



PRACTICE IMPROVEMENT CONFERENCE APRIL 25TH 2019

Registration now open for this physician practice oriented event.

Sponsored by the Great Lakes Chapters of HFMA and ACHE with three ACHE Face to Face credits and five CEUs you can get the latest on how to improve your bottom line whilst looking at population health and new care delivery models.

Come join us at Saginaw Valley State University Gilbertson Hall on April 25th for three timely sessions. A special keynote luncheon with David Latzer, Regional Vice President of Caravan Health will be presenting the latest on ACO's including the new smaller physician based models recently released.

The population health panel will include a number of system level managers and educators from Northern Physicians Org (NPO), UofM, GVSU and Munson. Rose Willis and her team will return to update on recent MACRA developments. With all these new measures, we'll add a sane, simple system to analyze your processes to track them. [Register now.](#)

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MACRA Part II

**Rose Willis, JD
Peter Domas, JD
Tiana Korley, JD
Sam Neimi, FHFMA**

Population Health

**Kris Elliott, MS
Dr. Tricia Thomas
Leah Corneail, MPH
Laura Glenn, MSHA
Toy Bartley, MSN**

ABC's of ACO's

**David Latzer, VP
Caravan Health**

Process Measuring

**Gerald Artman, Jr
HFMA**



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2nd Annual Practice Conference

April 25th SVSU

Register Now

When: April 25th 9:30am – 2:30pm

Where: Saginaw Valley State University

Members ACHE/HFMA - \$65

Non-Members - \$75

Students - \$20

Registrations Due by April 15th

Sign-In @ 9am

Sessions Begin @ 9:30am

Sessions Over @ 2:30pm

Includes Keynote Luncheon

Three ACHE F2F CEU + Other CEU's

Five HFMA CEU's



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MACRA-Action: As it continues to evolve

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced the sustainable growth rate methodology and established two value based tracks for eligible clinician participation: the Merit Based Incentive Payment System and Advanced Alternative Payment Models. In the Final Rule, Centers for Medicare and Medicaid Services (CMS) revised and further clarified certain aspects of its Quality Payment Program (QPP), making important changes to terms of participation. The panel will discuss what providers should do to successfully participate in the QPP during and after the next performance period. The panel will also discuss legal issues that might arise as the program evolves along with real-life scenarios applying MACRA.

- Important aspects of MACRA and the Final Rule.
- Tips for successful participation during the next performance period of MACRA.
- Potential strategic business opportunities in Advanced Alternative Payment Models.
- Key legal and compliance issues to be aware of when participating in the QPP.
- What providers can do today to help prepare for future performance periods and evolve with the QPP.

Brought to you by Rose Willis and Peter Domas of Dickinson-Wright. Both attorneys specialize in healthcare and reimbursement law. They will be joined by Tiana Korley, attorney for University of Michigan specializing in compliance and formerly Senior Health Counsel to Representative Jim McDermott, ranking Member of Ways and Means Subcommittee on Health in the U.S. house. Sam Neimi Reimbursement Manager for the Munson Healthcare System will be moderating the panel.

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MACRA Panelists

Rose Willis is a member of Dickenson-Wright law firm. Her practice focuses on healthcare regulatory, transactional and corporate law in her representation of healthcare providers and suppliers and other current or prospective participants in the healthcare industry. Rose regularly counsels healthcare industry clients on matters regarding governance documents such as bylaws, operating agreements, HIPAA privacy and security laws, mergers and acquisitions involving physician practices and hospitals, physician and midlevel provider employment agreements, corporate compliance programs and many other healthcare areas.

Tiana Korley is an attorney at the University of Michigan where she provides legal advice on regulatory compliance and research matters. Tiana also advises on various delivery system reform efforts, including participation in various alternative payment models.

Prior to joining the University of Michigan, Tiana was a consultant at the MITRE Corporation, which operates CMS's federally-funded research and development center, the CMS Alliance to Modernize Healthcare. In this role, she advised CMS on various policy considerations, including establishment of alternative payment models emerging from the Center for Medicare and Medicaid Innovation.

Peter Domas is Of Counsel at Dickinson Wright. Peter's practice is devoted to representing clients in the healthcare industry, and assisting them in navigating the complex statutory and regulatory environment unique to healthcare corporate, transactional, and litigation matters. Peter also counsels clients on the development and maintenance of effective internal compliance programs. Peter is also a Certified Public Accountant in both Michigan and Illinois.

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Population Health: Multi-unit Panel Discussion

Join major Michigan players in the population health arena from systems like University of Michigan and Munson, physician organizations like Northern Physician Organization and academia as SVSU's Associate Dean of Practice as they review of how their organizations have responded to this call. See contrasts and similarities in approaches and activities from all points of view. There will be ample time for Q&A on this topic.

Population Health Panelists

Kris Elliott, MS, is Director of Quality for Northern Physicians Organization (NPO). At NPO, she leads Quality and Patient-Centered Medical Home Neighborhood initiatives for NPO's Clinically Integrated Network and two Medicare Shared Savings Accountable Care Organizations. NPO has over 530 physician members from 160 practices across Northern Lower Michigan. Kris's initial education is from Purdue University, a B.S. in Biomedical Engineering, with her M.S. from Case Western Reserve University in System Operations.

Dr. Tricia Thomas is Associate Dean for Practice at Grand Valley State University. She has 36 years of nursing experience holding a variety of clinical and operational leadership positions. She has board certifications in Adult Health, Healthcare Management, Executive Nurse Leadership, and as a Clinical Nurse Leader. Her education includes a PhD from Walden University, Master's and Bachelor's degrees from University of Michigan, and an Associate Degree in Nursing from Lake Superior State College. Dr. Thomas co-edited recognized textbooks for Clinical Nurse Leaders, Nursing Administrators, and Interprofessional Practice in project management.

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Population Health Panelists

Leah Corneail, MPH is a Senior Project Manager in the Michigan Medicine Population Health Office. In this role, she manages Michigan Medicine's participation in several value-based payment models. In order to ensure success in primary care practice transformation models, including the Michigan State Innovation Model (SIM) and Comprehensive Primary Care Plus (CPC+), Leah graduated in 2013 with her Master of Public Health from the George Washington University Milken Institute School of Public Health and received a Bachelor of Arts in French/Pre-Medicine from the University of Michigan. Prior to joining the Population Health Office, she worked as a Senior Program Manager at the Center for Healthcare Research & Transformation.

Laura A. Glenn, MHSA, Vice President, Munson Healthcare Physician Network joined Munson Healthcare as the Vice President of the Physician Network in December 2017. In this role, she is responsible for integration of the employed and aligned physician practices across the system. In addition, she is responsible for developing and implementing physician alignment strategies as well as advancing population health strategies including the Munson Clinical Integration Network and other value based payment models. Prior to joining Munson, Laura served as the Senior Vice President & Executive Director of Beaumont Health Physician Partners.

Toy Bartley, MBA, MSN, RN, CNL-BC, CCRN the Manager of Clinical Transformation for Sparrow Health System will moderate this panel.

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Keynote Luncheon – ACO's

David Latzer, the Regional Vice President for Caravan Health will be presenting on the topic of ACO's. David has 20 years of healthcare experience in revenue cycle analysis, managed care, and analytics and advisory roles. He worked as an advisor to C-Suite clients pursuing risk capability and managed care strategies. David has experience supporting commercial and government payer contract negotiations. He has a Masters Degree from New York University and is a member of HFMA and ACHE.

In February, together with primary, specialty, and hospital providers, Caravan Health is launching a new Caravan Health Collaborative Accountable Care Organization. This ACO will allow providers to achieve the promise of value-based care and practice transformation with consistent and predictable results. Serving approximately 225,000 attributed Medicare beneficiaries, this is one of the largest ACOs operating in the Medicare Shared Savings Program.

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Process Measurement – Blast thru the Stop Lights

Most everything discussed in this conference is about measuring the effectiveness of processes design to improve patient or population outcomes. The effectiveness of these processes determine an increasing portion of reimbursement. How often are we given a list of weekly, monthly, maybe even daily, stoplights with the familiar red, yellow and green news?

This is insane. Are you in the red because of something unusual or is it a normal part of how your process is working? Perhaps investigation is need to understand the cause. On the other hand, it may be a waste of effort. We will look at how your data can tell you which is which and how best to concentrate your efforts. It's not hard. With a Excel and a couple of formulas and a constants anyone can gain insight to what their data is really saying.

Gerald D Artman, Jr. FHFMA has 35+ years in healthcare finance. He has had finance operational responsibility starting with a 272 bed nursing home which grew to a small system of 1,000 beds in five locations. He has established home offices, accounting conversions and has prepared hundreds of cost report for federal and state programs. He moved into hospital and multi-unit reports ten years ago and currently works as a reimbursement specialist for Munson Healthcare.

Jerry has a BS degree in Finance from the University of Detroit and is a Fellow in HFMA. He has extensive experience in spreadsheet and SQL data from duplicating a complete cost report in Lotus and Excel, back when the only had paper reports, to building compliance review on-line systems.

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