



Date: December 05, 2024

Time: 12:00 PM

Webinar - 12-1 p.m.

This program is complimentary for IHA members.

Sponsored by Health Management Associates

In an era of rapid policy shifts and evolving reimbursement models, it is essential to align hospital financial and operational strategies with Medicare's changing landscape. This session, sponsored by Health Management Associates, offers healthcare executives the tools to identify macro trends driving Medicare policy changes and the insights to adjust reimbursement strategies accordingly. Participants will learn how to evaluate innovative, risk-based payment models that boost patient engagement and improve care delivery while also developing balanced payer mix strategies to optimize financial outcomes across Medicare, Medicaid and other payers.

At the conclusion of this program, participants will be able to:

- Identify the macro trends driving Medicare policy changes and their impact on hospital reimbursement strategies.
- Explore innovative risk-based payment models and how they can create new opportunities for patient engagement and improved care delivery.
- Develop effective payer mix planning techniques to balance Medicare, Medicaid and other payer types for optimized financial performance.
- Gain insights into upcoming regulatory changes in Medicare and Medicaid, preparing your hospital for future compliance and policy shifts.

- Chief Executive Officers
- Chief Financial Officers
- Chief Operating Officers

- Chief Strategy Officers

Kenneth Cochran, DSc, RN, MBA, FACHE

Managing Director, Delivery Systems, Health Management Associates

For over 20 years, Cochran has leveraged his clinical, business and academic background to deliver strategic planning, operational excellence, top-line revenue growth, positive physician relations and organizational alignment. Beginning at age 16 as a nurse assistant, he demonstrated a commitment to the healthcare industry and a drive to bring innovative solutions to the industry's challenges.

Before joining Health Management Associates, Cochran served as president and chief executive officer at two health systems and a county-owned, nonprofit community hospital. Most recently, he worked for Opelousas General Health System in Louisiana (OGHS), where he managed the organization's resources, promoted its services, oversaw growth and profitability, and implemented strategic and short-term initiatives. Enacting his growth and development plan, he increased physician recruitment, added more than 10 sites of care, and launched a school-based telemedicine clinic. These strategies increased patient visits by over 150% in two years and physician practice revenues by over \$25 million in four years.

Initiating OGHS's strategy for value-based reimbursement, Cochran converted the legacy physician hospital organization into a clinically integrated network and launched an accountable care organization and a Medicare shared savings program. He collaborated on a network for participation in Louisiana's Medicaid quality incentive program and instituted formal diversity, equity, inclusion and fairness campaigns and committees. This resulted in near immediate gains for the organization.

Julie Faulhaber, MBA

Managing Director, Medicare and Dual Eligibles, Health Management Associates

A nationally recognized leader in Medicaid, Medicare, dual eligible and special needs plan (SNP) programs and policies, Faulhaber is an experienced and strategic leader with more than 25 years of healthcare policy experience. Her work has included leadership and oversight of multi-state Medicaid and SNP business, care coordination, government relations and overseeing the Centers for Medicare and Medicaid Services bidding process for SNP and dual eligible products.

Before joining HMA, Faulhaber served over 15 years in increasingly senior positions with Health Care Service Corporation, where she was vice president of Enterprise Medicaid and interim vice president of Illinois Medicaid and Medica Health Plans in Minnesota.

Scott Malan, JD, MHA

Consultant, Wakely Consultant Group

Malan joined Wakely, a Health Management Associates company, as a consultant in 2023. He is passionate about value-based care and has extensive experience creating contractual relationships that position healthcare providers to be financially successful in their population health management efforts. In support of value-based contracting, Malan has expertise in building financial analytics, assessing market dynamics, curating high-performing networks and crafting the strategic contracting approach to position clients for success. Prior to joining Wakely, Malan spent over 10 years supporting the regional systems of a large, national healthcare provider in forming innovative partnerships between clinically integrated networks and health plans to drive sustainable growth of covered lives in Medicare Advantage and individual insurance segments.



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