First Illinois HFMA Chapter  
2017 Fall Summit  
October 24-25, 2017 

Drury Lane Conference Center  
100 Drury Lane, Oakbrook Terrace, IL
The 2017 Fall Summit is a not-to-be-missed educational event for healthcare finance professionals in the Chicagoland area. Drury Lane Conference Center is in the Western Suburbs just minutes away from Oak Brook Mall with plenty of free parking. It is also just minutes from Downtown Chicago, O’Hare International and Midway airports with easy expressway access from all directions.

Whatever your role in delivering health care value - provider, payer, vendor, or early careerist - this year’s Fall Summit offers robust concurrent sessions to appeal to all healthcare finance levels. For a two-day investment of time, you will engage in general and concurrent sessions that get you “caught up” on an ever-changing industry. You will also benefit from one-on-one dialogues with your peers. We heard your feedback and have expanded break and networking time as well as offering two insightful CFO panels. But wait there’s more . . .

NEW THIS YEAR

- Women in Leadership concurrent session
- Ethical Considerations for Financial Executives - concurrent session eligible towards your 2018 CPA license renewal!
- Expanded Early Careerist Track to include Myers Briggs Workshop, a Recruiter Panel, and multiple concurrent sessions to help you maximize your decision to pursue a career in healthcare.

FALL SUMMIT HIGHLIGHTS INCLUDE . . .

- Strategic and Financial Planning in Light of Industry Transformation (CEO/CFO panel)
- The Power of One: Lead from Where You Are (Keynote)
- The Future of Value (Keynote)
- Women in Leadership: Pursuing Your Passion (Concurrent Session)
- Early Careerist track featuring Myers Briggs testing/analysis, Recruitment Panel, and more
- Medicare Update, Patient Payments Strengthen the bonds between physicians, payers and providers
- Cybersecurity and HIPAA Compliance, Healthcare Fraud and Abuse, Telemedicine
- CFO Panels on key issues
- Political Implications on Healthcare at National and State Levels with Upcoming Elections
- And so much more!!!

Providers are encouraged to attend and will receive a significant discount for attending the education program.

Additional Information

Prerequisites: None
Advanced preparation: None
Earn more than 12.00 CPE Credits in a variety of Fields of Study
Program Level: Basic, Intermediate and Advanced
Delivery Method: Group-Live

Who should attend?

- CEOs
- CFOs
- Controllers
- PFS Professionals
- Accounting Managers and Directors
- Risk Management Professionals
- Reimbursement Managers and Directors
- Management Consultants in the Healthcare Industry
- CPAs in Public Accounting Firms and the Healthcare Industry
- Healthcare Accounting Professionals
- Reimbursement and Financial Professionals
- Students/Early Careerists
# Fall Summit Overview

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<th>Tuesday, October 24</th>
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<td>7:00 – 8:00 a.m.</td>
<td>Registration and Continental Breakfast with Sponsors</td>
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<td>8:00 – 9:50 a.m.</td>
<td>How to Help Patients Pay, Even When They Think They Can't Health Care Fraud &amp; Abuse Primer and Update</td>
<td>Employing Physicians in a Value-Based World: Five Areas of Risk Employers Must Know HHS HCC Commercial Risk Adjustments - Implementing Provider Education and Monitoring</td>
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<td>9:00 – 9:50 a.m.</td>
<td>The Power of Training: Transforming Patient Financial Team Performance and Morale Mercy Hospital’s Telemedicine Project State of Illinois – Medicaid Managed Care Organization (MCO) Expansion and Next Steps</td>
<td>Early Careerist: Introduction to the Myers-Briggs Type Indicator</td>
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<td>Break with Sponsors</td>
<td>The Powerful Effect of Having a Positive, Passionate Mindset Cybersecurity &amp; HIPAA Compliance</td>
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<td>All Attendee Lunch</td>
<td>Practice Management: Planning Principles for Success The Dichotomy of Healthcare Innovation</td>
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<td>12:30 – 1:30 p.m.</td>
<td>Keynote Presentation: The Power of One: Lead from Where You Are</td>
<td>The Top Five Challenges of Health Care Leaders in the Industry Ethical Considerations for Financial Executives Early Careerist: Mastering Your Job Search</td>
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<td>1:40 – 2:30 p.m.</td>
<td>An Influence Strategy for Changing Patient Behavior Women in Leadership: Pursuing Your Passion Early Careerist: The Best Time to Plant a Tree was 20 Years Ago. The Second-Best Time is Now.</td>
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<td>3:40 – 5:10 p.m.</td>
<td>General Session: The Future of Healthcare Financing</td>
<td>General Session: Medicare Update (S-10, DSH, New Laws)</td>
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<td>5:10 – 6:10 p.m.</td>
<td>Networking Reception</td>
<td>Break with Sponsors</td>
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2017 Summit Fall Schedule at a Glance

October 24, 2017

7:00–8:00 am  Registration and Continental Breakfast with Sponsors

8:00–8:50 am  How to Help Patients Pay, Even When They Think They Can't
Steve Millhouse, Experian Health
Focus: Specialized Knowledge: Patient Access

Health Care Fraud & Abuse Primer and Update
Neville M. Blilimoria, Duane Morris, LLP
Focus: Regulatory: Compliance Initiatives

8:50–9:00 am  Break with Sponsors

9:00–9:50 am  The Power of Training: Transforming Patient Financial Team Performance and Morale
Shellie Zuroske, CHAA, University of Chicago Medical Center
Focus: Specialized Knowledge: Patient Access

Mercy Hospital’s Telemedicine Project
Gary Raju, MBA, MHSA, CPA, Mercy Virtual and Business Integration
Focus: Specialized Knowledge: Medical

State of Illinois – Medicaid Managed Care Organization (MCO) Expansion and Next Steps
Paula R. Dillon, Illinois Health and Hospital Association
Helena Lefkow, Illinois Health and Hospital Association
Focus: Focus: Specialized Knowledge: Medical Insurance

9:50–10:15 am  Break with Sponsors

10:15–11:30 am  Welcome
Brian Katz, 2017-18 First Illinois Chapter President

General Session
CFO Panel: Setting Fiscal Strategy in Times of Uncertainty
Moderator: Kelley Blair, Senior Vice President, Service Solutions, nThrive; Panelists: Richard Franco, Regional CFO, Northwestern Medicine; Louis Papoff, CFO, Tenet Healthcare Corporation; Jim Porter, FHFM, CFO, St. Bernard Hospital
Focus: Finance, Accounting General

11:30–12:30 pm  All Attendee Lunch

12:30–1:30 pm  Keynote Presentation
The Power of One: Lead From Where You Are
Carol A. Friesen, FHFM, Bryan Health, 2017-18 HFMA National Chair
Focus: Personal Development

1:40–2:30 pm  An Influence Strategy for Changing Patient Behavior
Tina Nazier, MBA, CPC, Wipfli
Focus: Focus: Specialized Knowledge: Medical

Women in Leadership: Pursuing Your Passion
Carol A. Friesen, FHFM, Bryan Health, 2017-18 HFMA National Chair
Focus: Personal Development
October 24, 2017 (continued)

1:40–2:30 pm  Early Careerist: The Best Time to Plant a Tree was 20 Years Ago. The Second-Best Time is Now.
Joseph (Joe) A. Abel, CPCC, ACC, PhD, Healthcare Financial Management Association (HFMA)
Focus: Personal Development

2:40–3:30 pm  The Patient is a New Payer: Positioning Your Revenue Cycle for Successful Patient Financial Engagement
Jonathan G. Wiik, MSHA, MBA, TransUnion
Focus: Specialized Knowledge: Revenue Cycle

Creating Effective Work from Home Strategies
Gareth Smith, Parallon
Focus: Specialized Knowledge: Revenue Cycle

Early Careerist: Ready, Set, Go!
Joseph (Joe) A. Abel, CPCC, ACC, PhD, Healthcare Financial Management Association (HFMA)
Focus: Personal Development

3:40–5:10 pm  General Session
The Future of Healthcare Financing
Moderator: Raymond (Ray) J. Swisher, FACHE, Branch Manager, Medicare Advantage, Centers for Medicare and Medicaid Services (CMS); Panelists: Anthony Guaccio, President and CEO, Swedish Covenant Hospital; Jean Moody-Williams, RN, MPP, Deputy Director, Center for Clinical Standards and Quality, CMS; Charles (Chuck) Weis, Executive Vice President and CEO Finance, Sinai Health System
Focus: Finance.

5:10–6:10 pm  Networking Reception

October 25, 2017

7:00–8:00 am  Registration and Continental Breakfast with Sponsors

8:00–8:50 am  Employing Physicians in a Value-Based World: Five Areas of Risk Employers Must Know
Ericka L. Adler, JD, Roetzel & Andrress and Lucy Zielinski, GE Healthcare Camden Group
Focus: Regulatory: Compliance Initiatives

HHS HCC Commercial Risk Adjustments - Implementing Provider Education and Monitoring
Judith A. Holloway, MPH, RHIA, CCS, CCS-P, Wipfli
Focus: Specialized Knowledge: Healthcare Finance

8:00–11:00 am  Early Careerist: Introduction to the Myers-Briggs Type Indicator
Arnie Aronoff, PhD, Group Concept, OD, Ltd.
Focus: Personal Development

9:00–9:50 am  The Powerful Effect of Having a Positive, Passionate Mindset
David Pareja, Horizon Financial Management
Focus: Personal Development

Cybersecurity & HIPAA Compliance
Neville M. Bilimoria, Duane Morris, LLP
Focus: Regulatory: Compliance Initiatives

9:50–10:10 am  Break with Sponsors

10:10–11:00 am  Practice Management: Planning Principles for Success
Jennifer Balascio, MSN, CPHQ, LSSBB, PhD, Plante Moran; Sharon K. Ulep, MBB, CMCA, Plante Moran
Focus: Specialized Knowledge: Healthcare Finance
October 25, 2017 (continued)

10:10–11:00 am  The Dichotomy of Healthcare Innovation  
L. Albert (Al) Villarin, Jr. MD, FACEP, Northwell Health System  
Focus: Specialized Knowledge: Healthcare Finance

11:10–12:00 pm  The Top Five Challenges of Health Care Leaders in the Industry  
Lyman G. Sornberger, Capio Partners  
Focus: Specialized Knowledge: Healthcare Finance

Ethical Considerations for Financial Executives  
Tina Nazier, MBA, CPC, Wipfli  
Focus: Ethics

Early Careerist: Mastering Your Job Search  
Facilitator: Amanda Fawley, Operations Manager, The Addison Group; Panelists from The Addison Group: Jordan Highberger, Executive Search Consultant; Tiffany Shelstrom, Recruiter; Zack Spillner, Senior Business Development Manager  
Focus: Personal Development

12:00–1:00 pm  All Attendee Lunch

1:00–2:00 pm  General Session  
The Future of Value  
James (Jim) Landman, JD, PhD, Healthcare Financial Management Association (HFMA)  
Focus: Specialized Knowledge: Healthcare Finance

Early Careerist: Your MBTI Personality Type: How It Will Help You Get Your Next Job  
Arnie Aronoff, PhD, Group Concept, OD, Ltd.  
Focus: Personal Development

2:10–3:00 pm  General Session  
Medicare Update (S-10, DSH, New Laws)  
Greg Hess, Strategic Reimbursement Group  
Focus: Regulatory

3:00–3:15 pm  Break with Sponsors

3:15–4:15 pm  General Session  
Strategic and Financial Planning in Light of Industry Transformation  
Jeff Kilpatrick and Gavin McDermott, Kaufman Hall  
Focus: Specialized Knowledge: Healthcare Finance
Tuesday, October 24

7:00–8:00 am  Registration and Continental Breakfast with Sponsors

8:00–8:50 am  How to Help Patients Pay, Even When They Think They Can’t
Focus: Specialized Knowledge: Patient Access

Learn how to strike a perfect balance between a healthy bottom line and happy patients using proven collections best practices, including automation and data optimization. You’ll hear new ways to effectively and compassionately collect patients’ increasing share of costs—while saving staff time and expense, and maintaining the patient/provider relationship.

Learning Objectives
- Maximize collections to reduce bad debt write-offs and increase patient satisfaction
- Strike a perfect balance between a healthy bottom line and happy patients
- Effectively and compassionately collect patients’ increasing share of healthcare costs
- Save staff time and expense

Steve Millhouse, Vice President, Product Management, Patient Collections, Experian Health is responsible for the products and operations of the Patient Collections business unit, inclusive of the Collections Optimization, Patient Financial Clearance and Identity Verification solutions. Steve has been with Experian 18 years, holding a variety of product management and technical service leadership positions.

8:00–8:50 am  Health Care Fraud & Abuse Primer and Update
Focus: Regulatory: Compliance Initiatives

Health care fraud is on the rise. In October 2016, the government indicted a senior living provider on a record $1 Billion in an alleged health fraud scheme. This presentation will provide an update regarding recent high-profile cases, fraud and abuse laws, and how you can limit your risk.

Learning Objectives
- Understand the Stark Law, Anti-Kickback Statue, and the Illinois and Federal false claims acts
- Understand recent cases on Stark and Anti-Kickback liability, many in the context of Stark Law valuations
- Learn how to limit your liability

Neville M. Bilimoria, Partner, Duane Morris LLP’s Health Law Practice Group, advises healthcare clients on corporate healthcare transactions, healthcare fraud and abuse compliance issues, telemedicine, HIPAA and state health privacy law issues, regulatory compliance, and resulting litigation. Mr. Bilimoria also is the chair of Duane Morris’ Physician Services Group nationally, and a member of the firm’s Health Committee focusing on the latest in health care technology. Mr. Bilimoria holds a B.A. in Philosophy from Northwestern University and is a 1994 graduate of Northwestern University School of Law. Mr. Bilimoria is also Chairman of the Board of Directors for Ray Graham Association for People with Disabilities.

9:00–9:50 am  The Power of Training: Transforming Patient Financial Team Performance and Morale
Focus: Specialized Knowledge: Patient Access

The implementation of a structured, foundational training program can give Revenue Cycle associates the confidence, knowledge, and interdepartmental relationships that pave the way for a successful career in the Revenue Cycle.
Learning Objectives

• Learn how to build a 360-degree training approach that improves performance and enhances staff morale
• Learn how to build staff morale through education
• Provide customer-oriented staff in your access roles the revenue cycle knowledge they need to elevate the patient experience to the highest level

Shellie Zuroske, CHAA, Patient Accounts Operations/Systems Quality Analyst, University of Chicago Medical Center has 29 years’ experience working in the Revenue Cycle, including Patient Access and many positions within Patient Accounts. Her previous position as Revenue Cycle Trainer led her to become a true advocate of staff development through extensive education. She has developed a training program for Revenue Cycle staff that incorporates rules and regulations with electronic health record (EHR) workflows.

9:00─9:50 am  Mercy Hospital’s Telemedicine Project  
Focus: Specialized Knowledge: Medical

Learning Objectives

• Understand the macro environment of cost and quality
• Understand labor shortages in nursing and physicians
• Understand how telemedicine can be used to increase access and efficiency in healthcare
• Understand future payment models in telemedicine

Gary Raju, MBA, MHSA, CPA, CFO, Mercy Virtual and Business Integration leads the financial oversight of Mercy’s non-traditional businesses. He is passionate about successfully navigating payment reform and working to deliver coordinated care that helps keep patients out of the emergency department. Gary has extensive experience in the health care and health insurance industries. He has managed billion-dollar budgets, overseen long-term planning for health systems and health plans, and has assisted in the sale of two private equity-backed companies for more than $400 million. Gary holds a bachelor’s degree in accounting from Michigan State University in East Lansing, Michigan. He holds a masters degree in business administration from Northwestern University and another in health services administration from the University of Michigan.

9:00─9:50 am  State of Illinois – Medicaid Managed Care Organizations (MCO) Expansion and Next Steps  
Focus: Specialized Knowledge: Medical Insurance

The Medicaid landscape continues to evolve in Illinois. Following the implementation of mandatory Medicaid managed care in 2014, the Department of Healthcare and Family Services (HFS) plans to re-launch the managed care model in 2018, expanding the program statewide and reducing the number of participating MCOs. Illinois Hospital Association’s (IHA’s) presentation will provide a comprehensive overview of HFS’ changes to the managed care program; outline IHA’s efforts with both HFS and the selected MCOs to improve transparency and accountability; describe HFS’ rollout and communications strategy, as well as IHA’s provider training opportunities.

Learning Objectives

• Describe the new Medicaid managed care landscape for 2018
• Identify any practical/operational impacts on your organization
• Learn what to expect in terms of communications on and training for the transition
• Support IHA’s efforts to enhance transparency and accountability in the redesigned program

Paula Dillon, Director, Managed Care, Illinois Health and Hospital Association has over 22 years of experience on both the payer and provider side of the healthcare industry, with 14 years of experience specifically focused with healthcare systems, Paula’s background is concentrated in the area of managed care contracting, financial analysis and managed care strategic planning, including shift to value based/risk based arrangements. Paula holds a MBA with a minor in healthcare administration. At IHA, Paula has responsibility for advocacy and policy work related to Health Information Technology, Commercial Exchanges, Commercial
and Medicare Advantage insurance product development; legislative and policy work related to Illinois Workers Compensation initiatives; and advocacy on the implementation of Managed Medicaid models in the state of Illinois, oversight for insurance related member forums, including IHA’s Medicaid MCO Workgroup and ongoing work with the Department of Healthcare and Family Services to ensure greater departmental oversight and performance improvement by Medicaid MCOs.

Helena Lefkow, Senior Director, Patient Financial Services (PFS), Illinois Health and Hospital Association is responsible for IHA’s PFS program. She works closely with IHA’s policy and advocacy team to address operational challenges arising from the Illinois Medicaid managed care expansion. Lefkow holds a master of public affairs (MPA), with a concentration in health policy, from the University of Wisconsin-Madison and a B.A. in history from Northwestern University.

9:50─10:15 am  Break with Sponsors

10:15─11:30 am  Welcome and Introductions

Brian Katz, Manager, RMS US LLP
2017-18 President, First Illinois Chapter

General Session: CFO Panel: Setting Fiscal Strategy in Times of Uncertainty
Focus: Finance, Accounting General

Listen to three hospital CFOs provide insight into their areas of focus as it relates to setting their organizations fiscal strategy including addressing payment models, the future of Medicare and Medicaid reimbursement, and evolving payer relationships.

Learning Objectives
• Describe the current impact of alternative payment models on fiscal strategy within healthcare
• Define the expected current and future financial impact of Medicare and Medicaid and how providers are preparing for changes
• Understand the impact that changes in reimbursement models are having on activities within the revenue cycle and payer relationships
• Learn how health systems are dealing with the uncertainty of the Affordable Care Act

Moderator:  Kelley Blair, SVP, Services Strategy, nThrive; Panelists: Richard Franco, FHFMA, Senior CFO Northwestern Medical; Louis Papoff, CFO, Tenet Healthcare Corp’s Chicago Health System (CHS) & Chicago Health Medical Group (CHMG); Jim Porter, CFO, St Bernard Hospital

Kelley Blair, Senior Vice President, Services Strategy, nThrive, leads the design and strategy of nThrive’s service portfolio. In addition to more than twenty years of revenue cycle operations management and performance improvement experience, Blair is a certified Six Sigma Black Belt with experience using Lean and Focus PDCA improvement methodologies in complex integrated health systems. Blair holds a Masters Degree in Organizational Leadership with a focus on Strategic Management.

Richard Franco, FHFMA, Regional Chief Financial Officer for Northwestern Medicine, a $4.4 billion integrated academic health system in Chicago, IL, has proven expertise in strategic and operational financial management within multi-hospital health systems and brings with him more than 25 years of health care finance experience. At Northwestern, Richard has co-led several successful initiatives to improve clinical documentation, charge capture, service line resource utilization, and hospital length of stay. Mr. Franco has served on HFMA’s National Advisory Council on Strategy and currently serves as President-elect for the First Illinois Chapter. He is an adjunct lecturer for the University of Illinois, Chicago, teaching healthcare finance in the School of Public Health and Administration.
Louis Papoff, CFO, Tenet Healthcare Corp’s Chicago Health System (CHS) & Chicago Health Medical Group (CHMG) is responsible for the physician services of the Chicago area (CHMG, a 100+ multi-specialty medical group) for Tenet Healthcare, as well as the health plan, which includes commercial and Medicare Advantage plans, ACO MSSP, bundled payments, and TPA client IPAs. Primary areas of focus are financial process improvement, population health medical economics, physician compensation plans, benchmark applications, governmental and commercial payer relationships, and accounting process and procedures. Louis has more than 18 years of healthcare experience, covering the spectrum of hospital and physician financial operations in both the academic non-profit and community based for-profit sectors, as well as ancillary services including diagnostics, laboratory, home health, and ambulatory operations.

Jim Porter, FHFMA, is Chief Financial Officer, at St. Bernard Hospital in Chicago, a Safety-Net hospital serving Chicago’s South Side Englewood community. Porter is a Fellow in the Healthcare Financial Management Association and is also a member of ACHE, where he previously served as his Chapter’s Treasurer. Jim has more than 25 years of healthcare financial management experience, having served as CFO for both stand-alone hospitals and hospitals that are a part of larger delivery networks. Jim has extensive Revenue Cycle leadership experience, having served as Senior Vice President, Revenue Cycle of Northeast Indiana’s largest healthcare system. Before joining St. Bernard, Mr. Porter was regional finance officer for Presence Health, the largest Medicaid provider in the Illinois.

11:30–12:30 pm  All Attendee Lunch

12:30–1:30 pm  General Session Keynote Presentation: The Power of One: Lead From Where You Are
Focus: Personal Development

Everyone has a calling, and, for those of us called to lead healthcare finance, each day brings the challenge to reimagine and transform what we know into what our patients need and deserve. As trusted advisors with a story to tell, we are responsible for collaborating with others to advance the health of our patients and our communities. It’s time for healthcare finance professionals to make our contribution and write the story for future generations. This presentation will encourage you to reflect on your personal leadership journey and consider how the power of one can spread the impact to many.

Learning Objectives

• Articulate why they chose a career in healthcare finance
• Understand the importance of personal stories when it comes to discovering and reigniting the place where passion meets purpose
• Describe healthcare finance professionals’ unique contribution as stewards of lives, relationships, and resources
• Identify the intersection between leadership and stewardship in leading from where they are.
• Explain how the Power of One can be leveraged to influence and inspire others

Carol A. Friesen, FHFMA, Vice President, Health System Services, Bryan Health, Lincoln, Nebraska serves as the 2017-18 Chair of HFMA’s National Board of Directors. A member of HFMA since 1999, Ms. Friesen’s involvement with the National Association includes serving as Director for the Board of Directors, the National Advisory Council, Early Careerist Task Force and Region 8 Regional Executive. Ms. Friesen has also served the Nebraska Chapter as Director, Treasurer, Secretary, Vice President, and President. She has received the Follmer Bronze, Reeves Silver, and Muncie Gold merit awards, as well as the HFMA Medal of Honor.

Ms. Friesen, a Fellow of HFMA and Certified Healthcare Financial Professional, holds a Bachelor of Science in business management and a Master of Public Health in healthcare administration.

1:40–2:30 pm  An Influence Strategy for Changing Patient Behavior
Focus: Specialized Knowledge: Medical
Managing in the increasingly complex and hectic pace of a rural health clinic can be a formidable task. Knowing what needs to be done is one thing, actually getting things done is altogether different. In this session, we will identify and examine key strategic initiatives to improve performance in various aspects of a rural health clinic. We will then explore various approaches designed to get the results you are striving to achieve. We will combine an analytical approach to financial and operational indicators with performance coaching and personal accountability for improved performance. Opportunities for engaging your most important asset, your employees, in improving the overall performance of your organization will also be discussed.

Learning Objectives
- Define the process for enlisting trust in the patient relationship
- Differentiate between the persuasion and influence approaches
- Define the key elements required for long-term behavioral change
- Build audience competency in the behavioral change influence approach

Tina Nazier, MBA, CPC, Health Care Strategic Alignment Director is one of the leaders of Wipfli LLP’s health care practice. Tina focuses her strategic knowledge, leadership experience, professional coaching, and analytical skills to help clients effectively address their strategic and operational challenges. Drawing on more than 20 years of experience in leadership, organizational and cultural development, strategy, and operations, she helps executives overcome the major issues that create roadblocks to reaching their full potential.

1:40–2:30 pm
Women in Leadership: Pursuing Your Passion
Focus: Personal Development

Like most things in life, pursuing your passion doesn’t involve following a straight line from Point A to Point B, but rather a path with twists and turns. It’s a journey that often involves three phases: discovery and commitment, sustaining and making it work, and, at times, reigniting your passion to enjoy the journey. This presentation will encourage attendees to reflect on their unique path to the place “where passion meets purpose” and to consider how they can leverage the Power of One to influence and inspire others in all areas of their life.

Learning Objectives
- Articulate their story and the “why” behind what they do
- Define what success looks like to them and make a choice to pursue it
- Identify ways to sustain passion and “make it work,” both professionally and personally
- List the three qualities essential to reigniting passion and enjoying the journey
- Explain how the Power of One can be leveraged to influence and inspire others

Carol A. Friesen, FHfMA, Vice President, Health System Services, Bryan Health, Lincoln, Nebraska serves as the 2017-18 Chair of HFMA’s National Board of Directors.

1:40–2:30 pm
Early Careerist: The Best Time to Plant a Tree was 20 Years Ago. The Second-Best Time is Now.
Focus: Personal Development

Among the fastest-growing occupations, according to federal statistics, is healthcare administration. The job outlook for healthcare administrators is strong, with the U.S. Bureau of Labor Statistics (BLS) projecting 17% growth through 2024, considered much faster than the average for all jobs. This is an extremely favorable time to pursue a career in healthcare leadership. The time for planting the seeds of the future is now. However, career success requires a clear vision on what are the actual opportunities.

Learning Objectives
- Articulate a personal long-term career vision
- Specify next steps in pursuing the career vision that can be used to mark progress
With the rising cost of healthcare and the increased financial burden to patients as a result of cost shifting with HDHPs, patients are the new payer. Patients are increasingly becoming a source of bad debt as the patient pays down their climbing deductible or seeks coverage through the legislative disruption. This session will look at the increased risk for uncompensated care and increased cost to collect as hospitals are collecting more from patients than their insurance in the commercial market.

Learning Objectives

- Obtain an analysis of market trends for increased risk of medical debt, uncompensated care, and rising collections costs
- Examine strategies to offset bad debt through stratifying the bad debt portfolio into payment, charity, and bad debt buckets
- Articulate best practices with workflows, tools, and solutions that can be deployed elegantly and efficiently into the revenue cycle

Reminder: Stop by the Exhibit Hall to receive a complementary signed copy of The Patient is a New Payer.

Jonathan G. Wiik, MSHA, MBA, has over 20 years’ experience serving in acute care, insurance and business solutions settings. Jonathan is an officer on the Colorado HFMA Board, President of the Board of Directors at an Assisted Living facility in Boulder, CO, and Principal of Healthcare Strategy for TransUnion Healthcare. As an active advocate of legislative changes to evolve the healthcare industry, Wiik recently authored Healthcare Revolution: The Patient is the New Payer, and has spoken at numerous national and state events. He has developed several nationally-recognized programs in Point-of-Service (POS) Collections, financial clearance, and operational best practices for hospitals. Jonathan holds a Bachelor’s Degree in Sports Medicine and Master’s Degrees in both Healthcare Administration and Business.
Creating Effective Work from Home Strategies
Focus: Specialized Knowledge: Revenue Cycle

Advanced technology, space limitations, and unrelenting competition for top talent are motivating more healthcare organizations to allow, and in some cases, require, employees in revenue cycle, billing and collections, back office, and call center roles to work from home. With the right policies and technology solutions, work-from-home programs can improve employee satisfaction and retention, as well as increase productivity. During this session, hear about key lessons learned and innovative strategies for creating successful work-from-home programs from the start.

Learning Objectives
- Understand the key steps for setting up a program, including developing a pilot, training and eligibility, and productivity requirements
- Identify effective technologies for a seamless work-from-home experience
- Determine the right home office set-up
- Learn tactics for closing the geographic gap and keeping home-based staff engaged
- Apply lessons learned from successful work-from-home programs

Gareth Smith, Vice President, Strategic Accounts, Parallon works with clients to improve overall performance and drive process efficiency across the revenue cycle. He brings more than 15 years of experience in revenue cycle management, with a strong background in assisting many of the industry’s top hospitals and healthcare delivery systems improve financial performance. Over the past 10 years, Gareth has managed work-from-home and remote employees in various functions. He is a member of the Greater St. Louis Chapter of HFMA.

Early Careerist: Ready, Set, Go!
Focus: Personal Development

Career success results from being ready when opportunity knocks. Speed coaching is the perfect way to prepare for career opportunities in just one fifty-minute session. The format involves a series of quick 5 to 7 minutes interactive “career strategies and tips” discussions. We recommend coming with an open mind and a firm commitment to preparing for your career.

Learning Objectives
- Concisely present your personal, professional “value-adding” ability
- Deploy a personal work opportunity readiness strategy

Joseph (Joe) Abel, CPCC, ACC, PhD, Director, Career Strategies, Healthcare Financial Management Association (HFMA)

General Session: The Future of Healthcare Financing
Focus: Finance

Financing, a driving force on the healthcare landscape, continues to become more complex. With budgetary pressures on Medicare and Medicaid, pay for performance, and federal expectations for investments in technology without regard to costs, executives must constantly monitor the financing landscape. Given these pressures, many questions emerge.

Discussion Topics
- The outlook for Medicare, Medicaid, and private insurance and their impact on organizational strategy and planning
- The outlook for pay for performance and consumer-driven products and their impact on organizational strategy and planning
• The current issues and challenges in providing charity care.
• Strategic approaches to monitoring and adjusting to financing issues

This program has been developed and is presented locally by the Chicago Health Executives Forum. The American College of Healthcare Executives has awarded 1.5 ACHE Face-to-Face Education Credits to this program.

Moderator: Raymond (Ray) J. Swisher, FACHE, Branch Manager, Medicare Advantage, Centers for Medicare and Medicaid Services; Panelists: Anthony Guaccio, President and CEO, Swedish Covenant Hospital; Jean Moody-Williams, RN, MPP, Deputy Director, Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services; and Charles (Chuck) Weis, Executive Vice President and Chief Financial Officer, Sinai Health System

Raymond (Ray) J. Swisher, FACHE, Branch Manager, Medicare Advantage, Centers for Medicare and Medicaid Service is a Past President of the Chicago Health Executives Forum and was the Interim Regent for District 3 Metropolitan Chicago from October 2016 to March 2017. He is a Fellow in the American College of Healthcare Executives.

Anthony Guaccio, President and Chief Executive Officer, Swedish Covenant Hospital
Since Anthony joined the executive staff in 1996, Swedish Covenant Hospital has become the largest and most successful independent community hospital on Chicago’s north side, with a well-deserved reputation of technological and teaching excellence, compassion and growth. Under his management, the hospital has received consistent recognition as a leader in patient safety from the Leapfrog Group and sustained Magnet Recognition for nursing excellence since 2010. Anthony is an accomplished senior-level hospital executive with 30 years of proven innovative health care management experience. In addition to his responsibilities at Swedish Covenant Hospital, Anthony is a Board Member of Upper Midwest VHA, a Chairman of the Economic Steering Committee at Upper Midwest VHA and a LLC Board Member/Past President of the Therapy Institute. Anthony received a master’s degree in business from North Park University. He completed his bachelor degree in business administration and management from Eastern Illinois University.

Jean Moody-Williams, RN, MPP, Deputy Director of the Center for Clinical Standards and Quality, a member of the leadership team responsible for one of CMS’ Centers, is responsible for working with a great team to lead policy activities for Quality Improvement Programs, End Stage Renal Disease Networks, Survey and Certification, Quality Measurement and Health Assessment, Clinical Standards, Coverage and Analysis, Quality Innovations Models and many of the agency’s Value Based Purchasing and public reporting programs for hospitals, physicians, and ambulatory settings. Prior to joining CMS, Ms. Moody-Williams served as an executive at a number of state and private entities working to improve care for patients and families. She is also a clinician. She is the author of the book, Transitions, Trust and Triumph: A Daily Devotion for Caregivers. She received her Bachelor of Science in Nursing from Hampton University and a Masters of Public Policy and Management from the University of Maryland, College Park.

Charles (Chuck) Weis, Executive Vice President and Chief Financial Officer for Sinai Health System has been part of Sinai since 1982. Mr. Weis earned a Master of Business Administration degree from the University of Chicago and a Bachelor of Business degree from Western Illinois University. He is a Certified Public Accountant. Mr. Weis is a member of the Illinois Hospital Association Policy Council and he is also adjunct faculty for in the University of Illinois-Chicago School of Public Health, Hospital Administration Program.

5:10–6:10 pm Networking Reception
Wednesday, October 25

7:00–8:00 am  Registration and Continental Breakfast with Sponsors

8:00–8:50 am  Employing Physicians in a Value-Based World: Five Areas of Risk Employers Must Know
Focus: Regulatory  Compliance Initiatives

The employment of physicians does not come without risk to healthcare employers as the industry shifts from volume to value-based care. This risk can arise in various ways, including: professional liability, contractual/compensation obligations, healthcare compliance, operational issues and human resource challenges. Employers must be aware of methods by which employer risk can be minimized, and the financial outcomes that can result from poorly managed risk.

Learning Objectives

- Understand structures of physician compensation models in a value-based world
- Identify five areas of risk for employer organizations
- Understand the possible approaches to minimize potential risk in designated areas
- Identify the possible financial and legal consequences and/or benefits of risk management

Ericka L. Adler, JD, Partner, Roetzel & Andres, concentrates her practice in regulatory and transactional healthcare law. She represents individual providers, physician groups and other health care entities (i.e. home health care agencies, DME companies, hospices, MRI facilities and surgery centers) in satisfying their day-to-day legal healthcare needs. Ericka has extensive experience in compliance counselling, structuring and implementing complex joint ventures to comply with state and federal laws and regulations, including Stark, Anti-Kickback Statute, fee-splitting concerns, the corporate practice of medicine and other restrictions on health care professionals. In addition, Ericka is an adjunct professor of law at DePaul University College of Law where she teaches a class on Healthcare Fraud and Abuse. She is also a contributing writer to the Law & Malpractice section of the online magazine Physicians Practice, where she addresses legal and management issues facing independent physician practices.

Lucy Zielinski, Vice President, GE Healthcare Camden Group has over 25 years of experience in the healthcare industry. She specializes in helping private and hospital-owned medical groups achieve top financial and operational performance. Such optimization is achieved through physician-hospital alignment—including clinically-integrated networks, strategic planning, practice transformation, coding and revenue cycle improvement, physician compensation plan design, and health information technology and data analytics optimization. Lucy is a Certified Physician Coder, as well as a Certified Life Coach. Ms. Zielinski received her Bachelor’s degree in Health Systems Management from the University of Maryland.

8:00–8:50 am  HHS HCC Commercial Risk Adjustments - Implementing Provider Education and Monitoring
Focus: Specialized Knowledge: Healthcare Finance

HHS is now adding to the alphabet soup of risk adjustment systems that are coded based. Making sure your organization is up to speed on this new system and the challenges it poses to HIM professionals may be a key to the continued success of health care organizations. This program will provide a review of the basics of the HHS HCC risk adjustment system as well as discuss how various clients in the mid-west and western United States have approached educating their providers.

Learning Objectives

- Understand the differences between the CMS and HHS HCC risk score models
- Be aware of the variables used in calculating the HHS HCC risk score
- Understand the challenges in educating providers on the impact of documentation and coding on risk score assignment
- How HHS risk scores might be utilized for monitoring population health goals and objectives as well as contracting with payers.
Judith Holloway, RHIA, CCS, Senior Manager, Wipfli’s Health Care Practice has more than 40 years of experience in the health care industry, she provides consulting services for health care clients across the continuum of care. Judy provides expert witness services in the field of coding, charging, billing, and payment of health care claims. She provides coding assessment and educational services addressing the accurate coding of professional and facility services according to national and payer-specific guidelines.

8:00–11:00 am Early Careerist: Introduction to the Myers-Briggs Type Indicator
Focus: Personal Development

The Myers-Briggs Type Indicator (MBTI) is a feedback assessment that helps people understand their behavioral preferences (habitual ways they choose to do things) at work and at home. It is used widely in career counseling and job coaching to help professionals make most of their talent and leverage their natural strengths to their advantage.

Learning Objectives
• Describe how you prefer to direct and receive energy, take in information, make decisions, and approach the outside world
• Identify the effects of these preferences in work situations
• Describe how these preferences affect how you communicate with others
• Connect what you learn about yourself with thoughts you have about your career

Arnie Aronoff, PhD, Group Concept, OD, Ltd, is an organizational development consultant and trainer with over 25 years of experience helping individuals and companies chart their paths to success. His practice focuses on healthcare, higher education, social services, and the nonprofit sector. He teaches courses on career development, professional growth, team dynamics, and organizational strategy in graduate programs at the University of Chicago.

8:50–9:00 am Break with Sponsors

9:00–9:50 am The Powerful Effect of Having a Positive, Passionate Mindset
Focus: Personal Development

Do you truly understand how powerful your mind is and how your thoughts have creative power? What is a positive, passionate mindset and how does it affect your life, leadership, and organizational mindset? How does a positive and passionate leadership environment help you get the most out of yourself and your organization? This session is for individuals who want to get more out of life—whether it’s success in business, in life, with family, on achieving your goals.

Learning Objectives
• Understand how your mind/thoughts affect your entire life
• Develop a positive thought process and mindset...what does it take?
• Experience the powerful effect of having a positive, passionate mindset
• Help others achieve the desired results by impacting them with positive, passionate leadership

David Pareja, Director of Marketing & Sales, Horizon Financial Management

9:00–9:50 am Cybersecurity & HIPAA Compliance
Focus: Regulatory: Compliance Initiatives
The year 2016 was a banner year for HIPAA enforcement, with the government collecting a record $23.5 Million in fines and settlement eclipsing the previous yearly record by almost three times! In this age of widespread cybercrime, providers and accountants need to understand how to prevent these types of cyberattacks.

Learning Objectives
- Learn about the newest cybercrimes, how cyberattacks work, and how they can infiltrate your providers
- Learn about important compliance updates and recent real-life enforcement actions against health care providers for violations of HIPAA Privacy and Security Rules
- Learn how you and your staff can prevent cyberattacks and how to mitigate exposure and liability

Neville M. Bilimoria, Partner, Duane Morris LLP’s Health Law Practice Group

9:50─10:10 am   Break with Sponsors

10:10─11:00 am  Practice Management: Planning Principles for Success
Focus: Specialized Knowledge: Healthcare Finance

Proper planning prevents poor performance and creating planning opportunities for a successful day in your clinics and practices is critical to efficiency and satisfaction for patients, staff, and physicians. Learn how to use Planning Principles to optimize your clinic scheduling, address delays before they occur, and create balance for providers in the care delivery process.

Learning Objectives
- Understand planning principles for optimal practice management
- Understand key measures and process metrics for practice management optimization
- Identify ways to create planning and preparation time to drive successful practice management

Sharon K. Ulep, MBB, CMCA, Principal, Healthcare Strategy and Consulting

Sharon K. Ulep, MBB, CMCA, Principal, Healthcare Strategy and Consulting has more than 20 years of experience proving leadership consulting and project management expertise to healthcare executives and clinical teams in the fields of Lean Six Sigma program deployment, healthcare quality improvement and patient safety initiatives, data management and reporting, technology use in clinical settings, clinical software implementation and process improvement. As a Lean Six Sigma Master Black Belt, Sharon has led Emergency Department and Operating Room process operational flow improvement initiatives in more than 35 different hospitals driving measureable efficiency, cost savings, and patient experience improvements. Sharon holds a Bachelor of Science in Biology/Chemistry/Human Physiology from Northern Michigan University, MBA candidate from Walsh College of Business and Accountancy, Certified Lean Six Sigma Master Black Belt, and Certified Master Change Agent from GE Healthcare.

Jennifer Balascio, MSN, CPHQ, LSSBB, PhD, Organizational Leadership Senior Manager, Healthcare Strategy and Consulting

Jennifer Balascio, MSN, CPHQ, LSSBB, PhD, Organizational Leadership Senior Manager, Healthcare Strategy and Consulting has practiced as a nurse across the continuum of healthcare for over 35 years. She has ten years of experience as a consultant for safety programs and process improvement programs in acute care, outpatient care, and home care. She has a doctorate in Organizational Leadership, a Master’s degree in the Science of Nursing, is a Certified Professional in Healthcare Quality, and is a Lean Six Sigma Black Belt. Jennifer has performed leadership training, process improvement, and patient safety improvement within healthcare settings across the United States. Jennifer has functioned as an independent consultant, transformation leader in a large hospital system, Director of Quality, and as a professor in a Master’s of Nursing Program. She is an active member of the International Leadership Association and the National Association of Healthcare Quality.

10:10–11:00 am   The Dichotomy of Healthcare Innovation
Focus: Specialized Knowledge: Healthcare Finance
This session will focus on the healthcare agenda alongside innovation driven through analytics. This presentation will review how precise and accurate analytics improve patient outcomes, physician foresight, and physician workflows. We will review how the data enables organizations to understand workflows, the impact of federal programs, and how to use the data to overcome obstacles. We will also review the pairing of analytics and robotics. This is key in determining the financial impact and the roles of disincentives, unbudgeted costs, and other leaking revenue streams.

Learning Objectives

- Understand the impact of technology on healthcare
- Determine through analytics how to overcome new burdens
- Know how to use analytics to identify the cause of the profit reductions
- Understand the value Robotics plays in maximizing processes

L. Albert (Al) Villarin, Jr MD FACEP, Chief Medical Information Officer. Associate Chief Information Officer, and Director, Division of Quality Analytics at Staten Island University Hospital also serves as the Chief Medical Information Officer – Burwood Group – Chicago, Illinois, as Chief Medical Officer & Strategist at SkywriterMD – Denver, Colorado, and Lead Clinical Advisor: Meridian / Precision BI – Wyomissing, Pennsylvania. In this capacity, Dr. Villarin has lead the hospital administration in healthcare information systems procurement, implementation, and adoption strategy where he completed a three-year transition to McKesson Horizon as hospital-wide healthcare information systems. The hospital achieved MU1 and MU2 - now initiating site migration to Allscripts EMR (inpatient & outpatient) supporting Northwell healthcare network for 2018 activation.

11:10–12:00 pm  The Top Five Challenges of Health Care Leaders in the Industry

Focus: Specialized Knowledge: Healthcare Finance

Ultimately “patient experience” is paramount to your health system’s success—but the provider and your patient’s/consumer’s education is challenged with measuring the change, the cost and difficult decisions. Join this session to make the difference and learn how everyone wins—the patient and the provider.

Learning Objectives:

- Learn what healthcare will look like under the new U.S. president
- Hear what a survey of provider leaders are thinking about today and tomorrow
- Listen to what is happening with the new reimbursement models, patient responsibility growing, hospital expenses increasing, payments declining, measuring, and lastly how are you managing the “boardroom” since it is critical to your success?

Lyman G. Sornberger is Chief Health Care Strategy Officer at Capio Partners, LLC, where he is a Board member and part owner. Prior to joining Capio and forming LGS Health Care in 2013, Mr. Sornberger was the Executive Director of Revenue Cycle Management at Cleveland Clinic Health Systems. He spent the previous 22 years with the University of Pittsburgh Medical Center (UPMC) in leadership roles for their revenue cycle management groups.

11:10–12:00 pm  Ethical Considerations for Financial Executives

Focus: Ethics

Financial executives are often faced with issues that may conflict with the ethical requirements of the accounting profession. Review ethical requirements of the accounting profession and discuss case studies which require participants to address issues and also help provide a basis for developing an ethical culture within their organization.

Learning Objectives:

- Receive an overview of ethical standards
- Discuss how certain decisions unknowingly violate ethics
- Explore building an ethical culture in your organization
Kristin Snowden, MBA, CPA, Wipfli LLP, works closely with physician clients to efficiently manage and grow their practices. She provides direction and strategies to work through financial issues and strengthen the revenue cycle. With over 25 years of experience, Kristin has specialized expertise in strategic planning, developing and analyzing physician compensation plans, and utilizing practice data and benchmarks to identify opportunities. Prior to Wipfli LLP, Kristin had previous consulting experience in strategic planning for hospitals and health systems, and received an MBA from the University of Chicago.

11:10–12:00 pm  Early Careerist: Mastering Your Job Search
Focus: Personal Development

Learn how to improve your career search through resume writing tips, avoiding common interview mistakes and growing your professional network.

Learning Objectives
- Organize your job search including resume writing and tips on getting great references
- Prepare for a variety of interview styles including phone, one-on-one, and panel interviews
- Utilize professional social media for networking and promoting yourself to potential organizations

Facilitator: Amanda Fawley, Operations Manager, The Addison Group; The Addison Group Panelists: Jordan Highberger, Executive Search Consultant; Tiffany Shelstrom, Recruiter, and Zack Spillner, Senior Business Development Manager

Amanda Fawley, Operations Manager, is focused on working with clients and the sales team. Her prior roles at The Addison Group included recruiter and account manager. She believes that the key to building the best relationships in this industry is transparency.

Jordan Highberger, Executive Search Consultant is a national direct hire consultant for The Addison Group’s National Healthcare Executive Search Team. He partners with small to large hospitals, physician groups, revenue cycle management companies, skilled nursing, home health organizations as well as payers, TPAs and other niche companies all across the country. Roles that Jordan typically fills are from the supervisor ranks all the way up into the C-suite.

Tiffany Shelstrom, Recruiter, builds relationships with clients at the staff level and helps them to grow in their healthcare career. She educates clients on navigating the job search, trains on interview etiquette, and assists with resume building. Tiffany has a passion for helping others and feels most rewarded when knowing she is helping someone to take a step forward in his/her career. Her clients love her positive attitude and honesty.

Zach Spillner, Senior Business Development Manager, partners with non-clinical departments within small to large hospitals, physician groups, revenue cycle management companies, skilled nursing, home health organizations as well as payers, TPAs, and other niche companies. He interacts with hiring managers on a day-to-day basis to talk with them about their biggest challenges when it comes to finding and identifying quality talent for their teams and organizations.

12:00–1:00 pm  All Attendee Lunch
1:00–2:00 pm  
**Keynote: The Future of Value**
Focus: Specialized Knowledge: Healthcare Finance

For more than a decade, the U.S. healthcare system has been focused on a transition to value. As the system faces potential changes in direction under a new administration and new congressional leadership, how can the lessons learned from experiments in new payment and care delivery models shape our expectations for the future of value?

Learning Objectives
- Identify the potential benefits and limitations of different payment and care delivery models.
- Describe the findings of a recent national research project by HFMA and its research partners on the impact of value-based payment on total cost of care.
- Assess the impact of changes to federal healthcare programs on the transition to value.

James (Jim) Landman, JD, PhD, is Director, Healthcare Finance Policy, Perspectives and Analysis, for the Healthcare Financial Management Association (HFMA). Jim is responsible for leading HFMA’s thought leadership efforts, which have covered value creation, payment reform, price transparency, and many other areas that drive healthcare organizational high performance. Results of these initiatives are used by health systems and other provider organizations, health insurers, rating agencies, regulatory agencies, congressional committees, state hospital organizations, and other government and industry leaders. Jim started at HFMA in 2008. Prior to HFMA, he worked for the American Bar Association, the University of North Texas, and the Faegre & Benson law firm (now Faegre Baker Daniels). He holds a BA from Northwestern University, a JD from the University of Michigan Law School, and a PhD from the University of Minnesota.

1:00–2:00 pm  
**Early Careerists: Your MBTI Personality Type: How It Will Help You Get Your Next Job**
Focus: Personal Development

Understanding your MBTI preferences can help you in your job search! In this one-hour follow up to the Introduction to the MBTI workshop, we help you see how your preferred ways to communicate, gather information, and make decisions can help you research job opportunities, network, interview, ask questions to determine if you would be happy at a particular job, and make a decision about a job offer.

Learning Objectives
- Describe how your MBTI preferences relate to how you research job opportunities and network
- Identify the effects of these preferences on your job interview style
- Describe how these preferences affect how you make career-related and job opportunity decisions

Arnie Aronoff, PhD, Group Concept, OD, Ltd

2:10–3:00 pm  
**General Session: Medicare Update (S-10, DSH, New Laws)**
Focus: Regulatory

Learning Objectives
- Understand the effect of your S-10 worksheet on your hospital
- See the impact of DSH on your organization
- Maximize your reimbursement from CMS

Greg Hess, Partner, Strategic Reimbursement Group

3:00–3:15 pm  
Break with Sponsors
The foundation of planning is to integrate strategy, financial capability, and risk. As the healthcare environment becomes less certain and more demanding, planning needs to embrace new capabilities and to become more sophisticated in its ability to identify, quantify, and mitigate risk.

Learning Objectives

- Describe how to identify an organization’s value proposition
- Identify possible initiatives for traditional and new dimensions of value
- Describe how to quantify the related strategic and financial plan for these new dimensions
- Identify changing roles of finance professionals in the new environment

Jeff Kilpatrick, Senior Vice President of Kaufman Hall and a member of the firm’s Strategic and Financial Planning practice focuses on strategic planning for hospitals and health systems nationwide, assisting clients in evaluating their strategic options, among other strategic responsibilities. With more than 15 years of experience, Mr. Kilpatrick has healthcare leadership expertise in program and system strategic planning, partnership and diligence activities, and service line administration. Prior to joining Kaufman Hall, Mr. Kilpatrick had previous provider and consulting experience at Loyola University Medical Center, Children’s Healthcare of Atlanta, Northwestern Memorial Hospital, and Booz Allen & Hamilton.

Gavin McDermott, Vice President in Kaufman Hall’s Treasury and Capital Markets, and Strategic and Financial Planning practices has nearly a decade of experience as a capital markets financial advisor, with significant expertise in both transactional and capital markets strategy. Mr. McDermott’s transactional work includes a wide range of public and private financings, with issuers ranging from single-site hospitals to national health systems. He is experienced in a variety of financing structures, including fixed and variable rates, demand bonds, private placements, advanced refundings, letters of credit, and standby bond purchase agreements. His capital markets strategy work includes helping healthcare executives develop policies and procedures to support portfolio-driven decision making, utilizing various corporate risk management strategies.
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Directions to the Fall Summit
Drury Lane Conference Center is conveniently located in Chicago's prestigious western suburbs just minutes from Downtown Chicago, O'Hare International and Midway airports with easy expressway access from all directions.

Drury Lane Theatre & Conference Center
100 Drury Lane
Oakbrook Terrace, IL 60181
PH: (630) 530-8300
Map and Directions available at http://www.drurylane.com/facility/map-directions/

Hotel Accommodations
There are several hotels in the immediate area. For more information, go to http://www.drurylane.com/facility/hotels/

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The 2017 Fall Summit exhibit opportunities are available to First Illinois Diamond, Platinum, Titanium and Gold sponsors. For information on how to become sponsor, visit the First Illinois website at http://firstillinoishfma.org/sponsors/ or contact the First Illinois Chapter Sponsorship Chair at David.Pareja@horizonfinancial.com

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Questions
For questions related to online registration, email marketing@FirstIllinoisFMA.org
For all other questions, email fallsummit@firstillinoishfma.org

Save the Date
2018 Fall Summit
October 23-24, 2018
Drury Lane Conference, Oakbrook Terrace, IL

Interested in presenting at a future First Illinois educational event? 2018 Fall Summit RFPs will open in early December 2017. If you have questions in the interim, email us at fallsummit@firstillinoishfma.org

Upcoming First Illinois Events
• February 8 2018 Managed Care Meeting
• March 21 2018 Accounting and Reimbursement Program
• April 4 Reimbursement and Revenue Cycle 101
• For details, visit the First Illinois Event Calendar at http://firstillinoishfma.org/events/
# 2017 Fall Summit Registration Information

Our on-line registration is available 24/7. To register, go to [http://hfmasummit.org/registration/](http://hfmasummit.org/registration/)

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*Student is defined as an individual currently enrolled full time in an accredited undergraduate or graduate program and are not presently employed in the healthcare finance profession or one of its specialties. To become a First Illinois Chapter student member – membership is complimentary – go to [https://my.hfma.org/HFMA_StudentRegistrationForm](https://my.hfma.org/HFMA_StudentRegistrationForm)

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