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JIM MOLPUS
LEADERSHIP PROGRAMS DIRECTOR
HEALTHLEADERS MEDIA

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The Lodge at Torrey Pines
It gets tougher now.

It has been tempting over the past few years to look at the drive toward value-based care as linear, like a new, clear direction in healthcare. It still is, in many ways, but the reality is that the business of running a health system has taken yet another unexpected and drastic turn.

If there is a theme running through your health system and the industry as a whole, it is one of adaptation as a capability. There are other capabilities in that same family, including innovation and ingenuity. As the top finance leader for your organization, your voice in supporting those capabilities is critical. Over the next two days, you will have the opportunity to share and compare with your fellow members and sponsors here at the 2017 HealthLeaders Media CFO Exchange. We hope your time here gives you some new ideas, shared knowledge, and peer support to meet the dynamic of adaptation.

The Exchange is made possible by our sponsors, athenahealth, Bank of America Merrill Lynch, Connance, Envision Physician Services, IBM Watson Health, Nuance, Optum, Vizient, and Xtend Healthcare. We thank them for their support and the experience they will share with us.

To uphold 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 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.

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

WEDNESDAY | AUGUST 9TH

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

THURSDAY | AUGUST 10TH

7–7:30 a.m. Buffet Breakfast *(Charles Reiffel)*

7:30–8 a.m. Event Kickoff/General Session *(Charles Reiffel)*

8:15–9:45 a.m. ROUND A SESSIONS

Breakout Session 1: *(Maurice Braun II)*
The Future of Value-Based Care—Group A
As the industry continues to move toward value-based care, uncertainty swirls around making this model financially viable. Profitability hinges on determining the right decisions and building support for risk, clinical integration, patient-centered care and consumerism, and infrastructure investments to fill in gaps along the continuum. This session will explore how financial leaders are charting a strategic course that produces a sustainable system, in light of market instabilities and impending regulatory changes.

Breakout Session 2: *(Maurice Braun III)*
The Future of Value-Based Care—Group B
As the industry continues to move toward value-based care, uncertainty swirls around making this model financially viable. Profitability hinges on determining the right decisions and building support for risk, clinical integration, patient-centered care and consumerism, and infrastructure investments to fill in gaps along the continuum. This session will explore how financial leaders are charting a strategic course that produces a sustainable system, in light of market instabilities and impending regulatory changes.

Breakout Session 3: *(Hughes Cottage)*
Innovation, Revenue, and the Growth Mandate
Once any organization stops growing, it starts declining. Yet traditional methods of growth, from brick-and-mortar inpatient expansion to adding new specialty services, may not work in a future of squeezing reimbursement. Health system leaders must maximize existing revenue streams and look for new ones in their market. Innovation must be embraced, both in looking inside the organization for new processes and in understanding the true impact coming out of the entrepreneurial community. This session will explore growth as a mandate, and a tight market as an opportunity.
PROGRAM AGENDA

Sponsor Panel Session 1: athenahealth *(Charles Reiffel)*
Sponsor Panel Session 2: Bank of America *(Charles Fries)*
Sponsor Panel Session 3: Connance *(Maurice Braun I)*

9:45–10 a.m.  **Break**

10–11:30 a.m.  **ROUND B SESSIONS**

**Breakout Session 4:** *(Maurice Braun II)*  
The Future of Value-Based Care

**Breakout Session 5:** *(Maurice Braun III)*  
Innovation, Revenue, and the Growth Mandate—Group A

**Breakout Session 6:** *(Hughes Cottage)*  
Innovation, Revenue, and the Growth Mandate—Group B

Sponsor Panel Session 4: Envision Healthcare *(Charles Reiffel)*
Sponsor Panel Session 5: IBM Watson Health *(Charles Fries)*
Sponsor Panel Session 6: Nuance *(Maurice Braun I)*

11:30 a.m.  **Boxed Lunch**

12–5 p.m.  **AFTERNOON ACTIVITIES**

**Golf Scramble:**  
Tee times are scheduled for 11:10 a.m., 11:30 a.m., 12 p.m., 12:10 p.m., 12:20 p.m., 12:30 p.m., 12:40 p.m., 12:50 p.m., 1 p.m., and 1:10 p.m. Please reference the back of your badge once on-site to see what tee time you are scheduled for. All golfers should meet outside the pro shop in the golf staging area. If you have any questions regarding golf, please check in with the registration desk at the Welcome Reception.

**Guided Hike of Torrey Pines State Reserve:**  
Please meet in the main lobby at 12:30 p.m. The hike will depart at 12:45 p.m.

5:45–8:30 p.m.  **William D. Evans Sternwheeler Dinner and Boat Cruise:**  
Please meet in the main lobby at 5:45 p.m. Shuttles will depart from the main lobby at 6 p.m. and 6:15 p.m.
7 a.m.  **Buffet Breakfast**

7:30–8:30 a.m.  **Ideas Exchange**

8:45–10:15 a.m.  **ROUND C SESSIONS**

**Breakout Session 7:** *(Maurice Braun II)*
The Future of Value-Based Care

**Breakout Session 8:** *(Maurice Braun III)*
Innovation, Revenue and the Growth Mandate—Group A

**Breakout Session 9:** *(Hughes Cottage)*
Innovation, Revenue and the Growth Mandate—Group B

**Sponsor Panel Session 7:** Optum *(Charles Reiffel)*

**Sponsor Panel Session 8:** Vizient *(Charles Fries)*

**Sponsor Panel Session 9:** Xtend *(Maurice Braun I)*

10:15–10:30 a.m.  **Break**

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

**WorkGroup A: Consolidation**
Success strategies for merger, acquisition, and partnership activity among physician practices, community hospitals, and health systems.

**WorkGroup B: Capital Programs**
Determining strategic investments for equipment, software, facilities, consolidation, and innovation.

**WorkGroup C: Physician Compensation**
Creating compensation plans that ensure provider productivity, cost performance, and organizational alignment.

**WorkGroup D: Payer Contracting**
Negotiating best rates and terms with payers, creating provider-owned health plans, and initiating direct-to-employer contracting.

11:30 a.m.  **Adjourn**
The Future of Value-Based Care

SYNOPSIS:
As the industry continues to move toward value-based care, uncertainty swirls around making this model financially viable. Profitability hinges on determining the right decisions and building support for risk, clinical integration, patient-centered care and consumerism, and infrastructure investments to fill in gaps along the continuum. This session will explore how financial leaders are charting a strategic course that produces a sustainable system, in light of market instabilities and impending regulatory changes.

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

• The financial underpinnings of value-based care are unstable, both in government and commercial reimbursement. Given the risk, describe in tangible ways how your leadership team is moving forward with value-based care or retreating from it.

• Reducing waste and improving quality are a focus in any scenario. How do you get physicians to collaborate with your organization on costs and quality?

• If you assume risk, what programs and services are you going to invest in, and what are your criteria for making those decisions?

• What strategic and operational steps are you taking to brace for a potentially massive Medicaid rollback and other consequences of the repeal and reform of the Affordable Care Act?
FOR FURTHER READING:

“Survey Snapshot: Exploring Value-Based Readiness”
HealthLeaders Media survey
By Jonathan Bees
June 8, 2017

Providers continue to take a cautious approach as they prepare their organizations to make the transition from fee-for-service to value-based care. Download the free report, Value-Based Readiness: Setting the Right Pace, to read the results and a detailed analysis.

“MedPAC Wants to Redesign MIPS, Unify Post-Acute Payments”
HealthLeaders Media leadership column
By Philip Betbeze
June 15, 2017

An alternative construct for the Merit-based Incentive Payment System would withhold a portion of payments for clinicians that they would get back based on their performance on quality metrics.

“Q&A: Atlantic Health System CEO Makes Big Bets on Value”
HealthLeaders Media leadership column
By Philip Betbeze
April 27, 2017
http://www.healthleadersmedia.com/leadership/qa-atlantic-health-system-ceo-makes-big-bets-value

The New Jersey–based, six-hospital integrated delivery system has developed new metrics to gauge its success in value-based care, says its CEO.

“Survey Snapshot: Optimizing Financial Performance”
HealthLeaders Media survey
By Jonathan Bees
February 16, 2017

Along with managing the transition to value-based care, provider organizations must focus on enhancing care coordination, optimizing financial performance, and driving organizational performance in order to remain viable. Download the free full report, Annual Industry Outlook Survey: The Road to Value-Based Care, to read the results and a detailed analysis from our senior research analyst, Jonathan Bees.
DISCUSSION GUIDE

Innovation, Revenue, and the Growth Mandate

SYNOPSIS

Once any organization stops growing, it starts declining. Yet traditional methods of growth, from brick-and-mortar inpatient expansion to adding new specialty services, may not work in a future of squeezing reimbursement. Health system leaders must maximize existing revenue streams and look for new ones in their market. Innovation must be embraced, both in looking inside the organization for new processes and in understanding the true impact coming out of the entrepreneurial community. This session will explore growth as a mandate, and a tight market as an opportunity.

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

• Describe your health system’s strategic plan for growth in a single bullet point. How did your board and team arrive at this strategy?

• Describe new revenue opportunities your health system is studying, either in existing services or new ones.

• How is innovation embedded in your organization? Do you have a single leader committed to it? Is there a funding source for development?

• How are you working with your physician partners to align for future growth? Are there other strategic partnerships in the business and vendor community you are exploring?
DISCUSSION GUIDE

FOR FURTHER READING:

“New Market Realities”
HealthLeaders Magazine cover story
By Chris Cheney
March 1, 2017
http://www.healthleadersmedia.com/finance/new-market-realities

For nonpatient service activities at health systems and hospitals, the evolution of financially lean value-based business models and consumer-driven care is transforming strategies for success. As this evolution unfolds, healthcare providers are facing new market limitations on mature mainstays of nonpatient service activities such as parking facilities. With patient satisfaction among the rallying cries of the value-based revolution, there are limits on generating revenue from parking garages and campus eateries, which patients prefer to enjoy as conveniences rather than to dread as drains on their wallets. With these market realities, health systems and hospitals are turning to innovation activities as a vehicle for generating a host of benefits, including clinical care advances that improve quality and lower costs, new revenue stream opportunities, and support for broad strategic objectives.

“5 Outpatient Strategies for Risk-Ready Providers”
HealthLeaders Media physician column
By Deb Beaulieu
June 21, 2017
http://www.healthleadersmedia.com/leadership/5-outpatient-strategies-risk-ready-providers

Expansion of ambulatory and outpatient care networks makes sense for several reasons, including the desire to improve patient access, strengthen patient-provider relationships, and increase revenue. Growing pains, however, are common in the quest to become virtually omnipresent in the daily lives of current and potential consumers.

“7 Reasons Micro-Hospitals Are Poised for Big Growth”
HealthLeaders Media leadership column
By Philip Betbeze
June 14, 2017
http://www.healthleadersmedia.com/technology/7-reasons-micro-hospitals-are-poised-big-growth

Micro-hospitals are about to take off in a big way, if you believe Eric Johnson. He says that the ability to deliver new facilities quickly compared to full-service hospitals, along with the low overhead required to operate them, make micro-hospitals very attractive to healthcare leadership teams. Johnson is the national director of healthcare advisory services at Transwestern, a national commercial real estate firm. Perhaps best of all, he says, unlike many other capital projects, these small facilities aren’t as vulnerable to the whims of government legislation as their full-size counterparts.
WORKGROUPS

CFO WORKGROUPS

At this year’s HealthLeaders Media CFO Exchange, we are introducing WorkGroups that allow for hands-on involvement in addressing issues healthcare finance leaders face. Group discussions will take place during the Exchange with the option of post-event collaboration and goal-sharing.

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. (See the list of topics below.) A leader will be selected to guide the discussion and facilitate next steps. The discussion will begin with what executives have employed that 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 the agreed-upon plan of action.

Post-Exchange
The follow-up call will provide an opportunity to share steps implemented to date, receive suggestions from group members about roadblocks that may have arisen, and share information, best practices, and resources. A second call may be scheduled if members request.

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

WorkGroup Topics
- Consolidation—Success strategies for merger, acquisition, and partnership activity among physician practices, community hospitals, and health systems.
- Capital programs—Determining strategic investments for equipment, software, facilities, consolidation, and innovation.
- Physician compensation—Creating compensation plans that ensure provider productivity, cost performance, and organizational alignment.
- Payer contracting—Negotiating best rates and terms with payers, creating provider-owned health plans, and initiating direct-to-employer contracting.
MEMBER INTRODUCTIONS

Jim Breckenridge
CFO
Avera/Sioux Falls, South Dakota

Jim Breckenridge is responsible for the financial administration, planning, and policies of Avera Health. He joined the system in 1975, beginning at Avera St. Luke’s in Aberdeen, South Dakota, and became CFO in 1979. He was appointed senior vice president of finance for Avera Health in 1988 and executive vice president/CFO in November 2012. Breckenridge received a Bachelor of Science in Business Administration from Northern State University with specializations in finance and accounting. He is past president of the South Dakota chapter for the HFMA and has served on the Council of Reimbursement and Finance for the South Dakota Association of Healthcare Organizations. Breckenridge has also served on the board of trustees of numerous hospitals in South Dakota, North Dakota, Minnesota, and Montana.

Todd Anderson
EXECUTIVE VICE PRESIDENT, FINANCE AND CFO
Kettering Health Network/Kettering, Ohio

Todd Anderson is executive vice president of finance and clinical integration strategy for Kettering Health Network, an eight-hospital not-for-profit integrated delivery network in southwest Ohio. He is responsible for the accounting, finance, revenue cycle, decision support, audit, legal, debt, and investment teams as well as joint-venture development. Managing over $1.5 billion in annual operating revenues and creating and maintaining a strong balance sheet, Anderson oversees expenses within the network to produce consistent financial results. He is also responsible for the network’s clinical integration strategy, including all aspects of healthcare payment innovation, clinical integration, and accountable care structures. Before his current role, he held CFO positions at acute care academic hospitals within the Kettering Health Network in the Dayton market and at acute care hospitals for Adventist Health System in the Chicago market.

Mike Blair, MBA, CPA, CMA
VICE PRESIDENT, FINANCE
University of Minnesota Health – Fairview Health/Minneapolis

Mike Blair is the vice president of finance for the central region of Fairview Health, a $5 billion health system, and the chief financial executive for University of Minnesota Health, a $2.5 billion joint venture with the University of Minnesota’s School of Medicine. In this role, he provides financial leadership for the three academic hospitals, multiple ambulatory sites, and M Health-branded service lines extending into the community regions. He joined M Health – Fairview in 2014 and previously held senior finance roles with Minnesota Children’s and various for-profit consumer products corporations. Blair holds a Bachelor of Science in Accounting from St. Cloud State University and an MBA from the University of Minnesota. He is a CPA and a Certified Management Accountant, and is a member of the HFMA AMC CFO Steering Committee.

Mark Bogen, CPA
CFO AND SENIOR VICE PRESIDENT, FINANCE
South Nassau Community Hospital/Oceanside, New York

Mark Bogen is responsible for the overall financial management of South Nassau and manages the hospital’s financial reporting and related internal controls. He also directs the organization’s financial planning related to growth, financing, and associated issues and coordinates all relationships with auditors, third-party reimbursement agents, managed care companies, investment bankers, and the Nassau County Local Economic Assistance and Financing Corporation. A member of the Becker’s Hospital Review list of “125 Hospital and Health System CFOs to Know in the United States,” Bogen has more than 35 years of experience in healthcare financial operations. He is a member of the Committee of Healthcare Finance of the Hospital Association of New York State and the former chairman of the Fiscal Policy Committee of the Nassau Suffolk Hospital Council. A graduate of the State University of New York at Buffalo, Bogen is active in numerous public accounting and healthcare financial management associations.
MEMBER INTRODUCTIONS

Jan Brosnahan, CPA, CMA, CHFP
CFO
Winona Health Services/Winona, MN

Jan Brosnahan spent the beginning of her career as a CPA with KPMG Peat Marwick, then spent over 20 years in the electronics industry as the division controller for Watlow Electric Manufacturing Company, where she was instrumental in the early adoption of Lean management. She has been published in the Journal of Accountancy and given presentations on Lean management at three national Lean Summits and to a healthcare system in Finland. Brosnahan joined Winona Health Services as CFO in 2013. There, she is responsible for financial operations, patient accounting and billing services, supply chain, facilities, EVS and FNS, retail pharmacies, organizational compliance, contracts, and insurance. She also provides leadership for innovation and strategic planning. Brosnahan holds CPA, CMA, and CHFP certifications.

Michael P. Browning, CPA, MBA
CFO
ProMedica Health System/Toledo, Ohio

Mike Browning is CFO for ProMedica Health System, which he joined in August 2016. Browning came to ProMedica from WakeMed in Raleigh, North Carolina, a complex safety net health system, where he served as executive vice president and CFO. In that role, he led WakeMed’s overall financial operations and was responsible for financial planning, strategic sourcing, and counting functions in addition to leading WakeMed’s overall financial operations. Browning holds an MBA from the University of Louisville and a bachelor’s degree in accounting from Kentucky Wesleyan College.

Steve Bush, CPA, MBA
SENIOR VICE PRESIDENT AND CFO
Tucson Medical Center/Tucson, Arizona

Steve Bush joined Tucson Medical Center (TMC) in September 2009 as senior vice president and CFO, where he is responsible for the planning and operations of the organization’s financial affairs, including revenue cycle, supply chain, capital and operational budgeting, financial reporting, treasury functions, governmental reimbursement, and managed care contracting. Bush has been in healthcare financial management for over 30 years. Prior to joining Tucson Medical Center, he held senior financial positions at several healthcare organizations, including Aurora Healthcare in Milwaukee, OhioHealth in Columbus, Ohio, and Holy Cross Hospital in Silver Spring, Maryland. Bush was born and raised in Montreal and moved to the United States shortly after earning his undergraduate degree from McGill University. He has an MBA and CPA and is a fellow in the HFMA.

Allen Butcher, CPA
SENIOR VICE PRESIDENT AND CFO
Columbus Regional Health/Columbus, Georgia

Allen Butcher is senior vice president and CFO at Columbus Regional Health. He came to Columbus from Parkersburg, West Virginia, where he served as vice president and CFO at Camden Clark Medical Center starting in 2003. He previously served as vice president and CFO at West Virginia United Health System in Fairmont, vice president of business operations at University Health Associates in Morgantown, and CFO at Public Employees Insurance Agency in Charleston, West Virginia. Butcher is a CPA and received his Bachelor of Science in Business Administration and Master of Professional Accountancy degrees at West Virginia University. He has served as a board member of the West Virginia Economic Development Authority and is a member of the Medical Group Management Association, American College of Medical Practice Executives, and HFMA.
MEMBER INTRODUCTIONS

Charles Cleaver, CPA  
**SENIOR VICE PRESIDENT AND CFO**  
Martin Health System/Stuart, Florida  
Chuck Cleaver is senior vice president and CFO for Martin Health System, which he joined in 1984. During his tenure, Cleaver has helped lead the organization through numerous changes, including the conversion to a new electronic medical record and patient accounting system and the financing of Tradition Medical Center and its subsequent expansion. He is a graduate of Ball State University and earned his MBA from Florida Institute of Technology. Prior to his employment with Martin Health, Cleaver served as a manager for Ernst & Young. He is a CPA, a fellow in the HFMA, and a member of the American Institute of CPAs, the Florida Institute of CPAs, and the American College of Healthcare Executives.

David Cox  
**CFO**  
Alameda Health System/Oakland, California  
David Cox is the CFO of Alameda Health System, a $1 billion (quasi) public safety net health system serving the East Bay of San Francisco. Cox started his career in healthcare at Sutter Health and served as its CFO for a decade, and has also served as a CFO in Connecticut and Vermont. Prior to that, he served as a Captain in the U.S. Air Force. Cox received an MBA from University of Dayton in Dayton, Ohio, and a bachelor’s degree in accounting from Loyola Marymount University in Los Angeles. He was one of the earliest fellows of the HFMA and is a CPA.

Michele Cusack  
**SENIOR VICE PRESIDENT, FINANCE**  
Northwell Health/Westbury, New York  
Michele Cusack joined Northwell Health in 1996 and serves as senior vice president and deputy CFO of finance. She has responsibility and oversight of various corporate financial operations, including financial reporting, budgeting, cash management, tax management, and other financial functions that collaborate with revenue cycle, managed care, and operational teams across the organization. Cusack serves an administrative role for the finance and audit committees of the board of trustees, is a member of Hofstra’s Zarb School of Business Dean’s Advisory Board, and is a Northwell representative in the G100 Leadership Program. She also serves as a state delegate of the Regional Policy Board 2 of the American Hospital Association. Cusack is a CPA and holds an MBA and a Bachelor of Business Administration from Hofstra University. Prior to joining Northwell, she worked at Deloitte on various audit engagements.

Johnathan Fisher  
**CFO**  
Centura/Parker, Colorado  
Jonathan Fisher is the CFO for Parker Adventist Hospital. He provides overall financial leadership and oversees budgeting, capital budgeting, patient financial services, supply chain, facilities, dietary, environmental services, process improvement, and rehabilitative medicine. Fisher has more than 17 years of healthcare experience. He holds a degree in business administration with an emphasis in accounting and finance from Union College and an MBA from Webster University. He also has served as executive champion for a number of expansions and strategic initiatives. Fisher is an active volunteer within his local church.
MEMBER INTRODUCTIONS

Robert Flannery, CPA
SENIOR VICE PRESIDENT AND CFO
UW Health/Madison, Wisconsin
Bob Flannery is senior vice president and CFO of UW Health, an integrated healthcare system that includes six hospitals, 1,500 physicians, 15,000 staff members, and multiple healthcare-related subsidiaries and joint ventures. He is responsible for strategic and operational matters related to finance for the health system, including financial reporting, planning and budgeting, managed care contracting, decision support, revenue cycle management, treasury, and physician compensation. Prior to joining UW Health in 2002, Flannery had more than 15 years of financial experience in various roles (finance director, controller, and vice president of finance) at other healthcare delivery systems. He is a CPA and received a Bachelor of Science in Accounting and Marketing, plus a Master of Science in Quality Management, from Upper Iowa University.

Mary Ann Freas, CPA
SENIOR VICE PRESIDENT AND CFO
Southwest General Health Center/Middleburg Heights, Ohio
Mary Ann Freas joined Southwest General Health Center in December 2008 as senior vice president and CFO. She has 35 years of experience in healthcare finance. Southwest General Health Center is a private, nonprofit, 346-registered-bed acute care facility in Middleburg Heights, Ohio. The hospital serves southwestern Cuyahoga, eastern Lorain, and northern Medina counties. Freas is a CPA and maintains both professional and community affiliations. She received her Bachelor of Science in Business Administration from John Carroll University.

Sid Greenwell, CPA, CMPE
CFO
Health First Medical Group/Melbourne, Florida
Sid Greenwell is CFO of the Health First Medical Group (HFMG), where he is responsible for all financial functions, including financial reporting, planning and budgeting, decision support, central support services, and revenue cycle management. HFMG is a 400+ provider multispecialty group with 1,200 employees and over 40 medical clinics in Brevard County, Florida. It is a wholly owned subsidiary of Health First, Inc., which is an integrated healthcare network of hospitals, a health insurance company, a medical group, outpatient and wellness companies, and health clubs. Greenwell has 12 years of experience in public accounting, with seven of those years as a partner. He has more than 25 years of experience in the healthcare industry, where he has served as CEO, CFO, and regional CFO for joint ventures, medical groups, and hospitals.

John Grigson, CPA, CGM
SENIOR VICE PRESIDENT AND CFO
Covenant Health/Lubbock, Texas
John Grigson became Covenant Health’s CFO in September 2008. In this role, he is responsible for the strategic financial direction of six hospitals, two physician organizations, and multiple healthcare-related subsidiaries, including a statewide insurance company and HMO. He serves on the board of the FirstCare Health Plan and has served as the CEO of Covenant Health Partners since November 2009. As CEO of Covenant Health Partners, he leads its clinical integration program of 325 physicians, both employed and independent, with Covenant Health hospitals, which has led to the creation of an ACO for Medicare and commercial contracting. He was instrumental in helping Covenant Health develop its long-term strategic plan that will use Covenant Health Partners as the vehicle to move Covenant Health toward population health management. From 1982 through 2007, Grigson was executive vice president and CFO for Cook Children’s Healthcare System in Fort Worth, Texas. He was also president of Cook Children’s Health Plan, which he created in 1995.
## MEMBER INTRODUCTIONS

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<thead>
<tr>
<th>Scott Hawig, CPA, CMA, MBA</th>
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<tr>
<td><strong>SENIOR VICE PRESIDENT AND CFO</strong></td>
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<td>Froedtert Health/Milwaukee</td>
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Scott Hawig joined Froedtert Health in August 2012 and is responsible for all strategic and operational matters related to finance for the health system, including financial reporting, planning and budgeting, decision support, revenue cycle management, managed care contracting, supply chain operations, and strategic relationships. Before joining Froedtert Health, Hawig was vice president of finance for Shands at the University of Florida and served as a divisional CFO for Duke University Health System. Prior to his time in academic medicine, Hawig was a healthcare audit and consulting manager within the public accounting firms of Arthur Andersen and Deloitte & Touche.

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<th>Rick Hinds, CPA</th>
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<td><strong>EXECUTIVE VICE PRESIDENT AND CFO</strong></td>
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<td>UC Health/Cincinnati</td>
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Rick Hinds has been executive vice president and CFO for UC Health since 2010. He also served as the interim CEO and CFO for UC Health’s predecessor company, the Health Alliance of Greater Cincinnati, from 2008 to 2010. Prior to these roles, he was vice president of finance for University Hospital Cincinnati from 2005 to 2008. Hinds was vice president of finance and operations for Fort Hamilton Hospital from 1995 to 2005. He also served as president and CEO of the Fort Hamilton Healthcare Corporation from 2004 to 2006, and as its CFO from 1998 to 2006.

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<th>Dale Hocking, CPA</th>
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<td><strong>VICE PRESIDENT AND CFO</strong></td>
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Dale Hocking is vice president and CFO of Jupiter Medical Center, a not-for-profit health system in Jupiter, Florida. Hocking is responsible for maintaining the integrity and accuracy of financial operations and reporting, revenue cycle, supply chain, managed care, Jupiter’s captive insurance company, and decision support. Prior to joining Jupiter Medical Center, he served as senior vice president and CFO of Central Florida Health Alliance in Leesburg, Florida, and as vice president and CFO of The Mayo Clinic and Hospital in Jacksonville. Hocking received a Bachelor of Science in Accounting from the University of Florida and earned his CPA certification. He currently serves as vice president of a regional GPO and is a board member of various affiliated organizations. Hocking has more than 30 years of healthcare finance experience.

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<th>Allen Johnson</th>
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<td><strong>CFO</strong></td>
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<td>Truman Medical Centers/Kansas City, Missouri</td>
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Allen Johnson has been CFO at Truman Medical Centers (TMC) since 1999. Prior to entering healthcare, Johnson worked as a CPA at several Minneapolis accounting firms. After serving as a reimbursement auditor at Blue Cross Blue Shield (1985–1987), Johnson was director of reimbursement at Hennepin County Medical Center (1987–1991) and CFO of Metropolitan Health Plan (1991–1999), a Minnesota HMO. He earned a bachelor’s degree in finance from the University of Minnesota and later received his CPA certification. As TMC’s CFO, Johnson is responsible for accounting, budgeting, supply chain, revenue cycle, and third-party reimbursement. Because of improvements in its revenue cycle, TMC has experienced a 200% increase in operating revenue during Johnson’s tenure. Due to these achievements, he was one of the five finalists for Kansas City CFO of the Year in 2008. The following year, the Kansas City Business Journal named Johnson as CFO of the Year in the large nonprofit category. Johnson has served on advisory boards for several colleges, including Park University and Vatterott College in Kansas City.
MEMBER INTRODUCTIONS

Dave Kaubisch
VICE PRESIDENT, FINANCE
Banner Health/Phoenix
Dave Kaubisch is the vice president of finance for Banner Health and is the administrative lead for Banner’s real estate portfolio. He has nearly 30 years of experience in healthcare finance and has held roles as facility CFO and COO. He has also served in key leadership roles in the opening of two greenfield hospitals. Haubisch holds a Bachelor of Science in Finance and is a CPA.

Pat Keel, FHFMA
SENIOR VICE PRESIDENT AND CFO
University Health/Shreveport, Louisiana
Pat Keel joined University Health in July 2017 after serving as senior vice president and CFO for St. Jude Children’s Research Hospital in Memphis. She is responsible for the complete financial operations of the organization, including supply chain, reimbursement, revenue cycle, managed care contracting, and grants. She served on the Governor John Bell Edwards Healthcare transition team in Louisiana in 2016. Keel was selected for the Becker’s Hospital Review list of “130 Women Hospital and Health System Leaders to Know” in 2015 and 2016. She was also employed in operations and finance at Good Shepherd Health System in Longview, Texas, as well as CHRISTUS Health’s Northern Louisiana region. With over 25 years of experience in healthcare, Keel has a Bachelor of Science in Accounting and an MHA from Trinity University.

Jeffrey D. Limbocker, FHFMA, MBA
REGIONAL CFO
Franciscan Missionaries of Our Lady Health System/Baton Rouge, Louisiana
Jeffrey Limbocker is regional CFO for Franciscan Missionaries of Our Lady Health System (FMOLHS). His duties include serving as CFO of Our Lady of the Lake Regional Medical Center (OLOL) and St. Elizabeth Hospital, as well as systemwide accountability for the finance departments and employed physician group revenue cycle. Additionally, he serves in various capacities for OLOL’s subsidiaries and joint venture boards. Prior to his current role, Limbocker served as vice president of physician services and finance at OLOL, and as CFO of Our Lady of Lourdes Hospital in Lafayette, Louisiana. FMOLHS is a $1.8 billion Catholic healthcare organization operating five hospitals in Louisiana.

Kelly Linson, CPA, MBA, FHFMA
VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER
Southwest Community Health System/Middleburg Heights, Ohio
Kelly Linson has held various financial and accounting positions of progressive responsibility at Southwest Community Health System since 1993. She has administrative responsibility for the financial services department, which includes financial operations, reporting, and planning; general accounting; audit; treasury; benchmarking; and productivity. Additionally, Linson is responsible for organizational performance improvement, including a management engineering staff and a Lean Six Sigma training initiative. She has a bachelor’s degree in business from Washington University in St. Louis and a master’s degree in business from Cleveland State University. Linson is a member of the Ohio Society of Certified Public Accountants and the HFMA.
MEMBER INTRODUCTIONS

Michelle Mahan, CPA
SENIOR VICE PRESIDENT AND CFO
Frederick Memorial Health System/Frederick, Maryland

Michelle Mahan joined Frederick Memorial Health System (FMH) in 2008. She has over 30 years of financial leadership as a CFO and as a senior leader in public accounting. Prior to joining FMH, Mahan served as CFO at St. Joseph Medical Center in Towson, Maryland, and Children’s National Medical Center in Washington, D.C. Prior to that, she was a manager in the Washington, D.C., consulting practice for E&Y and worked at Scripps Health in La Jolla, California. In all of these roles, she was responsible for strategic financial planning, capital management, investments, and improving financial performance through implementing revenue cycle enhancements and cost efficiencies in labor and supply chain processes. Mahan received her Bachelor of Science in Business Administration from the University of Southern California and her CPA in California. She is a former board member of Financial Executives International and a member of the HFMA. She also has served on the board of Woman to Woman Mentoring in Frederick.

Tim Maurice, MBA
CFO
UC Davis Health System/Sacramento, California

Tim Maurice is CFO of the UC Davis Health System, responsible for its overall financial operations and its $2 billion annual budget. The system includes UC Davis Medical Center and 20 primary care and specialty clinics, the UC Davis School of Medicine and Faculty Practice Group, and the Betty Irene Moore School of Nursing. Maurice joined UC Davis in 2011, with 35 years’ prior healthcare experience in California, Michigan, and Washington state. He received his bachelor’s degree in accounting from the University of Washington and his MBA from Seattle University. He serves on the AAMC/HFMA CFO Council and the AAHC Senior Administrator and Fiscal Officers Council.

Chris McLean
EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER
Methodist LeBonheur Healthcare/Memphis, Tennessee

Chris McLean was named executive vice president of finance for Methodist Healthcare in October 2001. Prior to that appointment, he was Methodist’s vice president of finance. McLean began his healthcare career at Methodist in 1984 in corporate finance. He left in 1992 to work for several health systems in east Tennessee, then returned to Methodist in 1998 as vice president of the Mississippi division. He holds a Bachelor of Science in Accounting from Christian Brothers University and an MBA from the University of Memphis. McLean is a member of the Tennessee Society of Certified Public Accountants and the HFMA. He serves on the boards of MERI (Medical Education and Research Institute), HealthChoice, The Village at Germantown, and Christian Brothers University Audit Committee.

Mark Meyer, BS, CPA
EXECUTIVE VICE PRESIDENT AND CFO
Grady Health System/Atlanta

Mark Meyer joined Grady Health System as executive vice president and CFO in April 2012. A graduate of Oklahoma State University, he has an extensive background in healthcare and health system finance. Previously, he served as the CFO for Presbyterian Hospital of Dallas, the flagship of the 14-hospital Texas Health Resources System based in Dallas and Fort Worth. Meyer has also worked with the Methodist Health System in Dallas, where he served as CFO of Methodist Charleston Medical Center and later as vice president of financial services for the entire Methodist system.
MEMBER INTRODUCTIONS

Edward W. Miller, FACHE, FHFMA
VICE PRESIDENT OF FINANCE
Baptist Health Floyd/New Albany, Indiana

Edward Miller is vice president of finance at Baptist Health, a $2.5 billion health system in Louisville, Kentucky. Miller is responsible for Baptist Health Floyd’s financial strategy and operations and assists in revenue cycle and supply chain functions as well as organizational strategy and business development. In October 2016, Baptist Health acquired Floyd Memorial Hospital and Health Services, a 240-bed regional referral hospital in New Albany, Indiana. Miller co-led the acquisition process, including due diligence, negotiations, and onboarding. Miller holds a MBA from Nichols College and received a Bachelor of Science in Economics and Finance from Bentley University. He is a fellow with both the HFMA and the American College of Healthcare Executives.

Louis Papoff, MBA
CFO
Chicago Health System, Tenet Healthcare Corp/Chicago

Louis Papoff is CFO of Tenet Healthcare Corp’s Chicago Health System (CHS) and Chicago Health Medical Group (CHMG). He is responsible for the physician services of the Chicago area (CHMG, a multispecialty medical group) for Tenet Healthcare, as well as the health plan, which includes commercial and Medicare Advantage plans, ACO MSSP, bundled payments, and TPA client IPAs. His areas of focus are financial process improvement, population health medical economics, physician compensation plans, benchmark applications, governmental/commercial payer relationships, and accounting process and procedures. Papoff has more than 18 years of healthcare experience, covering hospital and physician financial operations in nonprofit and for-profit sectors, as well as ancillary services including diagnostics, laboratory, home health, and ambulatory operations. He is an active member of the HFMA and MGMA, a board member of the first Illinois HFMA chapter, and a recipient of the HFMA Follmer Bronze merit award. He has presented at national and regional conferences and has quoted, consulted, and advised on study publications.

Chris Pass, MBA
CFO
John Muir Health/Walnut Creek, California

Chris Pass joined John Muir Health in April 2009 as the vice president of revenue cycle. During his tenure, he took on the executive leadership of analytics, where he was responsible for developing and implementing the enterprise analytics strategy, and was promoted to senior vice president of financial operations, overseeing the controller, revenue cycle, and enterprise analytics. In January 2015, Pass was appointed interim CFO, accepting the permanent position in October 2015. Prior to joining John Muir Health, Pass was the chief operating officer of PARA Healthcare Financial Services, an industry-leading national revenue cycle firm. He began his healthcare career in 1995 with Market Insights, providing financial and operational analysis to consulting firms, hospitals, and health systems.

Bob Reilly
CFO
Anne Arundel Medical Center/Annapolis, Maryland

Bob Reilly is CFO for Anne Arundel Medical Center and leads its financial operations. Joining the system in 2007, his areas of oversight include financial reporting, budgeting and reimbursement, patient financial services, supply chain, treasury services, and real estate management services. Reilly has more than 25 years of healthcare leadership experience. He holds a degree in accounting and an MBA from the University of Kentucky. He is also a CPA and a long-time member of the HFMA.
MEMBER INTRODUCTIONS

Craig Richmond,
CPA
SENIOR VICE PRESIDENT AND CFO
The MetroHealth System/Cleveland, Ohio

Craig Richmond is senior vice president and CFO at The MetroHealth System, which consists of an academic medical center and 30 community health center locations. MetroHealth is Cleveland’s only verified Level I adult trauma center, and is one of two adult and pediatric burn care centers in Ohio. Richmond leads the health system’s financial operations, including financial reporting, planning and budgeting, revenue cycle, internal audit, and treasury. In addition, he is responsible for information technology and the Department of Integration and Transformation (“DoIT”). Prior to joining MetroHealth in 2010, Richmond held leadership positions at Huron Healthcare, Ernst & Young, and Arthur Andersen. During that time, he led many healthcare organizations through financial and operational improvement strategies for revenue enhancement, expense reduction, and electronic health record optimization.

Richard Rothberger,
CA
EXECUTIVE VICE PRESIDENT AND CFO
Scripps Health/San Diego, CA

Richard Rothberger serves as corporate executive vice president and CFO of Scripps Health, a $2.9 billion healthcare system in San Diego. Rothberger has over 35 years of experience in the healthcare industry; at Scripps, he is responsible for corporate finance, treasury, financial and capital planning, payer contracting, revenue cycle management, supply chain management, real estate and construction, and financial operations for the hospitals and clinics. During his 16-year tenure at Scripps, he has overseen financial operations that have resulted in sustained $175 million operating income turnaround.

Cheryl A. Sadro,
CPA, MSM
EXECUTIVE VICE PRESIDENT AND CHIEF BUSINESS & FINANCE OFFICER
The University of Texas Medical Branch/ Galveston, Texas

Cheryl Sadro is the executive vice president and chief business & finance officer at the University of Texas Medical Branch (UTMB), a $2 billion academic medical center comprised of schools of medicine, nursing, health professions, and graduate biomedical sciences; five hospital entities; over 70 outpatient clinics; and the State of Texas Correctional Managed Care contract. Sadro oversees finance, business operations and facilities, human resources, information services, contract administration, revenue cycle, and decision support services. Her career spans 30+ years of operational and financial leadership in major mission-based health systems, including Ascension Health and Catholic Health Initiatives, where she served on several national councils including finance operations, supply chain, payer strategy, mergers and acquisitions, and clinical and operational effectiveness. She was named one of the “130 Women Hospital and Health System Leaders to Know” by Becker’s Hospital Review and has been a speaker and panelist on multiple healthcare topics.

Robert S. Shapiro
EXECUTIVE VICE PRESIDENT AND CFO
Northwell Health/New Hyde Park, New York

Robert Shapiro has served as Northwell Health’s CFO since 2000. His responsibilities include oversight of financial affairs, treasury, budget, financial and strategic planning, capital planning and access, insurance, investment, and cash management services. He also serves as the administrative contact for several committees of the board of trustees. He joined Northwell in 1984 and served as vice president of financial operations and director of finance/assistant administrator. Shapiro is an adjunct professor at Hofstra University, where he teaches a graduate-level course in health systems finance. He began his career as a senior accountant with Blue Cross and Blue Shield of Greater New York. In 1978, he was a supervisor with Touche Ross & Company before being appointed assistant director of finance at Maimonides Medical Center. Shapiro is a CPA and a fellow of the HFMA. He received a bachelor’s degree from the State University of New York at Binghamton in 1975.
MEMBER INTRODUCTIONS

Angela Shelton, CPA, MBA, FHFMA
CFO
Jack Hughston Memorial Hospital/Phenix City, Alabama

Angela Shelton is CFO for Jack Hughston Memorial Hospital, a private, physician-owned facility in Phenix City, Alabama. She attained her bachelor’s degree in accounting and her MBA at Pennsylvania State University. She is a Certified Management Accountant and a fellow of the HFMA. Prior to her current role, Shelton spent 22 years in various aspects of healthcare, including home health/hospice care and behavioral health.

Mike Simms, MBA-HCM
VICE PRESIDENT OF 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, 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 for 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. In July 2016, Simms was recognized by Becker’s Hospital Review as one of the “Top 15 RCM Leaders to Know.” He holds a Bachelor of Science from the University of Akron and an MBA in healthcare management from the University of Phoenix, and is a member of the HFMA.

Bernadette Spong, CPA, MBA
CFO
Orlando Health/Orlando, Florida

Bernadette Spong oversees all facets of financial and population health services for Orlando Health, including finance, revenue management, population health and care coordination, information technology, and asset strategy. Since Spong’s arrival in 2015, Orlando Health’s financial metrics have improved, resulting in Moody’s Rating Agency upgrading it from an A3 to an A2 designation and Standard and Poor’s upgrading it from stable to positive and affirming its “A” rating. Orlando Health issued $310 million of refinanced debt in April 2016, saving the organization over $30 million. Spong has also revamped the organization’s financial reporting, providing more transparency. Prior to joining Orlando Health, she served as SVP/CFO of network hospitals for the $3.4 billion University of North Carolina (UNC) Health Care system based in Chapel Hill, North Carolina, and CFO of UNC Rex Health Care. Spong is a licensed CPA in Florida and North Carolina.

Garrick Stoldt, CPA, FHFMA
CFO
Saint Peter’s Healthcare System/New Brunswick, New Jersey

Garrick Stoldt has been in the healthcare industry for over 37 years. He started as a regulator working for New Jersey Blue Cross under its Medicare contract to audit hospitals and related facilities, then served as an auditor and consultant for the accounting firms of Pannell Kerr Forster and Ernst and Young. He was CFO for several hospitals and health systems before coming to Saint Peter’s Healthcare System in 2005. Stoldt is well known in the New Jersey healthcare marketplace for his educational presentations to various groups, including the HFMA. He is a member of the HFMA since 1982, was a board member for 14 years, and served as the New Jersey chapter’s president in 1999/2000 (receiving the HFMA Medal of Honor in 2001 for lifetime achievement). Garrick is also on the board of the Healthcare Explorers Federal Credit Union and the Patriot’s Path Council of the Boy Scouts of America.
MEMBER INTRODUCTIONS

Karen Testman, RN
CFO
MemorialCare Health System/Fountain Valley, California

Karen Testman is responsible for the financial operations at all MemorialCare hospital campuses, the medical foundation, and the oversight of systemwide financial functions such as reimbursement, decision support, patient financial services, financial reporting, materials management, and revenue cycle. She leads the financial planning and budgeting process for the system to ensure cash flow is adequate to meet MemorialCare’s future capital and operating needs. In addition, she is responsible for evaluating strategic financial opportunities at a system and entity level. Testman began her career as a nurse and spent five years in public accounting focusing on healthcare.

Mark Thompson
CFO
Regional Health/Rapid City, South Dakota

Mark Thompson joined Rapid City Regional Hospital as its internal auditor in 1990 and became the director of internal audit and compliance in 2004. He has served as Regional Health’s vice president of finance since 2006. Before joining Regional Health, Thompson was the accounting manager for a subsidiary of Black Hills Corporation. Prior to that, he worked for the public accounting firm RSM McGladrey. Thompson received a Bachelor of Science degree from National University in 1981 and is a member of the American Institute of Certified Public Accountants; he is also a fellow with the HFMA and the South Dakota Association of Healthcare Organizations’ Council on Reimbursement.

David Usher
CFO
Coteau des Prairies Health Care System/Sisseton, South Dakota

David Usher is the CFO of Coteau des Prairies Health Care System. He has served in this role, overseeing the financial operations of a critical access hospital, four clinics, and a long-term care facility, since June 2015. Previously, he was CFO at rural facilities in Colorado (Meeker) and Nebraska (Kimball) and served as revenue cycle director at a physician-owned surgical hospital in Roswell, New Mexico. During his career, Usher has been a driving force in changing EMRs, overhauling revenue cycle operations, and fixing cost report issues. He is passionately committed to sustainable rural healthcare. Prior to entering healthcare, Usher worked for an international industrial boiler manufacturer in Milwaukee; prior to that, he was employed in the brewery and drinks sector in his native United Kingdom.
MEMBER INTRODUCTIONS

**Randy Vanstraten**  
VICE PRESIDENT, BUSINESS HEALTH  
EXECUTIVE DIRECTOR, BELLIN RUN  
Bellin Health/ Green Bay, WI

Randy Van Straten is vice president of business health at Bellin Health. He and his team have developed a highly successful strategy that helps employers in Northeast Wisconsin not only control, but in some cases lower their healthcare costs, all while improving the health of the companies’ employees and their family members. Bellin Health has saved more than $25 million in healthcare expenses over 15 years while improving aggregate health scores on health risk appraisals. Employers using the strategy have healthcare expenses 21% below the average cost per employee health plan. Van Straten holds an MBA and a degree in exercise physiology. He has run the Boston Marathon 12 times, completing 50 marathons in total. He lives in Wisconsin with his wife and children.

**Jeremy Walker**  
CFO  
Hendrick Medical Center/Abilene, Texas

Jeremy Walker joined Hendrick Health System in August 2013 as vice president and CFO, where he is responsible for finance, managed care, revenue cycle, supply change, and information technology. He serves on the boards of various joint ventures and affiliated entities at Hendrick. Recently, he was appointed to the finance committee at the Texas Hospital Association. Prior to joining Hendrick, Walker served in various financial leadership roles with the Hospital Corporation of America. He received his Bachelor of Business Administration in Accounting from Freed Hardeman University and his MBA in healthcare management from Oklahoma Christian University.

**Elizabeth Ward, CPA, MBA**  
EXECUTIVE VICE PRESIDENT AND CFO  
Tidelands Health/Georgetown, South Carolina

Beth Ward serves as executive vice president and CFO of Tidelands Health. In that role, she maintains fiscal responsibility for the organization and its associated facilities. Ward, who joined the organization in 2017, is a CPA with more than 30 years of experience in healthcare finance. She was previously employed as CFO of the University of Texas Southwestern Medical Center University Hospitals and Clinics. Prior to that, she served as executive vice president and CFO of Wellmont Health System in Tennessee and CFO and treasurer of Moses Cone Health System in North Carolina. She has also held financial management positions at the University of North Carolina at Chapel Hill, Division of Health Affairs, and the University of North Carolina Hospitals.
MEMBER INTRODUCTIONS

Marlene A.
Weatherwax, CPA
VICE PRESIDENT AND CFO
Columbus Regional Health/Columbus,
Indiana

Marlene Weatherwax began her career at Columbus Regional Health in 1995 and has served as CFO for 18 years. Her responsibilities include development and implementation of financial control policies and procedures; budget process and systems; long-term strategic financial and capital planning; implementation of pricing policies and managed care strategies to maximize financial return while balancing competitive objectives; and integration of financial services processes into the organization’s primary functions. She also provides leadership to the health system’s financial division; planning & marketing and growth strategy; Lean Six Sigma process improvement initiatives; and the capital acquisition team. Weatherwax additionally serves as treasurer of the board of trustees and as the hospital’s corporate compliance officer.

Greg Wojtal
CFO
Asante/Medford, Oregon

Greg Wojtal joined Asante in January 2017 after serving as CFO for Banner Health’s Banner Estrella Medical Center. Previously, he was CFO at St. Luke’s Medical Center, a for-profit acute care facility in Phoenix, and vice president of finance for Oconomowoc Memorial Hospital, a nonprofit acute care hospital in Oconomowoc, Wisconsin. Wojtal also served as controller at Beaver Dam Community Hospitals in Beaver Dam, Wisconsin, and as auditor for a regional CPA firm in Madison, Wisconsin. He received his BBA in accounting and his MBA in finance from the University of Wisconsin – Whitewater in 1979 and 1989 respectively. He is a CPA, a fellow of the American College of Healthcare Executives, and a Muncie Gold Merit Award recipient from HFMA; he is also Certified in Healthcare Compliance.

Barbra Jo Wolf
EXECUTIVE DIRECTOR, FINANCE
Gundersen Health System/ La Crosse,
WI

An experienced finance and accounting leader, Barbara has led several important initiatives since joining Gundersen in May 2015, including the creation of the organization’s first consolidated financial statements; implementation of a new capital request process; realignment of the Gundersen Accounts Payable team for greater efficiency; and management of analytics for major acquisitions, including purchase of a retail pharmacy and construction of a medical office building. Prior to joining Gundersen, Barbara gained valuable experience as chief financial officer (CFO) at Bakersfield Heart Hospital in Bakersfield, Calif., vice president of Finance at Swedish Medical Center Inc. in Englewood, Colo., and CFO at Colleton Medical Center Inc., Walterboro, S.C.
HEALTHLEADERS MEDIA
INTRODUCTIONS

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
SENIOR FINANCE 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.
HealthLeaders Media

HealthLeaders Media is the recognized authority for healthcare business news, information, and strategies—tailored to senior executives and decision-makers. Trusted by nearly 200,000 subscribers, we offer the latest in peer-sourced industry intelligence through a broad portfolio of print, digital, and live resources. This intelligence is gleaned from our HealthLeaders Media Council, an exclusive research panel of more than 7,400 qualified healthcare leaders.

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See all of our offerings at www.healthleadersmedia.com.
ABOUT H3.GROUP

H3.Group


In March 2017, Simplify Compliance, LLC, announced the merger of DecisionHealth, LLC, with existing brands HCPro and HealthLeaders Media to form the H3.Group. H3.Group, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide, aiming to empower healthcare professionals with solution-focused information and intelligence to guide their organizations’ efforts in achieving compliance, financial performance, leadership, and organizational excellence. In addition, H3.Group nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

The creation of H3.Group comes as healthcare faces an unprecedented period of transition that brings uncertainty and opportunity. As policies and regulations are revisited and payment models changed, the need for clarity, actionable guidance, and expert training for all provider settings and functional areas will increase dramatically. By bringing together industry-leading and award-winning tools, experts, and thought leadership, H3.Group offers the healthcare industry a depth of knowledge, insight, and solutions set not found anywhere else.
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athenahealth connects care across a national network of 99,000 providers and 88.6 million patients. Our network provides clients better insight across their own organization as well as the ability to learn from the experience of every other provider on the network. Through our model, we infuse the knowledge clients need to thrive in a changing industry directly into their workflow, from clinical guidelines to payer rules. We take on back-office work at scale so providers can focus on patients, not paperwork, and get paid more, faster. athenahealth received the 2017 Best in KLAS award for #1 practice management vendor in the 11-75 physician segment, and was rated a leader in interoperability in 2016.
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IBM Watson Health aspires to improve lives and give hope by delivering innovation, through data and cognitive insights, to address the world’s most pressing health challenges. The organization aims to provide customers with the technology and expertise they need to power thriving organizations, support vibrant communities, and solve health challenges for people everywhere.

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Nuance provides intelligent systems that support a more natural and insightful approach to clinical documentation, freeing clinicians to spend more time caring for patients. Nuance healthcare solutions capture, improve, and communicate more than 300 million patient stories each year, helping more than 500,000 clinicians in 10,000 global healthcare organizations to drive meaningful clinical and financial outcomes. Nuance’s award-winning clinical speech recognition, medical transcription, clinical documentation improvement, coding, quality, and medical imaging solutions provide a more complete and accurate view of patient care.
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Tammy Caballero  
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Doug Polasky  
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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.