Revenue Cycle Exchange is proudly sponsored by:
Welcome Letter

JIM MOLPUS
Leadership Programs Director, HealthLeaders Media

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

Discussion Guides
Patient-Engagement Innovation
Embrace Market Disruption

Omni Tucson National Resort  |  Tucson, AZ  |  March 22–24, 2017

Nestled in the Foothills of the majestic Catalinas, the resort offers a total of 128 guestrooms including 79 of our Mountain Vista Collection in addition to 49 Casitas in our Catalina Village Collection, Bob’s Steak & Chop House, Legend’s Bar & Grill and Tucson National Golf Club complementing the two championship golf courses, world-class spa, tennis, and more. For decades, Omni Tucson National Resort has enjoyed hosting prestigious PGA Tour events where legendary champions such as Nicklaus, Trevino and Palmer have graced the fairways and battled for glory. The addition of the Sonoran Course, impeccably designed by TOUR champion and Ryder Cup captain, Tom Lehman, has created a truly dynamic golf experience.
Revenue cycle leaders find themselves in the middle of two competing forces in healthcare. The headwind is a reimbursement market that is getting ever smaller, as revenue from commercial insurers declines and the Medicare and Medicaid markets experience relentless downward pressure. The shrinking market places continuing stress on costs, with health system leaders looking to the revenue cycle to capture every dollar, whether it’s in a denial process from an insurer or a copay in the emergency department. The tailwind, meanwhile, is coming from patients, who are looking for a financial experience that enables them to become better partners in their care. With higher expectations come new systems, processes, and tools to improve everything from pricing to billing and appeals.

While there are stressors for the revenue cycle leader, there are also opportunities to create lasting organizational change. Over the next two days, you and your fellow Revenue Cycle Exchange members and sponsors will have the time and space to share those solutions. Our goal is for you to return to work next Monday with a renewed perspective and ideas you are eager to try.

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

To support our mutual goals, please bear in mind a few guidelines for the event. First, please understand that our goal is to share solutions and insights from the events with our broader audience of almost 100,000 healthcare leaders, so our editors will be covering the forum sessions of this event 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.

As your host, please find me or any member of our team with any concerns or requests that might prevent us from exceeding your expectations for our time together.

Jim Molpus
Leadership Programs Director
HealthLeaders Media
## PROGRAM AGENDA

### WEDNESDAY | March 22

6–8 p.m.  Welcome Reception *(Papago Terrace)*

### THURSDAY | March 23

7:15–8 a.m.  Buffet Breakfast *(Papago Terrace)*

8–8:30 a.m.  Event Kickoff/General Session *(Ironwood Ballroom)*

8:30–10 a.m.  **ROUND A SESSIONS**

**Breakout Session 1**

**Patient-Engagement Innovation—Group A *(Papago East)***

Innovation may soon usurp performance improvement for the modern revenue cycle enterprise, with customer expectations for clean bills, transparent pricing, and clear value forcing the agenda. This session will explore attempted innovations and remaining challenges as our members seek to transform the patient financial experience.

**Breakout Session 2**

**Patient-Engagement Innovation—Group B *(Papago West)***

**Breakout Session 3**

**Embrace Market Disruption *(Navajo Salon)***

Provider revenue is under pressure from all fronts, whether it’s nontraditional competitors undercutting traditional health systems, or payers continuing to squeeze the premium dollar against hospital and health system contracts. Above all is market uncertainty about an unstable government reimbursement forecast. This session will revisit proven strategies to glide through turbulent markets and embrace change.

**Sponsor Session 1**

**Bank of America Merrill Lynch *(Desert Willow Salon)***

**Sponsor Session 2**

**ClearBalance *(Cypress Salon)***

**Sponsor Session 3**

**Craneware *(Ironwood Ballroom)***

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

**Breakout Session 4**  
Patient-Engagement Innovation *(Papago East)*

**Breakout Session 5**  
Embrace Market Disruption—Group A *(Papago West)*

**Breakout Session 6**  
Embrace Market Disruption—Group B *(Navajo Salon)*

**Sponsor Session 4**  
Optum *(Desert Willow Salon)*

**Sponsor Session 5**  
Patientco *(Cypress Salon)*

**Sponsor Session 6**  
RelayHealth Financial *(Ironwood Ballroom)*

11:45 a.m.  **Boxed Lunch** *(Papago Terrace)*

**Afternoon Activities:**

**Golf**
12:30 p.m. start time on the Sonoran Course. Please meet at the golf staging area by 12:15 p.m.

**Trail Dust Adventure Jeep Tours**
Jeeps will depart from the main lobby at 1 p.m. Please meet in the lobby by 12:45 p.m.

5:45–6:30 p.m.  **Cocktail Reception** *(Papago Terrace)*

6:30–8:30 p.m.  **Dinner and Presentation** *(Ironwood Ballroom)*  
Andrea Anderson, Nordstrom Rack/Tucson, Arizona, Store Manager
FRIDAY | March 24

7 a.m.  
Buffet Breakfast *(Papago Terrace)*

7:30–8:30 a.m.  
Ideas Exchange *(Ironwood Ballroom)*

8:30–10 a.m.  
**ROUND C SESSIONS**

Breakout Session 7  
Patient-Engagement Innovation *(Papago East)*

Breakout Session 8  
Embrace Market Disruption *(Papago West)*

Breakout Session 9  
HealthLeaders Media Focus Group *(Navajo Salon)*

Sponsor Session 7  
Simplee *(Desert Willow Salon)*

Sponsor Session 8  
Xtend Healthcare *(Cypress Salon)*

10–10:15 a.m.  
Break

10:15–11:30 a.m.  
**ROUND D SESSIONS—WorkGroups**

WorkGroup A  
How to Reduce Denials and Appeals *(Ironwood Ballroom)*

WorkGroup B  
New Ideas for Engaging and Retaining Staff *(Papago East)*

WorkGroup C  
Getting Technology to Work for You *(Papago West)*

WorkGroup D  
Achieving Operational Efficiencies *(Navajo Salon)*

WorkGroup E  
Strategies for Value-Based Care Products *(Desert Willow Salon)*

11:30 a.m.  
Adjourn
SYNOPSIS
Innovation may soon usurp performance improvement for the modern revenue cycle enterprise, with customer expectations for clean bills, transparent pricing, and clear value forcing the agenda. This session will explore attempted innovations and remaining challenges as our members seek to transform the patient financial experience.

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

• Describe the goals your health system has articulated for improving the patient financial experience. To what extent have customers themselves pushed for improvement?

• How do you define innovation in improving the patient experience? Are you in a good position to be flexible, or are you too constrained by existing infrastructure, staff, and capital needs?

• Have you found innovative approaches to transforming traditional revenue cycle functions that impact patients, including collections, denials, and claims administration?

• How has your health system planned for rising expectations of pricing transparency? Share efforts you have made to merge price and quality metrics into a true measure of value that patients can see.

• Are there other innovation initiatives that your revenue cycle team has launched, such as hospital-employed financial advisors to help patients meet their financial obligations?
FOR FURTHER READING

HealthLeaders Media:
*Innovative Healthcare Trends in 2017: Creating Stronger Connections to Physicians and Patients*
February 2017
[https://tinyurl.com/zg25agk](https://tinyurl.com/zg25agk)
The role of technology is as critical as ever with healthcare organizations seeking to make big changes in 2017. A HealthLeaders Media Industry Survey of 471 healthcare leaders found that when it comes to a healthcare IT strategy, the three top areas of focus are clinical IT, EHR interoperability, and predictive analytics. These areas will allow organizations to improve population health management, the patient experience, and clinical integration to gain a better understanding of healthcare consumers.

HealthLeaders Media:
*Cash-Only Practice Rewarding for MI Physician*
Christopher Cheney
January 23, 2017
Industry stakeholders are trying new ways to deliver and pay for care, but the shift to value remains an unfinished journey.

HealthLeaders Media:
*Improving Value and Care Metrics Through a Clinically Integrated Network*
Philip Betbeze
February 1, 2017
Healthcare leaders have always searched for the holy grail—the disruptive force, construct, or innovation that will make vast and necessary improvements in quality while simultaneously slowing healthcare’s rapid cost growth. Yet such a solution has eluded everyone, from policymakers to patient advocates to senior healthcare executives. Big data might be a revolutionary advance in healthcare, but without the right tools and tactics, it won’t provide insights to improve outcomes and value.
SYNOPSIS

Provider revenue is under pressure from all fronts, whether it’s non-traditional competitors undercutting traditional health systems, or payers continuing to squeeze the premium dollar against hospital and health system contracts. Above all is market uncertainty about an unstable government reimbursement forecast. This session will revisit proven strategies to glide through turbulent markets and embrace change.

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

- How are you preparing for expected changes in healthcare policy with the new administration?
- How are you negotiating more favorable terms with payer contracts?
- What process and system strategies are you using to minimize denials?
- How are you keeping up with the constantly changing terms among multiple payers on a timely basis?
- How are you disseminating payers’ changing terms among your revenue cycle staff?
- How are you monitoring your contracts to ensure payers are paying according to your agreed-upon terms?
FOR FURTHER READING

HealthLeaders Media:
*Payer, Provider Watch List Stresses Vigilance in 2017*
Christopher Cheney
January 17, 2017
http://www.healthleadersmedia.com/quality/payer-provider-watch-list-stresses-vigilance-2017#
Providers and payers should prepare for more value-based payment models and significant changes in insurance coverage, a forward-looking report says.

HealthLeaders Media News:
*HHS Nominee Confirmation Hearings Elicit Few Details*
Christopher Cheney
January 25, 2017
http://www.healthleadersmedia.com/leadership/hhs-nominee-confirmation-hearings-elicit-few-details
President Trump’s pick for Health & Human Services secretary has suggested there are opportunities to advance healthcare reform efforts, but has offered few details as to how, a pair of healthcare policy experts say.

HealthLeaders Media News:
*Top 4 Payer Priorities for 2016*
December 16, 2015
http://www.healthleadersmedia.com/health-plans/top-4-payer-priorities-2016
A new payer survey offers insights for providers as both deal with a common challenge: technology.

HealthLeaders Media Intelligence Report:
*Payer-Provider Strategies*
Michael Zeis
March 17, 2015
This HealthLeaders Media research report reveals that while there is evidence of improved relations, trust still has not fully enveloped the payer-provider dynamic.
WorkGroups

Revenue Cycle WorkGroups

At this year’s HealthLeaders Media Revenue Cycle Exchange, we are introducing WorkGroups that allow for hands-on involvement in addressing issues revenue cycle leaders face. Group discussions will take place during the Exchange with the option of post-event collaboration and goal sharing. Here’s how it works:

DURING THE EXCHANGE
Members will choose a group based on a particular topic they would like to tackle in the coming year. Topics include reducing denials, boosting staff engagement, and developing strategies to optimize workflow. A leader will be selected who will guide the discussion and facilitate next steps. The discussion will begin by reviewing the solutions executives have already employed, and considering whether they worked or didn’t work. Participants will then share four action steps with specific interventions to consider when they return to their organization. At the end of the session, the group leader will report on the discussion and an agreed-upon plan of action.

POST-EXCHANGE
Member calls will be scheduled at regular intervals to communicate project status. The first call will provide an opportunity to discuss steps implemented to-date, receive suggestions from group members about any roadblocks that may have arisen, and share information, best practices, and resources. The second call will cover success stories and lessons learned.

INSIGHTS REPORTS
HealthLeaders Media editors will observe WorkGroup sessions, facilitate post-event calls, and produce and share summary reports based on each group’s key findings.

WorkGroup Topics

- How to Reduce Denials and Appeals
- New Ideas for Engaging and Retaining Staff
- Getting Technology to Work for You
- Achieving Operational Efficiencies
- Strategies for Value-Based Care Products
MEMBER INTRODUCTIONS

Jane E. Arnold
VICE PRESIDENT, REVENUE CYCLE
Firelands Regional Medical Center/Sandusky, Ohio

Jane Arnold joined Firelands Regional Medical Center in 2004, and serves 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, patient accounting, 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

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.

Tracy B. Berry
VICE PRESIDENT, REVENUE CYCLE MANAGEMENT
BJC HealthCare/St. Louis, Missouri

Tracy Berry is vice president of revenue cycle management at BJC HealthCare, where she is responsible for leading revenue cycle operations. She supports patient access and oversees financial clearance along with coding/transcription/clinical documentation improvement, revenue integrity, and revenue management. BJC HealthCare is one of the nation’s largest nonprofit healthcare organizations with $4.1 billion in net revenues. BJC serves urban, suburban, and rural communities and includes 15 hospitals. Before joining BJC, Berry was the senior vice president of revenue management at Centura Health in Denver, Colorado, and served as vice president of patient financial services with Tenet Healthcare. She has also worked as a healthcare management consultant, first with APM/CSC Healthcare and later with The Chartis Group.
MEMBER INTRODUCTIONS

Charlie Brown, MBA
VICE PRESIDENT, REVENUE CYCLE
The University of Chicago Medicine/Chicago

Charles Brown is the vice president of revenue cycle for The University of Chicago Medicine, where he is responsible for leading the revenue cycle functions of 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.

Kym Clift
SYSTEM VICE PRESIDENT, REVENUE CYCLE
Samaritan Health Services/Corvallis, Oregon

Kym Clift joined Samaritan Health Services in June 2014 as vice president of revenue cycle, overseeing the end-to-end revenue cycle functions for the health system’s five hospitals and 500 physicians. Clift has over 20 years of experience in for-profit and not-for-profit healthcare entities, including multiple roles within a national health plan, leading the revenue cycle for a large integrated health system in the Pacific Northwest, and working for a national EMS/pre-hospital provider. Clift is CHFP-certified with HFMA and received her MBA from Colorado State University.

Kayne Coleman, MBA
SYSTEM DIRECTOR, REVENUE CYCLE
Bellin Health System, Inc./Green Bay, Wisconsin

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.
MEMBER INTRODUCTIONS

Angela Cox
VICE PRESIDENT, REVENUE MANAGEMENT
Centura Health/Denver, Colorado

Angela Cox is the vice president of revenue management at Centura Health, a Denver-based integrated healthcare network serving Colorado and Western Kansas. She has overall responsibility for hospital and physician revenue cycle services. Cox joined Centura Health in October 2007 with revenue cycle experience in both for-profit and not-for-profit organizations. Prior to that, she worked at Conifer Health Solutions, part of Tenet Healthcare Corporation, as a revenue cycle services director, where she was responsible for providing business insight for all aspects of revenue cycle performance. Currently, Cox oversees patient access, coding, CDI, strategic pricing, CDM standardization and maintenance, account receivables, reporting, customer service, and vendor management. Cox is a member of the HFMA and the MGMA, and is a board member of the HFMA’s Colorado chapter. She earned her bachelor’s degree from Western Illinois University.

Donna Ellenburg, FHFMA
REVENUE CYCLE DIRECTOR
Grandview Medical Center/Birmingham, Alabama

Donna Ellenburg works for Grandview Medical Center as the revenue cycle director. She has 36 years of experience in revenue cycle. Prior to joining Grandview, Ellenburg worked at St. Vincent’s Health System as the CBO director and was responsible for the system’s four hospitals. Ellenburg obtained her bachelor’s degree from Birmingham Southern College. She is also an active member of the Alabama chapter of the HFMA, has her FHFMA certification, and serves as a HFMA board member for the Alabama chapter.

Jeanette Foulk
SYSTEM DIRECTOR, REVENUE ANALYSIS
Carondelet Health/Tucson, Arizona

Jeanette Foulk, system director of revenue analysis for Carondelet Health, moved to Tucson, Arizona, from Merritt Island, Florida, where she worked for a CHS facility. Before devoting her career to healthcare, Foulk served in the United States Air Force. She studied business at the University of Toledo and worked for the Medical University of Toledo for over 21 years. Foulk has written three articles for the monthly Health Access Managers publication, in circulation among healthcare facilities nationwide. She also received the System Leadership award for outstanding leadership during her time with Methodist Health System in Dallas.
MEMBER INTRODUCTIONS

Emily M. Goertz, MBA
VICE PRESIDENT, REVENUE CYCLE OPERATIONS
The University of Texas Medical Branch/Galveston, Texas

Emily Goertz joined the University of Texas Medical Branch (UTMB) in February 2016 as vice president of revenue cycle operations, with more than 17 years of experience in healthcare financial management. She obtained a Master of Business Administration from Texas Woman’s University and holds several professional certifications, including CPAM, CHFP, and CPC-A. Today, her leadership encompasses oversight of UTMB’s single billing office, patient admitting and registration, coding services, billing, and denials management. Goertz believes that the revenue cycle, as an integrated billing system for both hospital and professional services, is essential to delivering a world-class patient experience. She specializes in resolving long-standing challenges that improve efficiency and enhance customer service. Before coming to UTMB, she served as director of patient financial services at Texas Children’s Hospital. Goertz’s extensive experience working with Epic systems and history of demonstrated leadership equips her to guide UTMB’s revenue cycle team to implement best practices across the billing cycle and enhance revenue.

Donna Graham
SENIOR DIRECTOR, REVENUE CYCLE
The MetroHealth System/Cleveland

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. In 2014, her team also took insurance enrollment and patient scheduling out into the community with a 38-foot RV. Graham has more than 20 years of experience in strategic planning in academic medical centers, multi-specialty healthcare delivery systems, and private practices. Her leadership of innovative initiatives for convenient access, effective patient financial communication, and optimization of workflows has promoted an overall positive patient experience; similarly, her acceleration of cash flow and cost management has provided sound fiscal management to support these initiatives and strategically plan for growth. 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, where she discussed the impact of the Affordable Care Act and revenue cycle’s focus on the patient. 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.

Michael Grant, MBA
REGIONAL DIRECTOR, PATIENT FINANCIAL SERVICES, WESTERN MICHIGAN & INDIANA
Trinity Health/Kenwood, Michigan

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.
MEMBER INTRODUCTIONS

Lynn M. Guillette, CPA, MHCDS, MBA
VICE PRESIDENT, PAYMENT INNOVATION
Dartmouth-Hitchcock Health/Lebanon, New Hampshire

Lynn Guillette is the vice president of payment innovation for Dartmouth-Hitchcock Health (D-HH). In this role, she provides leadership for all activities relating to the design, negotiation, and administration of a mixed portfolio of health reimbursement modes that improve quality, lower cost, and support the financial sustainability of D-HH. She served as the director of finance for OneCare Vermont ACO, LLC, during its development and startup period, and currently serves on the finance committees of OneCare Vermont and Benevera Health, LLC. Guillette earned her master’s degree in healthcare delivery science from Dartmouth College and her MBA in leadership from Franklin Pierce University. She has been licensed as a CPA since 1990.

Laurie Hurwitz, MBA, FHMFA, CRCR
EXECUTIVE DIRECTOR, REVENUE CYCLE
Gundersen Health System/La Crosse, Wisconsin

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.

Wanda A. James, CRCR, ACPAR
SYSTEM DIRECTOR, PATIENT FINANCIAL SERVICES
Jack Hughston Memorial Hospital/Columbus, Georgia

Wanda James is the system director of patient financial services for Hughston in Columbus, Georgia, which is comprised of a hospital, surgery center, and clinics throughout Georgia, Alabama, Florida, and Tennessee. Prior to joining Hughston in 2017, she was the director of patient financial services at Jack Hughston Memorial Hospital. She was also part of the Baptist Health System in Montgomery, Alabama, holding progressive revenue cycle roles. In total, James has 20+ years of experience in the hospital and physician revenue cycle, including patient access, scheduling, precertification, pre-registration, posting, billing, and collections. Having obtained her bachelor’s degree from Troy University, James is working on her master’s in leadership and organizational effectiveness. As an active member of NAHAM and the Alabama chapter of the HFMA, James is a Certified Revenue Cycle Representative (CRCR) and an Advanced Certified Patient Accounts Representative (ACPAR). She currently serves as an HFMA board member and chairs the certifications committee.
David Jones
CONTROLLER AND DIRECTOR OF REVENUE INTEGRITY
Jupiter Medical Center/Jupiter, Florida

David Jones is responsible for sustaining the accuracy and meaningfulness of the financial reporting for Jupiter Medical Center and its charitable foundation, skilled nursing facility, and affiliated organizations. Among his areas of responsibility are patient financial services, managed care contracting, and charge capture and charge integrity. Jones previously served as chief financial officer of Cornerstone Hospice in Tavares, Florida; associate vice president for finance for Central Health Alliance in Leesburg, Florida; and controller at Florida Hospital Waterman in Tavares, Florida; he also held a variety of internal audit and senior-level hospital financial positions in Massachusetts, Kansas, Illinois, and Michigan. Jones holds a Bachelor of Arts degree in business from Michigan State University in East Lansing, Michigan, and an MBA from William Howard Taft University in Santa Ana, California. He is a CPA and a Certified Information System Auditor, as well as a member of the HFMA.

Deborah Kirkorsky
VICE PRESIDENT, BUSINESS SERVICES
NorthShore University HealthSystem Medical Group/Glenview, Illinois

Deborah Kirkorsky is the vice president of business services for NorthShore University HealthSystem. She has operational responsibility for the end-to-end revenue cycle process of NorthShore’s more than 900 employed physicians, including participation in the EHR incentive program, PQRS/GPRO, and MACRA. In addition, Kirkorsky has corporate oversight of NorthShore’s Patient Access Center and plays a key role in developing and implementing digital health strategy. She received an undergraduate degree in healthcare administration from the University of Arizona and an MHA from the University of Minnesota, and has over 25 years of experience in physician practice management.

Kevin Knoll
DIRECTOR, REVENUE CYCLE
Baptist Health Floyd/New Albany, Indiana

Kevin Knoll brings to the HealthLeaders Media Revenue Cycle Exchange more than 35 years of group health, hospital, and physician revenue cycle experience. Prior to joining Baptist Health Floyd, he served as the regional claims director in the group health insurance sector, holding responsibility for claims administration, underwriting, and contracting. In 2001, Knoll decided on a career change from insurance to healthcare provider, where he remains today. His hospital work has been in revenue cycle with oversight of patient access, scheduling, HIM, coding, CDI, case management, audits, denials, authorizations, billing, and collections. As a Green Belt, Knoll continues to be involved in several process improvement projects through Lean Six Sigma with a focus on revenue cycle initiatives. He earned his bachelor’s degree from Peru State College in Peru, Nebraska, and is an active member in the Indiana chapter of the HFMA.
MEMBER INTRODUCTIONS

Camilla Lacewell
DIRECTOR, REVENUE INTEGRITY
Samaritan Health Services/Corvallis, Oregon

Camilla Lacewell, director of revenue integrity for Samaritan Health Services, started her career as a patient account representative in 1991. She went on to be promoted several times, including serving as director of the regional business office for over six years. Lacewell has over 25 years of experience in healthcare. Her experience includes standardization of charge procedure dictionaries for five hospitals and more than 60 clinics; three successful implementations of hospital and clinic systems; implementation of a system audit team; and implementation of multiple medical services at Samaritan Health. Lacewell has three Epic certifications and is a member of the HFMA and HCCA.

Dan Lacy, CPA, CHFP
VICE PRESIDENT, REVENUE CYCLE
Covenant Health System/Orange, California

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 CPA and has been designated as a Certified Healthcare Financial Professional by HFMA. Lacy is originally from Louisville, Kentucky, where his three grown children live, but he has lived in Texas for the past nine years. He recently celebrated the birth of his second grandchild.

Chuck Lane
VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Methodist University/Memphis, Tennessee

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.
MEMBER INTRODUCTIONS

Marisela Licea, BSM
REVENUE CYCLE MANAGER
Carondelet Health Network/Tucson, Arizona

Marisela Licea began her career at Carondelet in 1986 as admitting manager for the emergency department. Since then, she has served as admitting director, CHN network director of patient access with oversight of 140 staff members, and her current position as revenue cycle manager. Licea completed a Bachelor of Arts in Business with a major in business administration at the University of Arizona. She is a Continuous Quality Improvement Trained Facilitator and completed the CHN Customer Service Program and Leadership Development Institute training from the University of Arizona Eller College of Management. Licea obtained the Carondelet Holy Cross Hospital Administrator Award for Management in 1992 and 2004; was awarded Carondelet Holy Cross Hospital Employee of the Year in 2000; received the Carondelet Community Trust Mission Award in 2006 and 2009; and was awarded Best in Class Department in the Carondelet Associate Engagement Survey for November 2008, August 2011, and December 2015.

Donella J. Lubelczyk, RN, BSN, ACM-RN, CRC, CRCR
DIRECTOR, REVENUE CYCLE
Catholic Medical Center/Manchester, New Hampshire

Donella Lubelczyk is the director of revenue cycle at Catholic Medical Center, an affiliate of the newly formed GraniteOne Health System and a 330-bed acute care facility with many multi-specialty physician practices. Her extensive case management and clinical background has assisted her in securing physician engagement to improve utilization and ensure proper documentation and coding. This collaboration has increased the organization’s case-mix index and helped maintain a low overall denial percentage. Lubelczyk’s main responsibilities include case management, utilization management, chargemaster description, clinical documentation improvement, coding, auditing, and denial and appeal management. Lubelczyk has been in healthcare for more than 20 years; she is a member of the HFMA and the American Case Management Association, as well as the American Medical Billing Association.

Patrick McDermott
VICE PRESIDENT, REVENUE CYCLE
Sutter Health/Northern California

Patrick McDermott is the vice president of revenue cycle for Sutter Health, a 25-hospital health system in Northern California. Previously, he led the revenue cycle for Presence Health, a 12-hospital healthcare system in Illinois, resulting from the merger of Resurrection Healthcare and Provena Health, for eight years. McDermott has deep experience leading Epic go-lives and Lean value stream initiatives. With his Resurrection team, he invented the “Revenomics 102” class, which won the HFMA Yerger award for innovative member training. McDermott’s career started with consulting firms Stockamp & Associates (now Huron Consulting) and KPMG. He received his MBA in finance from the University of Illinois.
MEMBER INTRODUCTIONS

**Donna Poole**  
**VICE PRESIDENT, PATIENT ACCESS OPERATIONS**  
Memorial Hermann Health System/Houston

Donna Poole joined Memorial Hermann Health System (MHHS) in December 2012 as the system executive for physician revenue cycle. In January 2015, she became the vice president of patient access operations, where she manages a centralized pre-service center and oversees patient access for the system. Prior to joining MHHS, she was vice president of operations and client services for Global Healthcare Alliance. Previously, Poole served as director of business services at Texas Children’s Hospital and as executive director of business services for Presbyterian Intercommunity Hospital in California. She was also a manager in Deloitte’s Healthcare Audit and Consulting Group in Los Angeles.

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

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 and 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. It employs Epic as its 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 CPA and received her MBA from the University of Iowa. She is also a fellow of HFMA.

**Abdool Razack**  
**SENIOR DIRECTOR, REVENUE CYCLE**  
South Nassau Communities Hospital/Oceanside, New York

Abdool Razack is the senior director of revenue cycle at South Nassau Communities Hospital, which he joined in 2000. Previously, Razack worked for New York Presbyterian Hospital, where he held various positions in patient financial services. He earned his BBA degree in accounting at the Bernard Baruch College and his coding certification from the AAPC. Razack previously taught medical billing and coding at Medgar Evers College and the Roxbury Institute for Medical Management. He is a member of the HFMA Metro chapter.
MEMBER INTRODUCTIONS

Doug Robison
PERFORMANCE IMPROVEMENT LEADER
John Muir Health/Walnut Creek, California

Doug Robison joined John Muir Health (JMH) in 2015 following more than 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
SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Ohio Valley Health Systems & Education/Wheeling, West Virginia

Rick Scherich is senior vice president and chief financial officer for Ohio Valley Health Systems & Education (OVHS&E) in Wheeling, West Virginia. He has over 20 years of experience in healthcare and was named CFO in December 2016. Scherich has been with OVHS&E since 1995; his previous roles included controller, reimbursement manager, and accounting supervisor. As CFO, he is responsible for revenue cycle, patient access, accounting, finance, and payroll. OVHS&E has two acute hospitals with a combined 289 beds, including psych and skilled nursing units. OVHS&E also has a provider-based physician practice group that employs 45 physicians and a medical education program with 33 residents. Scherich obtained his bachelor’s degree in accounting from Penn State University and is a member of the HFMA.

Laura Semlies, MPH
VICE PRESIDENT OF FINANCE, REVENUE CYCLE TRANSFORMATION
Northwell Health/Melville, New York

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 enterprise-wide 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.
MEMBER INTRODUCTIONS

Karen Shaffer-Platt
VICE PRESIDENT, PATIENT CONCIERGE SERVICES/ACCESS
UPMC/Pittsburgh

Karen Shaffer-Platt has over 30 years of experience in access and revenue cycle management across hospital and physician service settings. She has management experience in all aspects of the revenue cycle, including scheduling, pre-registration, insurance verification and pre-certification, room and bed management, admission and physician office operations, edit and denial management, charge entry, credit and collections, customer service, and insurance follow-up. Shaffer-Platt has 20 years of information technology project management experience, including scheduling, ADT and billing system design, and master file maintenance for Epic, HBOC, IDX, SMS, and Cerner. Her installation and conversion leadership includes six hospitals, 650+ physician office sites, and 25 centralized ancillary scheduling sites; 10,000+ customized physician templates and decision support tools for 26 clinical subspecialties; centralized business office setup, design, and maintenance for PSD, cancer centers, and CCP; six UPMC urgent care centers; and three UPMC health plan employee health centers.

Don Shaw
VICE PRESIDENT, REVENUE CYCLE
Baton Rouge General Medical Center/Baton Rouge, Louisiana

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, MBA, MHA
SYSTEM VICE PRESIDENT, REVENUE CYCLE
Cone Health/Greensboro, North Carolina

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

Paul Spencer
VICE PRESIDENT, MANAGED CARE AND REVENUE CYCLE SERVICES
Froedtert Health/Milwaukee, Wisconsin

Paul Spencer is vice president of managed care and revenue cycle services for Froedtert Health in Milwaukee, where he is responsible for managed care contracting and payer relations for the health system and its clinically integrated network. In addition, he oversees the health system’s revenue cycle functions. Prior to joining Froedtert Health, Spencer served as vice president of network management for UnitedHealthcare. His experience also includes healthcare consulting and product development for Solucient in Chicago (now part of IBM Watson). Spencer has a master’s and a bachelor’s degree in business administration from the University of Iowa. He is involved in the HFMA and volunteers for other organizations.

John Stryska
SENIOR DIRECTOR, ACCESS SERVICES
South Nassau Communities Hospital/Oceanside, New York

John Stryska is the senior director of access services at South Nassau Communities Hospital, which he joined in 2013. Prior to coming to South Nassau Communities Hospital, Stryska spent 30 years in various roles for Catholic Health Services of Long Island, most recently as regional director of admitting/business services, where he provided oversight to the access departments for three of the six hospitals in the health system. Stryska is a member of the HFMA’s Metro New York chapter.

Betsy Sullivan
VICE PRESIDENT, REVENUE CYCLE
Banner Health/Mesa, Arizona

Betsy Sullivan has worked for Banner Health in Mesa, Arizona, for the past 33 years; 31 of those years were spent in revenue cycle, and two as compliance officer. She holds a bachelor’s degree in English from Franklin and Marshall College.
MEMBER INTRODUCTIONS

Brian Unell, FACHE
VICE PRESIDENT, REVENUE CYCLE
Piedmont Healthcare/Atlanta

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 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 a fellow in the American College of Healthcare Executives and a member of the HFMA; he is also certified as a Six Sigma green belt. He lives in his hometown of Atlanta with his wife Hilary and son Harris.

John Vetsch, CHFP, MSAS
VICE PRESIDENT, REVENUE CYCLE
Regional Health/Rapid City, South Dakota

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 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

Andy Weddle has served as the vice president of finance – revenue cycle for Sentara Healthcare since 1999. He currently oversees the following revenue cycle functions for nine of Sentara’s 12 hospitals in Virginia and North Carolina: central scheduling (diagnostic services); pre-registration, insurance verification, and authorization management services; patient access; care coordination; clinical appeals and utilization review; health information management; insurance billing and follow-up; cash processing and underpayment recovery services; and internal pre-collection, bad debt, and legal collections. Most of these functions have been centralized into central business units and standardized along payer lines where possible. Prior to his current role, Weddle spent 17 years in various internal audit positions. He is a licensed CPA and a proud graduate of Old Dominion University in Norfolk, Virginia. He is married with two stepchildren and is an avid saltwater fisherman.

Josh Welch
EXECUTIVE DIRECTOR, REVENUE CYCLE
John Muir Health/Walnut Creek, California

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.
MEMBER INTRODUCTIONS

Kyle Wilcox, MHA
VICE PRESIDENT OF FINANCE AND BUSINESS DEVELOPMENT
Grinnell Regional Medical Center/Grinnell, Iowa

Kyle Wilcox earned his bachelor’s degree and Master of Health Administration from the University of Iowa. He began his career as an administrative fellow at Grinnell Regional Medical Center, leading the implementation of meaningful use in 2012. At the end of his fellowship, he was offered the role of revenue cycle director. Over five years, Wilcox has continued to take on additional responsibilities at Grinnell, leading to his current role of vice president of finance and business development. Wilcox has a wife and 1-year-old son. He also serves as vice president for the Iowa Healthcare Financial Management Association, is a board member for the Grinnell Chamber of Commerce and Grinnell Community Day Care and Preschool, and is a big brother for Big Brothers/Big Sisters of Grinnell.

Maria Yorba
EXECUTIVE DIRECTOR, PATIENT FINANCIAL SERVICES, CENTRAL BUSINESS OFFICE
MemorialCare Health System/Fountain Valley, California

Maria Yorba has more than 28 years of experience in the healthcare field and is responsible for the leadership of MemorialCare Health System’s 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.
Andrea Anderson started her career at Nordstrom in 2009, selling jewelry at the Nordstrom in Chandler, Arizona. She quickly became a top-tier seller, and her natural leadership abilities earned her a promotion to assistant manager in jewelry at the Scottsdale location. Her interest in the company’s multichannel business led her to her first leadership role as a department manager at Nordstrom Rack. There, she was recognized as Manager of the Quarter and consistently delivered strong results. In 2012, Anderson returned to Chandler as the store’s accessories manager. Soon after, she was promoted to one of the company’s flagship stores in Coral Gables, Florida. In August 2014, she was promoted again to the company’s South East District regional merchandizer for the accessories division. When Nordstrom needed a strong leader to open and run a new Nordstrom Rack in Tucson, Anderson was once again called upon. Her strong business results, strength in developing teams, and commitment to putting the customer first are key factors to her success.
Jim Molpus
LEADERSHIP PROGRAMS DIRECTOR
HealthLeaders Media

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

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.

Christopher Cheney
LEADERSHIP PROGRAMS EDITOR
HealthLeaders Media

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.

Jaclyn Fitzgerald
SENIOR EDITOR, REVENUE CYCLE
HCPro

Jaclyn Fitzgerald is a senior editor for HCPro’s revenue cycle market. In this role, she is responsible for assisting in the research and development of the company’s portfolio of products for revenue cycle managers and staff, including books, webinars, conferences, eLearning, and online publications. Jaclyn is the associate director of the National Association of Healthcare Revenue Integrity. Prior to joining HCPro in 2013, she was an editor for Fitzgerald Health Education Associates, Inc., a leader in nurse practitioner education, and worked for the Boston Herald and Haverhill Gazette.
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HCPro

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Health Systems Adapt to Era of Two-Payer Reimbursement

ClearBalance consumer-friendly loans vital option for patient financing

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About ClearBalance

For 25 years, ClearBalance has partnered with hospitals and health systems nationwide to provide consumer-centric, affordable care while improving net recovery of patient pay and overall financial performance. We have the largest healthcare footprint, including the most large, complex health systems and the longest-tenured client base. ClearBalance has served more than 4 million patient accounts and maintains the industry’s highest patient loan repayment rate. Our program enables patients to easily pay their medical costs and enhances loyalty, positioning the health system as the care location of choice in its community. In fact, 90% of individuals responding to the annual ClearBalance Healthcare Consumerism study said they will return to a healthcare provider that offers a ClearBalance loan program, while 88% said they will recommend the healthcare provider to friends and family.

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For more information, please contact Tammy Caballero, Vice President of Sales and Marketing, at 615-406-3847 or by email at tcaballero@xtendhealthcare.net.
RESORT MAP

**THU**
- Sponsor Session 1: Bank of America Merrill Lynch
- Sponsor Session 4: Optum
- Sponsor Session 7: Simplee
- **FRI**
  - WorkGroup E

**THU**
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**THU**
- Dinner and Presentation

**FRI**
- Ideas Exchange
  - WorkGroup A

**THU**
- Welcome Reception
  - **FRI**
  - Buffet Breakfast
  - Boxed Lunch
  - Cocktail Reception
  - **FRI**
  - Buffet Breakfast

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  - Sponsor Session 8: Xtend Healthcare

**IRONWOOD BALLROOM**
- **THU**
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    - WorkGroup A

**PAPAGO TERRACE**
- **THU**
  - Breakout Session 1 (Papago East)
  - Breakout Session 2 (Papago West)
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  - Breakout Session 5 (Papago West)
  - WorkGroup B (Papago East)
  - WorkGroup C (Papago West)

**PAPAGO BALLROOM**
- **THU**
  - Breakout Session 7 (Papago East)
  - Breakout Session 8 (Papago West)

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**DESSERT WILLOW SALON**
- **THU**
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