

## Overcoming the Impact of

# PAYER CONSOLIDATION FOR HOSPITAL MANAGED CARE CONTRACTING

**Take back your power!**

*Proven Strategies to Leverage Your Position & Increase Reimbursements Through Improved Negotiation, Effective Denial Management, & Direct Contracting*

**April 24-25, 2007 • Embassy Suites Hotel • Atlanta, GA**

Don't miss this unprecedented opportunity to learn real-world solutions implemented by best-in-class hospitals and healthcare providers to effectively manage the financial and contractual implications of current and proposed payer consolidation. By attending this conference, you will specifically learn how to defend yourself from big payer power and:

- **Protect** your reimbursement levels even in the face of large monopolistic payers
- **Optimize** your managed care contracting function to leverage your position
- **Utilize** effective contract language to improve negotiations
- **Ensure** payer contract compliance
- **Diversify** your payer mix to win better contracts from large and consolidated payers
- **Stay** informed about upcoming mergers and consolidation trends
- **Optimize** utilization management to minimize and overturn denials
- **Capitalize** on direct contracting with large employers and employer coalitions
- **Obtain** favorable reimbursement from Medicare Advantage plans
- **Challenge** new, jointly-marketed products that threaten provider position
- **Manage** patient financial accountability associated with products from newly consolidated plans
- **Leverage** technology to easily pinpoint underpayments and denials
- **Implement** contract language that assures you retain a voice in determining medical criteria
- **Overcome** pressure to lower pricing when payers merge
- **Differentiate** yourself in competitive markets

Unique insights and winning strategies from these leaders who have successfully overcome the operational and contractual challenges resulting from health plan consolidation, including:

- Managing the Financial and Contractual Implications of a Payer Consolidation  
**STANFORD HOSPITAL AND CLINICS/  
LUCILE PACKARD CHILDREN'S HOSPITAL**
- Get What You Want from Medicare Advantage Plans  
**MEMORIAL HERMANN HEALTH SYSTEM**
- Antitrust Implications of Payer Consolidation: How Hospitals Can Challenge New Jointly-Marketed Products  
**JONES & KELLER, PC**
- Winning Better Contracts: How to Diversify Your Consolidated Payer Mix & Leverage Your Position in Negotiations  
**NORTH SHORE LONG ISLAND  
JEWISH HEALTH SYSTEM**
- Direct Contracting with Employers  
**DEMARCO & ASSOCIATES**
- Tricks of the Trade: What You Really Need to Know about Health Insurance  
**CARLE FOUNDATION HOSPITAL**
- Staying on Top of Changing Criteria for Medical Service Reimbursement: Optimizing Utilization Management to Minimize Denials  
**TENET HEALTH SYSTEM**
- Health Plan Consolidation: Trends & Economic Implications  
**SHERLOCK COMPANY**
- New Technologies & Computerized Systems that Ensure Payer Contract Compliance  
**ST. THOMAS HEALTH SYSTEM**
- Implications of Payer Consolidation on Consumer Decision-Making Tools: Strategic, Contractual and Operational Considerations  
**TRIHEALTH, INC.**

### PANEL DISCUSSION

Contracting Strategies to Leverage Your Position: Pricing Strategies & Effective Language to Improve Negotiations with Large & Consolidated Payers  
**UMASS MEMORIAL HEALTHCARE  
PARKVIEW MEDICAL CENTER  
NORTH SHORE LONG ISLAND  
JEWISH HEALTH SYSTEM  
MEMORIAL HEALTH**

### PANEL DISCUSSION

How to Overcome the Operational Challenges: Best Practices for Monitoring Complex & Constantly Changing Contract Terms & Payer Reimbursement Practices  
**CLEVELAND CLINIC  
INTEGRIS HEALTH  
CROZER KEYSTONE HEALTH SYSTEM**

DON'T MISS THESE MUST-ATTEND, IN-DEPTH WORKSHOPS!

**Optimizing Direct Contracting with Employers:  
An In-Depth Action Guide to Leverage this Strategic Opportunity  
DEMARCO & ASSOCIATES**

**Real Denial Management: How to Proactively Minimize Denials from Big Payers  
REVENUE CYCLE SOLUTIONS**

### Official Publications



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## Special, In-Depth, Dinner Workshop A • Tuesday, April 24, 2007

Workshop A • 5:45 p.m. – 8:30 p.m.

### Optimizing Direct Contracting with Employers: An In-Depth Action Guide to Leverage this Strategic Opportunity

The market opportunities for provider/employer collaboration have once again shifted to reveal a new revenue stream and a new way to build service and brand loyalty between buyers and sellers of healthcare. In this increasingly competitive managed care market, where everyone is in the same network, hospitals must own, operate, and optimize their employer channels.

By building commitment to your organization and trust with employers, direct contracting offers an opportunity to significantly increase your market share without having to depend on health plans.

This in-depth workshop will provide you with the tools you need to successfully measure up and secure a preferred relationship with an employer.

Specifically, you will learn how to:

- **Approach** employers
- **Determine** feasibility
- **Maximize** opportunities with CDHP and higher patient cost sharing to more closely align with employers
- **Negotiate** with an employer who has a CDHP
- **Utilize** the best data
- **Improve** care and make more money

#### ABOUT YOUR WORKSHOP LEADER:



**William J. DeMarco, MA, CMC**, *President and CEO of DEMARCO AND ASSOCIATES*, has more than 20 years experience in marketing to unions, public employers and private industry in the competitive HMO environment of Minneapolis-St. Paul. Since the inception of the firm,

he has assisted numerous HMOs, IPAs, PSOs and medical groups in developing better relations with buyers of health-care. His broad national exposure to employers' needs, combined with his hands-on experience in developing products and strategies, offers clients an up-to-date perspective on what purchasers want in healthcare today.

Mr. DeMarco is a nationally recognized speaker on the areas of organizational strategy formation, physician capitation and physician-owned health plans. He has been cited in a number of journals and periodicals such as *The Wall Street Journal*, *The New York Times*, *Health Market Survey*, *Hospitals Magazine* and *Business and Health*.

## Special, In-Depth, Post-Conference Workshop B • Wednesday, April 25, 2007

Workshop B • 12:30 p.m. – 2:30 p.m.

### Real Denial Management: How to Proactively Minimize Denials from Big Payers

Despite the heightened awareness of insurance claim denials over the past several years, most of the nation's hospitals continue to lose a significant amount of reimbursement due to preventable claim denial. Additionally, many hospitals continue to experience baseless claim denials from insurers which are not identified and/or challenged within the allotted timeframe resulting in forfeiting all recourse.

While some hospitals have invested in denied claims software, reporting and dedicated staff, the desired results may not have been achieved due to the inability to accurately identify and address the various denials at their source.

During this in-depth workshop you will focus on key process improvements and learn tried-and-true ways to accurately identify, interpret and minimize insurance claim denials.

By attending this workshop you will be provided with proven strategies to:

- Get a true and current picture of your facility's denial volume, dollars and reasons
- Establish and prioritize primary denial categories
- Effectively use the systems you already have to track and monitor denial activity
- Establish and maintain a real-time process flow of identification and response
- Accurately interpret related report information for immediate sustained benefits

#### ABOUT YOUR WORKSHOP LEADER:

**Daniel Thiry**, *Principal at REVENUE CYCLE SOLUTIONS*, has 20 years experience in healthcare finance. He spent 12 years directing patient accounting finance functions in large teaching hospitals and health systems as well as mid-sized and urban hospitals. Prior to becoming a founding

Principal at Revenue Cycle Solutions, he served as Chief Operating Officer at an established healthcare financial services company. He is certified as a patient account manager (CPAM) by the American Association of Healthcare Administrative Management, has been a featured speaker on topics including hospital charity care programs and denied claims management, and has written articles for AAHAM, *The Receivables Report* and the Healthcare Advisory Board.

**Maryann Balish**, *Senior Consultant, REVENUE CYCLE SOLUTIONS*, has 17 years experience in healthcare finance. She has four years of public accounting experience auditing healthcare facilities, as well as 10 years coordinating multiple implementations of patient finance and registration systems and directing patient finance activities for large and mid-size teaching hospitals and urban hospitals.

## OFFICIAL PUBLICATIONS



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