Revenue Cycle Seminar
January 22, 2026

8:30 am – 9:45 am | Course RC2601

340B: A Review of What Was and Where We Are Now

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: This presentation will cover the 340B program as we knew it up to December 31,2025 and then what it has morphed into as we move into 2026.

Learning Objectives: After attending this session, participants will be able to
- Understand the 340B Program and how/why it started.
- Identify what to expect as we move forward into 2026.

Lori Schilling has worked for SunRx for 2 ½ years as a Regional Manager. She travels the country meeting with safety net providers to discuss their 340B programs and how SunRx can help. Lori is based in Oklahoma City, OK (Thunder UP!) and went to the University of Oklahoma. She started her clinical career in emergency medicine before making the jump to more of the administrative end of medicine and now the sales side. Lori is very passionate about maintaining the availability of health care for all. She has been active in advocacy efforts to protect 340B and other attacks on the health care industry.

Kaitlyn Weckhorst recently joined the SunRx team as an Account Executive. Before SunRx, Kaitlyn worked as a 340B program manager for a large, covered entity and spent time in Medicaid as a government pharmacy consultant and in the pharmacy department at Oklahoma Medicaid. She is an Apexus Certified Expert with a seasoned background in 340B operations, optimization, project management and Medicaid. Kaitlyn brings almost a decade of experience and a passion for advancing data driven pharmacy initiatives that create better outcomes for patients and create organizational sustainability & success.

10:00 am – 11:15 am | Course RC2602

Denials Management and Prevention

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: Health care administrators are making denials management a number one priority. Over 12% of hospital claims are initially denied costing health systems up to 2% of net patient revenue and that number continues to rise. Ninety percent of those claims are preventable yet only a fraction is appealed or responded to due to lack of resources resulting in lost revenue. Health care administrators and CFOs have also identified claim denials as their organization's biggest challenge. This presentation will address the impact of denials; analyze the root cause of denials and trends to reduce denials and claim rejections; and review Medicare Coordination of Benefits We will also discuss measuring and reporting the success of the denials management and prevention program.

Learning Objectives: After the session, participants will be able to
- Impact of denials analyzing the impact and root cause of denials.
- Address the Medicare Coordination of Benefits denials.
- Measure and report denials management and prevention programs.

Colleen Goethals, MS, RHIA, FAHIMA has over 35 years of healthcare experience possessing vast knowledge of HIM operations, revenue cycle management and is a subject matter expert on privacy and security. Past experience includes HIM/Revenue Cycle Regional Director; HIM Consultant; document imaging and release of information operations, sales and marketing; HIM Director and Corporate Privacy Officer; and adjunct college instructor. She is an author and frequent speaker on topics related to leadership, release of information, HIPAA, and privacy. Colleen is a past AHIMA Board member and current member of AHIMA's Advocacy and Policy Committee; past-President, Director and Delegate of the Illinois Health Information Management Association (ILHIMA), ILHIMA Distinguished Member, an AHIMA fellow and NARA Certified in Federal Records Management. She is also the recipient of AHIMA's Triumph Award for Advocacy and Policy.

12:15 pm – 1:30 pm | Course RC2603
Beyond Price: Building Supplier Partnerships for Sustainable Margin Improvement
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: Negotiating with vendors has traditionally focused on benchmarking and pushing for the lowest possible price. While price matters, this approach alone rarely produces sustainable results and can even strain supplier relationships. In today's healthcare environment, where margins are thin, costs are rising, and service quality is critical - organizations must move beyond transactional contracting and adopt strategies that create lasting value. This session will examine the top considerations for revenue cycle and purchased services leaders when negotiating or re-negotiating contracts. Drawing from real-world client experiences and industry insights, we'll explore why benchmarking has limits, how to uncover hidden value in your supply chain, and how to develop partnerships with suppliers that drive accountability, innovation, and improved service delivery. Key concepts will include:

- Recognizing the shortcomings of a price-only mindset.
- Leveraging broader strategies such as standardization, utilization, and make-versus-buy decisions.
- Understanding the differences between transactional contracting and strategic partnerships.
- Applying the "Four Pillars" framework: communication, transparency, mutually beneficial incentives, and accountable SLAs - to build stronger supplier relationships.
- Avoiding common pitfalls in vendor negotiations, such as one-sided agreements and lack of governance.

Participants will also engage in an interactive discussion, sharing challenges and successes from their own organizations. The session will conclude with a look ahead, how health systems can operationalize supplier partnerships to unlock sustainable margin improvement while safeguarding quality. By the end of this session, participants will leave with practical negotiation strategies they can apply immediately, along with a fresh perspective on building long-term supplier relationships that benefit both financial performance and patient care.

Learning Objectives: After this session, participants will be able to
- Evaluate the limitations of benchmarking and price-focused negotiations in achieving sustainable vendor agreements.
- Differentiate between transactional contracting models and strategic supplier partnerships.
- Apply the Four Pillars framework to design stronger, more accountable vendor contracts.
- Identify common pitfalls in contract negotiations and implement strategies to avoid them.
- Engage suppliers in collaborative partnerships that drive both margin improvement and service quality.

Andy Poorman is a Senior Director at Pathstone Partners with more than 16 years of healthcare consulting experience. He has partnered with academic medical centers, regional and national health systems, and pediatric hospitals across the country to deliver over $250 million in annual benefit for his clients. Andy's expertise spans clinical and non-clinical purchased services, with a focus on areas such as revenue cycle, information technology, laboratory, and pharmacy. He is passionate about developing strategies that go beyond price, helping organizations unlock value through utilization, standardization, and supplier partnerships. By building collaborative relationships with stakeholders and executives, Andy ensures that client goals and strategic objectives remain at the center of each engagement. Andy earned his Bachelor of Science in Community Health from the University of Illinois at Urbana-Champaign and his Master of Science in Health Systems Management from Rush University in Chicago. Based in Peoria, IL, he lives with his wife, two children, and golden retriever. Outside of work, Andy enjoys the outdoors, playing golf, and cheering for the Chicago Cubs, Chicago Bears, and Fighting Illini.

1:45 pm – 3:00 pm | Course RC2604
Bankruptcy and the Revenue Cycle: Compliance, Coordination, and Collections in a Post-Petition World
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: When a patient files bankruptcy, healthcare providers and their collection partners must act immediately to comply with federal law and protect their organizations from costly violations. This session provides a practical, compliance-focused overview of how bankruptcy impacts the healthcare revenue cycle from start to finish. Attendees will learn what to do when a bankruptcy notice is received, when and why communication with patients must stop, and how to distinguish between Chapter 7 and Chapter 13 cases. The presentation will walk through real-world examples of how accounts should be handled both in-house and after placement with a collection agency. Participants will gain a clear understanding of what debts are covered by the automatic stay, what can still be pursued, and how to coordinate with outside counsel when litigation or credit reporting is involved. Through practical guidance, case discussions, and live polling, attendees will leave with the tools needed to strengthen compliance, improve communication between facility and agency, and safeguard revenue while maintaining ethical collection practices.

Learning Objectives: After this presentation, participants will be able to
- Recognize and appropriately respond to bankruptcy notices to maintain compliance with federal law.
- Understand the operational and legal differences between Chapter 7 and Chapter 13 bankruptcies.
- Implement coordinated procedures between hospitals, agencies, and legal counsel to protect accounts and minimize risk.

Kyle Singleton is an attorney with Marshall & Singleton, PLC, in Jonesboro, Arkansas, where his practice focuses on creditor rights. He represents creditors throughout Arkansas in matters involving bankruptcy, debt collection, and judgment enforcement. He regularly advises clients on compliance with the Bankruptcy Code and the Fair Debt Collection Practices Act, helping his clients protect their receivables while maintaining ethical and compliant collection practices.

3:15 pm – 4:30 pm | Course RC2605
Beyond Bots: How Agentic AI Raises the Bar for Revenue Cycle Automation
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Level: Basic | Prerequisites: None

Program Content: This presentation will cover the evolving role of automation in the healthcare revenue cycle—moving beyond traditional bots into the realm of agentic AI. Attendees will gain a practical understanding of how hospitals and health systems are using advanced tools to automate decision-making, reduce manual rework, and improve financial outcomes. We'll start with a quick refresher on Robotic Process Automation (RPA) and how it's still delivering value in claims status checks, denial management, and payment posting. From there, we'll introduce the next generation: Agentic AI. These tools don't just follow rules—they assess situations, prioritize actions, and adapt in real time. You'll see how leading organizations are deploying AI agents to manage complex workflows, from authorization follow-ups to dynamic A/R reprioritization. Drawing on real-world case studies, this session will break down implementation strategies, governance considerations, and the updated ROI model that reflects today's AI costs and capabilities. You'll also get a toolkit of actionable resources, including an agent readiness checklist and a design framework for identifying automation candidates in your own organization. Whether you're just starting with RPA or exploring generative and agentic AI, this session will help you think critically about where automation belongs, what it's capable of in 2025, and how to build a foundation that can evolve with technology.

Learning Objectives: After this presentation, participants will be able to
- Understand the differences between traditional RPA, generative AI, and Agentic AI and how each can be applied to optimize revenue cycle workflows.
- Identify high-impact use cases for agentic AI in healthcare finance, including real-world examples of automation and ROI.
- Evaluate readiness for AI-driven automation using a practical framework that includes governance models, ROI considerations, and implementation strategies.

Michael Laukaitis is the Director of Revenue Cycle Analytics at UT Southwestern Medical Center. With over 20 years of experience in healthcare IT and revenue cycle operations, Michael leads initiatives at the intersection of analytics, automation, and AI. His teams manage Robotic Process Automation (RPA), machine learning, training, quality assurance, and analytics across both hospital and professional billing. Known for pushing boundaries, Michael helped launch UT Southwestern's MG Revenue Cycle Center of Excellence and has driven real-world results using tools like Epic, UiPath, and agentic AI platforms. His work has reduced manual touches, improved denial management, and increased cash acceleration through practical and scalable automation. Michael holds an MBA and a bachelor's in information technology management. He's a frequent presenter at conferences including HFMA, CORE, and Becker's, where he shares strategies that move AI beyond buzzwords—and into measurable impact.

LOCATION: Arkansas Hospital Association
419 Natural Resources Drive, Little Rock, AR 72205
(Maximum seating 60, registration will stop at that point)

LUNCH: Box lunch will be served at 11:15 am – 12:15 pm

BREAKS: 15-minute breaks at 9:45 am, 1:30 pm, 3:00 pm

PRESENTATION HANDOUTS: All speaker presentations will be emailed to registered attendees within 72 hours of the meeting. Please download and print if you would like handouts for the actual session.

EDUCATIONAL CREDITS

Health Care Financial Management Association-Arkansas Chapter is registered with the National Association of State Boards of Accountancy (NASBA) 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 through its website: www.NASBAregistry.org.

Prerequisites and advance preparation are not required unless otherwise indicated.
A maximum of 7.5 CPE credits is available. All courses are instruction method GROUP LIVE.
All sessions will incorporate an element of participant engagement, and there will be time for questions after each session.

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https://cvent.me/eWyZ7Z

*Registration Fee: $75   AR HFMA Member
$150 Non-HFMA Member

*Deadline for registration and payment is January 19, 2026

REFUNDS AND CANCELLATIONS
If cancellations are received after January 19, 2026, the registration fee is not refundable. **Registrants who do not cancel or fail to attend must pay the entire fee.** Substitutions, however, are permitted. Registration forms and cancellations must be emailed to the address below. Phone and voicemail are not valid forms of communication for cancellations. For more information regarding administrative policies such as complaint and refund, please contact Tami Hill at 501-231-0200 or arhfma@arkansashfma.org.