *Information Technology Officer, Physician's ACO; Chief Technology Officer, Medical Information Integration, LLC*
- Stephen A. Morgan, MD, *Senior Vice President & Chief Medical Informatics Officer, Carilion Clinic*
- Bill Navarre, *Senior Director of Health Information Technology Medical Advantage Group*
- Michael Sparkia, *Executive Director, CareBridge*
- Chris Stanley, MD, *Vice President of Care Management, Catholic Health Initiatives*
- Gary Wainer, DO, *Chief Medical Officer, Chicago Health System*
- Jeff Lear, *Technology Strategist, Lone Star Circle Of Care*
- Paul Millard, *Director of Business Analytics, Lone Star Circle of Care*
- Alan Gilbert, MPA, FHIMSS, *Chief Growth Officer, TEAM of Care Solutions*

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TEAM of Care is the only software Solution developed specifically for maximizing ACO performance. The TEAM of Care model uniquely combines best-practice operational processes with the most advanced healthcare technology platform in the world to deliver real-time, evidence-based medicine across a diverse TEAM of providers.



CompuGroup Medical's Software Assisted Medicine (SAM) software provides powerful clinical insight and online tools to optimize chronic disease management. SAM is a web-based disease management platform used by payers, accountable and coordinated care organizations, providers, and patients to improve health care quality, lower costs, and save lives. This system integrates volumes of patient data from a variety of sources (including EHRs, claims, lab and pharmacy) to identify at-risk patients and generate actionable insight about their health.



DAY ONE: MONDAY, JUNE 23, 2014

8:00 – 8:45 Registration & Continental Breakfast

8:45 – 9:00 Chairs' Welcome and Opening Remarks:

9:00 – 9:45 Opening Panel: Exploring the Optimal Financial Business Model & Infrastructure for a Successful ACO

- Crafting a business model to make your ACO sustainable
- What is the right mix of resource & infrastructure?
- Generating cost-saving that creates net-savings
- What are the financial challenges of running an ACO?
- How much can you afford to invest given the odd structure of an ACO?
- How will quality metrics relate to points calculation?
- How do you know if you have enough reserves/guarantees?
- Examining various actuarial models that work
- Claims data & stratification
- Managing expenditures to see a return

Dr. Jordan Asher, *Chief Medical Officer & Chief Integration Officer*
MISSIONPOINT HEALTH

Robert Church, *Chief Financial Officer, Southern Region*
SELECT HEALTH OF SOUTH CAROLINA

Kenneth R. Jennings, PhD, *Head of Population Health Solutions, ACCRETIVE HEALTH, INC.*

10:00 – 11:00 A Special Focus on ACO Terms & Conditions: Terms & Financial Parameters for an ACO Contract

- Which terms & values work best?
- Setting financial parameters in place
- How do the terms tie back to quality?
- Aligning quality & control
- Contract nuances – shared & risk agreement
- What are the mechanisms between payer and provider and their expectations regarding performance?
- How are you adjusting for risk?
- How are you accounting for various member & product types?
- How do you get physicians “invested” in the operation?

Michael Barrett, *Vice President Accountable Care Services, HEALTHCARE PROVIDERS ACO*

Robert Church, *Chief Financial Officer, Southern Region*
SELECT HEALTH OF SOUTH CAROLINA

Edward M. Duke, *Managing Partner*
SILVER STATE ACO, LLC; E.M. DUKE & ASSOCIATES, LLC

11:00 – 11:15 Morning Break sponsored by



11:15 – 12:15 Financial Distribution: Aligning Financial Incentives for all Key Shareholders

- What are the metrics for getting money?
- Denominations & percentages
- What are the best financial distribution practices out there?
- Aligning incentives with performance/distribution:
 - Employed physical compensation
 - Affiliated physician compensation
 - Care team
 - Hospital services
 - Ambulatory services

Dr. Jordan Asher, *Chief Medical Officer & Chief Integration Officer, MISSION POINT HEALTH*

Edward M. Duke, *Managing Partner*
SILVER STATE ACO, LLC; E.M. DUKE & ASSOCIATES, LLC

David Cook, *Chief Administrative Officer, PROHEALTH SOLUTIONS*

8:45 – 9:00 Chair's Welcome and Opening Remarks

9:00 – 10:00 Achieving Actionable Data: Moving Beyond Merely Reporting Data to Using Data

- Balancing the differences in managing data from CMS vs. commercial payers
- Why you must first understand your various data sources before you can homogenize and distribute data in a manner that will support meaningful results
- How do you format and share the data so that it can be understood and used in an actionable manner and in a timely fashion?
 - How will the data be shared back and forth?
 - Should the data be centralized for ease-of-access? If so, how? Where?
 - Who has access to the centralized data?
- Building your ACO's story through data
 - Assessing where you are – identifying risk
 - Pinpointing where you need to be – setting financial and clinical benchmarks
 - Determining how you can get there – corrective actions based on the analytics

Chris Stanley, MD, *Vice President of Care Management*
CATHOLIC HEALTH INITIATIVES

Maureen Halligan, *Vice President of Strategic Planning*
SCOTT & WHITE HEALTHCARE

10:00 – 11:00 Building a Data Management Protocol that Optimizes Financial and Clinical Performance

- How do you maximize your data to -
 - Analyze provider patterns
 - Manage quality benchmarks
 - Determine savings distribution
 - Measure ROI
 - Conduct financial performance reporting
- Determining when it's acceptable to establish data and software sharing “partnerships” with groups that would otherwise be viewed as competitors
- Utilizing regional and/or statewide HIEs
- Using the data to better understand your marketplace when establishing a new ACO or growing an existing accountable care network by identifying -
 - Referral patterns
 - With which groups do you want to align?
 - With which organizations do you already have an existing relationship?

Alan Gilbert, MPA, FHIMSS, *Chief Growth Officer, TEAM OF CARE SOLUTIONS*

12:15 – 1:30 Networking Luncheon

11:15 – 12:15 Case Study: Practice Based Care Management- Operationalizing Care Management in PCP Offices

Lessons learned from implementing care management in 69 primary care practices in the Michigan Primary Care Transformation demonstration project, including:

- Transition of care processes, including admission/discharge/transfer feeds and HIE connections
- Communication processes with community partners
- Activity tracking and reporting
- Effective methods of using data to drive improvement efforts

Alicia Majcher, MHA, *Director of Operations, CAREBRIDGE*

Michael Sparkia, *Executive Director, CAREBRIDGE*



1:30-2:30 Value-Based Models: Linking Quality & Financial Performance for Your ACO

- Quality and overall goals of performance
- Establishing performance contracts to maximize risk adjustment
- Monitoring measures: What exists?
- Working with a constant influx of data
- Quality measure rating nuances
- Standardization of quality metrics
- Do you know what you are being measured against?
- Network utilization

John Wood, *Vice President, TP-ACO President*, ALLIANCE HEALTHCARE CORPORATION

Terry Chesser, *ARM/Principal*, U.S. ADVISORS, INC.

Andrew Weniger, *CPA, Vice President of Product Strategy* - CHESS CORNERSTONE HEALTH CARE

2:30 – 3:15 Managing Cost-Drivers for ACOs: Tracking Data & Analytics for Performance Monitoring & Financial Management

- What's the cost of analytics for population health?
- How can you monitor the financial impact of your ACO?
- What method are you using to justify ROI?
- What is the cost of technology beyond the cost of EMRs?
- What is the cost of EHR integration?
- How are you going to track and manage the financial performance?
- What do you need for data exchange capabilities?
- What is your risk profile?
- Short-, medium-, and longer term analytics plan
- The role of analytics in financial success

Markus Mueller, Ph.D., MBA, *Executive Vice President & Chief Financial Officer* FIRSTCARE HEALTH PLANS, *Chief Executive Officer*, BEYOND CONCEPTUAL, INC.

Terri Thompson, *Vice President, Population Health*, PROMEDICA

3:15 – 3:30 Afternoon Break

3:30 – 4:15 Data Stratification & Predictive Analytics to Manage Cost & Care

- What is the purpose? Cost reduction, cost avoidance, revenue enhancement?
- What is your risk model?
- Leading and lagging indicators?
- Mathematically elegant, operationally questionable
- How to deal with a small "n"

Markus Mueller, Ph.D., MBA, *Executive Vice President & Chief Financial Officer* FIRSTCARE HEALTH PLANS, *Chief Executive Officer*, BEYOND CONCEPTUAL, INC.

Brandon Franklin, *Vice President Of Health Connectivity Services* COMPUGROUP MEDICAL

4:15 – 5:15 Champagne Roundtables: Payments, Claim Lags, Reimbursement & Coding Nuances for Each Type of ACO

The last hour of today's session will focus on payments, claim lags, & coding nuances for various ACOs. Our expert speakers will lead an informal discussion in each category. Audience participation is highly encouraged.

Roundtable A: Medicare Shared-Saving Programs & Pioneer Programs

Susan Lanese, RN, MBA, *Executive Director, Clinical Integration & Chief Compliance Officer*, SAINT FRANCIS HEALTHCARE PARTNERS



1:30 – 2:30 Taking a Strategic Approach to Managing and Analyzing Data from Multiple Sources

- Managing data flow and mastering homogenization in order to maximize data from disparate platforms - payers, provider groups, pharmacies, hospitals, labs
- Staying afloat amidst large pools of clinical data – mastering mining and managing strategies specific to real-time big data sets
- Reaching a common denominator when analyzing data from multiple practices, hospitals and payers -
 - Are you even analyzing the correct pieces of data?
 - How do you work with months-old data to track populations and identify needs/gaps in care? How do you incorporate aged data into data from disparate EHRs?
 - Working with data submitted in differing degrees of development
 - Raw data vs. analyzed data
- Reconciling differences related to attributions – managing divergent perceptions in what the payer believes the attributed patient to be vs. what the provider believes them to be
- Addressing “EHR hold-outs” -- collecting and analyzing data from practices without an electronic platform

Speaker TBA

2:30 – 3:15 Health Information Exchanges (HIEs) Utilization Strategies to Support ACO Performance

- Effective use of HIEs to improve coordination of care
- Working with non-ACO providers
- Employing HIEs for GPRO quality metric collection
- How to optimize HIE utilization to reduce technology spend
- Understanding data available within a statewide/regional HIE and how it can be effectively aligned with your ACO's existing data to support outcomes

Richard Ferrans, MD, ScM, *Chief Executive Officer*, MEDICARE VALUE PARTNERS; *System Vice President, Chief Medical Officer, Clinical Integration & Accountable Care*, PRESENCE HEALTH

3:30 – 4:15 Integrating Commercial and Medicare Population Data Tools into a Single Platform

- Who is the Data for? Where is the source of the data?
- Quality Reporting
 - Basic performance measures
 - Plan specific measures
- Efficiency Reporting
 - Core measurement
 - Specialty specific measures
 - In network vs. out of network
- Financial Reporting
 - ACO level
 - Reporting specific to hospitals, specialists, PCPs
- Ensuring you recognize and avoid potential pitfalls
 - Sub-specialization
 - Satisfaction surveys
 - Hospital data
 - State data - urban vs. rural
- Why knowing your population is critical

Daniel McCabe, MD, *Chief Executive Officer*, ARIZONA CONNECTED CARE

4:15 – 5:15 Champagne Roundtables: Experience the Unique Opportunity to Learn about the Latest Solutions and Technologies Available for Supporting Your ACO's Data Management Efforts

In this unique “speed-dating” session, ACO stakeholders will have the opportunity to hear three different presentations featuring the latest data management tools and solutions available. Each roundtable will explore new technologies and management solutions for data warehousing, streamlining disparate data sources and achieving meaningful analytics. A bell will ring three times during this special 60 minute session, notifying you to transition to your next roundtable selection.



Roundtable B: Commercial ACOs

Robert Booth, CFO, SUMMIT MEDICAL GROUP

Roundtable C: Medicare ACOs

John Wood, Vice President, TP-ACO
President, ALLIANCE HEALTHCARE CORPORATION

Roundtable A: Speaker TBA
Roundtable B: Speaker TBA
Roundtable C: Speaker TBA
Roundtable D: Speaker TBA
Roundtable E: Speaker TBA

5:15 End of Day One:

5:15-6:15 Cocktail Reception Immediately Following

Contact Jennifer Clemence for more information on our sponsorship opportunities at jclemence@healthcare-conferences.com or 704-341-2438



DAY TWO: TUESDAY, JUNE 24, 2014

8:00 – 8:30 Continental Breakfast

8:30 – 8:45 Chair's Recap of Day One

8:45 – 9:45 Risk Adjustment & Risk Models for ACOs: Thoroughly Identifying & Managing ACO Risk

- How does risk adjustment work? How can you risk adjust patients?
- What are the risk models available?
- Do you go for the whole dollar or the risk adjustment figure?
- Upside and downside risk parameters
- Coping with loosey-goosey attribution models for an ACO
- Reliable tools and algorithms for coping with risk
- Examining the differences between Medicare & commercial ACO risk adjustment

Michael Barrett, Vice President Accountable Care Services
HEALTHCARE PROVIDERS ACO

Mark Henrichs, Assistant Vice President of Finance and Assistant CFO
UNIVERSITY OF IOWA HOSPITALS AND CLINICS

9:45 – 10:45 Offsetting Risk & Uncertain Financial Returns by Generating New Revenue Streams for ACOs

- How to develop other revenue streams for ACOs
- Care coordination fees for cash flow

Robert Booth, CFO, SUMMIT MEDICAL GROUP

Additional Speaker TBA

"This conference covered a broad range of topics relevant to financial managers who work with MA plans. It's very hard to find programs like this. I think it's the only one."

Joan Curry, COMMONWEALTH CARE ALLIANCE

10:45 – 11:00 Morning Break

11:00 – 11:45 ACO Legal Traps that Can Cost You Dearly

- Waivers
- Tracing applicable laws to revenue refunding sources
- Legal traps to be aware of
- How do the rules vary among various ACO types?

J. Corey Feist, General Counsel & Chief of Staff, UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

Danielle M. Sloane, Member, BASS, BERRY & SIMS

8:30 – 8:45 Chair's Recap of Day One

8:45 – 9:45 Evaluating and Supporting Your ACO's Administrative and Clinical Data and Tech Needs

- Making an educated decision -
 - Do you really know what you actually need?
 - Do you understand the full function of each data management element?
 - The benefits of involving practice groups in the decision-making process
- Assessing your internal human and technological resources for data aggregation, homogenization, warehousing and reporting
- Determining when to develop solutions internally and when to outsource
- Being prepared for adaptations -
 - Understanding that your data needs will change as your ACO matures
 - Establishing an infrastructure that will allow for seamless updates to existing data management platforms
- Pros and cons of employing consultants to evaluate your ACO's needs and source potential solution providers

Melissa Huff, MCP/MCSA, Director Information Services, CLINICS OF NORTH TEXAS, LLP

Tony McCormick, Information Technology Officer, PHYSICIAN'S ACO;
Chief Technology Officer, MEDICAL INFORMATION INTEGRATION, LLC

9:45 – 10:45 Avoiding Costly Mistakes: Vetting Vendors, Redefining Payment Terms, Setting Expectations and Measuring ROI

- Establishing a strategic approach to navigating the vendor marketplace
- Properly vetting potential solution providers before making selections
 - Strategies for determining the true value of what they have to offer
 - To what extent should you rely on references?
- Masterfully managing multiple vendors -
 - Getting different solutions to "talk" to one another
 - Seamlessly integrating a new solution into an existing suite of technologies
- Safeguarding your investment with alternative payment arrangements (i.e. graduated payments, balance upon deliverables, performance-based payments)
- Working with limited capital
 - Why your first solution selections need to be the correct choices
 - Strategies for accurately measuring ROI

Mark Casmer, Interim President and Chief Executive Officer, MEDICAL ADVANTAGE GROUP

Bill Navarre, Senior Director of Health Information Technology, MEDICAL ADVANTAGE GROUP

11:00 – 11:45 Ensuring Privacy and Data Security - Achieving Effective Information Sharing While Remaining Compliant

- Educating administrative and clinical teams on current privacy mandates prior to working with data
- Ensuring all stakeholders are HIPAA compliant in their handling of data from aggregation to distribution of analytics
- Identifying who is responsible for the clinical and business segments of the analytics



“Tremendously focused and well-rounded.”
Hewitt Moten, **NETWORK HEALTH**

“This conference covered the key aspects of my interest. Highly recommended.”
Shashank Kalokhe, **THE EVERETT CLINIC**

11:45 – 12:30 A Double-Edged Sword: Hospital Re-Admissions & Low Occupancy: Taking a Close Look at the Financial Advantages & Disadvantages

- To fill or not to fill hospital beds: How do find the right balance?
- Reducing hospital re-admissions
- Is the upside sharing in an ACO adequate to compensate hospitals for admissions/re-admissions?
- Re-adjusting for lower occupancy
- Achieving care design that leads to stronger results and lower re-admissions
- How will the immediate impact affect hospitals?
- Control and commoditize the low occupancy ratio

Susan Lanese, RN, MBA, *Executive Director, Clinical Integration & Chief Compliance Officer, SAINT FRANCIS HEALTHCARE PARTNERS*

12:30 – 1:30 Networking Luncheon

1:30-2:15 Medical Loss Ratio Update

- What is going on in Washington? Any legal relief ahead?
- Does MLR affect the providers/doctors?
- Measurability concerns: Quality gauge and quality measures
- Does trying to set a profitability level really work?

Andrew Weniger, CPA, *Vice President of Product Strategy - CHES CORNERSTONE HEALTH CARE*

2:15-3:00 Topic TBA

“An intimate conference with all the right senior-level people”
Ernie Harris, **ALEGEUS TECHNOLOGIES**

3:00 Summit Concludes

THE CONFERENCE ORGANIZERS



Healthcare Education Associates is a division of Financial Research Associates, LLC. HEA is a resource for the healthcare and pharmaceutical communities to improve their businesses by providing access to timely and focused business information and networking opportunities in topical areas. Offering highly targeted conferences, Healthcare Education Associates positions itself as a preferred resource for executives and managers seeking cutting-edge information on the next wave of business opportunities. Backed with over 26 years of combined conference industry experience, the producers of HEA conferences assist healthcare professionals, actuaries, attorneys, consultants, researchers and government representatives in their professional endeavors. For more information on upcoming events, visit us online: www.healthcare-conferences.com

- Drafting confidentiality and privacy agreements detailing data management and usage procedures
- Establishing privacy expectations prior at the initial agreement phase with provider groups with whom you are contracting or organizations with which you are sharing data and/or software
- Assessing vendor privacy practices and addressing compliance concerns -
 - How do they store data?
 - Do they store data off-shore or on-shore?
 - How do they manage and protect passwords?
 - Establishing contractual terms for privacy expectations

Renee E. Broadbent, *Vice President/Chief Information Officer & Information Security Officer, ACCOUNTABLE CARE ASSOCIATES*

11:45 – 12:30 Provider Perspective - Aligning with Providers to Reach Data Management Goals

- Overcoming potential resistance and achieving provider buy-in to data collection practices and platforms by –
 - Accurately displaying intended use and potential benefits of data solutions and platforms prior to implementation
 - Ensuring seamless integration of new tools into their existing workflow
- What do physicians need from the analytics in order to take action?
 - Disseminating the information in a format that is targeted and actionable, while not impeding their daily patient interaction
 - What data points do providers find the most impactful?
- Getting in front of physicians – employing vendor reps in engagement education initiatives

Stephen A. Morgan, MD, *Senior Vice President & Chief Medical Informatics Officer CARILION CLINIC*

Gary Wainer, DO, *Chief Medical Officer, CHICAGO HEALTH SYSTEM*

1:30 – 2:15 Ensuring The Right Patients are Targeted in Your Medicare ACO

- Strategically applying population health measures
- Integrating strategies and analytics
- Minimizing false negatives and positives
- Identify patients where your ACO can make a difference
- Engaging PCPs around targeted patients
- Increasing collaboration between PCPs, care managers, caregivers, and patients

Tim Ford, *Executive Vice President, HEALTH-LYNX*

2:15 – 3:00 Techniques for Hitting GPRO Quality Metric Performance Thresholds

- GPRO reporting best practices
- How to increase efficiencies in GPRO reporting
- Strategies to improve collection at point of care
- Employing strategies for performance monitoring throughout the year

Speaker TBA



RISE (Resource Initiative & Society for Education) Vision: To build a community and an educational system that promotes successful careers for professionals who aim to advance the quality, cost and availability of health care. RISE provides:

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