

OHA ANNUAL MEETING 2023

FINANCE TRACK SCHEDULE

Day	Time	Presentation Name	Description	Presenters
Monday	8-9 a.m.	OHA Health Economics and Policy Updates	OHA staff will provide an overview of the latest updates on the Hospital Care Assurance Program, Hospital Franchise Fee program, payer scorecard and outreach activity along with Medicare and Medicaid policies and their impacts on Ohio hospitals.	Ryan Biles, BA, executive vice president, Health Economics & Policy, Data, Public Affairs and Patient Safety & Quality, Ohio Hospital Association Andy White, MBA, MPA, director, Health Economics & Policy, Ohio Hospital Association Morris Ellington, BA, director, Health Economics & Policy, Ohio Hospital Association Quyem Weaver, BA, MPA, director, Health Economics & Policy, Ohio Hospital Association
Monday	9:45-10:45 a.m.	The Private Equity Influence: Glimpse into Health Care Transaction Activity	This session will provide an overview of how private equity investment is increasingly present in health care transaction activity in Ohio.	James F. Flynn, JD, managing partner, Bricker & Eckler LLP Michael W. Louge, executive in residence, Taramind Hill Funds
Monday	2-3 p.m.	Intensive Care for Hospital Finances: Understanding and Implementing Economic Development Tools	Ohio hospitals are facing their worst margins since the beginning of the pandemic, all while expected to do more with less. With shrinking margins, higher inflationary costs and historically high interest rates, Ohio hospitals can use traditional economic development tools to strategically manage current assets while building for the future.	John Caleb Bell, JD, CRE, partner and Public Finance Practice group chair, Bricker & Eckler LLP
Monday	3:15-4:15 p.m.	The Future of 340B	This session will discuss the current 340B landscape and provide insight and ideas on how to plan for the future of the 340B program.	Jason Prokopik, PharmD, 340B ACE, senior manager, Pharmacy, Blue & Co., LLC
Tuesday	8-9 a.m.	Braving Downside Risk: What Every Healthcare Finance Leader Should Know Before Taking on Risk	This session will give leaders a "primer" on value based care, including: The types and levels of risk and measures commonly included in risk based arrangements; the coding and payment systems surrounding risk based care; "Mission critical" operational infrastructure to support success; KPI's to drive success for health care entities.	Tamara Schaeffer, BSN, RN, JD, principal, Healthcare Operations, Plante Moran
Tuesday	9:45-10:45 a.m.	Fostering Payer Provider Collaboration to Reduce Administrative Burden	MCG and University Hospitals will provide a before-and-after view of leveraging MCG's Collaborative Care to streamline authorization processes with payers. The session will detail the challenges University Hospital faced prior to implementation, the implementation itself and results of going live with this powerful solution, including time-savings and productivity metrics.	Kelly Skorepa, BSN, RN, CCDS, director, Clinical Documentation Integrity & Utilization Management, University Hospitals Danny Cawood, product manager, Interoperability Solutions, MCG Health
Tuesday	2-3 p.m.	Optimizing Your "Investment": Improving Employed Provider Network Financial Performance	Health care financial realities – flat reimbursement combined with escalating costs and scarcity of resources – have burdened many health systems financially. In this environment, investment in employed network operations must be optimized - without damaging overall health system financial performance. This session looks at best practices for both revenue growth as well as cost containment and efficiencies.	Davis Creech, MBA, MHA, director, HSG Advisors Kari Craig, MBA, senior manager, HSG Advisors

Tuesday	3:15-4:15 p.m.	2023 Final Rule – DSH, Medicare Bad Debt & Uncompensated Care Impacts	This session will present key changes and requirement in the 2023 IPPS Final rule relating to reporting and auditing DSH, Medicare Bad Debt and Non-Medicare Bad Debt and Uncompensated Care. The presenters will show the hidden value of Non-Medicare Bad Debt in the distribution of over \$6.8B of Uncompensated Care reimbursement and look at the factors impacting where this reimbursement goes.	<p>Larry Millner, PhD, director, Medicare reimbursement, Cloudmed, an R1 company</p> <p>Emily Auten, vice president, Medicare reimbursement, Cloudmed, an R1 company</p> <p>Edward Kelly, senior vice president, government navigation suite, DSH, Cloudmed, an R1 company</p>
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