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NEW ORLEANS

FEBRUARY 19-21

ORLANDO

MARCH 19-21

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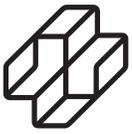
on essentials for today's healthcare environment

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hfma
seminars

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*Includes a follow-up webinar and one additional CPE

New Orleans
February 20-21

SEMINAR CODE 1401-WBIP

LEVEL Intermediate

CREDITS 14 CPEs

PREREQUISITES General knowledge of healthcare finance budgeting and productivity issues

Benchmarking Organizational Performance for Productivity and Cost Management

Create a coordinated, effective system of productivity and accountability by benchmarking metrics like volume and patient mixes, using new productivity management rules and procedures, and identifying incentives and consequences. Get breakthrough performance improvement with new techniques to integrate internal and external benchmarking by using commercial spreadsheet-based surveys, charting current operations, and redesigning workflow.

After this seminar, you will be able to:

- Identify sources of comparative best practice information and case studies to compare your organization with industry benchmarks
- Develop accurate measures of department workload and identify best practices for performance

- Design a productivity program of standards, policies, procedures, incentives, and consequences to improve cost, quality, throughput, and revenue

Tools and takeaways*

- Realistic comparative data and productivity standards; operating framework for productivity management and analysis; multiple benchmarks for most hospital departments and outpatient clinics

**This seminar also includes a follow-up webinar to support implementation opportunities that seminar attendees have identified at their organizations. The webinar will take place within 90 days of the seminar.*

Faculty Paul Fogel, President, Executive Health Information Systems, Inc., and author of *Superior Productivity in Health Care Organizations: How to Get It, How to Keep It*

New Orleans
February 19

Orlando
March 20

NEW ORLEANS

SEMINAR CODE 1401-WDAC

ORLANDO

SEMINAR CODE 1402-WDAC

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES/PREWORK

Basic concepts related to managed care contracting, financial management, and physician practice management

Building the Infrastructure to Deliver Accountable Care and Clinical Integration

The nation's largest clinical integration and accountable care program provides practical guidance and insights for launching clinical integration, accountable care, and other forms of care delivery and payment models. Learn about effective governance, payer contracting strategies, physician engagement, e-health strategies (including EHR and HIE components), clinical quality measures—such as value-based purchasing—and how to develop a program infrastructure and team to succeed in your organization and market.

After this seminar, you will be able to:

- Examine health information technology drivers that require financial investment and describe how efficient deployment of an EHR can minimize reduced cash flow
- Create an action plan that identifies stakeholder challenges, evaluates skills and technology gaps, and builds an ACO work plan

- Establish effective governance structures, identify benchmarks, share best practices with other provider organizations, and create strategies for recruiting physicians to participate

Tools and takeaways

- Sample medical practice metric reports that can be adapted to track and manage accountable care initiatives within an organization; essentials of contracting for clinical integration; tools for creating a “starter set” of measures; list of how and when to select supporting information technologies

Faculty Daniel J. Marino, President/CEO; Martin Manning, Senior Advisor, Health Directions, LLC

Chargemaster Essentials

The chargemaster not only plays a critical role in generating revenue for hospitals, but is also a valuable tool for internal utilization, management reports, and overall function of a hospital's compliance program. Gain the tools and techniques you need to put your internal chargemaster processes in place. This seminar is designed for individuals new to the chargemaster or those who want a better understanding of chargemaster basics.

After this seminar, you will be able to:

- Recognize definitions and uses of the chargemaster
- Describe the chargemaster developments and maintenance processes

- Identify chargemaster concepts such as APCs, revenue center codes, and data elements used in the chargemaster
- Identify opportunities to use the chargemaster to improve revenue in several large clinical departments

Tools and takeaways

- A step-by-step process for establishing and maintaining an internal chargemaster

Faculty Michael Kovar, Partner, Health Care Services Group, WeiserMazars LLP

Constructing Financial Forecasting Models for Optimal Efficiency

Financial forecasting captures relevant operational, statistical, and financial data in one place to enable sound planning and decision making. In addition, forecasting fosters common understanding, enables more detailed and effective budgeting, and stimulates creative thinking. Get data, tools, and techniques for creating an integrated system of analyses, tables, and graphics useful for all levels of healthcare management.

After this seminar, you will be able to:

- Define key assumptions and cost variables that drive business performance

- Create performance dashboards for communicating key information to managers
- Construct a financial reporting and economic forecast that models future performance, including expense and revenue structures

Tools and takeaways

- A unique financial forecasting tool to apply to financial data for meaningful performance models

Faculty Paul Fogel, President, Executive Health Information Systems, Inc., and author of *Superior Productivity in Health Care Organizations: How to Get It, How to Keep It*

New Orleans
February 20

Orlando
March 20

NEW ORLEANS
SEMINAR CODE 1401-WAPC
ORLANDO
SEMINAR CODE 1402-WAPC
LEVEL Overview
CREDITS 7 CPEs
PREREQUISITES Working knowledge of the chargemaster

New Orleans
February 19

SEMINAR CODE 1401-WCFM
LEVEL Intermediate
CREDITS 7 CPEs
PREREQUISITES Basic familiarity with hospital budgeting and reporting
FIELD OF STUDY Finance

New Orleans February 20

SEMINAR CODE 1401-WCQR

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES Basic understanding of cost accounting

FIELD OF STUDY Accounting

Cost Accounting Under New Payment Models

Healthcare payment systems are evolving from simple pay-for-performance demonstration projects and never-event exclusions to Medicare value-based purchasing, readmission restrictions, and bundled payments. Expenses are also under increasing scrutiny and require accurate cost accounting data. This seminar delivers the tools and knowledge to design a best-practice cost accounting system consistent with today's complex reimbursement environment, whether based on RCC, step-down, or activity-based costing.

After this seminar, you will be able to:

- Document existing situations and rationalize cost allocation strategies, methodologies, and rules

- Distinguish cost allocation sort keys and their uses in determining profit and loss, including patient days, admits and discharges, square footage, FTEs, total direct/indirect costs, physicians, departments and service lines, depreciation expenses
- Understand the implications of issues such as revenue offsets and grant allocation

Tools and takeaways

- Examples of best practice general ledgers and cost allocation structures

Faculty David C. Hammer, Senior Vice President, MedAssets; Ylone Xavier, President, Healthcare Performance Management Consultants, LLC

New Orleans February 21

Radiology and Pharmacy

Orlando March 21

OR, Chemotherapy/
Infusion Services

**NEW ORLEANS
SEMINAR CODE** 1401-WACS

**ORLANDO
SEMINAR CODE** 1402-WACS

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES General knowledge of the chargemaster and charge capture

Developing Chargemaster and Charge Capture Strategies in Clinical Departments

This case study approach identifies pricing and charge reconciliation issues in select clinical departments. Identify opportunities to appropriately improve revenue while minimizing compliance risks for these clinical departments: radiology and pharmacy (February 21); OR, chemotherapy/infusion services (March 21).

After this seminar, you will be able to:

- Develop an appropriate chargemaster structure and identify key components of the charge capture process in the selected clinical departments
- Reduce denials, more accurately measure value delivered, and develop process improvements
- Address key issues, opportunities, and implementation strategies in chargemaster and charge capture for select clinical departments
- Use sample claims and medical records documentation

Tools and takeaways*

- Checklist of revenue enhancement opportunities/compliance risks to investigate; list of practical implementation strategies for identified opportunities

**This seminar also includes a follow-up webinar to support implementation opportunities that seminar attendees have identified at their organizations. The webinar will take place within 90 days of the seminar.*

What to bring (optional) Each attendee may bring his or her individual chargemaster (with year-to-date revenue and usage data). Note: You will use your chargemaster to aid you in understanding the concepts presented. All information can remain confidential.

Faculty Michael Kovar, Partner, Health Care Services Group, WeiserMazars LLP

Developing a Strategic Business Intelligence Initiative

Healthcare organizations and aligned physicians must achieve specific goals to be fully compensated and reimbursed in caring for community populations rather than individual patients. Learn how to use business intelligence (BI) tools and techniques to measure these goals, validate levels of performance improvement, and create practical solutions and outcomes with respect to provisions in the ACA.

After this seminar, you will be able to:

- Recognize how clinical reporting tools can maximize outcomes across organizations and minimize operational variability

- Describe how BI techniques and tools can create specific improvement opportunities around labor, supply chain, revenue cycle management, cost accounting, and service line management
- Assess opportunities to improve outcomes when hospitals and health systems integrate clinical and financial reporting and monitoring

Tools and takeaways

- List of performance improvement outcomes BI can deliver

Faculty Steven Berger, FHFMA, CPA, President, Healthcare Insights, LLC

Orlando
March 19-20

SEMINAR CODE 1402-WBII

LEVEL Intermediate

CREDITS 14 CPEs

PREREQUISITES General knowledge of healthcare finance and cost accounting concepts

Financial Reporting Best Practices

This seminar enables both decision makers and data gatherers to facilitate effective decision making among organizational stakeholders. Review principles of effective reporting, list potential actions for improvement, and discuss trends in balanced scorecard and other ratios. Conclude with a discussion of methods for effectively putting data into context to enhance decision making.

After this seminar, you will be able to:

- Examine current financial reporting practices and apply benchmarking principles to quickly and dramatically improve reporting efficiencies and effectiveness

- Determine gaps between best practice reporting and existing reporting
- Apply seamless integration of effective reporting throughout your organization

Tools and takeaways

- List of ten tools and techniques to help improve financial reporting outcomes

Faculty Steven Berger, FHFMA, CPA, President, Healthcare Insights, LLC

New Orleans
February 21

SEMINAR CODE 1401-WFRP

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES General experience and familiarity with healthcare budgeting and reporting

FIELD OF STUDY Finance

New Orleans
February 19–21

Orlando
March 19–21

NEW ORLEANS

SEMINAR CODE 1401-WNTF (Day 1);
1401-WHFE (Days 2 and 3)

ORLANDO

SEMINAR CODE 1402-WNTF (Day 1);
1402-WHFE (Days 2 and 3)

LEVEL Overview

CREDITS 7 CPEs per day
(up to 21 total CPEs)

PREREQUISITES A college-level
Introduction to Accounting course is
strongly recommended

Healthcare Financial Management Essentials

Get an extensive and practical overview of the healthcare system, from economic and policy forces to payment issues and resource allocation. Day 1 is designed for those with less than one year of experience in the healthcare industry or those seeking an overview of the current environment and its effect on funding and reimbursement, clinical operations, organizational transparency, and reporting requirements. Days 2 and 3 (WHFE) provide extensive information on the healthcare system, including budgeting, strategic planning, payment, and environmental factors. *You may register for day 1 only; days 2 and 3 only; or days 1, 2 and 3.*

Day 1

After this seminar, you will be able to:

- Discuss national economic trends and their relationship to healthcare sustainability
- Identify healthcare reform alternatives and their potential impacts on the economy
- Evaluate the Affordable Care Act and its potential impact on the economy

Days 2 and 3

After this seminar, you will be able to:

- Summarize financial reporting and analysis requirements unique to the healthcare industry

- Compare major third parties – including Medicare, Medicaid, and managed care – and their provider reimbursement methods
- Apply resource allocation methodologies (including strategic planning, strategic financial planning, operational planning, budgeting, and capital budgeting) in a cost containment environment
- Identify the latest developments in healthcare reform and their operational implications

Tools and takeaways

- A comprehensive reference guide to healthcare finance information, including an extensive glossary of terms and acronyms

Recommended for those with accounting and financial management experience who are new to the healthcare industry, who entered the field in the past 12 to 36 months, or who are seeking an overview of healthcare financial management. Also ideal for consultants and professionals in allied organizations recently assigned to healthcare clients.

Faculty Michael Nowicki, EdD, FHFMA, FACHE, Professor of Health Administration, Texas State University

Orlando
March 21

SEMINAR CODE 1402-WMAP

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES Basic knowledge
of healthcare finance and revenue
cycle operations

Key Performance Indicators for Revenue Cycle Improvement

This seminar offers case studies and tools from high-performing hospitals and clinics that have initiated change across people, processes, technology, metrics, communication, and culture to effectively improve revenue cycle performance. Participants discuss industry standard Key Performance Indicators (KPI), report KPI data, and identify operational improvements, including patient satisfaction and financial outcomes achieved in the prior year.

After this seminar, you will be able to:

- Identify, apply, and integrate KPIs into revenue cycle goals and measures

- Develop performance goals for creating a measurable difference
- Create a plan for evidence-based revenue cycle improvement practices

Tools and takeaways

- Revenue cycle KPIs to promote consistent reporting practices and peer-to-peer comparisons, to assist you in achieving significant revenue cycle performance improvement

Faculty Sandra Wolfskill, FHFMA, Director, Revenue Cycle MAP, HFMA; provider TBD

Making the Most of IT in a Changing Delivery System

As enhanced IT capabilities are deployed as critical elements of clinical integration, patient-centered medical homes, and accountable care organizations, clinical and business office processes must be reengineered to make the most of these IT capabilities. Learn how to avoid missed opportunities and under-utilization of IT, and how to reduce physician and staff frustration, by developing processes and workflows that optimize investments in electronic medical record systems, practice management systems, add-on productivity software, and business office systems.

After this seminar, you will be able to:

- Redesign clinical workflows and business office processes to take full advantage of IT capabilities, and reengineer processes for the new environment

- Develop IT strategies that support the reporting and management requirements of clinical integration, accountable care organizations, and physician quality reporting
- Identify opportunities for increased economies

Tools and takeaways

- Sample workflow analysis documents

Faculty Daniel J. Marino, President/CEO, Health Directions, LLC

Orlando
March 21

SEMINAR CODE 1402-WITP

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES General knowledge of outcomes-based payment methods

Managed Care Contracting, Negotiation, and Reimbursement

Get an in-depth understanding of the managed care system within the context of the current U.S. healthcare system, including bundling charges, paper and provider audits of pre-payment and post-payment issues, global fees, capitated payments, and special issues relating to physician contracting. Also included is a review of the driving forces in managed care, including healthcare reform, specifics on payer initiatives, public policy, and patient service imperatives shaping change.

After this seminar, you will be able to:

- Review insurance, PPO, and ERISA plan contracts to maximize reimbursement and minimize denials

- Recognize problematic contract terms that impact reimbursement and operations
- Discuss capitation per diem and percentage of charges rate, understand assumed risks, and develop strategies for managing and sharing those risks

Tools and takeaways

- List of contracting and negotiation principles; sample managed care contract

Faculty Ellen E. Stewart, FHFMA, JD, Partner, Berenbaum Weinsienk, PC

Orlando
March 19-20

SEMINAR CODE 1402-WMCN

LEVEL Intermediate

CREDITS 14 CPEs

PREREQUISITES General knowledge of reimbursement and contracting principles

New Orleans February 19

SEMINAR CODE 1401-WDMP

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES/PREWORK

General knowledge of revenue cycle work flows and processes

Managing Denials Through Process Improvements

The ACA can limit payers' ability to deny, delay, or underpay claims, but they remain a reality for most providers. This seminar provides the tools and knowledge required—a combination of policies, personnel, procedures, and technologies—to build a world-class denials system to meet the challenges of today's tough reimbursement environment. Learn how to dramatically reduce denials and improve net revenue by two to four percent.

After this seminar, you will be able to:

- Use analytics to identify denials and discrepancies, find root causes, and measure success
- Reorganize your people, processes, and technology to identify, correct, and prevent denials

- Improve managed care contracts to minimize denials and fix problematic contract terms
- Apply strategies used by leading providers to achieve world-class, controlled denials

Tools and takeaways

- A policy and procedure framework to create a denials resource center; quantitative and process KPIs to improve your denials control methodology and managed care contracts

Faculty David Hammer, Senior Vice President, MedAssets

Orlando March 21

SEMINAR CODE 1402-WRVB

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES General

knowledge of revenue cycle work flows and processes

Managing Reimbursement in a Value-Based Payment System

Payment systems are evolving from pay-for-performance demonstration projects and never-event exclusions to value-based purchasing, readmission restrictions, and bundled payments. This seminar shows providers how to review structures, policies, and data to create steps for assuming performance-based contracts.

After this seminar, you will be able to:

- Create a structure for managing under episodic payment that brackets the acute care setting

- Develop and customize bundled-payment packages
- Handle consolidated collections and payment distribution

Tools and takeaways

- Samples of best-practice payment models and cash distribution methodologies; guides to developing defensible pricing and integrating physicians into your operations

Faculty David Hammer, Senior Vice President, MedAssets

Maximizing the Financial Performance of Employed Physicians

With physician employment as a strong trend, it's key to understand how to address distinct challenges to onboarding and maximizing performance of employed physicians as they transition from independence to employed medical groups. This seminar provides a comprehensive checklist of key requirements, essential processes, and opportunities for successfully onboarding and maximizing the performance of employed physicians.

After this seminar, you will be able to:

- Identify the basic framework and key drivers to maximize the financial performance of employed physicians, including pro-forma evaluation components
- Track the financial performance of an employed physician practice using key metrics and dashboard reports

- Create physician onboarding tools to communicate financial policies, develop opportunities for revenue improvement, and introduce the organizational culture to motivate quality care

Tools and takeaways*

- Physician scorecard/dashboard and sample onboarding checklist

**This seminar also includes a follow-up webinar to support implementation opportunities that seminar attendees have identified at their organizations. The webinar will take place within 90 days of the seminar.*

Faculty Lucy Zielinski, Vice President and Cara Campos, Managing Associate, Health Directions, LLC

New Orleans
February 21

Orlando
March 19

NEW ORLEANS
SEMINAR CODE 1401-WPPR

ORLANDO
SEMINAR CODE 1402-WPPR

LEVEL Intermediate

CREDITS 7 CPEs

PREREQUISITES General concepts related to physician employment strategies

Medicare Cost Reporting Essentials

This seminar shares up-to-date federal regulations and cost-reporting instructions that influence Medicare reimbursement through prospective payment systems for hospitals and other providers under Medicare Part A and Part B, cost reimbursement, and special payments.

After this seminar, you will be able to:

- Describe Medicare reimbursement methodologies and payment systems
- Apply principles of reimbursement, cost allocation, and Medicare apportionment

- Determine the best sources for gathering required worksheet input that aligns with form

Tools and takeaways

- Glossary of MCR acronyms; list of top ten focus items for cost report preparers and reviewers

Faculty Mike Nichols, FHFMA, CPA, Partner, Midwest Healthcare Consulting, McGladrey, LLP

Orlando
March 19

SEMINAR CODE 1402-WMCE

LEVEL Overview

CREDITS 7 CPEs

Orlando
March 20-21

SEMINAR CODE 1402-WMCR

LEVEL Intermediate

CREDITS 14 CPEs

PREREQUISITES Basic knowledge of the MCR and its components, such as HFMA's seminar: Medicare Cost Reporting Essentials

Medicare Cost Reporting: Implications and Strategies

This seminar covers implications of the cost reporting process, best practices for the accumulation of data, and use of the cost report as a management tool. Learn how to leverage different sources of information to meet the operational and reimbursement needs of your organization and assess high-impact focus areas. Review cost report implications of the wage index, uncompensated care, and other ACA requirements, such as Medicare DSH and SSI ratios.

After this seminar, you will be able to:

- Examine high-impact areas in the cost report (i.e., the "one source of truth")

- Calculate Medicare margin based on information in the cost report
- Apply margin analysis to other payers

Tools and takeaways

- Benchmark data and review cost reports for relevance, accuracy, and compliance with applicable instructions to ensure correct payment; top ten items of truth

Faculty Mike Nichols, FHFMA, CPA, Partner, Midwest Healthcare Consulting, McGladrey, LLP

New Orleans
February 19-20

Orlando
March 19-20

NEW ORLEANS

SEMINAR CODE 1401-WRCE

ORLANDO

SEMINAR CODE 1402-WRCE

LEVEL Overview

CREDITS 14 CPEs

Revenue Cycle Essentials

An ideal introduction to the revenue cycle, this seminar offers best practices for maximizing revenue cycle efficiency. Topics include revenue cycle terms, functions and responsibilities; revenue stream techniques from a clinical perspective; contract management and finance; and the risks and responsibilities of information services. Also included is information from the perspective of utilization review and health information management; the nuts and bolts of the chargemaster and compliance; and the Office of Inspector General.

After this seminar, you will be able to:

- Describe critical revenue cycle processes in pre-service, time of service, and post-service, and identify the key players and core relationships that impact these operations

- Apply benchmarks and KPIs to achieve revenue cycle excellence, including claims processing, payment collection, billing vulnerabilities, and reimbursement challenges
- Use effective decision making, problem solving, and communications skills with others for process improvement, increased efficiency, and quality outcomes

Tools and takeaways

- Glossary of revenue cycle terms; comprehensive list of resources, including URLs; take-home group exercises and action plans; payer relations contracting checklist

Faculty Claudia Birkenshaw Garabelli, MSA, Director of Revenue Cycle Services, The Rybar Group

Using Analytics to Improve Financial Performance

Long overlooked in health care, the discipline of decision management and the tools of analytics are valuable best practices capable of stimulating swift action. This seminar demonstrates how to use these techniques to quickly spot underperforming operational areas and prioritize corrective actions with flexible, agile plans that can decrease costs, improve service quality, and boost operating capacity.

After this seminar, you will be able to:

- Identify key performance components that drive financial decisions
- Use descriptive (retrospective monitoring and reporting) and predictive (forecasting, modeling, and optimization) analytical tools to spotlight problem areas and maximize financial outcomes and decisions

- Create and interpret key financial information to assess and improve financial performance
- Outline the seven steps required for effective performance management

Tools and takeaways

- Step-by-step process to leverage both descriptive and predictive analytics for bottom-line financial improvements

Faculty Steven Berger, FHFMA, CPA, President, Healthcare Insights LLP; Christopher M. Looby, VP, Optimal Care Software

New Orleans
February 19-20

SEMINAR CODE 1401-WTDD

LEVEL Intermediate

CREDITS 14 CPEs

PREREQUISITES Basic knowledge of healthcare finance and budgeting

Seminar Details

All seminars take place from 8:00 am to 3:15 pm each day. Fees include a workbook for each seminar you plan to attend, continental breakfast, lunch, and break refreshments.

Hotel Information

We have reserved a number of rooms at a special HFMA rate at the hotels where the seminars are being held. Rooms are available on a first-come, first-served basis until the stated deadline. Reservations must be made by calling the reservations numbers provided and mentioning HFMA to obtain the preferred rate. Your reservations in the HFMA hotels allow us to fulfill our contractual obligations and provide HFMA educational programs at the lowest possible costs. You are responsible for making your own hotel and travel reservations, including changes and cancellations.

New Orleans (February 19-21)

New Orleans Downtown Marriott at the Convention Center
859 Convention Center Boulevard
New Orleans, LA 70130

Reservations: (877) 622-3056
Rate: \$155
Reservation Deadline: January 17, 2014

Orlando (March 19-21)

Buena Vista Palace Hotel & Spa
1900 E. Buena Vista Drive
Lake Buena Vista, FL 32830

Reservations: (866) 397-6516
Rate: \$169
Reservation Deadline: February 25, 2014

Register Early

Please submit your registration early to allow ample processing time. You will receive an email confirmation as soon as the registration process is completed. Any registrant who has not received an emailed confirmation should call HFMA's Member Services Center at (800) 252-4362, extension 2.

If You Have to Cancel

A refund of the registration fee (less a \$50 processing fee) will be granted if cancellation is received at least 10 days prior to the event date. Subsequent cancellations received before the date of the program may be issued an HFMA National credit certificate (less the processing fee), good toward any future HFMA National educational programs or select products. Substitutions are permitted. Cancellations must be submitted in writing by fax to (708) 531-0665 or by mail.

Our Ironclad Guarantee

HFMA stands behind the quality of our programming. If you are not satisfied, we will gladly refund your money or provide you with a credit certificate toward any future HFMA National educational programs or select products. Contact HFMA directly with any program complaints at: Three Westbrook Corporate Center, Suite 600, Westchester, IL 60154, Attn: Professional Development or call (800) 252-4362, extension 2. Please provide HFMA with your comments within two weeks of the program.

Schedule Changes

Occasionally, it may be necessary to reschedule or cancel sessions. Registrants will receive advanced notice of such changes. If HFMA cancels a program, the amount paid to HFMA will be refunded completely. HFMA cannot be responsible for any penalties incurred as a result of discounted airfare purchases.

Type of Delivery Method

Group Live

Field of Study

Specialized Knowledge and Applications (unless otherwise indicated)

Prewrite

None



Healthcare Financial Management Association (HFMA) Educational Foundation is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org. HFMA is authorized to award up to 12 hours of pre-approved Category II (NON-ACHE) continuing education credits.

what you need to know

Seminars Registration Guide

New Orleans (February 19-21)

	DATE	CODE
Benchmarking Organizational Performance for Productivity and Cost Management*	February 20-21	1401-WBIP
Building the Infrastructure to Deliver Accountable Care and Clinical Integration	February 19	1401-WDAC
Chargemaster Essentials	February 20	1401-WAPC
Constructing Financial Forecasting Models for Optimal Efficiency	February 19	1401-WCFM
Cost Accounting Under New Payment Models	February 20	1401-WCQR
Developing Chargemaster and Charge Capture Strategies in Clinical Departments*	February 21 (Radiology and Pharmacy)	1401-WACS
Financial Reporting Best Practices	February 21	1401-WFRP
Healthcare Financial Management Essentials	February 19	1401-WNTF (Day 1)
	February 20-21	1401-WHFE (Days 2 & 3)
Managing Denials Through Process Improvements	February 19	1401-WDMP
Maximizing the Financial Performance of Employed Physicians*	February 21	1401-WPPR
Revenue Cycle Essentials	February 19-20	1401-WRCE
Using Analytics to Improve Financial Performance	February 19-20	1401-WTDD

Orlando (March 19-21)

	DATE	CODE
Building the Infrastructure to Deliver Accountable Care and Clinical Integration	March 20	1402-WDAC
Chargemaster Essentials	March 20	1402-WAPC
Developing Chargemaster and Charge Capture Strategies in Clinical Departments*	March 21 (OR, Chemotherapy/Infusion Services)	1402-WACS
Developing a Strategic Business Intelligence Initiative	March 19-20	1402-WBII
Healthcare Financial Management Essentials	March 19	1402-WNTF (Day 1)
	March 20-21	1402-WHFE (Days 2 & 3)
Key Performance Indicators for Revenue Cycle Improvement	March 21	1402-WMAP
Making the Most of IT in a Changing Delivery System	March 21	1402-WITP
Managed Care Contracting, Negotiation, and Reimbursement	March 19-20	1402-WMCN
Managing Reimbursement in a Value-Based Payment System	March 21	1402-WRVB
Maximizing the Financial Performance of Employed Physicians*	March 19	1402-WPPR
Medicare Cost Reporting Essentials	March 19	1402-WMCE
Medicare Cost Reporting: Implications and Strategies	March 20-21	1402-WMCR
Revenue Cycle Essentials	March 19-20	1402-WRCE

*Includes a follow-up webinar and one additional CPE

Registration

**EARLY BIRD
REGISTRATION**
REGISTER EARLY
AND SAVE \$75

NEW ORLEANS
Register by
January 16, 2014
SAVE \$75

ORLANDO
Register by
February 20, 2014
SAVE \$75

1 BADGE INFORMATION *(please print clearly)*

Member # _____ *(optional)* Non-Member Nickname for badge _____

FIRST NAME / MIDDLE INITIAL / LAST NAME

ADDRESS (NO P.O. BOXES PLEASE)

This is my: BUSINESS HOME

JOB TITLE

EMPLOYER

CITY / STATE / ZIP CODE

TELEPHONE

MOBILE PHONE

E-MAIL ADDRESS / ALTERNATE E-MAIL ADDRESS

2 SEMINAR REGISTRATION AND FEES

Each seminar (whether 1, 2, or 3 days in length) consists of specific course materials that are printed in limited quantities based on registration counts. In order to have sufficient materials available, we rely on your registration for specific programs to attend each day. In addition, CPE is awarded only for the full day of participation at

a specific program. See the seminar registration guide on facing page for the seminar code, location and date. Fill in the codes for the seminars you wish to attend. Be mindful not to sign up for seminars on the same or overlapping days.

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3 DAYS				<input type="checkbox"/> \$1,617	<input type="checkbox"/> \$2,040				<input type="checkbox"/> \$1,617	<input type="checkbox"/> \$2,040
2 DAYS				<input type="checkbox"/> \$1,184	<input type="checkbox"/> \$1,452				<input type="checkbox"/> \$1,184	<input type="checkbox"/> \$1,452
1 DAY				<input type="checkbox"/> \$740	<input type="checkbox"/> \$875				<input type="checkbox"/> \$740	<input type="checkbox"/> \$875

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YES, THANKS. *I am new to HFMA and would like my registration to include HFMA membership at no additional cost.

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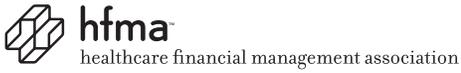
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