



NCHA Government Payors Summit



SEPT. 12 ▶ Embassy Suites by Hilton RDU/RTP in Cary

The North Carolina Healthcare Association (NCHA) and the North Carolina Chapter of the Healthcare Financial Management Association (HFMA) are hosting the annual Government Payors Summit on Wednesday, Sept. 12 at the Embassy Suites by Hilton Raleigh-Durham/Research Triangle in Cary. The program will:

- Update providers on the latest related to North Carolina Medicaid Managed Care Reform, including what we can learn from other states,
- Update providers on the latest Medicare legislative and proposed regulatory changes under consideration, on by both Congress and the Administration for fiscal year 2019 and beyond,
- Provide a forum to address Medicare reimbursement and audit issues.

▶ OBJECTIVES

- Recognize the latest actions and rationale for changes being proposed to Medicare and Medicaid payments,
- Prepare for and share information with others,
- Identify how other payers could adopt Medicare payment changes,
- Plan and budget more precisely.

▶ TARGET AUDIENCE

Hospital Health System CEOs, CFOs, Reimbursement Managers, Patient Financial Services Managers, Compliance Officers, and Managed Care Directors.

▶ FEES & REGISTRATION

Register for the meeting by **Sept. 7** online at <https://www.ncha.org/event/government-payors-summit/>

NCHA/HFMA member fee: **\$195**
Non-member fee: **\$395**

(Fee includes program content, materials, lunch, breaks and CPE credit.)

▶ CPE CREDITS **7.5 HRS**

Dixon Hughes Goodman is registered with the National Association on of State Boards of Accountancy (NSABA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors online at: <http://www.learningmarket.org>.

- Advance Preparation: None
- Prerequisite: None
- Presentation: Lecture
- Course Level: Intermediate
- Recommended CPE Credits: 7.5
- Attire: Business Casual

▶ ACHE CREDITS **6 HRS**

NCHA is authorized to award 6 hours of pre-approved American College of Healthcare Executives (ACHE) Qualified Education credit toward advancement or re-certification in the ACHE. Participants can indicate their attendance when submitting application to the ACHE for advancement or re-certification.

► LOCATION & ACCOMMODATIONS

Embassy Suites by Hilton Raleigh – Durham/Research Triangle
201 Harrison Oaks Boulevard
Cary, NC 27513
919-677-1840
<http://www.raleighdurham.embassysuites.com>



A block of rooms is being held for NCHA guests at a discounted rate of \$139. Call the Embassy Suites by Hilton Raleigh-Durham/Research Triangle by the cut-off date of Sept. 7, 2018 to reserve your room.

► AGENDA

- 8:00 a.m. – 9:00 a.m. Registration and Light Refreshments
- 9:00 a.m. – 10:15 a.m. **North Carolina Medicaid Managed Care Reform**
Rita Morris, Director, Navigant*
Thomas Carlisle, Associate Director, Navigant*
- 10:15 a.m. – 10:30 a.m. Break
- 10:30 a.m. – 11:45 a.m. **Emerging Trends and Issues in Hospital Fraud and Abuse**
Michael J. Bittman, Partner, Nelson Mullins Riley & Scarborough*
- 11:45 a.m. – 12:30 p.m. Group Lunch
- 12:30 p.m. – 1:45 p.m. **Update 2019 Inpatient Rule**
Mike Polito, Principal, Third Party Reimbursement Solutions, LLC*
- 1:45 p.m. – 3:00 p.m. **Update 2019 Outpatient Prospective Payment System (OPPS) Rule**
Kevin Callaway, Principal, Dixon Hughes Goodman LLP*
Josh Steedley, Manager, Dixon Hughes Goodman LLP*
- 3:00 p.m. – 3:15 p.m. Break
- 3:15 p.m. – 4:30 p.m. **Palmetto GBA Medicare Update**
Scott Neely, Manager, Palmetto GBA

This program is in partnership with:



*NCHA Corporate Sponsor

► SPEAKERS

Michael J. Bittman, Partner, Nelson Mullins Riley & Scarborough

Michael Bittman is a Florida Bar board-certified healthcare lawyer with more than 35 years of experience representing providers in a variety of matters, including investigating and litigating healthcare fraud cases involving millions of dollars in Medicare and Medicaid funds. In addition to his litigation experience, Bittman has served as outside general counsel for hospitals and other healthcare entities, and represents parties in healthcare transactions. Bittman was named by “Best Lawyers in America®” as the 2012, 2016, and 2018 Orlando Health Care Law Lawyer of the Year and is continuously recognized among the “Florida Super Lawyers” by Law & Politics magazine, the “Best Lawyers in America®” for Health Law, and the “Florida Legal Elite” by Florida Trend magazine. He has also been honored by Chambers USA: A Guide to America’s Leading Business Lawyers as a top health care attorney.

Kevin Callaway, Principal, Dixon Hughes Goodman

Kevin Callaway has more than 20 years of experience in the healthcare industry, working with hospitals, health systems, and a variety of other healthcare entities. He has extensive experience with hospital provider reimbursement issues and strategy, a full spectrum of Medicare and Medicaid cost reporting experience, provider appeals/mediation, provider-based studies, feasibility studies, and various reimbursement analysis. In addition to overseeing a large number of cost report and reimbursement consulting engagements, Callaway has played an integral role in developing the firm’s services related to Medicare bad debts. These services have been utilized by many clients to improve their Medicare bad debt policies and procedures and improve their Medicare bad debt reimbursement.

Thomas Carlisle, CPA, Associate Director, Navigant

Thomas Carlisle is an associate director with Navigant and brings a diverse 38-year career to the firm’s Government Healthcare practice. He offers a unique perspective at a time of great change in healthcare having previously served as Chief Financial Officer for the Arkansas Division of Medical Services and more recently as Interim CFO for the Kansas Division of Health Care Finance, which administer each states’ Medicaid program. Carlisle is a Certified Public Accountant (CPA) and has public accounting experience at a Big Four accounting firm, in addition to serving in various executive positions at a Fortune 500 company. He has executive leadership in the financial operation of state Medicaid programs, analysis of state and federal legislative policy changes, compliance and monitoring of government healthcare laws, regulations and policies, development and drafting of State Plan Amendments, and Section 1115 and 1915 Waivers, and audits at the state and provider levels. Over the past several years Carlisle has supported Alabama Medicaid with its planning for implementation of new risk-based Medicaid managed care and long-term care programs serving the project as a financial subject matter expert and the primary point of contact for Alabama’s leadership.

Rita Morris, MSA, Director, Navigant

Rita is a Director within the Navigant Healthcare’s Strategic Solutions practice with specific expertise in Service Line Development, Enterprise Strategic Planning and Master Facilities / Network Planning. She returned to Navigant after spending four years as the AVP for service line planning and development at Carolinas HealthCare System. Her experience includes system and hospital level strategic planning, clinical service line planning in a curve 2 value based environment, strategic master facilities and partnership assessments, design and formation. Ms. Morris has over eighteen years of healthcare experience including a blend of consulting and industry experience. She has an undergraduate in Business Administration and a Masters of Accounting and minor in Health Administration from UNC – Chapel Hill.

► SPEAKERS



Scott Neely, Manager, Palmetto GBA

Scott Neely has 28 years of Medicare experience with the provider audit and reimbursement department. Neely oversees the overall activities of the department and is an active participant in the development of departmental policies and procedures, as well as overseeing the department's Quality Management System (QMS). He is also responsible for reviewing and implementing changes in CMS instructions and regulations issued in the *Federal Register* or through Change Requests issued by CMS. He also acts as a liaison within the provider community as well as with other Medicare Administrative Contractors (MACs).

Mike Polito, Principal, Third Party Reimbursement Solutions (TPR), LLC

Michael Polito has more than 24 years of experience in healthcare regulatory services. His areas of expertise include Medicare cost reporting, Medicare DSH, medical education, organ acquisition, nursing and allied health, Medicare bad debts, and Medicare wage index. Over the last ten years, Third Party Reimbursement (TPR) has evolved into a national consulting firm and provides full service Medicare and Medicaid reimbursement services. Prior to creating TPR, Polito served as a healthcare director out of the Charlotte, North Carolina office for a Big Four firm.

Josh Steedley, Manager, Dixon Hughes Goodman

Josh Steedley has 15 years of experience in the healthcare industry and serves clients on a wide range of engagements involving Medicare and Medicaid cost reports, appeals, provider enrollment, bad debts, settlement accounting, and other general reimbursement services. Prior to joining DHG Healthcare, Steedley spent more than 12 years with several not-for-profit healthcare organizations who provide a wide range of services throughout North Carolina, South Carolina, and Virginia. In addition to reimbursement services, his extensive experience includes patient access, coding and charge capture, managed care contracting, provider enrollment, and CDI program implementation.

► QUESTIONS?



Contact James Hayes
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THANK YOU TO NCHA STRATEGIC PARTNERS!

A contribution from NCHA Strategic Partners is assisting with the cost of this meeting.