Arkansas Chapter Fall 2015 Conference

Wednesday, October 28, 2015

5:00 pm    HFMA Committee Meetings – Stitt Room
5:30 pm    HFMA Board and Committee Chair Meeting – Stitt Room
6:30 – 7:30 pm    Networking Opportunities Sponsored by Corporate Sponsors – Atrium

Thursday, October 29, 2015

7:45 – 8:15 am    Registration & Continental Breakfast – Crowne Foyer
8:15 – 8:30 am    Welcome & Announcements – Bryan Jackson, HFMA President – SalonABC

Joint Session – Salon ABC

8:30 – 9:45 am | Course FL1501

Medicare’s Bundling Initiatives: A Window Into Value-Based Transformation
Brian Ellsworth, Director, Payment Transformation, Health Dimensions Group*
Tom Stitt, CPA, CHFP, VP, Finance and Reimbursement, Health Dimensions Group*

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

Program Content: Medicare’s Bundled Payments for Care Improvement (BPCI) program experienced a nearly ten-fold increase in participating organizations in 2015. In addition, Medicare has proposed mandatory bundling of joint replacement care through the Comprehensive Care for Joint Replacement (CCJR) Model, which affects two regions in Arkansas (Hot Springs and Crittenden County). These initiatives are a window into the new reality of transforming payments from rewarding volume to value. Bundling creates powerful incentives to change referral patterns and reshape care delivery with an episodic mindset. This session will cover bundling basics and timeline, provide insights from providers that are participating in bundling and positioning for success in joint replacement care, and describe important concepts including: care redesign, gainsharing and risk stratification.

Learning objectives: After this presentation, participants will be able to
• Understand the basics of how Medicare’s bundled payments programs work.
• Learn how bundling is likely to change markets for acute and post-acute care.
• Demonstrate strategies to effectively partner with bundlers.
• Motivate the important next steps that providers should take in preparing for value-based care in general and bundling in particular.
9:45 – 10:00 am  Break – Crowne Foyer

Joint Session – Salon ABC

10:00 – 11:15 am | Course FL1502
IPPS Regulatory Update – What you need to know to navigate the changes
Craig Steen, CPA, Managing Director, BKD, LLP*
CPE Credits: 1.5 | CPE Type: Regulatory Ethics | Level: Basic | Prerequisites: None

Program Content: This session will cover the 2016 IPPS update rules and various hot topics related to Medicare reimbursement.

Learning objectives: After this presentation, participants will be able to
• Gain a better understanding of regulatory requirements impacting a hospital's ability to be reimbursed in a compliant fashion for services provided to Medicare and Medicaid beneficiaries, including the impact on things such as cost report and other periodic reporting requirements.
• Use the information to identify potential problem areas or opportunities in Medicare reimbursement in their own facilities.

11:15 – 12:30 am  Lunch – Atrium

Joint Session – Salon ABC

12:30 – 1:45 pm | Course FL1503
Population Health: Tales from the Front
Rick Bobos, Director, Advisory Services, Valence Health*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: This presentation is an overview of current population health strategies being implemented across the country; including capabilities and physician alignment needs. In addition, we will discuss in depth Clinically Integrated Networks and the lessons learned from a current design and build.

Learning objectives: After this presentation, participants will be able to
• Understand current population health strategies currently being implemented.
• Understand best practices for physician integration; including Clinically Integrated Networks.
• Understand the current Clinically Integrated Network design happening in Northwest Arkansas; including areas of opportunity and lessons learned.

1:45 – 2:00 pm  Break – Crowne Foyer
2:00 – 3:15 pm | Course FL1504

340B and HRSA’s New Mega-Guidance

*David Pointer, President, SolutionsRx*

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

**Program Content:** This presentation will cover issues involving the 340B drug discount program in light of the new Mega-Guidance recently issued by HRSA. Topics will include changes to the patient definition, eligible physicians, contract pharmacy relationships, infused drugs and bundled drugs. Particular attention will be given to possible impact of this guidance on existing 340B practices.

**Learning objectives:** After the session, participants will be able to

- Identify key proposals by HRSA to modify the 340B drug program.
- Assess the potential impact of the Mega Guidance on a particular 340B-eligible covered entity.

2:00 – 3:15 pm | Course FL1505

ICD-10: Before & After

*Cathy Munn, MPH RHIA CPHQ, Principal, Cognosante*
*Tami Harlan, JD, Deputy Director, Division of Medical Services, DHS*

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

**Program Content:** This presentation will outline the remediation process and initiatives that were completed by Arkansas Medicaid in anticipation of the transition to ICD-10 on October 1, 2015. The presentation will outline lessons learned as well as an up-to-date synopsis of the current provider issues and concerns that have been identified.

**Learning objectives:** After this presentation, participants will be able to

- Understand the Arkansas ICD-10 remediation work that has been completed.
- Understand the current state of the ICD-10 remediation progress in Arkansas.

3:15 – 3:30 pm Break – Crowne Foyer

3:30 – 4:45 pm | Course FL1506

What’s New on the EHR Front?

*Michael Orr, Director, BKD*
*Travis Skinner, Senior Managing Consultant, BKD*

CPE Credits: 1.5 | CPE Type: Regulatory Ethics | Level: Basic | Prerequisites: None

**Program Content:** This presentation will provide an update on the pending final rules from CMS regarding EHR. If the rules are finalized prior to the presentation we will also provide analysis and takeaways from the final rule(s). This presentation will also cover updates on the different types of EHR audits. We will also discuss the nature and scope of the different EHR audits. Best Practices, common pitfalls as well as mitigation strategies. This topic focuses on an area that is receiving a high degree of scrutiny from regulatory authorities and MACs. A good deal of press has
been focused on the significant paybacks resulting from the Meaningful Use Compliance Audits and their “all or nothing” results – failure on one minor measure could result in recoupment of both Medicare and Medicaid funding for the program year under audit as well as trigger audits for other program years. The program will be discussing audit preparedness as well as focusing on a few key areas that appear to be common problems at many facilities. The mechanics of handling a failed audit and submission of a final appeal to CMS will be addressed.

There are 4 primary types of audits occurring - The meaningful use compliance audits referenced above, state Medicaid meaningful use compliance audits, OIG Medicaid payment audits, and HiTech payment audits. The program will be addressing charity care interaction with the HiTech audits and its effect on settlements. We will also spend some time in review and analysis of the OIG’s report on the State of Arkansas Medicaid EHR payments.

Finally, the presentation will look at proactive steps that Hospitals can take to help prepare for audits.

Learning objectives: After the session, participants will be able to

- Understand the EHR rules whether finalized or not.
- Identify the different types of EHR audits and understand their nature and scope and hot button issues.
- Identify best practices, common pitfalls, and mitigation strategies for the various audits.

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3:30 – 4:45 pm | Course FL1507

Narrowing the Blind Spot: Measuring Satisfaction in Your Patient Billing Experience

Amy E. Carpenter, Vice President Sales, Simplee*

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

Program Content: Improving the patient experience has long been a priority at leading hospitals and healthcare providers, but it has recently taken on renewed urgency. Driven by growing patient expectations and a retail-style battle in healthcare for patient revenue and loyalty, innovative providers are looking for ways to extend the patient experience to engagement points beyond just clinical interactions. As a result, cutting edge hospitals systems are redefining the patient financial experience to better serve their patients. A recent survey found 93 percent of patients who liked the billing process were satisfied with their clinical care, whereas those unsatisfied with billing reported only 63 percent satisfaction with clinical. This session will explore innovations reshaping patient revenue cycle performance. Supported by an internal charge to increase patient satisfaction and engagement metrics. Employing new integrated engagement and payments platform that connects the patient financial experience from their first hospital interaction through to their last.

- Creating a consumer friendly experience from estimates to payment.
- Coordinating billing engagement from paper to digital
- Unifying the experience across hospital and physician services
- Measuring success with consumers on their financial journey (payment and satisfaction)

In addition to highlighting the changing emphasis on patient financial experience through real world results and best practices, this session will help attendees learn how to assess their own patient financial experience, and ways to clearly improve and measure innovative new tools.

Learning objectives: After this presentation, participants will be able to

- Prioritize opportunities for improving patient financial experience and applicability of best practices outside healthcare (eg. eCommerce).
- Understand role of integrated engagement and payments, from paper to mobile.
- Measure satisfaction with patients across their financial journey, and the role of self-service.

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5:30 – 6:30 pm | Networking Opportunities Sponsored by Corporate Sponsors – Atrium
Friday, October 30, 2015

8:00-8:30 am  Registration & Continental Breakfast – Crowne Foyer

8:30 – 9:45 am | Course FL1508
Novitas Solutions presents Medicare Part A Medicare Updates
*Tanya Brooks, Provider Outreach and Education Specialist, Novitas Solutions, Inc.*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: This session will focus on the most recent changes and the impact these changes will have on your facility. The information presented will assist providers in maintaining compliance with Medicare policies and regulations.

Learning objectives: After this presentation, participants will be able to
- Gain a better understanding of billing, coding and documentation.
- Understand the process of Provider Enrollment.
- Utilize web resources to research Medicare Information.
- Remain compliant with the Medicare program.

9:45 -10:15 am  Break

10:15 am – 11:30 am | Course FL1509
IT Security: How Hackable is Your Organization
*John Gomez, Chief Executive Officer, Sensato*
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: Maintaining secure patient health information (PHI) is not only required by law, but is critical to an organization’s credibility and a patient’s safety and trust. What’s more is that it’s not the only hacking threat a health system should be worried about. Any computer device, whether connected to the Web or not, is susceptible to being hacked...how hackable is your organization? Divurgent’s seasoned IT security team, along with our partner Sensato, a leader in cyber-security and privacy solutions, have an in-depth understanding of the complexities, technologies, and, most importantly, security-related vulnerabilities and challenges facing today’s health IT organizations and leaders.

Learning objectives: After this presentation, participants will be able to
- Explore top cyber-security threats facing HIT.
- Dispel common myths and beliefs regarding the world of cyber-security.
- Gain in-depth insight into cyber-security threats associated with bio-medical devices.
- Develop a holistic set of strategies for addressing core threats.
- Gain a clear understanding of your attack surface and potential attack pivot points.
About the Speakers:

**Brian Ellsworth** is the Director of Payment Transformation at Health Dimensions Group, where he has been working on bundling, dual eligible integration and value-based purchasing strategies. He has over thirty years of experience in health care financing, delivery and policy from both payer and provider perspectives, including senior roles at the American Hospital Association, LeadingAge New York and the Connecticut Association for Healthcare at Home. He has also served as a policymaker in New York State’s Medicaid program and worked at OptumInsight, part of United Health Group. He has served on numerous advisory boards and technical groups and played a key role in developing New York’s managed long term care strategy.

**Tom Stitt, CPA, CHFP** is the Vice President, Finance and Reimbursement at Health Dimensions Group where he specializes in financial modeling and reimbursement advisory services in all aspects of the health care continuum for a wide array of clients throughout the country. Prior to joining Health Dimensions Group, Mr. Stitt worked for BDO Seidman, LLP, one of the nation’s largest public accounting firms, as a certified public accountant and manager in the health care consulting practice. He was also the director of reimbursement for a 280-bed hospital in the Chicago area with multiple provider licenses and a provider auditor for Blue Cross and Blue Shield of Illinois. He has over 25 years of experience in health care finance and reimbursement.

**Catherine Munn, MPH RHIA CPHQ**, is the Director of Payment Transformation at Health Dimensions Group, where she has been working on bundling, dual eligible integration and value-based purchasing strategies. Prior to joining Cognosante in 2011 she worked in the capacity of Implementation Manager with a leading software development company. Her current focus is on the industry transition from ICD-9 to ICD-10 and the resulting impact on quality of care measurement and reporting. Munn holds Bachelor’s and Master’s degrees from the University of Alabama in Birmingham. She is a Registered Health Information Administrator and a Certified Professional in Healthcare Quality. Munn serves as President of the National Association for Healthcare Quality in 2009. She was also appointed as a member of the AHIMA Care Coordination Practice Council in 2014 and the Care Coordination Taskforce in 2015.

**Craig Steen** is a member of BKD National Health Care Group and has 35 years of experience with Medicare reimbursement issues. He works on cost report preparations and reviews, new and existing Medicare regulation analyses, appeal and settlement issues and hospital, nursing home, home health agency, rural health clinic and renal dialysis facility compliance issues. He has assisted hospitals with issues related to wage indexes, Medicare bad debts, interns, residents, organ transplants, disproportionate share adjustments and more. He is a member of the firmwide health care Regulatory Committee and serves as a national resource on Medicare regulations. Prior to BKD, he worked for the Oklahoma fiscal intermediary for 15 years. Craig is a member of the American Institute of CPAs, Oklahoma Society of CPAs and Healthcare Financial Management Association. He serves on the Ronald McDonald House Charities of Tulsa Board of Directors. He is a graduate of Oklahoma State University, Stillwater, with a B.S.B.A. degree in accounting.

**Rick Bobos** manages Valence’s strategic consulting solutions and provides guidance and leadership through the transition from traditional payor models to value and outcomes based strategies. Mr. Bobos has over 10 years of operations experience, including the redesign of incentive models, practice operations, and quality metrics. Prior to joining Valence Health, Mr. Bobos managed clinical integration and population health at Advocate Health Care.

**David Pointer** was raised in southern Missouri and started his career with considerable academic success, graduating first in his class at Missouri State University and with honors from Harvard Law School. After completing a judicial clerkship on the United States Court of Appeals for the Eighth Circuit, David joined the Kansas City commercial law firm of Stinson, Mag and Fizzell. In 2000, David returned to the Ozarks, founding Pointer Law Office, P.C., which now has six lawyers practicing in two offices. David’s practice has focused on healthcare issues for several years. In 2010, after establishing one of the first multiple contract pharmacy networks in the country, David formed SolutionsRx. Through SolutionsRx, David assists hospitals and other covered entities implement and maintain compliant 340B programs. David is particularly involved in developing comprehensive 340B contract pharmacy programs, reviewing entities’ internal 340B utilization to ensure compliance with all applicable federal guidelines, and completing independent 340B audits.

**Tami Harlan, JD**, is currently the Deputy Director, for the Arkansas Department of Human Services, Division of Medical Services and oversees traditional Medicaid programs. Prior to this she was an attorney for the Arkansas Department of Human Services specializing in employment litigation. Before joining the department, Ms. Harlan was in private practice. After completing a tour with the U.S. Navy, she received her BA in Criminology from Arkansas State University in Jonesboro, Arkansas. Ms. Harlan received her law degree from the University of Arkansas at Little Rock.

**Michael Orr** has more than 20 years of experience in the health care industry, including four years of payer experience with Blue Cross Blue Shield, eleven years of health care consulting and seven years of provider experience. He has experience in turnaround situations and implementing metrics management, helping clients improve the bottom line, managed care contracting issues, and improving revenue cycle processes. He was CFO of a vertically integrated not-for-profit hospital and health care group and prior to that, Mike was a CFO for a Nashville-based for-profit hospital chain. He has spent much of the last three years focused on Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs reimbursement and audit issues. Mike is a graduate of the University of Maryland, Baltimore County, with a B.A. degree in economics, and Loyola University Maryland, Baltimore, with an M.B.A. degree.
Travis Skinner is a member of the BKD National Health Care Group and has more than 10 years of health care consulting and reimbursement experience. He works with a variety of health care providers, including critical access, Medicare dependent, sole community and prospective payment system hospitals. Travis has three years of experience with Medicare and Medicaid electronic health record (EHR) incentive programs, helping facilities confirm and increase reimbursements as well as assisting facilities through EHR audits. His other areas of focus include cost reimbursement for hospitals, nursing homes, home offices, square footage projects and the 340B Drug Pricing Program. Travis is a member of the American Institute of CPAs and Texas Society of Certified Public Accountants. He is a 2003 graduate of the University of Mary Hardin-Baylor, Belton, Texas, with B.B.A. degree in accounting.

Amy Carpenter has many years of experience in the healthcare industry in both provider and corporate capacities. Amy spent the first half of her career as a physician practice administrator in Louisiana and Texas. Over the past 13 years Amy has held sales and executive positions with several healthcare companies across the country (including GE, Healthport, and McKesson/RelayHealth) working in all areas of the revenue cycle, practice management, EHR, and analytics. Amy currently is Vice President at Simplee living in Baton Rouge, Louisiana. Amy holds an undergraduate degree from Louisiana State University and a Master's Degree in Health Care Management from University of New Orleans.

Tanya Brooks is a Provider Outreach and Education Specialist with Novitas Solutions, Inc. She has over 16 years of experience with Traditional Medicare and non-traditional Medicare programs as an Education Representative and Network Contract Manager. Her professional interest focus is on communicative approaches to educating the provider community and equipping them with the necessary tools they need to be successful. Her current responsibilities include servicing Part A Medicare providers.

John Gomez is the CEO of Sensato, a cybersecurity firm that specifically focuses on the healthcare industry. Sensato was recently named as one of the 500 top innovative cybersecurity firms in the world. John is also the ex-CTO of WebMD and Eclipsys/Allscripts. He has been involved in the design and development of software for the past thirty years and is extremely passionate about protecting the lives of our patients against cyber-attacks.
HOTEL RESERVATIONS

Please make your own reservations with the Crown Plaza in Little Rock (1.855.590.9987) or online at http://www.ihg.com/crowneplaza/hotels/us/en/little-rock/litsh/hoteldetail?qAdlt=1&qBrs=6c.hi.ex.rs.ic.cp.in.sb cw.cv.ul.vn&qRef=df&qRms=1&qRpn=1&qSHp=1&qSmP=3&qSrt=sBR&qWch=0&srb_u=1&icdv=99801505

A block of rooms has been reserved, so please mention that you are with Arkansas Chapter Healthcare Financial Management to receive the rate of $114 for a single or double room. The Crowne Plaza will accept reservations until October 7, 2015. After this date reservations will be taken on a space available basis and prevailing rate. Please make your reservations as soon as possible.

EDUCATIONAL CREDITS

Arkansas Chapter HFMA 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.learningmarket.org.

Arkansas Chapter HFMA is registered with the Texas State Board of Public Accountancy as a CPE sponsor. This registration does not constitute an endorsement by the Board as to the quality of our CPE program.

(Sponsor number 009840)

Prerequisites and advance preparation are not required unless otherwise indicated.

Depending on the track the participant attends, a maximum of 10.5 CPE credits is available.

All courses are instruction method GROUP LIVE.

CPE Type is classified based on NASBA definitions. For the 20 credits (50%) rule by the AR State Board of Public Accountancy, the following CPE types qualify: Accounting, Accounting (Governmental), Auditing, Auditing (Governmental), Regulatory Ethics, Behavioral Ethics & Taxes. Chapter leadership is aware of these changes and committed to helping our CPA members meet the requirement each year by providing as many hours as possible in the specific categories listed above at each of our meetings, including annual Tri-State meeting and December CPA Focused meeting.

CPE SIGN-IN AND CERTIFICATES

To receive CPE credits, you must sign in for each individual session you attend. Sign-in registers are provided for those individuals who sign and check that they need a CPE certificate. Sign-in registers will be located in each session room. If your name is not printed on the register, be sure to print your name legibly on the one of the blank lines at the end and sign next to your name. CPE Certificates will be emailed to each participant following the meeting. Keep a copy of this program along with your certificate for your records.

SPEAKER PRESENTATION HANDOUTS

Handouts will be made available electronically 3 days prior to the meeting. All attendees will receive an email notifying them that the handouts are available on the Arkansas HFMA website at arkansashfma.org so you can bring to the meeting if you choose.

REGISTRATION DISCOUNTS

Multiple registrations from the same organization are eligible for a discount. The 1st and 2nd entire meeting registrants pay full price, then the 3rd and 4th registrants pay 50% of the registration fee and the 5th and any additional registrants pay 25% of the registration fee. Multiple registrants are encouraged to register at the same time to ensure they receive the discounts. Multiple registrations discounts do not apply to sponsor comps or one day registrations.

Any Past President of the Arkansas Chapter will be a discounted registration fee of $75. This is being done both as a thank you for your tremendous efforts in past service to the Chapter and to encourage your continued attendance to meetings. If you are registering as part of a multi-attendee entity the discount will be applied to the last person registered.

BUSINESS CASUAL DRESS IS APPROPRIATE FOR THE MEETINGS.
2015-2016 CORPORATE SPONSORSHIP PROGRAM

The Corporate Sponsorship Program is designed to enhance the quality of the Chapter programs, newsletters, and other activities. Organizations can strengthen the Chapter by becoming a Corporate Sponsor.

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*Registration Fee:  
$125  HFMA Member (before 10/23)*  
$200  Non-HFMA Member (before 10/23)*  
$75  Past AR President (before 10/23)*

*All Registrations after the Friday before the meeting will be an additional $25 late registration fee when you register at the door.

Thursday or Friday only registration is available. Call Tami Hill at 501-316-1229 for pricing for members and nonmembers.

*If taking advantage of discounts referenced in brochure, please follow these instructions below:

Multiple Registrations from Same Organization:

1st & 2nd entire meeting attendee – full price
3rd & 4th entire meeting attendee – 50% off
5th & over entire meeting attendee – 75% off

Submit AR HFMA spreadsheet template with attendee information to arhfma@sbcglobal.net. Submit a check or credit card information below for the total amount of all attendees. Contact Tami Hill to obtain the spreadsheet at arhfma@sbcglobal.net or 501-316-1229.

MAIL check payable to: HFMA Arkansas Chapter  
Attn: Tami J. Hill, Registrar  
419 Natural Resources Drive  
Little Rock, AR 72205

OR

Please charge my credit card for discounted registrations only: (email to arhfma@sbcglobal.net)

Name on Card______________________ Card #___________________________________________
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REFUNDS AND CANCELLATIONS

If cancellations are received after October 23, 2015, only 50% of the registration fee is refundable. Registrants who do not cancel or cancel day of or after the meeting has started (Wednesday) or fail to attend must pay the entire fee. Substitutions, however, are permitted. Registration forms and cancellations must be emailed. Phone and voicemail are not valid forms of communication. For more information regarding administrative policies such as complaint and refund, please contact Tami Hill at 501-316-1229 or arhfma@sbcglobal.net.