



Hawkeye AAHAM Fall Conference
September 17-18, 2026



Hilton Garden Inn
8600 Northpark Drive
Johnston, IA 50131

Thursday, September 17, 2026

8:00 AM – 8:30 AM

Registration/Continental Breakfast & Networking

8:30 AM – 9:00 AM

Welcome Message
Hawkeye Chapter President

9:00 AM – 10:00 AM

OS Inc.
Time for What Matters
CEUs: 2 hours

10:00 AM – 10:30 AM

Morning Break

10:30 AM – 11:30 PM

OS Inc.
Changing the conversation on Denials
CEUs: 3 hours

11:30 PM – 1:00 PM

Lunch, Updates and membership meeting

- *The Future of the Hawkeye AAHAM Chapter*

1:00 PM – 2:00 PM

Iowa Hospital Associations - updates
Erin Cubit, Director of Government Relations
CEUs: 2 hours

2:00 PM – 2:15 PM

Afternoon Break

2:15 PM – 3:00 PM

Carrie K w/ National AAHAM
What New?
CEUs: 1 hours

3:00 PM —4:00 PM

Nicolet Bank “bank scams”

CEUs: 2 hours

4:30 PM ? **Networking Event with Door Prizes Hospitality room**

Friday, September 18, 2026

8:30 AM – 9:15 AM

Wellmark

9:15 AM – 10:00 AM

Wellpoint

10:00 AM – 10:45 AM

Molina Provider

10:45 AM – 11:30 AM

Iowa Total Care

Corporate Sponsors

PLATINUM SPONSOR



The Hauge Group

Charlie Cole

Phone: (605) 336-9490

E-mail: charliec@thehaugegroup.com

www.thehaugegroup.com



Meduit

Letisha Johnson CRCS-P, CRCS-I, CHFP, CCAE

Phone: (309) 292-5562

E-mail: ljohnson@meduitrcm.com

www.meduitrcm.com



Brian Grimes

Phone: (800) 383-0234

E-mail: bgrimes@creditiowa.com

www.creditiowa.com/

AAHAM Fall 2026 Conference

You may register online using the link below (will need to mail check or bring to conference:
<http://hawkeyeaaham.org/upcoming-events/online-registration/>

Registration Form

Last Name: _____

First Name: _____

Title: _____

Organization: _____

Organization Mailing Address: _____

City/State/Zip: _____

AC/Phone: _____ Fax: _____

E-Mail: _____

Registration Fee for Full Conference:

AAHAM Member	\$130.00
Non-Member	\$140.00
Students	\$10.00

Hotel Link for Rooms:

[AAHAM Fall Conference](#)

Return Registration Form To:

LeeAnn Christensen
Manning Regional Healthcare Center
1550 W 6th St
Manning, IA 51455
leeann.christensen@mrhcia.com

If you are registering several individuals from your organization, please let Leeann know the names, title, and organization to insure a smooth registration process.

For Office Use Only

Date Received _____

Check # _____ n/a

Program Fee Amount \$ _____ n/a

Check Total \$ _____ n/a

☐ Organization

☐ Personal