CONTENTS

Welcome Letter 3
JIM MOLPUS
Leadership Programs Director, HealthLeaders Media

Program Agenda 4
A LOOK AT THE PROGRAM’S EVENTS AND DISCUSSIONS

Discussion Guides
The Patients: New Partners in Consumerism 7
The Payers: Risky Business in a Value-Based Market 9
The Tools: Challenges and Opportunities in Data Analytics 11

Member Introductions 13
A WHO’S WHO AT THIS YEAR’S HEALTHLEADERS MEDIA REVENUE CYCLE EXCHANGE

About Our Dinner Speaker 25
HealthLeaders Media Introductions 26
About HealthLeaders Media 28
About Our Sponsors 29
Resort Map 35

Fairmont Grand Del Mar
San Diego, CA | March 23–25, 2016

Set amidst the breathtaking Los Peñasquitos Canyon Preserve, this 249-room luxury San Diego resort captures the elegance and comfort of an old-world Mediterranean estate with an enviable Southern California locale. Its design honors the indelible style of visionary architect Addison Mizner (1872–1933) who drew his inspiration from Spain’s palaces, France’s sun-washed coastal retreats, and Florence’s decorative arts to define the revered communities of Palm Beach and Boca Raton.
Leading the revenue cycle these days is all about balancing flexibility and stability, two words that might seem contradictory. The revenue cycle team and the systems, processes, and protocols they follow must be able to adapt and flex to a changing, value-based payer environment. Yesterday’s revenue source could become today’s cost. Core to the revenue cycle, however, is a relentless focus on process reliability and stability that will outlive the vagaries of the healthcare marketplace.

It is a difficult task—but the good news is that over the next two days, you’ll be in the company of 35 of the best revenue cycle leaders you could ask for help. We welcome you to the HealthLeaders Media Revenue Cycle Exchange and thank you for your time in this experience.

The Exchange is made possible by our sponsors Bank of America Merrill Lynch, Craneware, Optum360, RelayHealth Financial, Simplee, and Xtend Healthcare. We thank them for their support of the Exchange and the expertise they will share with us.

Please bear in mind a few guidelines for the event. First, understand that our goal is to share solutions and insights from the Exchange with our broader audience of almost 100,000 healthcare leaders, so our editors will be covering the event’s forum sessions for editorial content. Second, like many events where healthcare decision-makers gather, it is our policy that no discussions or interactions that might broach conflict-of-interest or antitrust concerns will occur.

We hope you will enjoy the good ideas and meet many new friends. As your host, please find me or any member of our incredible team with any concerns or requests that might prevent us from exceeding your expectations.

Jim Molpus
Leadership Programs Director
HealthLeaders Media
WEDNESDAY | March 23

6:00–8:00 p.m.  Welcome Reception (North Foyer Courtyard)

THURSDAY | March 24

7:30–8:00 a.m.  Buffet Breakfast (Manchester Salon Terrace)

8:00–8:30 a.m.  Event Kickoff (Manchester Salon)

8:30–8:45 a.m.  Break

8:45–10:00 a.m.  ROUND A SESSIONS

Breakout Session 1 (Champagne)

The Patients: New Partners in Consumerism
High-deductible health plans are transforming patients from passive users of care into active economic agents. With patients able to choose and pay, revenue cycle teams face matching challenges to evolve their operations and patient engagement strategies. This session will examine several related topics, including price transparency, strategies to engage patients as financial partners from hospital admission to post-discharge, and the evolution of staffing needs in revenue cycle offices.

Breakout Session 2 (Burgundy)

The Payers: Risky Business in a Value-Based Market
As risk-based contracting becomes more the norm, healthcare organizations are increasingly coordinating with clinicians along the care continuum for optimal reimbursement. The move to value-based care brings a new dynamic to reimbursement levels in terms of overall quality, outcomes, and cost. This session will examine how revenue cycle leaders can anticipate and adapt to a shifting market, and how to standardize policies to protect revenue integrity.

Breakout Session 3 (Bordeaux)

The Tools: Challenges and Opportunities in Data Analytics
Healthcare organizations have become mass gatherers of data. But without sophisticated analytics, integrated IT tools, and processes to mine that data, health systems may not be able to take advantage of this mound of strategic information. This session will examine data analytics in the push toward pay-for-performance and greater transparency, as well as the importance of denials management and benchmarking in this more complex revenue cycle economy.

10:00–10:15 a.m.  Break
10:15–11:45 a.m.  **ROUND B SESSIONS**

**Breakout Session 4 (Champagne)**
*The Patients: New Partners in Consumerism*

**Breakout Session 5 (Burgundy)**
*The Payers: Risky Business in a Value-Based Market*

**Breakout Session 6 (Bordeaux)**
*The Tools: Challenges and Opportunities in Data Analytics*

**Sponsor Panel Session 1 (Manchester Salon)**
Xtend Healthcare

**Sponsor Panel Session 2 (Ballroom C-1)**
Optum360

**Sponsor Panel Session 3 (Ballroom C-2)**
RelayHealth Financial

11:45 a.m.  **Boxed Lunch (Manchester Salon Terrace for hikers; golf staging area for golfers)**

12:15–4:00 p.m.  **Afternoon Activities**

**Golf scramble:**
Please meet at the golf course staging area, where the golf carts will be, at 12:10 p.m. Tee time is 12:15. The pro shop is located here as well.

**Torrey Pines State Reserve guided hike:**
Please meet at the Capella Turnaround at 12:15 p.m. The shuttle will depart promptly for the hike at 12:30.

5:45–6:30 p.m.  **Cocktail Reception (Capella Courtyard)**

6:30–8:30 p.m.  **Dinner and Presentation (Elizabeth Capella)**
FRIDAY | March 25

7:00 a.m.  Buffet Breakfast (Manchester Salon Terrace)
7:30–8:30 a.m.  Idea Exchange (Manchester Salon)
8:30–8:45 a.m.  Break
8:45–10:15 a.m.  Round C Sessions

Breakout Session 7 (Champagne)
The Patients: New Partners in Consumerism
Breakout Session 8 (Burgundy)
The Payers: Risky Business in a Value-Based Market
Breakout Session 9 (Bordeaux)
The Tools: Challenges and Opportunities in Data Analytics

Sponsor Panel Session 4 (Manchester Salon)
Simplee
Sponsor Panel Session 5 (Ballroom C-1)
Bank of America Merrill Lynch
Sponsor Panel Session 6 (Ballroom C-2)
Craneware

10:15–10:30 a.m.  Break (Manchester Salon Terrace)
10:30–11:30 a.m.  Round D Sessions

Breakout Session 10 (Champagne)
The Patients: New Partners in Consumerism
Breakout Session 11 (Burgundy)
The Payers: Risky Business in a Value-Based Market
Breakout Session 12 (Bordeaux)
The Tools: Challenges and Opportunities in Data Analytics

11:30 a.m.  Adjourn
DISCUSSION GUIDES

The Patients: New Partners in Consumerism

Moderator: Chris Cheney, Senior Finance Editor, HealthLeaders Media

SYNOPSIS

High-deductible health plans are transforming patients from passive users of care into active economic agents. With patients able to choose and pay, revenue cycle teams face matching challenges to evolve their operations and patient engagement strategies. This session will examine several related topics, including price transparency, strategies to engage patients as financial partners from hospital admission to post-discharge, and the evolution of staffing needs in revenue cycle offices.

In this session of the HealthLeaders Media Revenue Cycle Exchange, we will explore the following questions:

• How is your organization’s financial relationship with patients evolving? In terms of engaging patients as financial partners, are there factors in your market that are particularly challenging?

• What efforts has your revenue cycle team adopted to boost engaging patients as financial partners?

• Has your organization launched initiatives that are designed to give patients greater price transparency for medical services? At your organization, what are the primary challenges to establishing this transparency?

• How is your organization rising to the challenge of recruiting, training, and retaining new categories of personnel in the revenue cycle team?

• How do you measure and monitor the financial impact of your revenue cycle team’s efforts to boost engagement of patients as financial partners?

• Looking three to five years in the future, how do you expect the patients in your market to be behaving as economic agents in their care?
The Patients: New Partners in Consumerism

Moderator: Chris Cheney, Senior Finance Editor, HealthLeaders Media

FOR FURTHER READING

HealthLeaders Finance Column, March 2015
Revenue Cycle Exchange: Three Big Ideas
Revenue cycle leaders are the tactical counterparts of chief financial officers, who take a more strategic view of revenue flows. Within the revenue cycle realm falls the day-to-day management of the people and processes that help ensure healthcare providers get paid for their services.

At the 2015 HealthLeaders Media Revenue Cycle Exchange in Austin, Texas, improving physician documentation—the starting point in efforts to ensure patient visits are properly coded, administered, and billed—was a recurrent theme. Several participants at the three-day event stressed the importance of engaging and educating physicians.

Revenue Cycle Integrity
Reimbursements are tightening as the healthcare industry shifts toward value-based payment models and as more patients move onto high-deductible health plans. Hospitals and health systems can no longer afford to leave money on the table due to inefficient revenue cycle operations. Finance leaders are seeking comprehensive billing and collections strategies to ensure their organizations are being as effective as possible with front-end, point-of-service, and back-end processes.

The 21 leaders who gathered at the 2015 HealthLeaders Media Revenue Cycle Exchange were unanimous that operational discipline is essential today. In small group discussions on the topic of “Revenue Cycle Integrity: Maximizing Efficiency From the Front End to the Back End,” attendees discussed a range of solutions to the broad set of hurdles that threaten efficient payment.

HealthLeaders News Report, November 2014
Price Transparency Embraced in Massachusetts
A recently adopted state law has moved Massachusetts to the front of the national class on price transparency. The price transparency provision of the 2012 law, Chapter 224, went into force last month, making the Bay State one of the first to require healthcare providers and payers to make medical service prices accessible to the public. However, setting quality standards and addressing provider wariness are significant obstacles.
DISCUSSION GUIDES

The Payers: Risky Business in a Value-Based Market

Moderators: Julie Auton, Leadership Programs Editor, HealthLeaders Media; Jim Molpus, Leadership Programs Director, HealthLeaders Media

SYNOPSIS

As risk-based contracting becomes more the norm, healthcare organizations are increasingly coordinating with clinicians along the care continuum for optimal reimbursement. The move to value-based care brings a new dynamic to reimbursement levels in terms of overall quality, outcomes, and cost. This session will examine how revenue cycle leaders can anticipate and adapt to a shifting market, and how to standardize policies to protect revenue integrity.

In this session of the HealthLeaders Media Revenue Cycle Exchange, we will explore the following questions:

• Describe in quantitative terms what percentage of your health system’s current base of payer contracts is under risk. Do you have projections of how much that percentage is expected to increase in the next two to five years?

• What has worked and not worked in your contracting strategy regarding shared risk and alignment between the health system, physicians, and other providers?

• With new partnerships, mergers, and acquisitions, how do you orient new players to a singular culture to ensure consistency in policies, processes, and charges?

• How is your organization working to prevent and manage denials?
DISCUSSION GUIDES

The Payers: Risky Business in a Value-Based Market

Moderators: Julie Auton, Leadership Programs Editor, HealthLeaders Media;
Jim Molpus, Leadership Programs Director, HealthLeaders Media

FOR FURTHER READING

HealthLeaders Media Roundtable, October 2015
Revenue Cycle Rising to the New Challenges
http://www.bofaml.com/content/dam/boamlimages/documents/articles/D3_231/1015_roundtable01.pdf
Healthcare financial leaders discuss how they tackle reimbursement issues in an ever-shifting environment with mergers and acquisitions, physician practice integration, high-deductible health plans, and patient satisfaction.

HealthLeadersMedia.com Finance Column, July 2015
Combatting Three Big Revenue Cycle Challenges
http://healthleadersmedia.com/page-1/FIN-318457/Combatting-3-Big-Revenue-Cycle-Challenges
Greensboro, North Carolina–based Cone Health employs tactics to address payment hurdles, including tapping a third-party vendor to offer a loan program to high-deductible patients, focusing on patient education and engagement, and enlisting physician leaders to promote compliance with ICD-10’s new coding rules.

REVENUE CYCLE EXCHANGE 2016 SURVEY

Which tactics have proved to be most effective in improving physician participation in clinical documentation improvement (CDI)?

<table>
<thead>
<tr>
<th>Test Description</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI training programs for physicians that emphasize the value of proper coding</td>
<td>25%</td>
</tr>
<tr>
<td>Measurement and accountability for physician coding</td>
<td>0%</td>
</tr>
<tr>
<td>Nurses/CDI staff working daily with physicians on CDI</td>
<td>56%</td>
</tr>
<tr>
<td>Hiring a physician to be the CDI liaison with physicians</td>
<td>19%</td>
</tr>
</tbody>
</table>

What are the three biggest threats to your organization’s revenue cycle?

<table>
<thead>
<tr>
<th>Test Description</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-deductible health plans</td>
<td>75%</td>
</tr>
<tr>
<td>Healthcare reform</td>
<td>19%</td>
</tr>
<tr>
<td>Health insurance exchanges</td>
<td>19%</td>
</tr>
<tr>
<td>CMS’ Hospital Value-Based Purchasing Program</td>
<td>13%</td>
</tr>
<tr>
<td>Recovery audits and the 2-midnight rule</td>
<td>56%</td>
</tr>
<tr>
<td>Incomplete clinical documentation</td>
<td>50%</td>
</tr>
<tr>
<td>Value-oriented payer contracts</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>19%</td>
</tr>
</tbody>
</table>
DISCUSSION GUIDES

The Tools: Challenges and Opportunities in Data Analytics

Moderator: Melissa Osborn, Product Director, HCPro

SYNOPSIS

Healthcare organizations have become mass gatherers of data. But without sophisticated analytics, integrated IT tools, and processes to mine that data, health systems may not be able to take advantage of this mound of strategic information. This session will examine data analytics in the push toward pay-for-performance and greater transparency, as well as the importance of denials management and benchmarking in this more complex revenue cycle economy.

In this session of the HealthLeaders Media Revenue Cycle Exchange, we will explore the following questions:

• What are the top data-related challenges your organization faces?

• How does your organization aggregate clinical and financial data for analysis? Have you explored an enterprise data warehouse? In what ways does your organization disseminate clinical and financial data?

• In what ways does your organization use analytics to identify departments with higher-than-average denial rates? Which benchmarks do you look at, and how do you manage these results in terms of performance improvements?

• How effective are the IT tools and related processes in monitoring both commercial and government contracts? How is your IT program impacted by the necessity of collecting data for government pay-for-performance and quality initiatives?

• What are the key benchmarks that your IT program seeks to track?
DISCUSSION GUIDES

The Tools: Challenges and Opportunities in Data Analytics

Moderator: Melissa Osborn, Product Director, HCPro

FOR FURTHER READING

HealthLeadersMedia.com Technology Column, October 2015
Healthcare Leaders Focus on Analytics
http://healthleadersmedia.com/content/TEC-321625/Slideshow-Healthcare-Leaders-Focus-on-Analytics.html
HealthLeaders Media Council members cite clinical and business data integration, EHR interoperability, and data accuracy as their top data-related analytics challenges over the next three years.

HealthLeadersMedia.com Technology Column, September 2015
How Data Transparency Is Driving Analytics to Drive Value
http://healthleadersmedia.com/content/TEC-320663/How-Data-Transparency-is-Driving-Analytics-to-Drive-Value.html
Measuring the value of healthcare and using the data to influence outcomes isn’t a distant goal; it’s happening now, and physicians are starting to get the message.

HCPro’s Briefings on APCs, November 2015
Predicting ICD-10 Losses and Tracking Key Performance Indicators
Go-live may be behind us, but there is still much work to be done. Now that ICD-10 is here, organizations should focus on setting performance benchmarks to determine the true impact of the code set’s implementation.
Jane E. Arnold
VICE PRESIDENT, REVENUE CYCLE
Firelands Regional Medical Center/Sandusky, Ohio
arnoldj@firelands.com

Jane Arnold joined Firelands Regional Medical Center in 2004 and is currently serving as vice president of revenue cycle. She has been in healthcare finance for over 35 years. Prior to her current position, she served as the director of revenue cycle for Mercy Hospital’s Tiffin & Willard. At Firelands Regional Medical Center,Arnold is responsible for the hospital revenue cycle, which includes patient access, insurance certification and prior authorization, financial counseling and prior authorization, health information management, RAC, CDM, utilization review, and the clinical charge audit departments. Arnold is an HFMA member; she also serves as a member of the OHA admitting, billing, and collections committee and the Cigna Governmental Services provider outreach and education committee.

Jill Barber, MHA
DIRECTOR, MANAGED CARE & PAYER STRATEGY
Southwest General/Middleburg Heights, Ohio
jbarber@swgeneral.com

Jill Barber is director of managed care operations and revenue integrity at Southwest General Health Center in greater Cleveland. In addition, she serves as the executive leadership for the organization’s co-management companies and leads its population health strategies, including ACO participation and joining in the CMS bundled payment demonstration. In February 2014, Barber expanded her role to include an operational focus and is now the administrator for the digestive health service line. She has over 10 years of healthcare management experience in managed care contracting, physician alignment strategy, and revenue cycle management. In 2011, she was awarded a Finance Leader of the Year honor from HFMA. She holds an MHA from Xavier University in Cincinnati. Barber has been married for almost 15 years and has two children in grade school.

Jane A. Berkebile, MA
VICE PRESIDENT, REVENUE CYCLE
OhioHealth/Columbus, Ohio
Jberkeb2@ohiohealth.com

Jane Berkebile joined OhioHealth as vice president of revenue cycle in February 2006. In this role, she is responsible for central scheduling, patient access, health information management, consolidated billing, collections and customer service, physician billing and collections, and revenue cycle IS operations and project management. These responsibilities span Doctors Hospital, Grant Medical Center, Riverside Methodist Hospital, Dublin Methodist Hospital, Grady Memorial Hospital and Doctors Hospital Nelsonville, Marion General Hospital, OhioHealth Mansfield, OhioHealth Shelby, and OhioHealth O’Bleness Hospitals, where she has led her team in achieving six consecutive HFMA MAP awards for excellence in revenue cycle. Berkebile has over 30 years of health finance background, including serving as vice president of revenue cycle for Mercy Health Partners in Cincinnati and vice president of patient financial services at Mount Carmel Health System in Columbus. She has also held directorships in patient financial services at Children’s Hospital of Pittsburgh, Allegheny Health, Education, Research Foundation, and Mercy Hospital of Johnstown, Pennsylvania.
Doug Brandt has been the associate CFO with Truman for the past two years. In this role, he provides leadership for corporate financial accounting, decision support, capital asset management, and the revenue cycle functions of access, billing collections, and revenue integrity. Prior to joining Truman, Brandt was controller, assistant treasurer, and process leader of revenue cycle for 20 years at Heartland Health (now Mosaic Life Care) in St. Joseph, Missouri. While at Heartland, he completed multiple bond financings, was responsible for managed care contracting, oversaw the financial development of three accountable care organization arrangements, and served as director of cost and reimbursement. Brandt graduated from the University of Central Missouri with a degree in business administration, and is a member of the American Institute of CPAs, the Missouri Society of CPAs, and HFMA.

Doug Brandt, CPA
ASSOCIATE CHIEF FINANCIAL OFFICER
Truman Medical Centers/Kansas City, Missouri
doug.brandt@tmcmed.org

Charles Brown is the VP of revenue cycle for The University of Chicago Medicine. He is responsible for leading the revenue cycle functions for the physician group and hospital network. His major focus has been orchestrating an organizational revenue cycle transformation, including an information system conversion to the EPIC Resolute billing and collections applications. Brown has more than 25 years of experience in healthcare leadership positions. He received a finance degree from the University of Wyoming and his MBA from the University of Washington. He is an active member of HFMA and served as president for the Washington/Alaska chapter.

Charlie Brown, MBA
VICE PRESIDENT, REVENUE CYCLE
The University of Chicago Medicine/Chicago
charlie.brown@uchospitals.edu

David Cohn is corporate vice president of revenue cycle at Scripps Health, which he joined in 2001. He has more than 35 years of experience in revenue cycle and information technology as well as 14 years of management consulting experience. Cohn is accountable for the Scripps Health Hospitals, Scripps Medical Foundation, and Home Health & Hospice divisions. His areas of responsibility include access management, health information, charge description master, billing, electronic data interchange, customer service/collections, revenue management, and home health and hospice billing. A frequent speaker, Cohn was featured in lead cover stories of the 2005 and 2009 issues of Health Management Technology. He is a member of the American College of Healthcare Executives and HFMA. Cohn earned a Master of Health Services Administration from the University of Michigan. He also serves on the board of directors of Casa de la Esperanza Orphanage Foundation in Tijuana, Mexico.

David Cohn
CORPORATE VICE PRESIDENT, REVENUE CYCLE
Scripps Health/San Diego
Cohn.David@scrippswell.org
MEMBER INTRODUCTIONS

Donna Ellenburg
REVENUE CYCLE DIRECTOR
Grandview Medical Center/ Birmingham
donna.ellenburg@grandviewhealth.com

Donna Ellenburg works for Grandview Medical Center as the Revenue Cycle Director. She has 36 years of experience in the Revenue Cycle. Prior to joining Grandview, Donna worked at St. Vincent’s Health System as the CBO Director and was responsible for the system’s four hospitals. Donna obtained her Bachelor’s Degree from Birmingham Southern College. She is also an active member of the Alabama Chapter of HFMA, has her FHFMA certification, and currently serves as a HFMA Board member for the Alabama Chapter.

Donna Graham
SENIOR DIRECTOR, REVENUE CYCLE
The MetroHealth System/Cleveland
dgraham@metrohealth.org

Donna Graham is senior director of revenue cycle for The MetroHealth System in Cleveland. In this role, she is responsible for the revenue cycle (hospital and physician), which includes admitting, enrollment and outreach, health information management services, revenue integrity, patient financial services, and revenue cycle operations and decision support. Graham has more than 20 years of experience in strategic planning in academic medical centers, multi-specialty healthcare delivery systems, and private practices. In 2014, under Graham’s leadership, The MetroHealth System was recognized as the nation’s first adopter of HFMA’s Patient Financial Communications Best Practices. In collaboration with IS, a HIMSS Stage 7 award was also achieved. Graham was a pre-conference speaker for the 2014 HFMA ANI. Graham also has been a speaker for HIMSS, AMA, and others reviewing best practice as it relates to information systems technology integration, clinical operations, revenue cycle, and finance; she has received various certifications as a knowledge expert in these areas.

Kayne Coleman, MBA
SYSTEM DIRECTOR, REVENUE CYCLE
Bellin Health System, Inc./Green Bay, Wisconsin
kayne.coleman@bellin.org

Kayne Coleman is the system director of revenue cycle for Bellin Health System in Green Bay, Wisconsin. She is responsible for coordinating Bellin’s revenue cycle functions across the system to achieve the strategic objectives established by the revenue cycle steering committee. Her direct areas of responsibility are health information management and services, coding, patient financial services, patient registration and financial navigation, utilization management, clinical documentation improvement, patient scheduling, and revenue integrity. Prior to her current position, Coleman spent eight years leading the supply chain improvement efforts at Bellin; before that, she was a financial analyst and budget coordinator for the health system.
Michael Grant, MBA
REGIONAL DIRECTOR, PATIENT FINANCIAL SERVICES, WESTERN MICHIGAN & INDIANA
Trinity Health/Mercy Health 
grantmt@trinity-health.org

Michael Grant provides senior-level oversight and leadership of revenue cycle operations for Trinity Health’s Western Michigan and Indiana region, including six hospitals and the regional shared service center. He is an experienced revenue cycle leader with over 40 years of experience in the healthcare industry; 35 of those years have been in progressive healthcare finance operations leadership and consulting positions with an emphasis on revenue cycle performance. Grant’s operation is responsible for billing and collection of $2.6 billion in annual gross revenue. He directs activities of pre-registration, registration, financial clearance, third-party billing, patient billing, insurance and patient liability follow-up, cash posting, and customer service. Grant provides subject matter, technical, and change management expertise to improve various revenue management processes and operations within Trinity Health’s Revenue Excellence Organization.

Jeffery D. Hurst
SENIOR VICE PRESIDENT AND SENIOR FINANCE OFFICER
Florida Hospital/Orlando, Florida 
Jeff.Hurst@FLHOSPORG

Jeff Hurst is senior vice president of finance at Florida Hospital, with senior executive responsibilities for Florida Hospital’s revenue cycle and care continuum. In this role, Hurst has financial and operational leadership oversight for all financial and clinical revenue cycle functions, including patient access, patient financial services, revenue integrity, care management, documentation integrity, medical records, coding, and transcription; he also exercises financial leadership oversight for various care continuum business units, including urgent care, homecare, hospice, home infusion, home medical equipment, OP rehab, OP lab, and retail & specialty pharmacy. Additionally, Hurst is responsible for key organizational strategies, including capacity and throughput, ED utilization, care coordination, patient advocacy, and pricing transparency.

Laurie Hurwitz, MBA, FHFMA, CRCR
EXECUTIVE DIRECTOR, REVENUE CYCLE
Gundersen Health System/Onalaska, Wisconsin 
lahurwit@gundersenhealth.org

Laurie Hurwitz is the executive director of revenue cycle at Gundersen Health System, which she joined in October 2012. Hurwitz leads revenue cycle hospital and clinic operations, including pre-service, registration, financial counseling, customer financial service, hospital and professional coding, ambulatory CDI, utilization management, billing and insurance follow-up, special billing, denial management, provider enrollment, managed care contracting, cost reporting, and regulatory compliance. Hurwitz has over 20 years’ experience in healthcare financial management. Prior to joining Gundersen, she served as director of decision support and physician practice finance at McLaren Northern Michigan Health System, chief financial officer at East Jordan Family Health Center, and controller at Northern Michigan Community Mental Health.
MEMBER INTRODUCTIONS

Sarah Knodel, CHFP, CRCE-I, CHAM
VICE PRESIDENT, REVENUE CYCLE
Baylor Scott & White Health/Dallas
Sarah.Knodel@baylorhealth.edu

Sarah Knodel is responsible for the strategic management and direction of the Baylor Scott & White Health revenue cycle, which includes responsibility for access services, revenue integrity, utilization review, denial resource center, and the central business office. Prior to joining Baylor in July 2010, Knodel worked for Stockamp & Associates (now Huron Consulting Group). During this time, she focused on revenue cycle improvement initiatives for large, multi-facility acute care hospital systems across the United States. Her professional memberships include HFMA, AAHAM, and NAHAM, where she earned the CHFP, CPAM, and CHAM designations, respectively. Knodel holds a BBA in finance from The University of Texas at Austin.

Kevin Knoll
DIRECTOR, REVENUE CYCLE
Floyd Memorial Hospital and Health Services/New Albany, Indiana
Kevin.knoll@fmhhs.com

Kevin Knoll has more than 29 years of experience in the group health insurance and hospital and physician revenue cycle. Prior to joining Floyd Memorial Hospital, he served as a regional claims director for one of the top 10 group health and life insurance organizations, where he was responsible for oversight of its New England regional claims operations, including contracting, underwriting, and claims administration. In 2001, Knoll decided on a career “crossover” to the provider side, where he remains today. His hospital work has been in a large facility with oversight of patient access, patient accounts, and health information management. Over the past three years he has led many revenue cycle improvement initiatives, covering the areas of insurance denials, authorization programs, clinical documentation improvement, and audit and patient throughput. Knoll is currently involved in several Lean Six Sigma projects for the entire revenue cycle. He earned his BS degree from Peru (Nebraska) State College and is an active member of the Indiana chapter of HFMA.

Dan Lacy, CPA, CHFP
VICE PRESIDENT, REVENUE CYCLE
Covenant Health System/Orange, California
LACYRD1@covhs.org

Dan Lacy is vice president of revenue cycle at Covenant Health System (CHS), which is a member of the St. Joseph Health System based in Orange, California, and is the largest healthcare organization in the west Texas/eastern New Mexico region. CHS consists of 977 licensed beds, more than 5,000 employees, and over 600 admitting physicians. Lacy has been in senior healthcare management for over 30 years and has held positions such as vice president of revenue cycle, vice president and chief compliance officer, hospital division vice president of finance, and hospital chief financial officer for various companies, including Humana, Columbia/HCA, and Vencor. He is a Certified Public Accountant and has been designated as a Certified Healthcare Financial Professional by HFMA. He recently celebrated the birth of his second grandchild.
MEMBER INTRODUCTIONS

Chuck Lane
VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Methodist University/Memphis, Tennessee
Chuck.Lane@mlh.org

Chuck Lane was named the vice president and chief financial officer at Methodist University in 2001. His responsibilities include revenue cycle, financial planning, physician relations, and development of operational strategies. Lane arrived at Methodist Le Bonheur Healthcare in 1996, where he served as a project facilitator for the corporate finance department and the director of business planning for the Methodist corporate division before being promoted to his current position. His prior employment includes positions at the Regional Medical Center at Memphis. Lane acquired both his bachelor’s degree and his MBA from the University of Memphis.

Donella J. Lubelczyk, RN, BSN, ACM
DIRECTOR, REVENUE CYCLE
Catholic Medical Center/Manchester, New Hampshire
DLubelczyk@CMC-NH.ORG

Donella Lubelczyk is the director of revenue cycle at Catholic Medical Center, a 330-bed acute care facility with many multi-specialty physician practices. She has been in healthcare for more than 19 years and has an extensive background in case management. Her main focus is physician engagement to improve utilization and ensure proper documentation and coding, which in turn increases the organization’s case-mix index and maintains a low overall denial percentage. Lubelczyk’s main responsibilities include case management, utilization management, charge master description, clinical documentation improvement, coding, auditing, and denial and appeal management. She is a member of HFMA, the American Case Management Association, and the American Medical Billing Association.

Adam Miller, MBA, MHA
DIRECTOR, MANAGED CARE
University Health/Shreveport, Louisiana
Adam.Miller@uhsystem.com

Adam Miller joined University Health (UH) in 2014 to create, implement, and develop the health system’s managed care department. He is also responsible for all of UH’s physician credentialing and billing. Prior to joining UH, Miller served for over two years as the vice president of physician alignment for the Christus Provider Network, overseeing all clinic operations and negotiating all physician contracts. Previously, he spent 10 years as the director of finance for the Willis-Knighton Physician Network, where he was responsible for the financial operations for all physicians and clinics. Miller received his undergraduate degree from the University of Alabama and received both his MBA and MHA from Georgia State University.
MEMBER INTRODUCTIONS

Mark Norby
CHAIR, REVENUE CYCLE
Mayo Clinic/Rochester, Minnesota
norby.mark@mayo.edu

John Peters
VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Banner Health, Arizona East Division/Phoenix
John.Peters@bannerhealth.com

Renee A. Rasmussen,
CPA, MBA, FHFMA
VICE PRESIDENT, REVENUE CYCLE
UnityPoint Health/Des Moines, Iowa
Renee.Rasmussen@unitypoint.org

Mark Norby is the chair of the revenue cycle at the Mayo Clinic. His expertise is in healthcare administration, specifically the financial operations of the revenue cycle, with particular expertise and interest in middle revenue cycle functions: coding, revenue integrity, and compliance. Norby has held various positions in Mayo Clinic’s finance department over the past 22 years, including management, accounting, and the revenue cycle. He holds a Bachelor of Science degree from the University of Wisconsin and a master’s degree in health & human services administration from Saint Mary’s University of Minnesota.

John Peters joined Banner Health in February 2015. As the chief financial officer of its Arizona East Division, he is responsible for the financial operations of nine entities. The diverse division includes both urban and rural hospitals, a children’s hospital, a heart hospital, a cancer center, and an employed physician group. A graduate of West Virginia University, Peters has over 30 years of healthcare financial management experience. His career spans nonprofit and investor-owned healthcare systems, including both hospital and provider-based health plan experience. Peters is currently on the board and finance committee of the Donor Network of Arizona. A long-standing member of HFMA, he is a past president of its Nevada chapter.

Renee Rasmussen became UnityPoint Health (UPH)’s vice president of revenue cycle in January 2015. For the prior 13 years, she was the senior vice president of finance/CFO with UnityPoint Health – Waterloo. Rasmussen has 27 years of healthcare finance experience, with her roots in reimbursement. UPH has $4 billion in net revenue; with locations in Iowa, Wisconsin, and Illinois, it consists of 17 hospitals in nine regions, over 280 physician clinics, and more than 12 homecare locations, in addition to an insurance company. Epic is the EHR, with utilization in the hospital and ambulatory settings and plans to expand into homecare. UPH’s centralized revenue cycle services include coding, billing, reimbursement, and denials. Rasmussen is a Certified Public Accountant and received her MBA from the University of Iowa. She is also a fellow of HFMA.
MEMBER INTRODUCTIONS

Leslie Richard
NATIONAL DIRECTOR, ACUTE REVENUE CYCLE
Catholic Health Initiatives/Englewood, Colorado
LeslieRichard@catholichealth.net

Leslie Richard joined Catholic Health Initiatives as the national director of acute revenue cycle in August 2015. With more than 25 years of healthcare experience, Richard most recently served as the senior director of client services at TransUnion Healthcare in Greenwood Village, Colorado. Prior to that, she was the senior director of patient access and scheduling for Sisters of Charity of Leavenworth Health System, covering nine hospitals. In addition, she held a variety of roles within the revenue cycle during her 20+ years at Centura Health in Denver. Leslie is a Six Sigma green belt and a member of HFMA.

Doug Robinson
PERFORMANCE IMPROVEMENT LEADER
John Muir Health/Walnut Creek, California
Doug.Robison@johnmuirhealth.com

Doug Robison joined John Muir Health (JMH) in 2015 following 20+ years dedicated to improving the operational and financial performance of hospitals and health systems across the country. JMH includes two of the largest medical centers in Contra Costa County: John Muir Medical Center, Walnut Creek, a 572-licensed-bed medical center that serves as Contra Costa County’s only designated trauma center; and John Muir Medical Center, Concord, a 313-licensed-bed medical center. Together, they are recognized as preeminent centers for neurosciences, orthopedics, cancer care, cardiovascular care, and high-risk obstetrics. Robison held previous leadership positions with Stockamp & Associates, Inc. (now Huron), FTI Healthcare, and Accretive Health. In his current role as finance performance improvement leader at JMH, he is partnering with leadership across multiple disciplines to achieve 2016/2017 financial goals in an organizationwide effort dubbed “Revination” (revenue cycle + innovation), which is focused on improving net revenue performance and reducing operational expenses.

Rick Scherich, CPA
CORPORATE CONTROLLER
Ohio Valley Health Systems & Education/Martins Ferry, Ohio
rscherich@ovrh.org

Rick Scherich is corporate controller for Ohio Valley Health Systems & Education (OVHS&E) in Wheeling, West Virginia. He has 20 years of experience in healthcare, the last four as controller. As controller, he is responsible for accounting, payroll, accounts payable, and the revenue cycle, the last of which he took on in 2013. Prior to being controller, he spent 11 years as the reimbursement manager. OVHS&E has two acute hospitals, one of which is a teaching hospital, with 289 beds that include psych and skilled nursing units. OVHS&E also has a provider-based physician practice group that employs 45 physicians. Scherich obtained his bachelor’s degree in accounting from Penn State University.
MEMBER INTRODUCTIONS

Laura Semlies, MPH
VICE PRESIDENT OF FINANCE, REVENUE CYCLE TRANSFORMATION
Northwell Health/Melville, New York
lsemlies@northwell.edu

Laura Semlies is vice president of finance for Northwell Health, formerly North Shore-LIJ Health System. Northwell is New York state’s largest healthcare provider and private employer, encompassing 21 hospitals, a cancer institute, six urgent care centers, eight imaging facilities, nearly 450 outpatient practices, and more than 2,500 physicians; it serves 8 million people in the metro New York area and beyond. In her role, Semlies is largely responsible for revenue cycle transformation, which translates into different things from year to year; however, optimizing revenue cycle performance by integrating people, processes, and technology is a standard theme. Northwell’s most recent revenue cycle transformation initiatives include launching an enterprisewide integrated patient access program and systems, updating/replacing medical group patient financial systems, developing an ED-based financial counseling program designed to mitigate recent point of service collections and bad debt trends, and engaging in a broad business process outsourcing partnership for acute revenue cycle services.

Don Shaw
VICE PRESIDENT, REVENUE CYCLE
Baton Rouge General Medical Center/Baton Rouge, Louisiana
Don.Shaw@brgeneral.org

Don Shaw is vice president of revenue cycle for Baton Rouge General Medical Center, where he has served for 20 years. His responsibilities include admissions, business office, medical records, case management, social services, and billing for the Baton Rouge General employed physician group. In the middle of his tenure with Baton Rouge General, he left for two years and joined Novant Health in Winston-Salem, North Carolina, as the corporate director of accounts receivable. Prior to this, he was the PFS director for St. Jude Medical Center in Kenner, Louisiana, and corporate best practice director for American Medical International (now Tenant). Shaw holds a bachelor’s degree in computer science, with minors in management and finance, from Southeastern Louisiana University.

Mike Simms
SYSTEM VICE PRESIDENT, REVENUE CYCLE
Cone Health/Greensboro, North Carolina
Mike.Simms@conehealth.com

Mike Simms joined Cone Health in March 2013. As system vice president of revenue cycle, he is responsible for patient pre-services and access; hospital and physician billing; collections; and customer service. Cone Health is a not-for-profit six-hospital health system with 1,253 beds along with various outpatient clinics and over 300 employed physicians. Simms has 30 years of health finance background, including serving as Pacific Region CBO director for Universal Health Services in Murrieta, California; administrative director of patient financial services at Frye Regional Medical Center in Hickory, North Carolina; patient financial services director at Hilton Head Regional in Hilton Head Island, South Carolina; and business office director at Houston Northwest Medical Center.
MEMBER INTRODUCTIONS

Hayley Studer, CPA, FHFMA
VICE PRESIDENT, REVENUE CYCLE
ProMedica/Toledo, Ohio
Hayley.Studer@ProMedica.org

Hayley Studer is vice president of revenue cycle for ProMedica. She is responsible for all functions in the centralized billing office for 11 acute care facilities as well as hospital pre-registration, HIM, and utilization management. In her tenure at ProMedica, Studer has held various leadership positions within revenue cycle and reimbursement for both the acute and postacute entities. A certified public accountant, she holds a BSBA from Bowling Green State University with a double major in accounting and healthcare administration. Prior to ProMedica, Studer worked in public accounting. She has held several positions within HFMA, most recently as past president of the Northwest Ohio chapter.

Tammy Thomlison
CHIEF REVENUE CYCLE OFFICER
University of Mississippi Medical Center/Jackson, Mississippi
tthomlison@umc.edu

Tammy Thomlison joined University of Mississippi Medical Center as chief revenue cycle officer in January 2015. She is responsible for strategic management and direction of the revenue cycle, which includes patient access management, revenue integrity, charge description master, utilization review, patient financial services, and denials. Thomlison has more than 25 years of healthcare experience and most recently served as assistant vice president of revenue cycle at UT Southwestern Medical Center in, Dallas. She has extensive experience in strategic and operational planning in academic medical centers, having led large-scale revenue cycle system implementation projects, multiple business office redesign projects, and bad debt and performance improvement initiatives.

Scott Ulrich, MBA
DIRECTOR, REVENUE CYCLE OPERATIONS
Houston Methodist Hospital/Houston
SUlrich@houstonmethodist.org

Scott Ulrich has been working in all areas of the revenue cycle for over 30 years, the last eight of which he has spent at Houston Methodist Hospital. His passion is facilitating a patient’s access to care and improving customer experience with the revenue cycle. Ulrich has worked in a variety of academic and community healthcare settings. He believes that a strong focus on process and outcomes is the best strategy to improve revenue cycle performance, and that service, quality, and productivity drive both customer satisfaction and financial results.
MEMBER INTRODUCTIONS

Brian Unell
VICE PRESIDENT, REVENUE CYCLE
Piedmont Healthcare/Atlanta
Brian.unell@piedmont.org

Brian Unell is vice president of revenue cycle at Piedmont Healthcare (PHC). In this role, he is responsible for most of the hospital and some of the physician scheduling, patient access, middle revenue cycle, collections, and customer service functions. Previously, Unell worked in PHC’s corporate project management office, where he was involved in many strategic and operational projects. Prior to joining PHC, he worked at Tenet Healthcare’s revenue cycle division (now Conifer Health) focusing on bad debt and revenue cycle improvement initiatives; he also worked in the healthcare practice of a Big Five consulting firm helping numerous healthcare organizations improve operations and reduce costs. Unell specializes in problem solving and prevention through communication, project management, analytical skills, and successfully managing change. He holds a Bachelor of Science in Statistics, a Master of Business Administration, and a Master of Health Administration, all from the University of Florida. Unell is currently a fellow in the American College of Healthcare Executives and a member of HFMA; he is also certified as a Six Sigma green belt.

John Vetsch, CHFP, MSAS
VICE PRESIDENT, REVENUE CYCLE
Regional Health/Rapid City, South Dakota
jvetsch@regionalhealth.com

John Vetsch is vice president of revenue cycle at Regional Health. He has over 30 years of revenue cycle experience and has been with Regional Health since 1989. Vetsch’s areas of responsibility for acute care (hospital), ambulatory (clinic), and long-term care include scheduling, access management, health information management, transcription, charge description master, revenue management, and central business offices for acute and ambulatory services. Vetsch has been leading revenue cycle Lean initiatives for the past three years. He is the South Dakota HFMA chapter secretary.

Russ Weaver
VICE PRESIDENT, REVENUE CYCLE/FINANCE
Adventist Health System/Burleson, Texas
russ.weaver@ahss.org

Russ Weaver has enjoyed a challenging career in healthcare for over 26 years. With experience operating nursing homes, acquiring and managing physician practices, starting and operating PHOs, and executing managed care contracting strategies for multiple hospitals, Weaver currently serves as vice president of revenue cycle/finance for the Southwest Region of Adventist Health System. His recent professional accomplishments include reducing emergency department throughput time by more than 40%, and his current challenges include implementation of new patient accounting software and improving efficiency of commercial payment variance collections. Weaver is a proud native of rural Northwest Arkansas but chose to pursue a Texas education, earning a bachelor’s degree in business administration from Southwestern Adventist University and a master’s in business from Baylor University.
MEMBER INTRODUCTIONS

Andrew P. Weddle, CPA
VICE PRESIDENT, REVENUE CYCLE
Sentara Healthcare/Chesapeake, Virginia
apweddle@sentara.com

Andy Weddle is the Vice-President of Finance – Revenue Cycle for Sentara Healthcare. In this role since 1999, he has management responsibility for the for revenue cycle functions that support Sentara’s hospitals in Virginia and North Carolina. Where possible, the revenue cycle functions have been centralized into central business units and standardized along payer lines. Functions that have been centralized include Central Scheduling (diagnostic services), Pre-registration, insurance verification, authorization management services, clinical appeals, utilization review, Health Information Management and the central patient accounting center (insurance billing, insurance follow-up, cash processing, underpayment recovery services, internal pre-collect, bad debt and legal collections).

Over the last 5 years, Sentara has been very active with several hospital mergers and physician acquisitions. Over the next five years, Sentara will be converting all of the hospitals and medical groups to Epic’s revenue cycle systems.

Josh Welch
EXECUTIVE DIRECTOR, REVENUE CYCLE
John Muir Health/Walnut Creek, California
Joshua.Welch@johnmuirhealth.com

Josh Welch joined John Muir Health (JMH) as the director of revenue integrity in 2010 following 10 years’ experience as a financial consultant with Triage Consulting Group. In his current role, he oversees all traditional revenue cycle functions for the health system, including patient financial services (SBO), patient access (PASE), revenue integrity (CDM/charge capture), and HIM. JMH includes two of the largest medical centers in Contra Costa County: John Muir Medical Center, Walnut Creek, a 572-licensed-bed medical center that serves as the county’s only designated trauma center; and John Muir Medical Center, Concord, a 313-licensed-bed medical center. Together, they are recognized as preeminent centers for neurosciences, orthopedics, cancer care, cardiovascular care, and high-risk obstetrics.

Maria Yorba
EXECUTIVE DIRECTOR, PATIENT FINANCIAL SERVICES, CENTRAL BUSINESS OFFICE
MemorialCare Health System/Fountain Valley, California
myorba@memorialcare.org

Maria Yorba has more than 28 years of experience in the healthcare field and is responsible for the leadership of MemorialCare Health System Central Business Office. She joined MemorialCare in 1987. Yorba has extensive, in-depth knowledge of healthcare operations. She has served in various leadership roles including director of patient access, director of revenue cycle management, and director of patient financial services; she has also been involved in several system upgrades, business office mergers, and financial performance and operational efficiencies projects. She is currently the executive director of patient financial services in MemorialCare’s corporate offices.
Warren Shoulberg knows retailing. As the editorial director of two Progressive Business Media publications—Home & Textiles Today and HFN—and throughout a career spent as an editor on several business-to-business magazines, he’s followed the trials and tribulations of the retailing industry for a long time. Along the way, he’s spent years as an editor in many fields, specializing in home furnishings and home textiles, in addition to reporting on the apparel, children’s products, and motorcycle fields. He’s been sharing his opinions in regular commentary columns for most of that time, something that has garnered him both journalistic awards and angry responses; he welcomes both equally. Shoulberg is also a regular columnist for The Robin Report, the premier C-level newsletter for the retail, fashion, and home furnishings industries. He has been honored by the Fashion Institute of Technology and the International Furnishings and Design Association and is often quoted in such general media as The New York Times, The Wall Street Journal, and CNN. He is a guest lecturer at the Columbia Graduate School of Business and the Fashion Institute of Technology. He expects to be doing this for the duration.
HEALTHLEADERS MEDIA INTRODUCTIONS

Jim Molpus
LEADERSHIP PROGRAMS DIRECTOR
HealthLeaders Media
jmolpus@healthleadersmedia.com

Jim Molpus is leadership programs director with HealthLeaders Media, and is responsible for managing the company’s executive relationships and leadership events. Prior to his current role, Jim served as editorial director of HealthLeaders Media, where he oversaw the editorial direction of HealthLeaders magazine, HealthLeaders online news, and the Top Leadership Teams in Healthcare awards program. During his tenure, the editorial products were recognized among the nation’s best business publications by the American Society of Business Publication Editors and the American Society of Healthcare Publication Editors.

Julie Auton
LEADERSHIP PROGRAMS EDITOR
HealthLeaders Media
jauton@healthleadersmedia.com

Julie Auton is leadership programs editor at HealthLeaders Media. In this role, she develops programs for healthcare executives, including the Exchange program, HealthLeaders Media Live, and the HealthLeaders Physician Executive Series. Prior to joining HealthLeaders, she was principal of a commercial writing agency for corporate and nonprofit clients. Her communications career includes positions at The Coca-Cola Company, the Atlanta Committee for the Olympic Games, AmericasMart-Atlanta, and Competitive Edge magazine. Julie joined HealthLeaders Media in 2015.

Bob Wertz
EDITORIAL DIRECTOR
HealthLeaders Media
bwertz@healthleadersmedia.com

Bob Wertz, editorial director for HealthLeaders Media, oversees the company’s portfolio of publications and products for healthcare leaders, including HealthLeaders magazine, HealthLeadersMedia.com, more than a dozen weekly e-newsletters, virtual events including executive roundtables and expert webcasts, and the Intelligence Unit. HealthLeaders Media received 25 editorial and design awards in the past year, including Best Web News, E-Newsletter, Original Research, and Analysis/Commentary. Bob joined HealthLeaders Media in 2007, and previously served as managing editor.
Christopher Cheney
LEADERSHIP PROGRAMS EDITOR
HealthLeaders Media
ccheney@healthleadersmedia.com

Christopher Cheney began his professional career three decades ago in medical research administration at Boston Children’s Hospital. He started his journalism career as a staff writer at a community newspaper in Massachusetts about 20 years ago, and he has worked in multiple newsroom capacities ever since. His experience not only includes print and online media but also producing content for radio and television. He has worked for several media organizations, including the Boston Herald, Cape Cod Times, and CBS. In January 2014, he joined HealthLeaders Media as an editor and health plan columnist. In March, he was promoted to senior finance editor, and he now covers a wide range of financial topics related to the healthcare industry for publication in HealthLeaders magazine and online.

Melissa Osborn
PRODUCT DIRECTOR, REVENUE CYCLE
HCPro
mosborn@hcpro.com

Melissa Osborn, product director for HCPro’s revenue cycle division, oversees the company’s portfolio of publications and products for revenue cycle managers and staff, including dozens of books, webcasts, and print and online publications. Melissa has been with HCPro for more than 14 years, in a wide range of roles on the product and editorial side. During her tenure at HCPro, Melissa has won awards including a gold medal from the Newsletter and Electronic Publishers Association and the American Society of Healthcare Publication Editors and a silver medal from the Newsletter on Newsletters.
HealthLeaders Media

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Bank of America Merrill Lynch Healthcare Banking™ is a powerful ally to healthcare companies of every size. With over 200 years of industry experience, we seamlessly deliver an unrivaled range of advisory, capital raising, and treasury management solutions, including revenue cycle solutions for hospitals, healthcare facilities, and institutions. To learn more, visit baml.com/healthcare.
Craneware

Craneware (AIM: CRW.L) is the market leader in software and supporting services that help improve healthcare provider organizations’ financial performance. Our value cycle (next generation revenue cycle) solutions discover opportunities to reduce risk and optimize value where clinical and operational data transform into financial transactions.

Founded in May 1999 by CEO Keith Neilson and CTO Gordon Craig, Craneware launched its first product in October 1999 after signing its first customer contract the previous month. By 2016, the company’s Chargemaster Toolkit® had earned the KLAS No. 1 ranking in the Revenue Cycle – Chargemaster Management market category for the 10th year in a row (2006–2015/2016*).

Having long been the leader in revenue integrity, Craneware is now meeting the demands of the new, value-driven healthcare market by expanding its products into the value cycle. As providers reorient around best outcomes for best cost, the old revenue cycle must evolve into a value cycle, encompassing the larger systems that not only drive billing performance and compliance, but operational efficiency and quality of care as well.

The value cycle includes traditional revenue cycle components such as pricing, charge capture, claims performance, and compliance, but also addresses additional dimensions such as:

- Quality of care
- Patient satisfaction and engagement
- Clinical outcomes
- Operational efficiency
- Risk management

Craneware solutions help healthcare providers drive their value cycle through the discovery, conversion, and optimization of their assets. The result is quality patient outcomes and optimal financial performance.

- **Value discovery:** Visibility and clarity in achieving optimal outcomes and performance in the value cycle
- **Value conversion:** Actionable engagement in achieving the conversion of value cycle attributes into positive outcomes
- **Value optimization:** Sustainability for optimal outcomes throughout the value cycle

Craneware’s solution sets include Patient Engagement, Charge Capture & Pricing, Coding Integrity, and Revenue Recovery & Retention. Learn more at craneware.com.

Optum360 is a leading revenue cycle management business dedicated to simplifying the business of healthcare by delivering health information, services, and technology to hospitals, physicians, and health systems. Our 7,500 performance experts provide revenue cycle leadership, innovation, and operational excellence to eliminate the inefficiencies in healthcare. For more information, visit www.optum360.com.
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RelayHealth Financial

RelayHealth Financial provides revenue cycle management solutions to help providers accelerate cash, make informed decisions, streamline operations, and deepen patient engagement—at all points of service. More than 2,400 hospitals, 630,000 providers, and 2,200 health plans rely on RelayHealth Financial to process 3.3 billion transactions worth $1.8 trillion annually. Interoperability experience, award-winning service, and expert implementation staff and processes complement the solutions to help ensure healthy revenue and a healthy future for our customers.

Janet Cutcliff
VICE PRESIDENT/GENERAL MANAGER, PATIENT ACCESS SOLUTIONS
janet.cutcliff@relayhealth.com

Lawrence Martin
VICE PRESIDENT, PRODUCT MANAGEMENT & BUSINESS PROCESSES, PATIENT ACCESS
lawrence.martin@relayhealth.com

Jason Williams, MBA, MEM
VICE PRESIDENT, DATA ANALYTICS & STRATEGY
jason.williams@relayhealth.com
Simplee® is transforming the patient financial experience. The Simplee Financial Engagement™ software platform is the world’s first single enterprise solution for patient engagement, billing, estimates, payment, point of service, and financing. With Simplee, healthcare providers get award-winning technology (FierceHealthcare, Webby, etc.) that creates a payment experience patients (and staff) love, driving satisfaction, payments, and more. Headquartered in Palo Alto, California, Simplee is founded and led by eCommerce veterans; its investors include 83North, Heritage Group, and Social+Capital. For more information on Simplee, visit simplee.com or follow @SimpleePAY.
ABOUT OUR SPONSORS

Xtend Healthcare

As the premier company in revenue cycle management, Xtend Healthcare Advanced Revenue Solutions can help you improve your financial performance and productivity for both the short term AND the long term.

Serving as a seamless extension of your business office, we can revolutionize the way you manage your revenue cycle, letting you capture and use data more efficiently than ever before (quickly assessing the status of your outstanding claims for your most valuable payers) while eliminating wasted time and backed-up workflow. We’ll help you reduce A/R days, lower collection costs and bad debt write-off, and enjoy stronger cash flow. Like no one else, we can even send a team of experienced professionals to your site to help you quickly resolve receivables backlogs or manage the transition to a new IT system or facility.

Our principals started the cash acceleration field. Over the past three decades, we have helped providers of all types and sizes meet the challenges of receivables management. We have established a long track record of making good on our promises and delivering superior results for our clients.

For more information, please contact Tammy Caballero, vice president of sales and marketing, at 615-406-3847 or by email at tcaballero@xtendhealthcare.net.