Innovation and Shifting Paradigms
2016 Health Care Conference
NOVEMBER 3, 2016

Thank you for joining us here at the beautiful Red Rock Resort. We’re excited to present this year’s conference, Positioning for the Future: Innovations and Shifting Paradigms. This event promises to be thought provoking during this unprecedented time in health care, with an uncertain political future, evolving risk-sharing programs, game-changing technology, and a new focus on consumerism.

Our goal is to provide a forum that empowers you, as leaders of your respective organizations, with insight from panels and discussions with industry visionaries. On the eve of the 2016 presidential election, we’re excited to hear from our keynote speakers, the Honorable Newt Gingrich and Senator Joe Lieberman, who will present their predictions for health care policy in a point-counterpoint discussion moderated by Emmy Award-winning journalist Farland Chang.

In other sessions, you’ll hear from Lisa Bielamowicz, executive director and CMO of The Advisory Board Company, and Roni Zeiger, co-founder of Smart Patients and former Chief Health Strategist at Google. During our two days together, we’ll tackle vital industry topics such as health care reform with new health system strategies, lessons learned from mergers and acquisitions, integrating behavioral health into the triple aim, using big data to impact population health, and more.

We’d like to extend our utmost appreciation to our sponsors—Foley & Lardner, Lancaster Pollard, UnitedHealthcare, Arthur J. Gallagher & Co., and State of Reform. Their support enhances our ability to present a stimulating and enlightening conference. Please let us know if we can improve your experience or otherwise be of service. Your feedback is paramount to our success.

Enjoy the conference!

Sincerely,

Chris Pritchard
National Group Leader, Health Care

Brian Conner
National Practice Leader, Hospitals

Darci Boyle
National Practice Leader, Medical Groups & Physicians

Eric Nicholson
National Practice Leader, Ancillary Services

Amy Runge
National Practice Leader, Long-Term Care
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# AGENDA

## Thursday, November 3, 2016

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<th>Location</th>
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<tbody>
<tr>
<td>7:00 a.m.</td>
<td>Registration and Breakfast&lt;br&gt;Summerlin Foyer and Charleston Ballroom</td>
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<tr>
<td>8:00 a.m.</td>
<td>Welcome and Introductions&lt;br&gt;Summerlin Ballroom</td>
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<tr>
<td>8:15 a.m.</td>
<td>The New Era of Health Care Reform: Health System Strategy Amid Consumers, Employers, and Insurers&lt;br&gt;Presented by: Lisa Bielamowicz, MD, Executive Director, and CMO, The Advisory Board Company</td>
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<td>9:45 a.m.</td>
<td>Break</td>
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<td>10:00 a.m.</td>
<td>M&amp;A in Health Care: Lessons Learned&lt;br&gt;Moderated by: DeVon Wiens, Partner, Moss Adams&lt;br&gt;Panelists: S. Louise Rankin, General Counsel, Cornerstone Affiliates&lt;br&gt;Lex Reddy, CEO, Alecto Healthcare Services&lt;br&gt;Andrea Rodewald, CFO, The Everett Clinic</td>
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<td>11:00 a.m.</td>
<td>Strengthening Market Position Through Innovation and Strategy&lt;br&gt;Moderated by: Stacy Stelzriede, Partner, Moss Adams&lt;br&gt;Panelists: Jim Glynn, CEO, Jet Health Inc.&lt;br&gt;John Kirk, CEO, Pioneer Medical Group&lt;br&gt;Sheri Peifer, Chief Strategy Officer and Senior VP, Eskaton</td>
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<td>12:15 p.m.</td>
<td>Lunch&lt;br&gt;Charleston Ballroom&lt;br&gt;Bonus Lunch Session:&lt;br&gt;Hills Room&lt;br&gt;Hospital Site-Neutral Payments for Off-Campus Outpatient Departments&lt;br&gt;Speakers: Lawrence Vernaglia, Partner, Foley &amp; Lardner&lt;br&gt;Cheryl Storey, Partner, Health Care Consulting, Moss Adams</td>
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<td>1:15 p.m.</td>
<td>Integrating Behavioral Health to Achieve the Triple Aim&lt;br&gt;Introductions by: Eric Nicholson, National Practice Leader, Ancillary Health Care Services, Moss Adams&lt;br&gt;Speakers: Maggie Bennington-Davis, MD and CMO, Health Share of Oregon&lt;br&gt;Karla McCafferty, Executive Director, Options for Southern Oregon&lt;br&gt;Tom Sebastian, CEO, Compass Health</td>
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<td>2:30 p.m.</td>
<td>How Big Data Is Influencing Population Health and Care Management&lt;br&gt;Moderated by: Paul Holden, Senior Manager, Health Care Consulting, Moss Adams&lt;br&gt;Panelists: Jeff McDonald, CEO, Expression Health Analytics&lt;br&gt;Steve Merryman, Senior Director, Informatics, Oregon Health Care Quality Corporation</td>
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<td>3:40 p.m.</td>
<td>Break</td>
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## AGENDA

### Keynote Session: Politics at Play Point-Counterpoint Discussion
Moderated by: Farland Chang, Emmy Award-winning journalist, former news anchor, and founder of WorldBizWatch
Speakers: Newt Gingrich, former Speaker of the House of Representatives
Joe Lieberman, former US Senator from Connecticut

### Cocktail Reception
Veranda

### Friday, November 4, 2016

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<td>10:45 a.m.</td>
<td>Technology Drivers in Health Care Delivery</td>
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<tr>
<td>11:45 a.m.</td>
<td>Closing Remarks</td>
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<td>Noon</td>
<td>Program Concludes</td>
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THANK YOU TO OUR SPONSORS

Foley & Lardner
Foley & Lardner is a national law firm with a deep understanding of the business and legal challenges facing the health care industry. Its HealthCare Industry Team was named Law Firm of the Year—Health Care Law for three of the last four years on the “Best Law Firms” list by U.S. News & World Report and Best Lawyers®. The practice was recognized for its ability to provide value-added, pragmatic legal advice in an efficient and cost-effective manner to a broad range of participants in the health care industry. The firm provides counsel on a wide range of legal issues, including health care compliance and fraud and abuse matters; physician self-referral and anti-kickback laws; business transactions such as hospital-physician alignment, affiliations, private equity-capital formation transactions, and joint ventures; Medicare and Medicaid reimbursement; and health care finance.

Lancaster Pollard
Lancaster Pollard helps health care, senior living, and housing providers expand and improve their services by delivering a full range of investment banking, mortgage banking, private equity, balance sheet financing, M&A, and investment advisory services.

UnitedHealthcare
UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. The company offers the full spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries. It contracts directly with 57,046 physicians and care professionals and 361 hospitals and other care facilities in California. UnitedHealthcare serves more than 40 million people and is one of the businesses of UnitedHealth Group, a diversified Fortune 50 health and well-being company.
Arthur J. Gallagher & Co.

Arthur J. Gallagher & Co. is an international insurance brokerage and risk management services firm headquartered in Itasca, Illinois. It has operations in 20 countries and offers client services in 140 countries worldwide through a network of correspondent brokers and consultants. Health care is among 21 industries it serves through separate practice groups. Through its health care practice, it offers risk management solutions for hospitals, physicians, and other organizations and helps them create rewards programs that enable the attraction and retention of top talent.

State of Reform

State of Reform is a stakeholder-driven initiative that tries to bridge the gap between the worlds of health care and health policy. It does so through offering the largest, most diverse conferences attended by senior health care executives and health policy leaders in each of State of Reform's markets: California, Washington, Oregon, and Alaska. In addition to in-person gatherings, State of Reform provides market and policy intelligence and analysis through its free e-mail newsletter and its Web site.
CPE CREDIT

Moss Adams is pleased to provide 12 CPE credits in the field of business management for our 2016 Health Care Conference.

Basis for Determination

CPE credit is awarded based on National Association of State Boards of Accountancy standards; credit is based on the time you’re present in each session. To receive credit, please record your time through the CPE portal, which will be provided during the conference via e-mail.

Certificate Delivery

Certificates for successful completion will be sent to you via e-mail within 21 business days following the conference.

Contact

If you don’t receive an e-mail for your CPE credit, and for any other questions, please contact Michaella Johnson at (503) 478-2289 or michaella.johnson@mossadams.com.
CONFERENCE HOSTS

Chris Pritchard, CPA, MHA
Group Leader, Health Care & Consulting Services, National Practice Leader, Health Plans & Insurance

Chris Pritchard has practiced public accounting since 1991, serving integrated health systems, federally qualified health centers, managed care organizations, ambulatory surgery centers, Knox-Keene-licensed health plans, rural and regionally integrated hospitals, rural and community-based primary care facilities, outpatient care facilities, large medical groups, third-party payors, and more. In addition to his experience auditing health care and insurance entities, Mr. Pritchard has managed numerous consulting engagements in the health care space. He's also assisted numerous organizations with strategic decision support and operational engagements. Mr. Pritchard is a former member of the American Institute of Certified Public Accountants’ (AICPA) national Health Care Entities Expert Panel, and continues to provide technical guidance and input to various working groups of this panel. Mr. Pritchard also has published national articles and speaks frequently on health care financial reporting and other current topics.

Brian Conner, CPA
National Practice Leader, Hospitals

Brian Conner has practiced public accounting since 1993. As a partner, he provides audit, tax, and consulting services to integrated health systems, hospitals, ancillary providers, mental and convalescent health facilities, and medical groups. He has extensive experience providing advice and counsel in areas of audits, financial reporting, and tax-exempt financings. He performs technical reviews for health care clients throughout the firm and has served as an instructor and lecturer for the firm’s Health Care Group. A former chair of the firm’s Health Care Business Assurance Committee, Mr. Conner currently serves as the chair of the Healthcare Financial Management Association’s (HFMA) National Principles and Practices Board and is a member of the AICPA’s Health Care Entities Expert Panel.

Darci Boyle, CPA
National Practice Leader, Medical Groups & Physicians

Darci Boyle has practiced public accounting since 1990. As a partner, she advises single specialty groups, multispecialty groups, and other health care clients on tax, financial, operational, and business issues. Ms. Boyle has extensive experience in matters involving medical group practices and specializes in various consulting issues such as practice mergers, acquisitions, income distribution plans, and internal control review. Ms. Boyle also has experience with physician compensation, federal and state tax preparation and planning, financial statement assistance, review and compilation of financial statements, budgeting and cash flow, overhead analysis, practice benchmarking, buy-sell considerations, and individual physician members’ annual income tax issues.
Eric Nicholson, CPA
National Practice Leader, Ancillary Health Care Services

Eric Nicholson has been in public accounting since 1989. He serves a wide range of health care clients, including community health centers, home health and hospice agencies, rural hospitals, public hospital districts, mental health providers, multispecialty physician clinics, long-term care facilities, and preferred provider organizations—including organizations with Government Auditing Standards and OMB Uniform Guidance. He’s managed numerous health care facility and clinic audits and is proficient in auditing managed care arrangements and settlements between third-party payors and providers. A partner, Mr. Nicholson also provides extensive health care consulting services, including preparing feasibility studies for bond offerings through the Washington Health Care Financing Authority and conducting internal control reviews of not-for-profit and health care organizations. He’s facilitated strategic planning board sessions and conducted numerous internal control and agreed-upon procedures engagements for health care clients of all types. In addition, he performs benchmarking of health care organizations’ financial performance with industry medians, analysis of hospital charges and payor mix to help increase revenue and reduce related contractual allowances, and internal control reviews of hospitals, clinics, and outside billing agencies.

Amy Runge, CPA
National Practice Leader, Long-Term Care

Amy Runge has over 30 years of experience in accounting, auditing, and consulting, 23 of which are in public accounting. As a partner, she specializes in audits and consulting for health care and not-for-profit organizations. She’s managed audits of CCRCs, skilled nursing facilities, assisted living facilities, clinics, hospitals, foundations, religious organizations, and voluntary health and welfare organizations. Mrs. Runge has significant experience conducting audits in accordance with Government Auditing Standards and OMB Uniform Guidance, and The Accounting and Audit Guide for Health Care Entities issued by the AICPA. Mrs. Runge has also participated in internal peer reviews and has been featured as a speaker at various health care association conferences on accounting and auditing topics.

Moss Adams

Moss Adams is a national leader in assurance, tax, consulting, risk management, transaction, and private client services. We provide expertise to more than 2,200 public, private, and not-for-profit clients across the health care continuum, from large health systems, hospitals, and long-term care organizations to clinics, medical groups, and physician practices. Visit www.mossadams.com/healthcare for more information.
# Key Conference Contacts

## Moss Adams Client Inquiries

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Pritchard, CPA, MHA</td>
<td>National Group Leader, Health Care</td>
<td>(415) 677-8262, <a href="mailto:chris.pritchard@mossadams.com">chris.pritchard@mossadams.com</a></td>
</tr>
<tr>
<td>Brian Conner, CPA</td>
<td>National Practice Leader, Hospitals</td>
<td>(209) 955-6114, <a href="mailto:brian.conner@mossadams.com">brian.conner@mossadams.com</a></td>
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## General Inquiries & Conference Logistics

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
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<tbody>
<tr>
<td>Michaella Johnson</td>
<td>Marketing Manager</td>
<td>(503) 867-7889, <a href="mailto:michaella.johnson@mossadams.com">michaella.johnson@mossadams.com</a></td>
</tr>
<tr>
<td>Michele Abrams</td>
<td>Conference Project Manager</td>
<td>(206) 931-0707, <a href="mailto:michele.abrams@mossadams.com">michele.abrams@mossadams.com</a></td>
</tr>
<tr>
<td>Heidi Rittershausen</td>
<td>Executive Assistant</td>
<td></td>
</tr>
<tr>
<td>Kristi Moore</td>
<td>Administrative Assistant</td>
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## Hotel | Transportation | Accommodations

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Stacy Weber</td>
<td>Meeting &amp; Procurement Manager</td>
<td>(206) 321-4816, <a href="mailto:stacy.weber@mossadams.com">stacy.weber@mossadams.com</a></td>
</tr>
</tbody>
</table>
Thursday, November 3 | 8:15 a.m.
The New Era of Health Care Reform: Health System Strategy Amid Consumers, Employers, and Insurers

Presenter:

Lisa Bielamowicz
Executive Director and Chief Medical Officer, The Advisory Board Company

Lisa Bielamowicz is a medical doctor as well as executive director and chief medical officer for The Advisory Board Company. She leads physician strategy research across the firm, assisting health systems and physician groups on a wide range of issues including hospital-physician alignment, physician employment strategy, care transformation, clinical integration, and enterprise growth strategy. Dr. Bielamowicz’s current work centers on progressive hospital-physician alignment partnerships and focuses on payment reform and accountable care strategies. She’s also led the company’s work in primary care strategy with a focus on medical home development and implementation. Dr. Bielamowicz has authored over 20 publications on hospital-physician strategy, care transformation, health system growth strategy, and clinical innovation. She’s a nationally recognized speaker and industry expert on these issues. She trained in diagnostic radiology at Johns Hopkins Hospital, developing expertise in all clinical aspects of diagnostic imaging.

The Advisory Board Company

The Advisory Board Company is a research, technology, and consulting firm serving a global network of 230,000-plus leaders in more than 5,200 organizations across health care and higher education. Through its Research and Insights, Performance Technologies, and Consulting and Management divisions, the firm partners with executives and their teams to help solve their most complex challenges. Since its founding in 1979, the Advisory Board has grown from a small think tank in a single apartment into a global firm headquartered in Washington, DC, with more than 2,500 employees spanning nine offices on three continents.
Thursday, November 3 | 10:00 a.m.
M&A in Health Care: Lessons Learned

Moderator:

DeVon Wiens, Partner, Moss Adams
DeVon Wiens has been in the health care finance industry since 1979. Prior to joining Moss Adams, DeVon was the CFO of a $100 million health care organization and was a health care audit partner with a national accounting firm serving clients in San Diego, Riverside, and Orange counties of California. He has extensive experience in providing audit and consulting services to health care and life science companies. Mr. Wiens is also a subject-matter expert with respect to mergers and acquisition accounting and structure. He’s assisted clients with debt and equity financings for both public and private companies, development of budgeting systems, executive compensation programs, financial forecasting models, securities filings, bond financings, and evaluation and development of accounting and financial reporting systems. Mr. Wiens is the Regional Leader in Southern California and Arizona for the Health Care Group. He’s also a member of the firm’s Health Care Executive Committee and the its Private Equity Steering Committee.

Panelists:

S. Louise Rankin, General Counsel, Cornerstone Affiliates
As general counsel of Cornerstone Affiliates, Louise Rankin oversees legal operations, enterprise risk management, governance, and advocacy. The company provides services and housing to nearly 10,000 residents in 84 communities across California, Arizona, Nevada, Washington, Oklahoma, and Idaho. Its family of companies includes American Baptist Homes of the West (ABHOW), the California-based senior living community be.group, Beacon Communities, and Seniority. Ms. Rankin has more than 30 years of experience, including nearly a decade working specifically with ABHOW’s senior officers on bond financings. Over the course of her career, she’s developed structures and covenants that have become widely accepted within the health care financing industry and negotiated multistate system bond deals for multiple organizations, from individual hospitals to continuing care retirement communities. Ms. Rankin received her law degree from Vanderbilt University and her undergraduate degree from Mankato State University in Minnesota.
Lex Reddy, CEO, Alecto Healthcare Services
Lex Reddy has served as the CEO of Alecto Healthcare Services since its inception in 2012. Alecto currently owns, operates, and manages several acute-care hospitals in California, Texas, and West Virginia. Prior to forming Alecto, Mr. Reddy served as the president and CEO of one of the largest health systems in the country and was responsible for its growth from a one-hospital system to a 15-hospital system recognized as one of the nation’s top 10 health systems by Thomson Reuters. Mr. Reddy has more than 30 years of experience in physician and hospital management, particularly in saving distressed hospitals.

Andrea Rodewald, CFO, The Everett Clinic
Andrea Rodewald is CFO of The Everett Clinic, which serves more than 300,000 patients in Snohomish County. Serving The Everett Clinic since 1986, Ms. Rodewald has provided financial leadership during the clinic’s long history of growth, despite changing business models and challenging times for the regional and national economies. She oversees the clinic’s financial operations and heads its many departments in accounting, finance, and business services. She’s also chaired The Everett Clinic’s retirement plan committees since 1989. Ms. Rodewald received a bachelor of arts in business administration from the University of Washington in 1984 and has been a CPA since 1985. Prior to joining The Everett Clinic, she worked for Ernst and Whinney—now Ernst & Young—in Seattle. Ms. Rodewald was actively involved in forming the risk retention company Sentinel Assurance Risk Retention Group in 2004 and today serves as its vice president of finance as well as on its underwriting and executive committees.
Thursday, November 3 | 11:00 a.m.
Strengthening Market Position Through Innovation and Strategy

Moderator:

Stacy Stelzriede, Partner, Moss Adams
Stacy has been in public accounting since 1990, providing accounting and consulting services to health care systems, hospitals, acute care and specialty hospitals, medical groups, senior living organizations, and health plans. She also has extensive experience in internal control risk management, revenue cycle, regulatory compliance, tax-exempt bond offerings and debt covenant filings, and providing clients with educational training relating to technical accounting issues and board governance.

Stacy is the leader of our Los Angeles health care practice and served a four-year term on the firm’s Forum W Advisory Board, which focuses on the retention and advancement of women within both the profession and the firm. Stacy’s accolades include receiving the American Woman’s Society of Certified Public Accountants “2014 Woman CPA of the Year” award and being an award finalist in 2012 and 2013 for the Los Angeles Business Journal’s Women Making a Difference.

Panelists:

Jim Glynn, President and CEO, Jet Health Inc.
Jim Glynn founded the start-up home health company Jet Health Inc. in April 2016 with support from SV Life Sciences and Health Enterprise Partners. Prior to Jet Health, Mr. Glynn was the founder, president, and CEO of Amerita Inc., a leading provider of specialty infusion services, which he founded in 2006 and sold to PharMerica Inc. in 2012. Prior to Amerita, Mr. Glynn held senior leadership positions with several national specialty infusion and home health organizations, including Apria Healthcare, Gentiva Health Services, and Coram Specialty Infusion Services. Since 2009, he’s served as a director and member of the executive committee for the National Home Infusion Association.
John M. Kirk, CEO, Pioneer Medical Group

John M. Kirk is the CEO of Pioneer Medical Group, a multispecialty medical group in the Los Angeles area, and the CEO of Eagle Business Performance Services, a medical management company organized as a joint venture with the McKesson Corporation. He’s been a member of the board of directors for CAPG, formerly known as the California Association of Physician Groups, since 2007 and currently serves as the vice chair of its public policy committee. His prior experience includes serving as the CEO of a four-hospital system in New Mexico, COO/CEO of medical group management companies in California and Texas, principal of a consulting firm, and private practice in law. Mr. Kirk is a decorated veteran of the Vietnam War. He holds a bachelor’s degree from the Johns Hopkins University and a juris doctorate, Cum Laude, from the University of New Mexico.

Sheri Peifer, Chief Strategy Officer and SVP, Eskaton

Sheri Peifer is the chief strategy officer and a senior vice president at Eskaton, a not-for-profit senior service organization based in Northern California. She collaborates with health care, technology, academic, and business partners to positively transform the aging experience by establishing integrated service and care networks for the over 10,000 older adults Eskaton serves today. One of her team’s vital initiatives is expanding how Eskaton rethinks and packages services for people living at home. Ms. Peifer also serves on the LeadingAge California board of directors and chairs its planning committee. She’s a graduate of the national LeadingAge Leadership Fellow program based in Washington, DC.
Thursday, November 3 | 12:15 p.m. | Bonus Lunch Session
Hospital Site-Neutral Payments for Off-Campus Outpatient Departments

Presenters:

Lawrence Vernaglia, Partner, Health Care Industry Team Chair, Foley & Lardner
Lawrence Vernaglia is a partner and health care lawyer with Foley & Lardner LLP and serves as chair of the firm’s Health Care Industry Team—named “Health Law Firm of the Year” for three of the past four years on the “Best Law Firms” list by U.S. News & World Report and Best Lawyers®. Mr. Vernaglia represents hospitals, health systems, academic medical centers, and a variety of other health care providers. Mr. Vernaglia’s practice involves regulatory and transactional matters, including Medicare and Medicaid reimbursement compliance advice and appeals; mergers, acquisitions and financings; state regulatory issues including licensing, change of ownership, and CoN and DoN; survey and certification appeals; fraud and abuse; Stark Law analyses; managed care contracting; and general corporate and business planning in health care. He runs strategic planning programs for senior management and governing boards. He regularly serves as legal counsel on health care transactions in New England for multistate projects.

Cheryl Storey, CPA, Partner, Health Care Consulting, Moss Adams
Cheryl Storey is a partner and a member of Moss Adams Health Care Consulting Practice. She serves health care organizations, focusing on Medicare and Medicaid reimbursement and related billing and coding issues. Ms. Storey works closely with hospitals on their payment and funding issues, including wage indices and geographic classifications and reclassifications. She also works with health care providers on graduate medical education programs and compliance with CMS’s provider-based requirements, and provides client support during Medicare and Medicaid audits and appeals. Ms. Storey speaks frequently on Medicare regulatory issues and serves as a firm representative for the Oregon Association of Hospitals and Health Systems. She’s a member of the AICPA, past president of the HFMA Oregon Chapter and previously served as the organization’s regional executive for Region 11.
Thursday, November 3 | 1:15 p.m.
Integrating Behavioral Health to Achieve the Triple Aim

Introductions:

Eric Nicholson, National Practice Leader, Ancillary Health Care Services, Moss Adams

Eric Nicholson has been in public accounting since 1989. He serves a wide range of health care clients, including community health centers, home health and hospice agencies, rural hospitals, and public hospital districts, mental health providers, multispecialty physician clinics, long-term care facilities, and preferred provider organizations—including organizations with Government Auditing Standards and OMB Uniform Guidance reporting requirements. He’s managed numerous health care facility and clinic audits and is proficient in auditing managed care arrangements and settlements between third-party payors and providers. A partner, Mr. Nicholson also provides extensive health care consulting services, including preparing feasibility studies for bond offerings through the Washington Health Care Financing Authority and conducting internal control reviews of not-for-profit and health care organizations. He’s facilitated strategic planning board sessions and conducted numerous internal control and agreed upon procedures engagements for health care clients of all types. In addition, he performs benchmarking of health care organizations’ financial performance with industry medians, analysis of hospital charges and payor mix to help increase revenue and reduce related contractual allowances, and internal control reviews of hospitals, clinics, and outside billing agencies.

Panelists:

Maggie Bennington-Davis, MD and CMO, Health Share of Oregon

Dr. Maggie Bennington-Davis is chief medical officer for Health Share of Oregon, the state’s largest coordinated care organization (CCO). Health Share coordinates physical, dental, and mental health benefits for 240,000 Medicaid-enrolled Oregonians. Dr. Bennington-Davis also serves as chair of the Incentive Metrics and Scoring Committee, the body that determines incentivized outcome measures for all CCOs in Oregon. She’s previously served as chief medical and operating officer at Cascadia Behavioral Healthcare and chief of staff and psychiatry medical director at Salem Hospital, where she implemented trauma-sensitive services and eliminated the use of seclusion and restraint. Dr. Bennington-Davis coauthored Restraint and Seclusion: The Model for Eliminating Use in Healthcare, has published numerous articles and chapters, and has consulted on organizational change, trauma-informed engaging environments, and leadership. She remains on faculty at Oregon Health Sciences University, where she completed her medical degree and psychiatry residency. She received a master’s degree in medical management from Tulane University School of Public Health.
Karla McCafferty, Executive Director, Options for Southern Oregon

Karla McCafferty has been executive director of Options for Southern Oregon, Josephine County’s community mental health program, since January 2011. She has more than 27 years of experience developing and directing a variety of health care programs in both the United States and Canada. Previously, she served in leadership roles at community and hospital-based brain injury rehabilitation programs in Toronto, Canada. She’s a board member for Primary Health of Josephine County and AllCare coordinated care organizations, past executive director of the Oregon Residential Provider Association, and a member of the Association of Oregon Community Mental Health Programs. She holds a master’s degree in public administration with an emphasis in health care from the State University of New York at Brockport.

Tom Sebastian, President and CEO, Compass Health

Tom Sebastian is the president and CEO of Compass Health, a behavioral health organization in Washington State that serves more than 20,000 clients each year. He’s been with the organization since 1987. Mr. Sebastian is also a co-CEO of Behavioral Health Northwest, which provides health plan and behavioral health services across Washington State, the board chair of the Washington Council for Behavioral Health, and a board member of Mental Health Corporations of America.
Thursday, November 3 | 2:30 p.m.
How Big Data Is Influencing Population Health and Care Management

Moderator:

Paul Holden, Senior Manager, Health Care Consulting, Moss Adams
Paul Holden provides reimbursement consulting and business assurance services to health care providers in acute and post-acute settings throughout the western United States. Mr. Holden is well-versed in Medicare and Medicaid cost reporting, assisting clients during third-party audits, formulating appeals of audit issues in connection with cost reports, and assisting hospitals, sole community hospitals, Critical Access Hospitals, rural health clinics, and federally qualified health centers with billing and reimbursement issues. He has expertise in evaluating the role of Medicare cost reports and claims data in the DRG and APC rate setting processes; wage index cost finding; and Medicare cost report data-mining and benchmarking. He’s a frequent speaker and author on a variety of regulatory and reimbursement topics and a fellow of the HFMA.

Panelists:

Jeff McDonald, CEO and Founder, Expression Health Analytics
The CEO and founder of Expression Health Analytics, Jeff McDonald has over 20 years of experience in technology, innovation, and analytics. By providing insight to health care providers, he enables them to better understand and predict changes in the market in order to execute their vision with greater success. Before his passion for start-ups led him to found Expression Health Analytics, he spent years launching new businesses or leading strategy and growth at existing ones. As senior vice president of eVariant, he focused on product and platform innovation for the health care customer management platform and oversaw analytics data warehousing, predictive analytics, marketing automation, and claims-based physician referral solutions. He also served as national director of health care market innovation at Ricoh US Healthcare.
Steve Merryman, Senior Director, Informatics, Oregon Health Care Quality Corporation

A self-described “health care numbers geek” with a passion for improving health and health care, Steve Merryman has served as the senior director of informatics for the Oregon Health Care Quality Corporation (Q Corp) since 2015. He leads the company’s big data initiative, delivering true population-wide health management services using claims data describing the care received by 83 percent of Oregonians for the last 10 years. Mr. Merryman came to Q Corp with over 25 years of experience in health care, having previously served as the head of analytics and data products for WebMD Health Services. In that role, he focused on collecting data on claims, surveys, labs, and more to deliver population health improvement and disease management solutions to large employers and health plans. In prior roles, Mr. Merryman led product management, data management, information technology, strategy, and analytics functions for a number of medical groups, health plans, and consultancies. He also led his own consulting practice and successfully founded, built, and sold two health care start-ups.
Thursday, November 3 | 4:00 p.m.
Keynote Session: Politics at Play Point-Counterpoint Discussion

Moderator:

**Farland Chang, Journalist and Founder, WorldBizWatch**

Farland Chang is an Emmy Award–winning journalist, producer, professor, media strategist, entrepreneur, and civil rights activist. For 30 years, Mr. Chang covered top stories across Asia and North America, including almost all 50 states. He served as a business news anchor and correspondent for CNN International in Hong Kong and NBC News in Los Angeles. He also reported for local television and radio stations in Seattle, Philadelphia, New York, Hawaii, Guam, and Washington, DC. Mr. Chang now works for 80-20 Initiative, one of the largest and most influential Asian-American civil rights groups in the country. He runs a media production documentary and branded entertainment company called WorldBizWatch and teaches journalism at Shantou University in China.

Speakers:

**Newt Gingrich, Former Speaker of the House**

The Honorable Newt Gingrich is known as one of the foremost economic, social, environmental, and political thinkers in America today. He served Georgia’s Sixth Congressional District as a congressman for 20 years from 1979. His leadership in the US Congress helped save Medicare from bankruptcy and prompted FDA reform to help the seriously ill, among other things. From 1995 to 1999, he served as the 50th speaker of the US House of Representatives. He’s widely recognized for his commitment to a better health system for all Americans. In 2003 he launched the Center for Health Transformation, where he continued until seeking the Republican nomination for US president in 2011. He also supported the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, creating the Medicare Part D federal prescription drugs benefit program. Awarded the American Diabetes Association’s highest nonmedical award, the March of Dimes named him 1995 Citizen of the Year, and *Time* named him Man of the Year for “his role in ending the four-decades-long Democratic majority in the House.” He has published 28 books, including 13 *New York Times* best sellers. His 29th book is expected out this fall.

**Joe Lieberman, Former US Senator from Connecticut**

The Honorable Joe Lieberman is known as a thoughtful legislator, principled man, and effective leader. He served as a US senator representing Connecticut from 1988 to 2012, during which time he was the Democratic nominee for vice president in 2000. As senator, he introduced and championed legislation that led to the creation of the Department of Homeland Security. He also led the successful legislative effort to repeal the military’s discriminatory “Don’t Ask, Don’t Tell” policy. He worked to expand quality and affordable health care to all Americans and to safeguard Medicare and Social Security for future generations. Additionally, Senator Lieberman has committed himself to the preservation of air, land, and water and authored several bills to combat climate change. He’s written five books, including *In Praise of Public Life* (2000) and *An Amazing Adventure* (2003). Senator Lieberman has a keen sense of Washington politics and will provide insight into how the nation’s critical health care issues might play out legislatively in 2017.
Friday, November 4 | 8:15 a.m.
Health Policy: What’s on the Horizon

Moderator:

**Dennis A. Cardoza, Public Affairs Director, Foley & Lardner**

Dennis A. Cardoza is a public affairs director at Foley & Lardner LLP, where he co-chairs the firm's Federal Public Affairs Practice and chairs its California Public Affairs Practice. He advises a broad range of clients on legislative, regulatory, and public policy and advocacy matters. Prior to joining Foley, Mr. Cardoza was elected to five terms in the US House of Representatives from California’s 18th District, serving on the powerful House Rules Committee and as a key member of the House Democratic Leadership Team. As a member of the House leadership, Mr. Cardoza was intimately involved in the drafting of the Affordable Care Act. He also served as co-chair of the Blue Dog Coalition, a group of House Democrats committed to fiscal responsibility and accountability for taxpayer dollars. Before his election to the House, Mr. Cardoza spent six years in the California State Assembly, where he chaired the Rules Committee and helped found the Moderate Democratic Caucus. A number of organizations honored then-Assemblyman Cardoza as Legislator of the Year for his efforts to cut taxes, help family farms, and promote education and children’s safety. Mr. Cardoza currently serves on the Board of Visitors for the College of Behavioral and Social Sciences at his alma mater, the University of Maryland.

Panelists:

**Douglas J. Leonard, President, Indiana Hospital Association**

Doug Leonard serves as president of the Indiana Hospital Association (IHA), which represents the interests of approximately 172 Indiana hospitals. The association is the chief advocate for the hospitals, representing their interests with the state of Indiana, the federal government, the business community, regulatory agencies, accrediting bodies, and others who have interest in the work of hospitals. Leonard has almost 40 years of experience in health care. Before joining the IHA in 2007, he spent 30 years in administration at Columbus Regional Hospital, the last 10 as CEO. During his tenure as CEO, the hospital became the first Magnet Hospital for Nursing in Indiana and was awarded the American Hospital Association-McKesson Quest for Quality Prize. A native of South Bend, Indiana, he earned his bachelor’s degree in business administration and his master’s in health administration degree from Indiana University. He’s a fellow of the American College of Healthcare Executives. He currently co-chairs the Indiana Perinatal Quality Improvement Collaborative, is a member of various local health-related boards, serves as a trustee for the board of the Health Research & Educational Trust, and participates on many American Hospital Association committees and policy forums.
Mark E. Mantei, CEO, The Vancouver Clinic

Mark E. Mantei is CEO of The Vancouver Clinic (TVC), a 300-provider practice with five locations and an 80-year history in Clark County in Washington State. Having recently served as chair of the American Medical Group Association’s public policy committee and a member of its board of trustees, Mr. Mantei is regarded as an industry leader with over 30 years of experience in physician group practice and hospital leadership. Prior to TVC, Mr. Mantei was the COO at The Everett Clinic for 25 years. He’s been published in numerous journals and speaks frequently at national conferences.

Scott B. Tittle, Executive Director, National Center for Assisted Living

Scott B. Tittle became the executive director of the National Center for Assisted Living (NCAL), the assisted living voice of the American Health Care Association, in the summer of 2015. Previously, he served as president of a state affiliate of the American Health Care Association and National Center for Assisted Living, known as AHCA/NCAL, the Indiana Health Care Association, and the Indiana Center for Assisted Living. Mr. Tittle is an attorney by trade, and he’s worked on health care issues at the Indianapolis law firm Krieg DeVault and served as the health policy director for former Indiana Governor Mitch Daniels. Mr. Tittle received his law degree from Indiana University, Bloomington, and his undergraduate degrees from Vanderbilt University.
Friday, November 4 | 9:15 a.m.
TeleHealth: A Paradigm Shift for Providers

Moderator:

Richard K. Rifenbark, Partner, Foley & Lardner
Richard K. Rifenbark is a partner and health care lawyer with Foley & Lardner LLP in Los Angeles, California. His practice focuses on health care compliance, health information technology, and transactions. Specifically, Mr. Rifenbark advises telemedicine clients with state licensing issues and consultation exceptions, fee-splitting laws, and state prohibitions on the corporate practice of medicine. Additionally, he helps clients create practice structures that reduce risk associated with state laws on telehealth. Mr. Rifenbark is cochair of the firm’s Health Care Industry Team and a member of the Government Enforcement, Compliance & White Collar Defense Practice.

Panelists:

John Bennett, Chief of Business Development, Sutter Physician Services
As chief of business development at Sutter Physician Services, John Bennett has led expansion of the company’s broad service offerings into the national marketplace. Mr. Bennett helps inspire the company’s telehealth strategy within its health care contact center, pushing solutions to enable patients to access health care information and services through increasingly innovative channels. His ideas center on enhancing the patient experience to drive greater health and outcomes. Mr. Bennett’s more than 25 years of business development and entrepreneurial experience range from enterprise software to clean technology and health care. He encourages organizations to ask “why,” creating cultures that foster collaboration and energize new ideas and solutions to drive success.

Deborah Dahl, Vice President of Patient Care Innovation, Banner Health
As vice president of Patient Care Innovation, Deborah Dahl brings together diverse teams to scan, select, and implement innovative clinical strategies at Banner Health—whether the changes are incremental, emergent, or downright revolutionary. Innovative programs of note include telehealth services, Clinical Performance TRIaDs (Teams for Rapid Innovation and Design), safe surgery, and one of the largest simulation medical centers in the world. Ms. Dahl began her career as a summer bioengineering intern and has held a variety of leadership positions within Banner Health, including hospital administrator, vice president of technology management, and vice president of supply and technology.
John Partin, Vice President of Network Management, Regence BlueShield
As vice president of network management for Regence BlueShield, Mr. Partin leads network and provider strategy as well as the development of collaborative provider relationships. He has more than 20 years of experience in network management and contracting, both on the health plan and provider sides of the business. He was previously the director of strategic contracts for Premera Blue Cross and has held provider contracting and management positions with UnitedHealthcare, Blue Care Network of Michigan, and Cleveland Clinic.

Elisha Yaghmai, MD and President, Vigilias LLC
The president of Vigilias LLC, Elisha Yaghmai earned his medical degree from the University of Texas Southwestern Medical School at Dallas and completed his residency in internal medicine and pediatrics at the University of Kansas, Wichita. He also has master’s degrees in public health and tropical medicine from Tulane University School of Public Health and Tropical Medicine. Since completing training, Dr. Yaghmai has worked in rural Kansas, the heart of Seattle, and points in between, treating adults and children in settings ranging from primary care clinics to emergency departments and tertiary-level intensive care units—all part of his informal plan to learn as much as possible about as much as possible. He believes telemedicine represents the first real chance in decades to genuinely restructure health care delivery for the better.
Roni Zeiger, MD, Co-Founder, Smart Patients, and Former Chief Health Strategist, Google

The former chief health strategist at Google, Roni Zeiger works at the cutting edge of technology, information, and health care. At Google, he developed innovative digital medical services such as Google Health, a system of patient-managed online personal medical records, as well as Google Flu Trends, which reimagined how to gather and track medical information. With Google Health, Dr. Zeiger designed a program where patients have access to their own records, can update them on their own, and can share them with caregivers and institutions across companies. Although this project is no longer active, his experiments are still used as models for the future of health records. He currently leads a new company called Smart Patients, which leverages the expertise and networks developed by patients. His experience in digital medicine makes him one of the foremost speakers on how the Internet is transforming modern health care. Dr. Zeiger is a practicing physician, earned his medical degree at Stanford University, and completed his internal medicine residency at the University of California, San Francisco. He served as a clinical instructor of medicine at Stanford University School of Medicine and received a master’s degree in biomedical informatics from Stanford.
PARTICIPATING COMPANY PROFILES

American Health Care Association and National Center for Assisted Living

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) represent more than 13,000 not-for-profit and proprietary skilled nursing centers, assisted-living communities, subacute centers, and homes for individuals with intellectual and developmental disabilities. By delivering solutions for quality care, AHCA/NCAL aim to improve the lives of the millions of individuals with disabilities and those who are frail or elderly, as well as those with disabilities who receive long-term or post-acute care in its member facilities each day.

Alecto Healthcare Services

Established in 2012, Alecto Healthcare Services is a health care system and management services organization whose vision focuses on the ways in which health care should be managed in its current climate of reform. Through its commitment to integrity and innovation, Alecto’s mission is to improve upon the nation’s health care infrastructure, one hospital at a time. For more information about Alecto Healthcare Services, visit its Web site.

Banner Health

Headquartered in Arizona, Banner Health is one of the largest not-for-profit health care systems in the country. The system owns and operates 29 acute-care hospitals, Banner Health Network, Banner University Medicine, Banner Medical Group, long-term care centers, outpatient surgery centers, and an array of other services, including family clinics, home-care and hospice services, pharmacies, and a nursing registry. Banner Health is in seven states: Alaska, Arizona, California, Colorado, Nebraska, Nevada, and Wyoming. For more information, visit its Web site.
Compass Health

Compass Health is a private, not-for-profit behavioral health organization providing mental health, chemical dependency, and social support services. Its offices are located in Island, San Juan, Skagit, Snohomish, and Whatcom counties in northwestern Washington State. Guided by a volunteer board of directors, Compass Health is a leader in the delivery of innovative and holistic care that meets all the needs of those it serves. The not-for-profit provides a quality and research-based continuum of care to children, families, adults, and older adults. It has 720 dedicated staff who serve over 20,000 community members each year.

Cornerstone Affiliates

Cornerstone Affiliates is one of the nation’s most trusted providers of senior housing and health care. The original company helped create the concept of continuing care when it opened its first community in 1949. Today Cornerstone Affiliates is a family of companies that provides continuing care, affordable housing, assisted living, and memory support to nearly 10,000 residents in 84 communities across six states. It’s the largest not-for-profit senior housing provider in California and the sixth largest in the country.

Eskaton

Founded in 1968, Eskaton is now the largest not-for-profit community-based organization serving seniors in Greater Sacramento, California. Its 1,800 dedicated team members provide services and support for nearly 12,000 individuals annually who live in its communities or participate in its comprehensive Home Support Services. Eskaton’s difference lies in its broad array of choices and affordable options to engage and support people living in their own homes, as well as those who choose to live in one of its communities.
Expression Health Analytics

Expression Health Analytics helps health care organizations succeed in rapidly changing markets by providing purpose-built, subscription-based descriptive, predictive, and prescriptive analytics needed for business growth strategies. Using a big data platform, data science, and interactive visualizations, it curates data from monthly national multipayer claims and other data sources, transforming data points into market insights that answer its clients’ most complex business questions. At a time when outpatient markets are undergoing rapid change and yet remain the most underrepresented in the analytics space, the company has a deep focus on outpatient markets. While its analytics help clients understand their markets with greater accuracy, they also help clients understand the broader market dynamics context and how their market compares with other like markets, enabling them to see which variables lead to success. Clients can also assess the impact of other important forces, such as the extent of market consolidation, use rates, and more.

Health Share of Oregon

Health Share of Oregon is the state’s largest Medicaid coordinated care organization (CCO), serving more than 230,000 Oregon Health Plan (OHP) members in Clackamas, Multnomah, and Washington counties. Its mission is to partner with communities to achieve ongoing transformation, health equity, and the best possible health for each individual. Health Share was founded and continues to be governed by 11 health and social services organizations serving OHP members: Adventist Health, CareOregon, Central City Concern, Clackamas County, Kaiser Permanente, Legacy Health, Multnomah County, Oregon Health & Science University, Providence Health & Services, Tuality Health Alliance, and Washington County. For more information, visit its Web site.
Jet Health

Jet Health is a private equity-backed platform company in the home health industry. It provides skilled nursing care; physical, speech and occupational therapy; rehabilitative care; medical social services; personal care; and companion services. Led by an experienced health care services executive team, the company is building a national platform through organic growth, strategic acquisitions, and de novo locations in target markets. Jet Health leverages local brands and operating expertise while sharing best practices across its companies and centralizing traditional back office functions.

Options for Southern Oregon

Options for Southern Oregon (Options) is the Community Mental Health Program for Josephine County, a rural community of 85,000 located in Southern Oregon. Options provides a comprehensive array of community-based outpatient and residential treatment services, mobile crisis and jail diversion services, supportive and independent housing, and subacute crisis inpatient services. Options also operates statewide technical assistance centers for Supported Employment and Assertive Community Treatment. In the last four years Options has worked in partnership with two area coordinated care organizations, PrimaryHealth of Josephine County and AllCare, to develop behavioral health services integrated in local medical practices and developing a primary care home specializing in meeting the needs of those with mental illness. Options has been successfully providing treatment and support opportunities for those with mental illness, co-occurring disorders, and other specialty populations for 35 years.

Oregon Health Care Quality Corporation

The Oregon Health Care Quality Corporation (Q Corp) is an independent, not-for-profit organization dedicated to improving the quality and affordability of health care in Oregon. We achieve this goal by working with consumers, providers, employers, policymakers, and health insurers to produce unbiased information about the provision of medical care. Underlying this work is Q Corp’s “big data” database spanning 10 years of medical and pharmaceutical claims history, representing over 83 percent of Oregonians, and providing Q Corp an unparalleled ability to assess the quality and affordability of care over time.
Pioneer Medical Group

Pioneer Medical Group (PMG) is a multispecialty health care provider serving several communities in the Southeast Los Angeles area. PMG is open to the public and accepts most insurance plans including HMO, PPO, Medicare, and direct payment. PMG includes over 45 qualified physicians, some of whom have been practicing in the Los Angeles area for over 20 years. PMG is a physician-owned and operated medical group and offers the community member-friendly services. These include eight clinics located in Bellflower, Cerritos, Downey, Lakewood, Long Beach, Los Alamitos, and South Gate, as well as two after-hours clinics located in Downey and Long Beach. It also has primary care physicians such as family practitioners, internists, and pediatricians; in-house specialists, such as allergy, cardiology, chiropractic, ENT, obstetrics and gynecology, ophthalmology, optometry, podiatry and diagnostic radiology; comprehensive network of specialists located within PMG service area; on-site radiology and lab facilities at all six locations; and same day primary care appointments.

Regence BlueShield

Regence BlueShield has been serving Washingtonians in select counties for nearly a century and now provides approximately 1.1 million members with comprehensive health insurance solutions. As a not-for-profit, independent licensee of the Blue Cross and Blue Shield Association, Regence is part of a family of companies dedicated to transforming health care by delivering innovative products and services that change the way consumers nationwide experience health care. More information is available online, through its Web site, Facebook page, and Twitter.

Sutter Physician Services

Sutter Physician Services provides an array of administrative and clinical services to health care provider and payor organizations nationwide, including revenue cycle management, accountable care solutions, and patient access solutions. The company works with clients to enhance the patient experience, improve the health of populations, and reduce the per capita cost of health care. Established in 1999 as a Sutter Health affiliate, the organization has grown to become an industry leader through conscious innovation and the goal of helping its partners get back to focusing on the health of its patients. More information is available on its Web site.
The Everett Clinic

Founded in 1924, The Everett Clinic is a physician-led, patient-centered, multispecialty medical group practice focused on clinical excellence. The practice provides comprehensive, community-wide health care to 320,000 patients in Snohomish and King counties in Washington State. The Everett Clinic’s 2,300 teammates, including 560 specialty and primary care providers, offer more than 40 specialty care services at 21 clinical sites of care. It serves patients through traditional doctor’s offices, urgent care, lab services, imaging, hearing and vision centers, behavioral health, and cancer treatment. Known for providing high-quality health care services while lowering the overall cost of care, The Everett Clinic supports the core value of doing what is right for each patient.

The Vancouver Clinic

The Vancouver Clinic (TVC) is a multispecialty, physician-owned medical group located in southwest Washington State. With nearly 300 providers, the group provides integrated care to over 140,000 patients per year. TVC aspires to be the essential high-performing health system in the Vancouver-Portland region, delivering on the promise of patient-focused, value-driven, clinically excellent care.

UnitedHealthcare

UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. The company offers a spectrum of health benefit programs for individuals, employers, and Medicare and Medicaid beneficiaries; and it contracts directly with 57,046 physicians and care professionals and 361 hospitals and other care facilities in California. UnitedHealthcare serves more than 40 million people and is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.
Vigilias Telehealth

Vigilias Telehealth is a privately held, professional, limited liability telemedicine services and technology company started in 2014 that offers primary care, hospitalist, and subspecialist care to rural communities on a continuous or locum tenens basis depending on the need. The company’s initial focus was on cost-effective medical service, but it quickly became clear that most existing telemedicine technology solutions were stunningly outdated, inflexible, and expensive. With no obligation to use substandard technology, Vigilias grew a complementary technical wing and now offers care at 25 locations across three states.

WorldBizWatch

WorldBizWatch is a Media Strategy Consultancy & Production Company. It works with brands and publishers to tell their stories, convey their essence, and win their audience. From east to west, it creates compelling content to distribute on all platforms. It also helps its clients harness the power of storytelling to connect, inspire, and influence.
CONFERENCE LOGISTICS

Boarding Pass Printing
Boarding passes can be printed at the hotel business center for a nominal fee. The conference registration desk can also help you with this service.

Internet
Complimentary Internet is available in the main conference area.
Login: healthcare
Password: moss2016

Fitness Center
The fitness center is complimentary to hotel guests and located at The Spa.
Operating hours are from 5:00 a.m. to 7:00 p.m.

Hotel Shuttle Schedule
Red Rock offers complimentary shuttle service to McCarran International Airport and the Las Vegas Strip. Seating is limited, and all schedules are subject to change. You must be a hotel guest and present a room key to board the shuttle.

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QUESTIONS?

Please contact Stacy Weber at (206) 321-4816 or stacy.weber@mossadams.com.