ALABAMA AUDIT SUMMIT
April 21, 2016

Agenda

8:00 – 8:30 Registration

8:30 Welcome

8:30 - 9:45 OIG Work Plan Update
John W. Weiss, Esq. & Gregg B. Everett, Esq. – Gilpin Givhan, P.C.

9:45 - 10:00 Break

10:00 - 11:00 Medicare Advantage Update
Shannon Pavel & Jennifer Bartlett – Infirmary Health System

11:00 - 11:15 Payment Reform Update
Craig Tolbert - DHG Healthcare

11:15 - 12:00 Payment Reform: ACOs
Scott Fenn – Brookwood Baptist Health System

12:00 - 12:30 Lunch

12:30 - 1:45 Medicare Medical Review 2016
Thomas R. Mitchell MD – Cahaba GBA

1:45 – 2:30 Medicare National Coverage Determination (NCD) Overview
Karen Northcutt – Medical Management Plus, Inc.

2:30 – 3:15 Payment Reform: Bundled Payments & Care Coordination
Mary Beth Briscoe – UAB Hospital

3:15 Closing/Wrap up
Session Objectives and Speaker Bios

8:30 - 9:45  OIG Work Plan Update

Objective: The purpose of this presentation is to discuss recent activity by the Health and Human Services Office of Inspector General (OIG) and the Department of Justice (DOJ). The OIG has updated its work plan and has added new reviews, particularly for hospitals. The DOJ continues to aggressively pursue civil and criminal actions against providers. Participants will be updated on both areas, which will assist with compliance and financial oversight.

John Ward Weiss, Esq.
Gilpin Givhan, PC, Montgomery
Mr. Weiss is a shareholder in the firm of Gilpin Givhan, PC and practices in the areas of health care, taxation, and business organizations. With over thirty years’ experience in health law, he represents hospitals and other health care providers in various arrangements while blending an operational understanding of the health care industry with the technical elements of health law practice. John regularly advises clients with regard to business organizations and structures, contractual arrangements, health care and tax compliance matters, joint ventures, recruiting, acquisitions and operations, and is a frequent lecturer on various compliance matters. He earned his undergraduate degree from Presbyterian College, law degree from the University of Alabama and Master of Laws in Taxation from New York University. He is a member of the Health Law and Taxation Sections of the American Bar Association, the American Health Lawyers Association, the National Association of Bond Lawyers, and the Taxation and Health Law Sections of the Alabama Bar Association.

Gregg Brantley Everett, Esq.
Gilpin Givhan, PC, Montgomery
Gregg Brantley Everett is “of counsel” to the firm and a member of the Health Care Practice Group. He served as General Counsel and Senior Vice President for the Alabama Hospital Association (AlaHA) from 1994 through 2011, where he worked extensively on CON’s, Medicare and Medicaid matters, health insurance issues, Joint Commission compliance, quality assurance, physician recruitment and retention, and risk management issues. In addition, he dealt with regulatory compliance matters under EMTALA, the Stark law, and other issues affecting both non-profit and for-profit healthcare entities. Gregg also dealt with legislative issues for hospitals across the state. For 10 years before joining the Alabama Hospital Association, Gregg was the General Counsel for several large hospitals, where he participated in forging positive relationships between hospitals and physicians, as well as developing successful partnerships with administrators and medical staff members. Gregg is a frequent lecturer (locally, statewide, and nationally) on a wide array of health care issues. Before joining a health service organization, Gregg was law clerk to Senior Associate Justice Hugh Maddox of the Alabama Supreme Court. He is an Adjunct Professor in the Graduate School at Auburn University Montgomery, and has served as Special Counsel to the Alabama Legislature. He is Chairman of the Board of the Gift of Life Foundation. Gregg has been rated an Alabama Super Lawyer since 2009.
**10:00 - 11:00  Medicare Advantage Update**

**Objective:** Discuss issues surrounding the “modes of attack” being used by the MA plans in their auditing processes; campaigns bringing the payers to face to face meetings with key stakeholders; implementation of bi-weekly phone call sessions with MA; fighting MA plans with their own policies; and tactics being used by the MA’s.

**Shannon Pavel, RN**  
**Clinical Appeals and Denials Manager**  
**Infirmary Health System**  
Shannon Pavel a Registered Nurse who has served at Infirmary Health for over twenty years. Infirmary Health is one of the largest health systems in the state of Alabama, which encompasses Mobile Infirmary Medical Center, Thomas Hospital, North Baldwin Infirmary, Atmore Community Hospital, J. L. Bedsole Rotary Rehabilitation Hospital and Infirmary LTAC Hospital.

Shannon has vast knowledge and expertise and is a long-tenured, experienced leader in the fields of Case Management, Utilization Review and Clinical Documentation Improvement. In 2015, because of her proven leadership within the organization, she accepted her new role of System Director for Case Management and Clinical Documentation Improvement, serving all facilities for Infirmary Health. Under her direction, there have already been numerous advancements and accomplishments made by these departments. Her proven wisdom and guidance to all of the staff under her leadership has directly contributed to every success.

Shannon is a member of the Cahaba GBA Provider Outreach and Education Advisory Board and serves on the Alabama Hospital Association RIC/RAC steering committee as an advocate for improvements and greater transparency in all clinical governmental audit programs. Shannon also serves on a host of other committees and advisory boards in the Mobile and Baldwin County communities.

**Jennifer Bartlett, CPAR**  
**Coordinator of the Department of Clinical Appeals and Denials**  
**Infirmary Health System**  
Jennifer Bartlett has served at Infirmary Health for seventeen years. Infirmary Health is one of the largest health systems in the state of Alabama, which encompasses Mobile Infirmary Medical Center, Thomas Hospital, North Baldwin Infirmary, Atmore Community Hospital, J. L. Bedsole Rotary Rehabilitation Hospital and Infirmary LTAC Hospital.

Jennifer has vast knowledge and expertise in patient access, revenue cycle payer contracts, payer processes and denials management. In August of 2015 she joined the Clinical Appeals and Denials Department. With her, she brought many years of extensive research and intensive study of payer practices and behaviors which has been instrumental in increasing the pressure on payers to maintain a greater level of accountability. Her expertise allows her to effectively manage all aspects and types of governmental post payment and prepayment clinical audits including RAC, KePro 2MN audits, MAC prepayment denials, Medicare Advantage audits, and CERT audits.

Jennifer is a member of the Cahaba GBA Provider Outreach and Education Advisory Board and serves on the Alabama Hospital Association RIC/RAC steering committee as an advocate for improvements and greater transparency in all clinical governmental audit programs. She has also been asked to serve as a faculty member for the Physician Advisor & UR Team Boot Camp, to be held in San Antonio, Texas in July of 2016.
Payment Reform Update

Objective: There is little disagreement that the healthcare industry is undergoing a provocative transformation from Fee-for-Service (FFS) reimbursement to risk-based payments that reward quality, efficiency and collaboration. Healthcare organizations wishing to thrive in this new healthcare ecosystem must develop an acumen that supports the necessary capabilities and infrastructure to deliver medicine in a risk-based payment environment. This session will outline some of those changes organizations are dealing with around Payment Reform and tee-up the discussions in the afternoon sessions around two of those programs.

Craig Tolbert
Principal
DHG Healthcare
With approximately 23 years of experience in the healthcare industry, Craig Tolbert serves as a principal with DHG Healthcare, based in the firm’s Birmingham, Alabama, office. Craig leads the DHG Healthcare Revenue Transformation solution set team with navigating new payment and delivery structures such as CMS’s Bundled Payments for Care Improvement demonstration and Accountable Care Organization initiatives. He has an extensive background serving healthcare clients in the delivery of reimbursement consulting services around revenue enhancement and federal and state regulatory issues. In addition, he has led engagements focused on clinically integrated networks, developing co-management agreements, care delivery models, and assessing opportunities to protect organizations Medicare revenue at risk programs.

Craig received his Bachelor in Accounting from The University of Alabama. He currently serves on the Board of Directors with the Alabama HFMA Chapter and is a Past President.

Payment Reform: ACOs

Objective: One example of how CMS is looking to promote accountability for a patient population and redesign care processes for high quality and efficient service delivery is the creation of Medicare Shared Savings programs (MSSP) under ACOs. This session will explore how Baptist Health System evaluated the opportunities around the MSSP 3 year program to accept responsibility for the overall quality, cost, and care of a defined group of Medicare Fee-For-Services (FFS) beneficiaries. We will walk through a case study of this assessment process that other organizations should evaluate as Medicare looks to shift FFS reimbursement to alternative payment models.

George Scott Fenn
Senior Vice President - Chief Integration Officer
Brookwood-Baptist Health, Birmingham, AL
Scott Fenn, chief information officer of Brookwood-Baptist Health, is responsible for providing clinical, strategic and information technology integration across the Brookwood-Baptist Health System to ensure clinical alignment that supports patient safety, quality outcomes, population health and managed care partnerships. In addition to his duties as CIO, Fenn also serves as president of Baptist Health Centers (BHC) medical group, is a member of the Executive Council and is the executive leader for Baptist Physician Alliance.

Fenn has 23 years of health care experience, ranging from chief operating officer to chief executive officer. He received his Masters of Healthcare Administration from Washington University and his Bachelor of Arts in Business Administration from Baylor University. Fenn is certified in Medical & Health Management, Practice Management and Group Practice Administration.
**Objective:** Overview of the Medicare program and updates; review of the Comprehensive Error Rate Testing results and breakdown of the Part A and the Part B errors.

**Thomas R. Mitchell, M.D.**
**Senior Contractor Medical Director**
**Cahaba GBA**
Dr. Mitchell grew up in Florida, Texas and Mexico. He attended Cornell University and pursued graduate work in Poultry Science at Cornell. He then attended Cornell University Medical College and subsequently trained in Internal Medicine at Vanderbilt University. Following a Chief Residency in Internal Medicine at the Nashville VA Medical Center he became the Director of Emergency Services at Metropolitan Nashville General Hospital. This was an active inner city ED experiencing around 40,000 visits per year staffed predominantly by house-staff. He has practiced Emergency Medicine for twenty five years, most recently in a critical access Emergency Department in rural Tennessee. During that time he also served as the Market Medical Director for Aetna Health Plans of Tennessee and as the Assistant Medical Director for a start-up Medicare Advantage plan based in Nashville. He joined Cahaba GBA two years ago as an Associate Medical Director and was promoted to the Senior Contractor Medical Director in February of this year. He continues to practice Emergency Medicine part-time. He is the Past-President of the Tennessee Chapter of the American College of Emergency Physicians and serves on the Steering and Reimbursement Committees of the American College of Emergency Physicians.

**1:45 - 2:30**
**Medicare National Coverage Determination (NCD) Overview**
**Objective:** Understanding the definition and purpose of NCDs; the difference between NCDs and Local Coverage Determinations (LCDs); the importance of medical record documentation to assure compliance when performing and billing for services covered under a NCD; the financial impact of NCDs on a facility; the importance of a comprehensive communication and monitoring program within a facility; and the important references within the CMS website regarding NCDs.

**Karen M. Northcutt, BS RN, CPC-H**
**Executive Vice President**
**Medical Management Plus, Inc.**
Karen M. Northcutt, BSRN, CPC-H is the co-founder and Executive Vice President of Medical Management Plus, Inc. ("MMP, Inc."), Birmingham, Alabama. MMP, Inc has been in business since 1989 providing healthcare consulting services. Prior to co-founding MMP, Inc., she was a registered nurse with experience in medical / surgical and urgent care nursing. Karen earned her bachelor’s degree in Nursing at the University of Alabama at Birmingham (UAB) in 1984.

In addition to her ownership responsibilities of MMP, Inc., Ms. Northcutt directs all revenue integrity services including charging, billing, clinical composition audits, HCPCS/CPT/ICD-9 coding, Charge Description Master Reviews, medical record documentation audits, UB04 audits and Corporate Compliance consulting projects. Ms. Northcutt has worked primarily with acute care facilities throughout the Southeast ranging in size from 35 to 902 staffed beds and representing not-for-profit, for-profit corporations, major teaching, general and tertiary provider status.
2:30 - 3:15 Payment Reform: Bundled Payments & Care Coordination

Objective: Over the past five years we have witnessed the proliferation of bundled payments from small pilot experiments to scaled payment programs across multiple conditions. Medicare now has three active programs including the large-scale Bundled Payments for Care Improvement Initiative (BPCI), the Comprehensive Care for Joint Replacement Program (CJR) and the Oncology Care Model (OCM). Similar to the fed’s move to value-based payment models such as bundled payments, statewide programs involving Medicaid and public employee health benefit plans are also moving large volumes of healthcare dollars away from fee-for-service. This session will focus on some of these bundled payment models that our Alabama hospitals and physician practices are currently participating in and how your organization should be preparing for this shift in payment reform.

Mary Beth Briscoe, CPA, MBA, FHFMA, FACHE  
Executive Director of Finance of UAB Health System  
CFO of UAB Hospital

Mary Beth Briscoe received her B.S. in Accounting from the University of Alabama in Tuscaloosa, Alabama and an MBA from the University of Alabama at Birmingham. Ms. Briscoe was named the Executive Director of Finance, CFO University Hospital in June, 2002. In 2014, she was named CFO University Hospital and UAB Medicine Clinical Operations. Prior to joining the UAB Health System, Ms. Briscoe served as Chief Financial Officer for Eastern Health System, Inc. in Birmingham, Alabama. Ms. Briscoe is a Certified Public Accountant (CPA), a Fellow of the Healthcare Financial Management Association (FHFMA), and a Fellow of The American College of Healthcare Executives (FACHE). She has also served HFMA in national and state roles including National Secretary, Chairman Elect and as National Chairman. She presently serves as Chair-National AMC-CFO Council, and a member of the Value Project Advisory Council and National Thought Leadership. She has authored articles for various industry periodicals and is an invited speaker by various healthcare constituents across the country. Ms. Briscoe also serves on the Board of Visitors of the University of Alabama.