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
- Diversity 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
- 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
  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.
- Optimizing Direct Contracting with Employers: 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 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
Special, In-Depth, Dinner Workshop A • Tuesday, April 24, 2007

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

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

The Managed Care Information Center (MCIC) gathers, compiles, analyzes, studies and distributes business information on the managed care industry. The MCIC delivers this strategic business information to its clients via executive newsletters, yearbooks, leading industry databases and directories, management reports, and client research studies. The information is available in print, on CD-ROM and via the Internet at www.themcic.com. Call 800-516-4343 or Fax 888-329-6242 or visit our online bookstore: www.healthresourcesonline.com.

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eHealth Insider – the newsletter for people who know that a judicious investment in information can pay a many-fold return – is a complete intelligence service that offers tough talk about real contenders, mergers and acquisitions, IPOs, new ventures, and cockeyed business plans in the ever-evolving eHealth industry and the world of managed care IT. And the exciting news is that we just relaunched eHealth Insider to offer the inside scoop on the technological advances health plans are forging to speed up the EDI highway, as well as case studies on how businesses have implemented business process applications to increase efficiencies. With weekly email updates and monthly printed newsletters, EHI also keeps you informed on new cutting-edge technologies relating to consumer-driven healthcare. eHealth Insider is the solution to all your health information technology needs – to keep you in front of the competition. To subscribe: http://www.corporateresearchgroup.com/pub/ehealth/

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