The FIRST NATIONAL Medicare-Medicaid Payment Incentives and Penalties Summit

The Leading Forum on Recovery Audits, Readmissions, Value-Based Purchasing, HACs and Never Events, and Managing to Medicare Margins

May 30 – June 1, 2012

Hyatt Regency Crystal City at Reagan Airport
Arlington, VA

SUMMIT CO CHAIRS:
Amy Boutwell, MD, MPP, Founder, Collaborative Healthcare Strategies, Co-Founder, STAAR Initiative, Faculty, Harvard Medical School (Co Chair, Readmissions Content)
Jackie H. Edwards, Partner, Health Industries Advisory, Revenue Performance Management Practice, PwC (Co Chair, Hospital Financial and Quality Management Content)
Day Egusquiza, President, AR Systems, Inc. (Co Chair, Recovery Audit Contracting Content)
Nancy Foster, Vice President of Quality and Patient Safety Policy, American Hospital Association (Co Chair, Readmissions Content)
Kathleen Goonan, MD, Chief Executive Officer, Goonan Performance Strategies, LLC, Associate in Health Policy, Massachusetts General Hospital (Summit Co Chair)
Larry T. Hegland, MD, Chief Medical Officer, Ministry Saint Clare’s Hospital, The Diagnostic and Treatment Center (Co Chair, Recovery Audit Contracting Content)
Sara Rosenbaum, JD, Chair of the Department of Health Policy and Harold and Jane Hirs Professor of Health Law and Policy, George Washington University (Summit Co Chair)
Bruce Spurlock, MD, President and Chief Executive Officer, Convergence Health Consulting, Inc. (Co Chair, Readmissions Preconference)
Shane Wolverton, Principal, The Delta Group (Co Chair, Hospital Financial and Quality Management Content)

KEYNOTE SPEAKERS:
Jonathan Blum, MPP, Deputy Administrator and Director of the Center for Medicare, Centers for Medicare and Medicaid Services, US Department of Health and Human Services
Melanie Bella, Director of the Federal Coordinated Health Care Office, Centers for Medicare and Medicaid Services, US Department of Health and Human Services
Richard Clarke, President, Healthcare Financial Management Association (HFMA)
Ceci Connolly, Managing Director, PwCHealth Research Institute
Cindy Mann, Deputy Administrator and Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services, US Department of Health and Human Services

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The first National Medicare-Medicaid Payment Incentives and Penalties Summit

"You don’t need a weatherman to know which way the wind blows" — Bob Dylan

There is a new day coming. It won’t happen overnight, but in bits and pieces the health care system, like it or not, is being moved in a different direction. It is no longer about volume, units of service, FFS payment for activity, and pay now and audit later. It is increasingly about value, outcome, bundled or global payment, and the end of “pay and chase” when it comes to right payment.

One of the most significant changes in the Medicare and Medicaid program recently has been the introduction of “recovery audit contracting” (RAC) as a way of assuring that proper payments are being made for Medicare and now Medicaid services. Contractors are now incentivized with contingency fees to find improper payments to providers of government health care services. And the Affordable Care Act (ACA) provided a renewed sense of vigor and urgency to the process of rooting out waste, fraud, and abuse. Congress likes the concept. And the Administration counts on it for needed savings. But the new era is not just about payment and finances. CMS now publicly reports hospital 30-day Medicare readmission rates as a measure of hospital performance and “quality” with new financial penalties beginning in FY 2013 and beyond for hospitals with unacceptably high rates. Fair or not, properly defined or not, the penalties can be serious, and transparency and payment strategies are now seen as key tools for both reducing health care costs and improving health care quality.

Finally, the Federal government and many national commercial payers are now experimenting with new value-based purchasing designs based on hospitals’ demonstrated quality and financial performance, including the quality of the patient experience. Re-tooling and redesign are the new watchwords. Engagement of boards, medical staff, and patients are the new imperatives.

The Summit will bring together the leading national experts in payment policy, care delivery, operations, and technology and innovation from government, academia, the research community, health plans, hospitals, and consumer organizations. Highly successful models will be highlighted. Networking opportunities will abound. Special training programs are offered for both RAC and readmissions, giving hospitals the chance to send teams at reduced rates. In short, with so much at stake, this is a “must attend” event for health plans, health systems, hospitals, and their health care and patient partners.

Who Should Attend:

This is a conference that stretches across virtually all aspects of hospital and health system operations and the provider partnerships that are important to them in this new value-based world. Those who would benefit from this conference and its training programs include:

- Employers and employer coalitions
- Health plans
- Hospital and health system chief executive officers, chief operating officers, and chief financial officers
- Hospital and health system medical directors and directors of nursing
- Patient safety officers
- Compliance officers
- Discharge planning and social services managers
- RAC Liaisons, coders, and patient accounts staff
- Health care attorneys
- Practicing physicians and physician organizations
- Physician assistants, nurse practitioners, nurse case managers and other allied health professionals on a primary care team
- Community clinics and neighborhood health centers
- Patient advocate representatives
- Organizations representing vulnerable populations and individuals with special needs
- Disease management organizations
- Pharmaceutical companies and pharmacy benefit managers
- Health care information technology managers
- Accreditation organizations
- Federal, state, and local government health agencies
- Vendors and consulting firms specializing in audits and appeals, revenue cycle management, transitions of care, health literacy and health coaching, risk adjustment, predictive modeling, clinical documentation improvement, patient safety, telehealth and remote patient monitoring, and quality measurement

SPECIAL SUBSCRIPTION OFFER

Accountable Care News, Medical Home News, Predictive Modeling News, and the newly launched Readmissions News represent a family of publications dedicated to providing the most in-depth and up-to-date news and analysis in their respective fields. They are now pleased to offer attendees of the First Medicare-Medicaid Payment Incentives and Penalties Summit a very special discounted subscription offer.

All four publications offer 12 pages of outstanding content each month on ACOs, the patient-centered medical home, predictive modeling, and all payer all cause hospital readmissions, respectively. Every issue includes three in-depth feature articles, brief updates on late-breaking industry news and resources, a Thought Leader segment featuring national opinion leaders commenting on an important issue of the day, and an interview with a key figure in the field.

SPECIAL SUMMIT ATTENDEE SUBSCRIPTION OFFER

Save $173 off the annual subscription rate for your first year, plus you can cancel at any time and receive a pro rata refund.

SPECIAL ANNUAL SUBSCRIPTION RATE — pay just $295 instead of the regular $468.

Use the Summit Registration Form in this brochure and complete the respective newsletter subscription information.
The RAC Certificate Program curriculum and requirements are as follows:

• Complete pre-conference readings (as needed, up to 6 hours)
• Complete online training modules prepared by Davis Wright Tremaine and Deloitte & Touche (3 hours)
• Consider questions in conjunction with completion of the pre-conference readings (1 hour)
• Attend the Advanced RAC Preconference on Documentation and Appeals (4 hours)
• Attend the entire set of RAC sessions on Day II (8 hours)
• Successfully complete the post-conference online exam within 90 days with a score of 70% or better (1 hour)

Who Should Attend? Those who are interested in understanding and working in the rapidly changing program integrity environment, including Medicare and Medicare RACs, Medicaid Integrity Contractors (MICs), Zone Program Integrity Contractors (ZPICs), Federal and State OIG compliance audits, and new roles for MACs. Certificate program content is directed primarily at hospitals and physician practices but is relevant for all players — skilled nursing facilities, other health care providers, government agencies, health plans, and consumer groups.

Learning Objectives: The purpose of these two certificate programs is to give participants the understanding and tools with which to work successfully on (1) Medicare and Medicaid RAC and MAC issues and requirements and (2) the emerging issues around all cause readmissions, but especially the new rules governing measurement, penalties, and assistance for Medicare readmissions. By the end of this training, participants will be able to create an action plan that will outline key initiatives to be taken with respect to RAC or readmissions implementation and tracking in their own organizations.

Program Description: These are practical, in-depth programs for those professionals who want to understand RAC and readmissions issues in the context of their own local settings. The program will be geared to those who have had limited training, but will also cater to those who have increasing levels of knowledge and training in the field.

Program Completion: Those who successfully complete the course requirements (steps 1 through 6 above) will receive a certificate of completion of the RAC Certificate Program or the Readmissions Certificate Program. A 40-question online examination, based entirely on specific RAC or readmissions presentations at the conference, must be taken within 90 days of the conference. Candidates must achieve a score of 70% or more to earn the certificate. Participants have three attempts, and different questions rotate through the exam.

Are these Certificate Programs a Professional Certification? No, they are not. These programs constitute an attempt to organize a focused curriculum around implementation strategies and issues pertaining to recovery audit contracting and hospital readmissions, while giving evidence of successful completion of that body of knowledge through the issuance of a certificate of completion.

AN EXAMPLE OF A HOSPITAL OR HEALTH SYSTEM TEAM CERTIFICATE PROGRAM

Group Discount Allows Multiple Staff to Pursue RAC or Readmissions Certificates
Wednesday, May 30, 2012

PRECONFERENCE SYMPOSIA

PRECONFERENCE I — Recovery Audit Contracting

7:00 am Registration Commences
8:00 am Part I — Specific Case Studies of Coding and Clinical Documentation Issues and How to Prevent Them

Day Egusquiza, President, AR Systems, Inc., Twin Falls, ID (Co Chair)
Barbara Flynn, Vice President, Health Information and Denial Management Services, Florida Hospital Association Management Corporation, Inc., Orlando, FL
Steven J. Meyerson, MD, Vice President, Accretive Physician Advisory Services*, Accretive Health, Inc., Chicago, IL

9:45 am Break
10:00 am Part II — Specific Case Studies of Successful Discussion Period and Appeal Strategies

Andrew B. Wachler, Esq., Principal, Wachler & Associates, PC, Royal Oak, MI
Denise Wilson, Director, Audit and Appeals Services, Intersect Healthcare, Inc., Lutherville, MD

11:45 am Adjournment

PRECONFERENCE II – Best Practices in Preventing Unnecessary Readmissions

7:00 am Registration Commences
8:00 am Preconference Welcome and Overview

Bruce Spurlock, MD, President and Chief Executive Officer, Convergence Health Consulting, Inc., Roseville, CA (Co Chair)

8:15 am Communitywide Collaboration to Prevent Readmissions
Teresa Cutts, PhD, Program Director of Research and Innovative Practice, Methodist Le Bonheur Healthcare, Memphis, TN

8:45 am Improving Health Literacy to Reduce Readmissions
Aracely Rosales, Chief Content Expert and Multilingual Director, Health Literacy Innovations, Philadelphia, PA

9:15 am Pharmacist-Led Transitional Care Program
Joanne Heil, PharmD, RN, BCPS (AQ Cardiology), Director, Advanced Practice Heart Failure/Transplant Pharmacy Department; Coordinator, Heart Failure Transition of Care Program, Thomas Jefferson University Hospital, Philadelphia, PA

9:45 am Break
10:15 am Hospital Post-Discharge Clinics
Dean Watson, MD (Invited), Chief Medical Officer, Memorial HealthCare, Tallahassee, Tallahassee, FL

10:30 am New Tools for Nursing Homes
Dan Osterweil, MD (Invited), Professor of Medicine at UCLA; Founder of Specialized Ambulatory Geriatric Evaluation (“S+AGE”) Clinic, Sherman Oaks Hospital, Sherman Oaks, CA

11:00 am Ensuring Safe Transitions from Hospital to Home — the Axial Exchange Winning App in the HHS Partnership for Patients Challenge Competition
Joanne Rohde, Chief Executive Officer, Axial Exchange, Raleigh, NC

11:30 am Wrap-up and Final Q&A
Bruce Spurlock, MD, President and Chief Executive Officer, Convergence Health Consulting, Inc., Roseville, CA (Moderator)

11:45 am Adjournment

Participation Options

Traditional Onsite Attendance
Simply register, travel to the conference city and attend in person.

PROS: subject matter immersion; professional networking opportunities; faculty interaction.

Live and Archived Internet Attendance
Watch the conference in live streaming video over the Internet and at your convenience at any time 24/7 for six months immediately following the event. The archived conference includes speaker videos and coordinated PowerPoint presentations.

PROS: Live digital feed and 24/7 Internet access for the next six months; accessible in the office, at home or anywhere worldwide with Internet access; avoid travel expense and hassle; no time away from the office.

Hotel Information/Reservations
The Hyatt Regency Crystal City is the official hotel for the FIRST NATIONAL MEDICARE-MEDICAID PAYMENT INCENTIVES AND PENALTIES SUMMIT co-located with the SEVENTH NATIONAL MEDICAID CONGRESS. A special group-rate of $189.00 single/double per night (plus tax) has been arranged for Summit attendees. To preview the hotel website and reserve your room at the group rate, please visit www.MedicareMedicaidPaymentSummit.com
To make a reservation via phone, please call 1- 888-421-1442 and reference “Medicare-Medicaid Payment Incentives” in order to receive the group rate.
Reservations at the group rate will be accepted while rooms are available or until the cut-off date of Tuesday, May 1, 2012. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

Hyatt Regency Crystal City
2799 Jefferson Davis Highway
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Onsite
At your office . . .
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Wednesday, May 30, 2012

NATIONAL MEDICARE-MEDICAID PAYMENT SUMMIT

Opening Joint Plenary Session with the Seventh National Medicaid Congress

THE CURRENT MEDICARE AND MEDICAID LANDSCAPE

1:00 pm  Welcome and Overview
Sara Rosenbaum, JD, MACPAC Commissioner; Chair of the Department of Health Policy and Harold and Jane Hirsh Professor of Health Law and Policy, George Washington University, Washington, DC (Co Chair)

1:15 pm  The Medicare of Tomorrow — a Value-Based Purchaser
Jonathan Blum, MPP, Deputy Administrator and Director of the Center for Medicare, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Washington, DC

2:00 pm  Medicaid 2014 — Managing Expansion in Partnership with the States
Cindy Mann, Director, Center for Medicaid and State Operations (CMSO) Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD

2:45 pm  Program Integrity in Medicare and Medicaid — the End of “Pay and Chase”
Staff Member, Center for Program Integrity, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD

3:15 pm  Networking Break

3:45 pm  New Opportunities for Coordinating Care for Dual Eligibles
Melanie Bella, Director, Federal Coordinated Health Care Office, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD

4:15 pm  Key Medicare Policy Issues Ahead
Robert A. Berenson, MD, FACP, Institute Fellow at the Urban Institute, Washington, DC

4:45 pm  Key Medicaid Policy Issues Ahead
Sara Rosenbaum, JD, MACPAC Commissioner; Chair of the Department of Health Policy and Harold and Jane Hirsh Professor of Health Law and Policy, George Washington University, Washington, DC

5:15 pm  The Supreme Court and the Future of Medicaid
Timothy S. Jost, JD, Robert L. Willet Family Professor of Law, Washington and Lee University School of Law, Lexington, VA

5:45 pm  Adjournment and Joint Networking Reception

Thursday, May 31, 2012

NATIONAL MEDICARE-MEDICAID PAYMENT SUMMIT

Day II

CONFERENCE THEME I — Recovery Audit Contracting

8:00 am  Welcome and Overview
Larry T. Hegland, MD, Chief Medical Officer, Ministry Saint Clare’s Hospital, The Diagnostic and Treatment Center, Weston, WI (Co Chair)

8:15 am  The Complete Audit Landscape — RAC, MIC, and OIG Partner
Maria Perrin, Chief Business Officer, HMS Holdings Corp., New York, NY

8:45 am  Prepayment Review — Update on MAC and Upcoming RAC Activity
Barbara Flynn, (FCSO MAC), Vice President, Health Information and Denial Management Services, Florida Hospital Association Management Corporation, Inc., Orlando, FL

Jeffrey E. Epstein, MD, (Highmark MAC), Medical Director, Continuum of Care Department, Morristown Medical Center, Atlantic Health System, Morristown, NJ

Michael S. Routh, (Trailblazer MAC), RAC Coordinator, Midland Memorial Hospital, Midland, TX

John Zelem, MD, FACS, Senior Director, Audit, Compliance and Education, Executive Health Resources, Newtown Square, PA (Moderator)

9:30 am  CMS Rebilling Initiative
Mike Frith, Regional Manager, Patient Accounts, Trinity Health-Saint Alphonsus, Boise, ID

10:15 am  Break

10:45 am  Preparing for an ALJ Level Appeal — A Mock ALJ Hearing
Ralph Wuebker, MD, MBA, Vice President, Audit, Compliance and Education, Executive Health Resources, Newtown Square, PA

John Zelem, MD, FACS, Senior Director, Audit, Compliance and Education, Executive Health Resources, Newtown Square, PA

11:15 am  AHA Advocacy Update
Elizabeth Baskett, Senior Associate Director, Policy, American Hospital Association, Washington, DC

12:00 pm  Networking Lunch

1:00 pm  Welcome and Overview

1:15 pm  Hot Spots for Hospitals and Physicians
Day Egusquiza, President, AR Systems, Inc., Twin Falls, ID (Co Chair)

1:45 pm  Update on Physician Practice Audit Issues
Margie McLean, Chief Executive Officer, QMACS, Inc., Dallas, TX
2:15 pm  
Engaging and Educating Physicians Around Key Coding and Medical Necessity Issues
Steven J. Meyerson, MD, Vice President, Accretive Physician Advisory Services®, Accretive Health, Inc., Chicago, IL

2:45 pm  
Using PEPPER and CERT Reports to Reduce Improper Payment Vulnerability
Cheryl Ericson, MS, RN, Manager of Clinical Documentation Integrity and Utilization Review, The Medical University of South Carolina (MUSC), Charleston, SC

3:15 pm  
Networking Break

3:45 pm  
Coordinating Medicaid Audits — RAC, MIC, and OIG
Markus Cicka, Director, Missouri Medicaid Audit and Compliance, State of Missouri, Jefferson City, MO

4:15 pm  
Post Acute — a Viable Target for RACs and MACs: What Your Organization Can Do to Avoid the Potential Risks
Jane S necinski, President, Post-Acute Advisors, Atlanta, GA

4:45 pm  
Legal Update
Sara Kay Wheeler , Partner, King & Spalding, LLP, Atlanta, GA
Linda Fotheringill, Co-Founder and Partner, Washington & West, LLP, Baltimore, MD
Mary C. Malone, Director and Attorney, Hancock, Daniel, Johnson & Nagle, P.C., Glen Allen, VA

5:30 pm  
Adjourn

CONFERENCE THEME II — Readmissions

8:00 am  
Welcome and Overview
Amy Boutwell, MD, MPP, Founder and President, Collaborative Healthcare Strategies; Co-Founder, STAAR Initiative; Faculty, Harvard Medical School, Lexington, MA (Co Chair)

8:15 am  
The National Readmissions Landscape
Amy Boutwell, MD, MPP, Founder and President, Collaborative Healthcare Strategies; Co-Founder, STAAR Initiative; Faculty, Harvard Medical School, Lexington, MA

8:45 am  
CMS Initiatives Around Preventable Readmissions
Linda Magno, MPA, Director, Medicare Demonstrations Group, Office of Research, Development and Information, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Washington, DC

9:30 am  
Seeing Readmission as a Community Problem: Lessons from Maryland, Medicare, and Measurement
Stephen E. Jencks, MD, MPH, Independent Consultant; Former Director of the Quality Improvement Group, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services, US Department of Health and Human Services; Former Assistant Surgeon General, US Public Health Service, Washington, DC

10:00 am  
Break

10:30 am  
How Well Does Predictive Modeling Actually Predict Readmissions Risk?
Ian Duncan, FSA, FIA, FCIA, MAAA, Visiting Associate Professor, Department of Probability and Applied Statistics, University of California Santa Barbara; Co-Founder, Solucia Consulting, Santa Barbara, CA

11:00 am  
Understanding Readmissions
Arnold Epstein, MD, MA, John H. Foster Professor of Health Policy and Management; Chair, Department of Health Policy and Management, Harvard School of Public Health, Boston, MA

11:30 am  
Faculty Panel
Amy Boutwell, MD, MPP, Founder, Collaborative Healthcare Strategies; Co-Founder, STAAR Initiative; Faculty, Harvard Medical School, Lexington, MA (Moderator)

12:00 pm  
Networking Lunch

1:00 pm  
Welcome and Overview
Nancy Foster, Vice President of Quality and Patient Safety Policy, American Hospital Association, Washington, DC (Co Chair)

1:15 pm  
Readmissions — the AHA Perspective
Nancy Foster, Vice President of Quality and Patient Safety Policy, American Hospital Association, Washington, DC

1:45 pm  
A Template for Calculating Revenue Loss Due to Reduced Readmissions
Rosemary Rotty, MHA, FHFMA, Director, Service Line Finance, UMass Memorial Medical Center, Worcester, MA

2:15 pm  
Statewide QIO Initiative on Safe Transitions
Rebekah Gardner, MD, Senior Medical Scientist, Healthcentric Advisors; Assistant Professor of Medicine, Brown University, Providence, RI

2:45 pm  
Readmissions Rates for Dual Eligibles
Misha Segal, Policy and Data Analysis Group, Center for Strategic Planning, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Washington, DC

3:15 pm  
Networking Break

3:45 pm  
Area Agency on Aging Roles in the New Community Care Transitions Program (CCTP) Initiative
Joseph L. Ruby, President and CEO, Akron/Canton Area Agency on Aging, Uniontown, OH

4:15 pm  
Readmissions and Palliative Care
Nancy Zionts, Chief Program Officer, Jewish Healthcare Foundation, Pittsburgh, PA

4:45 pm  
Healing in Place™ — Using Technology to Reduce the Risk of Hospital Readmissions
Laura Mitchell, Vice President of Marketing, Grand Care Systems, West Bend, WI

5:15 pm  
Adjourn
CONFERENCE THEME III — Hospital Financial and Quality Management in a Value-Based World

8:00 am  Welcome and Overview
Shane Wolverton, Principal, The Delta Group, Greeneville, SC
(Co Chair)

8:10 am  The New CMS Value-Based Purchasing Initiative
Patrick Conway, MD, Chief Medical Officer and Director of the Office of Clinical Standards and Quality, Center for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD

8:50 am  Engaging Board Members and Physicians to Drive Hospital Performance
Pam Arlotto, FHIMSS, President and Chief Executive Officer, Maestro Strategies, Roswell, GA

9:30 am  Bundled Payment — Challenges and Opportunities for Hospitals
François de Brantes, Executive Director, Health Care Incentives Improvement Institute, Newtown, CT
Colleen Matthews, FACHE, Director of Clinical Pilots, Horizon Healthcare Innovations, LLC, Newark, NJ

10:15 am Break

10:45 am  Employer Demands for Value from Providers ... and the New Partnership Opportunities They Offer
Dennis White, Senior Vice President, Value-Based Purchasing, National Business Coalition on Health, Washington, DC
Shane Wolverton, Principal, The Delta Group, Greeneville, SC

11:30 am  Hospitals and Care Systems of the Future
Pam Rudisill, MSN, MEd, RN, NEA-BC (Invited), Vice President for Nursing/Patient Safety, Health Management Associates, Inc.; Member, AHA Board Committee on Performance Improvement, Naples, FL

12:00 pm Networking Lunch

1:00 pm  Welcome and Overview
Jackie H. Edwards, Partner, Health Industries Advisory, Revenue Performance Management Practice, PwC, Los Angeles, CA (Co Chair)

1:15 pm  Patient Experience as an Indicator of Quality
Seth Glickman, MD, MBA, Assistant Professor of Emergency Medicine, University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, NC

1:45 pm  Which Hospitals Have the Best Patient Satisfaction Scores and Why?
Dorothy Rubio (Invited), President, Patient Communications, Conifer Health Solutions, St. Petersburg, FL

2:15 pm  Moving HACs, Never Events, and Medical Errors to Zero
Doron Schneider, MD, Associate Patient Safety Officer and Medical Director, Center for Patient Safety and Health Care Quality, Abington Memorial Hospital, Abington, PA

2:45 pm  Overview of Successful Strategies for Reducing Preventable Hospital Readmissions
Ralph Wuebker, MD, MBA, Vice President, Audit, Compliance and Education, Executive Health Resources, Newtown Square, PA

3:15 pm  Networking Break

3:45 pm  Protecting Your Billing Privileges: A New Look at Medicare Enrollment
Emily W.G. Towey, JD, MHA, Director, Hancock, Daniel, Johnson & Nagle, P.C., Glen Allen, VA

4:15 pm  Hospital and Health System CFO Panel
Diane Corrigan, Chief Financial Officer, Hospital of the University of Pennsylvania, Philadelphia, PA
Diane Harden, CPA (Invited), Chief Financial Officer, DeKalb Medical Center, Decatur, GA
Rosemary Rotty, MHA, FHFMA, Director, Service Line Finance, UMass Memorial Medical Center, Worcester, MA
Jackie H. Edwards, Partner, Health Industries Advisory, Revenue Performance Management Practice, PwC, Los Angeles, CA (Moderator)

5:15 pm  Adjourn
Closing Plenary Session — The Road Ahead

8:00 am Welcome and Overview
Kathleen Goonan, MD, Chief Executive Officer, Goonan Performance Strategies, LLC, Associate in Health Policy, Massachusetts General Hospital, Boston, MA (Co Chair)

8:15 am The Road Ahead — The Transition from Volume to Value-Based Payment
Richard Clarke, President, Healthcare Financial Management Association (HFMA), Westchester, IL

8:45 am Legal and Regulatory Issues Ahead
Sara Kay Wheeler, Partner, King & Spalding, LLP, Atlanta, GA

9:15 am An Outcome-Based Rather than Output-Based Compliance Review Program
Richard P. Kusserow, Chief Executive Officer, Strategic Management Services, LLC; Former Inspector General, US Department of Health and Human Services, Alexandria, VA

9:45 am Networking Break

10:15 am Proven Strategies for Surviving — and Thriving — in a Value-Based World: A Conversation with Baldrige Award Winners
James M. Connelly, Chief Financial Officer and Senior Vice President, Henry Ford Health System, Detroit, MI
Charles Derus, MD, MM, Vice President, Medical Management, Advocate Good Samaritan Hospital, Aurora, IL
Liz Readeau, RN, MSN, Corporate Director of Nursing, AtlantiCare, Atlantic City, NJ
Kathleen Goonan, MD, Chief Executive Officer, Goonan Performance Strategies, LLC, Associate in Health Policy, Massachusetts General Hospital, Boston, MA (Moderator)

11:30 am Top Issues for Providers: The New Realities of a Value-Based World
Ceci Connolly, Managing Director, PwC Health Research Institute, Washington, DC

12:00 pm Adjournment

Attend Both Conferences! Hybrid Conferences/Internet Events (See website for details.)
Co-located May 30 – June 1, 2012
Hyatt Regency Crystal City at Reagan Airport • Arlington, VA

The FIRST NATIONAL Medicare-Medicaid Payment Incentives and Penalties Summit

The Leading Forum on Recovery Audits, Readmissions, Value-Based Purchasing, HACs and Never Events, and Managing to Medicare Margins

The SEVENTH NATIONAL Medicaid Congress
Successful State Models for Dual Eligibles, Health Homes, and Medicaid Expansion
Plan to Attend in 2012! Hybrid Conferences/Internet Events (See website for details.)

Third National Accountable Care Organization (ACO) Summit
The Leading Forum on Accountable Care Organizations (ACOs) and Related Delivery System and Payment Reform
Sponsored by Engelberg Center for Health Reform at the Brookings Institution and Dartmouth Institute for Health Policy and Clinical Practice • Media Partners: Harvard Health Policy Review and Health Affairs
June 6 – 8 • Grand Hyatt, Washington, DC
www.ACOSummit.com

Second National Bundled Payment Summit
The Leading Forum on the Role of Healthcare Payment Reforms with Special Focus on Bundled Payment Approaches
Sponsored by the Integrated Healthcare Association
Media Partners: Harvard Health Policy Review, Health Affairs, Accountable Care News, and Medical Home News
June 12 – 13 • George Washington University, Washington, DC
www.BundledPaymentSummit.com

Eleventh National Quality Colloquium on the Campus of Harvard University
The Leading Forum on Patient Safety, Quality Enhancement and Medical Error Reduction
Sponsored by Jefferson School of Population Health
August 13 – 15 • Harvard University, Cambridge, MA
www.QualityColloquium.com

First National Health Insurance Exchange Summit
October • Washington, DC
www.HealthInsuranceExchangeSummit.com

Fourth National Comparative Effectiveness Summit
The Leading Forum on the Role of Comparative Effectiveness Research in Health System Change and Health Reform
Media Partners: Harvard Health Policy Review, Health Affairs, Accountable Care News and Medical Home News
October • Washington, DC
www.ComparativeEffectivenessSummit.com

Third National Accountable Care Organization (ACO) Congress
The Leading Forum on Accountable Care Organizations (ACOs) and Related Delivery System and Payment Reform
Produced by California Association of Physician Groups (CAPG) and Integrated Healthcare Association (IHA)
Media Partners: Harvard Health Policy Review, Health Affairs, Accountable Care News and Medical Home News
October 30 – November 1 • Beverly Hilton, Los Angeles, CA
www.ACOCongress.com

Co-located in November • Washington, DC:

Fourth National Medicare Readmissions Summit
The Leading Forum on the New Medicare 30 Day Readmissions Rules and Technology-Enabled Strategies for Transitions of Care
Media Partners: Harvard Health Policy Review and Health Affairs
www.ReadmissionsSummit.com

Seventh National Medicare RAC Summit
The Leading Forum on the Medicare Recovery Audit Contractor (RAC) Program
Media Partners: Harvard Health Policy Review and Health Affairs
www.RACSummit.com
THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

REGARDING INTERNET REGISTRATIONS
1. Individuals or groups may register for Internet access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.
2. Each registrant will receive a user name and password for access. Registrants will be able to change their user names and passwords and manage their accounts.
3. Internet registrants will enjoy six (6) months of access from the date of issuance of a user name and password.
4. Only one user (per user name and password) may access archived conference content. It is not permissible to share the user name and password with third parties. Should Internet registrants choose to access post conference content via alternative media (Flash Drive), this individual use limitation applies. It is not permissible to share alternative media with third parties.
5. User name and password use will be monitored to assure compliance.
6. Each Internet registration is subject to a “bandwidth” or capacity use cap of 5 gb per user per month. When this capacity use cap is hit, the registration lapses. Said registration will be again made available at the start of the next month so long as the registration period has not lapsed and is subject to the same capacity cap.
7. For online registrants there will be no refunds for cancellations. Please call the Conference Office at 800-503-3650 or 206-452-5675 for further information.

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1. For onsite group registrations, full registration and credit card information is required for each registrant. List all members of groups registering concurrently on fax or scanned cover sheet.
2. For onsite registrants there will be no refunds for “no-shows” or for cancellations. You may send a substitute or switch to the online option. Please call the Conference Office at 800-503-3650 or 206-452-5675 for further information.

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Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to HCCA Conferences. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A $30 fee will be charged on any returned checks.

REGISTRATION OPTIONS
Registration may be made online or via mail, fax or scan.
You may register through either of the following:
• Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 22529 39th Ave SE, Bothell, WA 98021, or fax the completed form to 206-319-5303, or scan and email the completed form to registration@hcconferences.com. Checks or money orders should be made payable to Health Care Conference Administrators LLC.

EXHIBIT AND SPONSORSHIP OPPORTUNITIES
Take advantage of this unique opportunity to expand your reach! The Summit is attended by highly influential and experienced professionals. Sponsorship offers you strategic positioning as an industry leader. For more information call 206-673-4815 or email exhibits@hcconferences.com.

HOW TO REGISTER: Fully complete the form on page 11 (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).
FAX: 206-319-5303 (include credit card information with registration)
MAIL: Conference Office, 22529 39th Ave SE, Bothell, WA 98021
FOR REGISTRATION QUESTIONS:
PHONE: 800-503-3650 (Continental US, Alaska and Hawaii only) or 206-452-5675, Monday-Friday, 7 AM - 5 PM PST
E-MAIL: registration@hcconferences.com

TAX DEDUCTIBILITY
Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

CONTINUING EDUCATION UNITS (CEUs)
The Summit does not offer pre-approved Continuing Education Credits (CEUs) directly. However, onsite attendees can request a Certificate of Attendance which they can file with appropriate entities for credit, and online attendees can request an Online Certificate of Attendance on which they can certify the number of hours they watched and can file with appropriate entities for credit.

CANCELLATIONS/SUBSTITUTIONS
No refunds will be given for “no-shows” or for cancellations of either online or onsite registrations. You may send a substitute or transfer your onsite registration to an online registration. For more information, please call the Conference Office at 800-503-3650 or 206-452-5675.

INTELLECTUAL PROPERTY POLICY
Unauthorized sharing of Summit content via Internet access through the sharing of user names and passwords or via alternative media (Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Summit aggressively pursues copyright infringers. If a registrant needs the ability to share Summit content within his or her organization, multiple Summit registrations are available at discounted rates.

The Summit will pay a reward for information regarding unauthorized sharing of Summit content. The reward will be one quarter (25%) of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of $25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery. If you have knowledge regarding the unauthorized Summit content sharing, contact the Summit registration office.

REGISTRATION BINDING AGREEMENT
Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute.

GENERAL TERMS AND CONDITIONS
Program subject to cancellation or change. If the program is cancelled the only liability of the Summit will be to refund the registration fee paid. The Summit shall have no liability regarding travel or other costs. Registration form submitted via fax, mail, email or online constitutes binding agreement between the parties.

FOR FURTHER INFORMATION
Call 800-503-3650 (Continental US, Alaska and Hawaii only) or 206-452-5675, send e-mail to registration@hcconferences.com, or visit our website at www.MedicareMedicaidPaymentSummit.com.
**ONLINE CONFERENCE ATTENDANCE**

<table>
<thead>
<tr>
<th>Conference Content for Day II</th>
<th>Conference Access</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>I – RECOVERY AUDIT CONTRACTING</td>
<td>Online attendees – You can purchase an annual subscription to Accountable Care News, Medical Home News, Predictive Modeling News, or Readmissions News for only $295 (regular rate $468) when ordered with your conference registration.</td>
<td>$295</td>
</tr>
<tr>
<td>II – READMISSIONS</td>
<td></td>
<td>$295</td>
</tr>
<tr>
<td>III – HOSPITAL FINANCIAL AND QUALITY MANAGEMENT IN A VALUE-BASED WORLD</td>
<td></td>
<td>$295</td>
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<tr>
<td>CONFERENCE ELECTRONIC MEDIA:</td>
<td></td>
<td>$295</td>
</tr>
<tr>
<td>ONSITE OR ONLINE:</td>
<td></td>
<td>$295</td>
</tr>
<tr>
<td>Includes full conference, either onsite or online, for both Medicare-Medicaid Payment Summit and Medicaid Congress.</td>
<td></td>
<td>$295</td>
</tr>
<tr>
<td>Through Friday, March 9, 2012*</td>
<td>$1,795</td>
<td></td>
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<tr>
<td>Through Friday, April 20, 2012**</td>
<td>$2,195</td>
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<tr>
<td>After Friday, April 20, 2012</td>
<td>$2,595</td>
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**PAYMENT**

<table>
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<tr>
<th>TOTAL FOR ALL OPTIONS, ONSITE OR ONLINE:</th>
<th>Discount Code:</th>
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**ONLINE CONFERENCE ATTENDANCE**

All online registrants are automatically registered for the preconferences, conference and the Readmissions and RAC Certificate Programs. Online conference registration includes the live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

**INDIVIDUAL REGISTRATION** (includes preconferences and conference):

| Through Friday, March 9, 2012* | $795 |
| Through Friday, April 20, 2012** | $1,095 |
| After Friday, April 20, 2012 | $1,395 |

**SPECIAL PROVIDER RATE***:

| Through Friday, March 9, 2012* | $595 |
| Through Friday, April 20, 2012** | $795 |
| After Friday, April 20, 2012 | $995 |

**SPECIAL ACADEMIC/GOVERNMENT RATE****:

| Through Friday, March 9, 2012* | $495 |
| Through Friday, April 20, 2012** | $595 |
| After Friday, April 20, 2012 | $695 |

**GROUP REGISTRATION**:

Group registration offers the substantial volume discounts set forth below. All online group registrants are enrolled in the preconferences, conference and certificate program. Group registration permits the organizational knowledge coordinator to share conference access with colleagues or to assign and track employee conference participation.

<table>
<thead>
<tr>
<th>Conference Access</th>
<th>Price</th>
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<tbody>
<tr>
<td>5 or more $595 each</td>
<td>$20 or more $355 each</td>
</tr>
<tr>
<td>10 or more $495 each</td>
<td>40 or more $295 each</td>
</tr>
</tbody>
</table>

See INTELLECTUAL PROPERTY POLICY, page 10.

**CONFERENCE ELECTRONIC MEDIA:**

Online attendees — Following the Summit, the video and presentations are made available on a flash drive. To take advantage of the discounted price below, you must reserve media WITH your Summit registration:

| Flash Drive ($99 + $15 shipping) | $114 |

(All online attendees automatically receive 6 months access on web.)

**SPECIAL SUBSCRIPTION OFFER FOR BOTH ONSITE AND ONLINE ATTENDEES:**

Online attendees — you can purchase an annual subscription to Accountable Care News, Medical Home News, Predictive Modeling News, or Readmissions News for only $295 (regular rate $468) when ordered with your conference registration.

| Accountable Care News | $295 |
| Predictive Modeling News | $295 |
| Medical Home News | $295 |
| Readmissions News | $295 |

**REGISTRATION BINDING AGREEMENT**

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute. For online and onsite registrants there will be no refunds for “no-shows” or cancellations.
The FIRST NATIONAL Medicare-Medicaid Payment Incentives and Penalties Summit

The Leading Forum on Recovery Audits, Readmissions, Value-Based Purchasing, HACs and Never Events, and Managing to Medicare Margins

May 30 – June 1, 2012
Hyatt Regency Crystal City at Reagan Airport
Arlington, VA

www.MedicareMedicaidPaymentSummit.com