

HEALTHLEADERS MEDIA REVENUE CYCLE EXCHANGE

Omni Barton Creek Resort | Austin | March 25-27, 2015



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Healthcare
Advanced Revenue Solutions

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Omni Barton Creek | Austin | March 25–27, 2015



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LEADERSHIP PROGRAMS DIRECTOR
HEALTHLEADERS MEDIA

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AND DISCUSSIONS**

OMNI HOTELS & RESORTS

Luxury, Deep In The Heart Of Texas

Experience championship golf & Texas hospitality in our Austin resort. Revive your mind, body and spirit with luxurious accommodations, world-class golf and a touch of Texas class at Omni Barton Creek Resort & Spa just outside Austin, Texas. Whether you want to relax under the care of our trained masseuses, play a round of some of the best golf in the country, or experience everything the "Live Music Capital of the World" has to offer, we'll provide you the perfect accommodations.

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HealthLeaders *Media*

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HEALTHLEADERS MEDIA
**REVENUE
CYCLE
EXCHANGE**

The revenue cycle in a hospital is a system within a system that struggles against efficiency. As much time, effort, and creativity as you and your revenue cycle team put into reducing error and maximizing performance, the system is built with inherent cracks: Revenue cycle follows the entire variable (and messy) experience of a patient through a difficult time, and the team members interacting with that patient are physicians, nurses, and staff doing their best in a complex system. Above all of the human complexity lies another set of regulations, operations, and information technology hurdles to overcome.

Our hope for the HealthLeaders Media Revenue Cycle Exchange is that you are able to invest this time with your fellow revenue cycle leaders to share some solutions and change your perspective. We welcome you to the Exchange and thank you for your time in this experience.

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

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

We hope you will enjoy the retreat that this spectacular resort offers. 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.



Jim Molpus
Leadership Programs Director
HealthLeaders Media

PROGRAM AGENDA

WEDNESDAY | March 25

6:00–8:00 p.m. **Welcome reception** (*Hill Country Veranda*)

THURSDAY | March 26

7:15–8:00 a.m. **Continental breakfast** (*Barton Creek AB*)

8:00–8:30 a.m. **Event kickoff/general session** (*Barton Creek AB*)

8:30–10:00 a.m. **ROUND A SESSIONS**

Breakout Session 1 (*Rayburn*)

Integrating Clinical Practice and Physician Documentation

The revenue cycle must work seamlessly with clinical workflow to ensure not only that charges are being captured, but that opportunities for improvement are being identified. Revenue cycle leaders are working with their clinical partners in a leadership team driving efficiency now and in a future shaped by more tools and evolving regulations, including the implementation of ICD-10.

Breakout Session 2 (*Houston*)

IT and Analytics Opportunities and Limits

IT tools offer great opportunities to automate processes, improve workflow, and protect against audits. Analytics packages can guide organizational efforts and measure effectiveness. But implementing and integrating these tools is neither cheap nor easy.

Breakout Session 3 (*Austin*)

Revenue Cycle Integrity: Maximizing Efficiency From the Front End to the Back End

As high-deductible health plans become increasingly common, patients are taking on more financial responsibility for their healthcare. Providers need comprehensive billing and collections strategies to ensure that the self-pay portion of a medical bill does not become the no-pay portion.

10:00–10:15 a.m. **Break** (*Barton Creek AB*)

PROGRAM AGENDA

10:15–11:45 a.m. **ROUND B SESSIONS**

Sponsor Panel Session 1 (*Austin*)

Xtend Healthcare

Sponsor Panel Session 2 (*Houston*)

Optum360

Sponsor Panel Session 3 (*Rayburn*)

Bank of America Merrill Lynch

Sponsor Panel Session 4 (*LBJ*)

RelayHealth Financial

11:45 a.m. **Boxed lunch** (*Barton Creek AB*)

12:00–6:00 p.m. **AFTERNOON ACTIVITIES**

Golf scramble:

Meet at Barton Creek Sport Shop, Dining Level.

Austin City Tour:

Meet at Bell Stand at Porte Cochere.

6:00–7:00 p.m. **Cocktail reception** (*Governors Ballroom & Terrace*)

7:00–9:00 p.m. **Dinner and presentation** (*Governors Ballroom*)

FRIDAY | March 27

7:00 a.m. **Continental breakfast** (*Barton Creek AB*)

7:30–8:30 a.m. **Morning idea exchange** (*Barton Creek AB*)

8:45–10:00 a.m. **ROUND C SESSIONS**

Breakout Session 4 (*Rayburn*)

Integrating Clinical Practice and Physician Documentation

PROGRAM AGENDA

Breakout Session 5 *(Houston)*

IT and Analytics Opportunities and Limits

Breakout Session 6 *(Austin)*

Revenue Cycle Integrity: Maximizing Efficiency From the Front End to the Back End

10:00–10:15 a.m. **Break** ~~*(Manchester Terrace)*~~

10:15–11:30 a.m. **ROUND D SESSIONS**

Breakout Session 7 *(Rayburn)*

Integrating Clinical Practice and Physician Documentation

Breakout Session 8 *(Houston)*

IT and Analytics Opportunities and Limits

Breakout Session 9 *(Austin)*

Revenue Cycle Integrity: Maximizing Efficiency From the Front End to the Back End

Adjourn

MEMBER INTRODUCTIONS



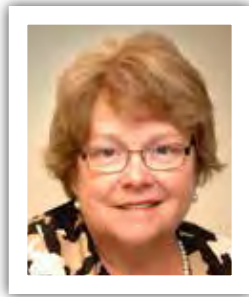
Jill Barber, MHA

DIRECTOR, MANAGED CARE & PAYER STRATEGY

SOUTHWEST GENERAL/MIDDLEBURG HEIGHTS, OHIO

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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 comanagement 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.



Kathleen Bourgault, MSM, CRCE-I

VICE PRESIDENT, REVENUE CYCLE
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Kathy Bourgault has been in healthcare for over 25 years, currently serving as vice president of revenue cycle at Mary Washington Healthcare (MWHC) in Fredericksburg, Virginia. MWHC is a regional health system with two acute care hospitals (537 beds total) and 40 health facilities; it features ambulatory surgical centers, imaging centers, an eye care center, a regional cancer center, a retail pharmacy, physician practices, behavioral health, and more.

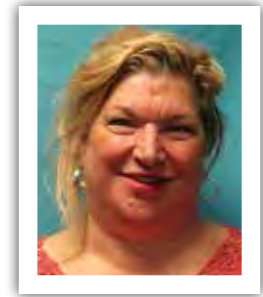


David Cohn

CORPORATE VICE PRESIDENT, REVENUE CYCLE
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David Cohn, corporate vice president of revenue cycle at Scripps Health, has more than 35 years of experience in the revenue cycle and information technology areas as well as 14 years of management consulting experience. Cohn joined Scripps Health in 2001 and is accountable for the Scripps Health Hospitals, Scripps Medical Foundation, and Home Health & Hospice divisions. His areas of responsibility include access management, health information, charge description master, billing, electronic data interchange, customer service/collections, revenue management, and home health and hospice billing.



Donna Graham

SENIOR DIRECTOR, REVENUE CYCLE
THE METROHEALTH SYSTEM/
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In her role, Donna Graham 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.

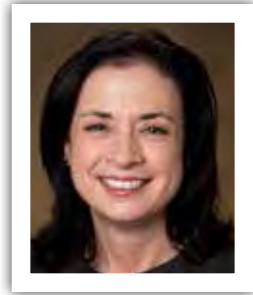
MEMBER INTRODUCTIONS



**Nicole Harper,
PhD, MBA, RHIA,
CCS-P, C-CDIS**

**SYSTEM DIRECTOR, REVENUE
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Nicole Harper is currently a system director of revenue management operations at St. Vincent Health in Indianapolis, covering areas including training and development, process improvement, clinical documentation integrity, and case management. Dr. Harper has over 15 years of experience in the healthcare field with specific focus in health information management and revenue cycle operations. She holds certifications as a Registered Health Information Administrator, Certified Coding Specialist-Physician Office, and Clinical Documentation Improvement Specialist. She is also trained in Lean Six Sigma and adaptive design methodologies.



**Laurie Hurwitz,
MBA**

EXECUTIVE DIRECTOR, REVENUE CYCLE
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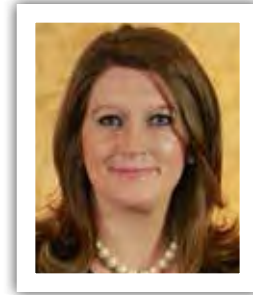
Laurie Hurwitz joined Gundersen Lutheran in October 2012. As the executive director of revenue cycle, her primary responsibilities include oversight of all patient financial interactions throughout the system, negotiation of system managed care contracts, and regulatory system cost reporting to government payers. Prior to joining Gundersen, Hurwitz spent eight years at McLaren Northern Michigan Health Care System in Petoskey, Michigan, where she held a variety of roles including director of physician practice finance and decision support. Her responsibilities included financial operations of physician practices, including the revenue cycle, budgeting and forecasting, data transformation, and profitability analysis.



Sharon Joy, MBA

**SENIOR VICE PRESIDENT, FINANCIAL
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NORTH SHORE - LIJ HEALTH SYSTEM/
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Sharon Joy is senior vice president of financial operations for North Shore - LIJ Health System (NSLIJHS) and serves as the chief financial officer for the physician enterprise and ambulatory activities of NSLIJHS, which encompasses more than 2,500 physicians, 400 ambulatory physician practices, over three million visits/consults, eight imaging facilities, a cancer institute, and six urgent care centers. Her responsibilities include overall financial management and reporting, operating/capital budget development and monitoring, business plan development, valuation and feasibility studies, physician revenue cycle management, benchmarking, and physician compensation analyses.



**Sarah Knodel,
CHFP, CRCE-I,
CHAM**

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

MEMBER INTRODUCTIONS



Kevin Knoll

DIRECTOR, REVENUE CYCLE
FLOYD MEMORIAL HOSPITAL AND
HEALTH SERVICES/NEW ALBANY,
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Kevin Knoll has more than 29 years of experience in the group health insurance and hospital and physician revenue cycle. Prior to joining Floyd Memorial Hospital, he served as a regional claims director for one of the top 10 group health and life insurance organizations, where he was responsible for oversight of its New England regional claims operations, including contracting, underwriting, and claims administration. In 2001, Knoll decided on a career “crossover” to the provider side, where he remains today. His hospital work has been in a large facility with oversight of patient access, patient accounts, and health information management.



Dan Lacy, CPA, CHFP

VICE PRESIDENT, REVENUE CYCLE
COVENANT HEALTH SYSTEM/LUBBOCK,
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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.



Chuck Lane

**VICE PRESIDENT AND CHIEF
FINANCIAL OFFICER**
METHODIST UNIVERSITY/ MEMPHIS,
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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.



Gene Lawson

**SENIOR VICE PRESIDENT, REVENUE
CYCLE**
PARKLAND HEALTH & HOSPITAL
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Gene Lawson, senior vice president of revenue cycle at Parkland Health & Hospital System, has 20 years of progressively responsible experience directing as many as 2,500 employees in companies with revenues in excess of \$4 billion. Lawson has led these companies through startup, survival, turnaround, and growth modes. Among his significant previous positions, he served as vice president of revenue cycle of Caritas Christi Healthcare in Boston, where his responsibilities involved direct oversight of corporate HIM/coding, patient access, clinical and fiscal integration, charge description master, harvest payment verification team, charity team (HSN), and revenue cycle IT services.

MEMBER INTRODUCTIONS



Jane Motes

VICE PRESIDENT, REVENUE CYCLE OPERATIONS

CAPELLA HEALTHCARE/FRANKLIN, TENNESSEE

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Jane Motes joined Capella Healthcare as vice president of revenue cycle operations in January 2015. With more than 20 years of healthcare experience, Motes most recently served as senior director of revenue cycle at University of Arizona Health Network in Tucson. Prior to that, she served in a variety of roles at St. Luke's Health System in Boise, Idaho, including positions at St. Luke's Regional Medical Center, where she rose to system director of revenue cycle for the five-hospital system. She holds a Bachelor of Science degree, focusing on public health, from Western Illinois University in Macomb. Motes is a member of the Healthcare Financial Management Association.



Donna Poole

SYSTEM EXECUTIVE, PATIENT ACCESS OPERATIONS

MEMORIAL HERMANN HEALTH SYSTEM/HOUSTON

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Donna Poole is a graduate of California State University, Fullerton, and has lived in Houston with her family since 1998. Prior to joining Memorial Hermann Health System, she was vice president of operations and client services for Global Healthcare Alliance, a company that provides medical billing services to healthcare providers and Web-based claims processing software for IPAs and health plans. Previously, Poole served as vice president of physician business development at Oakbend Medical Center, director of business services at Texas Children's Hospital, executive director of business services at Presbyterian Intercommunity Hospital in California, and manager at Deloitte's Healthcare Consulting Group in Los Angeles.



Jackie Powers, CRCE-I

DIRECTOR, PATIENT FINANCIAL SERVICES

ANNE ARUNDEL MEDICAL CENTER/ANNAPOLIS, MARYLAND

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Jackie Powers is the director of patient financial services at Anne Arundel Medical Center in Annapolis, Maryland. A professional with over 25 years of healthcare accounts receivable experience, she has extensive knowledge of a healthcare provider's revenue cycle with specific concentration in process improvement, application of technology, and staff development. Throughout her career, Powers has led large-scale revenue cycle system implementation projects, comprehensive business office redesign, and financial advocacy program development to help the uninsured. She continues to strive for positive change, both in process and in personnel, for organizations that directly benefit individuals and their healthcare needs.



Don Shaw

VICE PRESIDENT, REVENUE CYCLE

BATON ROUGE GENERAL MEDICAL CENTER/BATON ROUGE, LOUISIANA

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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 Tenet). Shaw holds a bachelor's degree in computer science, with minors in management and finance, from Southeastern Louisiana University.

MEMBER INTRODUCTIONS



Brian Unell

VICE PRESIDENT, REVENUE CYCLE
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Brian Unell is vice president of revenue cycle at Piedmont Healthcare (PHC). In this role, he is responsible for most of the hospital and some of the physician scheduling, patient access, middle revenue cycle, collections, and customer service functions. Previously, Unell worked in PHC's corporate Project Management Office, where he was involved in many strategic and operational projects. Prior to joining PHC, he worked at Tenet Healthcare's revenue cycle division (now Conifer Health) focusing on bad debt and revenue cycle improvement initiatives; he also worked in the healthcare practice of a Big Five consulting firm helping numerous healthcare organizations improve operations and reduce costs. Unell specializes in problem solving and prevention through communication, project management, analytical skills, and successfully managing change.



Danielle Weber, CPA

SENIOR VICE PRESIDENT, REVENUE CYCLE MANAGEMENT
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Danielle Weber has been with Catholic Health Initiatives (CHI) since May 2013. She has responsibility for CHI's revenue cycle programs and manages CHI's revenue cycle policies and practices to maximize net revenue and accounts receivable performance. Prior to joining CHI, Weber held a series of positions with Novant Health System in Winston-Salem, North Carolina, including senior vice president of revenue cycle management, senior vice president of finance, vice president of finance, director of financial analysis, and manager of treasury. During her more than 14 years at Novant, the system grew from \$800 million to \$3.5 billion in annual revenues.



Josh Welch

EXECUTIVE DIRECTOR, REVENUE CYCLE
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Josh Welch joined John Muir Health as the director of revenue integrity in 2010 following 10 years of financial consulting experience with Triage Consulting Group. As director of revenue integrity, he oversaw the CDM functions for the health system and optimized the underpayment team as well as implementing a new denials management team/task force. In his current role as executive director of revenue cycle, Welch oversees all traditional revenue cycle functions for the health system, including patient financial services, patient access, revenue integrity (CDM/charge capture), and HIM. The revenue cycle oversees these functions for John Muir's acute care hospitals, behavioral health facility, and home health agency as well as its foundation physician practices, which include both primary care and specialists.

MEMBER INTRODUCTIONS



Wade Wright

DIRECTOR, HOSPITAL BILLING
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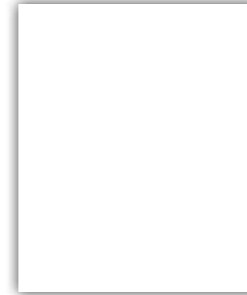
Wade Wright has been with West Tennessee Healthcare (WTH) for over 12 years and has served as its director of hospital billing since January 2011. He is responsible for managing the accounts receivable for the four acute care hospitals and other ancillary services within the system, which has an annual gross revenue of over \$1.5 billion, an annual consolidated net patient service revenue of \$610 million, and an average accounts receivable of \$250 million. Wright leads all the billing and collection activities of WTH's central hospital business office with the priorities of optimizing cash flow while ensuring compliance with regulatory and other payer billing requirements. Previously, he held progressive leadership positions in health information management and the behavioral health affiliate with WTH.



Maria Yorba

EXECUTIVE DIRECTOR, PATIENT FINANCIAL SERVICES CBO
MEMORIALCARE HEALTH SYSTEM/
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Maria Yorba has more than 27 years of experience in the healthcare field and is responsible for the leadership of MemorialCare Health System Central Business Office. She joined MemorialCare in 1987. Yorba has extensive, in-depth knowledge of healthcare operations. She has served in various leadership roles including director of patient access, director of revenue cycle management, and director of patient financial services; she has also been involved in several system upgrades, business office mergers, and financial performance and operational efficiencies projects. She is currently the executive director of patient financial services in MemorialCare's corporate offices.



Neville Zar

SENIOR VICE PRESIDENT, REVENUE OPERATIONS
STEWARD HEALTHCARE/BOSTON
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Neville Zar is the senior vice president of revenue operations at Steward Healthcare, the largest for-profit healthcare system in Massachusetts. In this role, he is responsible for all end-to-end revenue cycle activities for nine facilities. Over the past two years, Zar and his team have been responsible for improving revenue operations by reducing days in AR by 10 days and cutting denial rates by over 50%. He has been a speaker at various HFMA and other industry meetings and events, and has published several articles on revenue cycle process and technology improvement programs. Zar holds two postgraduate degrees in finance and economics.

ABOUT OUR SPEAKER



James L. Holly, MD

FOUNDER AND CEO OF SOUTHEAST TEXAS MEDICAL ASSOCIATES

James L. Holly, MD, is founder and CEO of Southeast Texas Medical Associates (SETMA, www.setma.com). He is a graduate of the University of Texas Medical School in San Antonio, where he is an adjunct professor of family and community medicine. He is also an associate clinical professor in the Department of Internal Medicine at Texas A&M College of Medicine.

In 1998, Dr. Holly led SETMA to adopt electronic medical records. SETMA has become a leader in healthcare informatics, winning many awards including the HIMSS Davies award and the eHI Innovator of the Year in 2012. SETMA is an NCQA Tier III Patient-Centered Medical Home (2010–2016) and is accredited by AAAHC as a medical home (2010–2017), as well as by URAC (2014–2017) and The Joint Commission (2014–2017). AHRQ published SETMA’s LESS Initiative on its Innovation Exchange. SETMA also holds the NCQA Distinction for Patient Satisfaction, NCQA Diabetes Recognition, and NCQA Heart and Stroke Recognition. For 2012, 2013, and 2014, SETMA was recognized with the Texas Physician Practice Quality Improvement Award. HIMSS published SETMA’s history on its Stories of Success website; Dr. Holly was also named HIMSS’ Physician IT Leadership Award recipient for 2012. Starting in 2009, SETMA has publicly reported, by provider name, performance on over 300 quality metrics at www.setma.com/public-reporting.

Dr. Holly writes and lectures extensively on health policy, informatics, and healthcare transformation. For the past 17 years, he has written a weekly healthcare column; all his columns are posted on SETMA’s website under “Your Life Your Health.” Dr. Holly is frequently invited to speak at national meetings on healthcare policy and quality, healthcare informatics, and the place of data analytics in primary care.

HEALTHLEADERS MEDIA INTRODUCTIONS



Jim Molpus

LEADERSHIP PROGRAMS DIRECTOR
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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.



René Letourneau

SENIOR FINANCE EDITOR
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René Letourneau is senior finance editor with HealthLeaders Media, for which she writes a weekly online column and a monthly feature article for *HealthLeaders* magazine. Prior to joining HealthLeaders, René was the editor of *Healthcare Finance News*, which under her leadership was nominated for a Jesse H. Neal Award for editorial excellence in business media. Before becoming a healthcare journalist, she spent 11 years as an editor for two AAA travel and lifestyle publications.

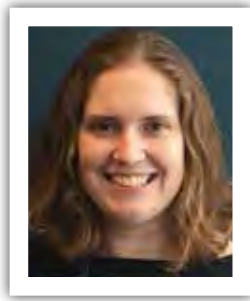


Edward Prewitt

EDITORIAL DIRECTOR
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Ed Prewitt, editorial director for HealthLeaders Media, oversees the company's portfolio of publications and products for healthcare leaders, including *HealthLeaders* magazine, *HealthLeadersMedia.com*, 15 weekly e-newsletters, virtual events including executive Roundtables and expert webcasts, and the Intelligence Unit. HealthLeaders Media received 25 editorial and design awards this year, including Best Web News, E-Newsletter, Original Research, and Analysis/Commentary. Ed has been an editor and writer at a range of business publications for C-suite executives, including *CIO* magazine, *Fortune* magazine, and *Harvard Management Update*.

HCPRO INTRODUCTIONS



Melissa Osborn

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



Cheryl Ericson, MS, RN, CCDS, CDIP

**AHIMA APPROVED ICD-10-CM/PCS
TRAINER AND CDI EDUCATION DIRECTOR**
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Cheryl Ericson is the associate director of education for ACDIS in Danvers, Massachusetts. She is responsible for the development and revision of CDI Boot Camp content and serves as the lead trainer. Cheryl is a CDI subject matter expert for a variety of HCPro and ACDIS publications as well as serving as an advisor on a variety of initiatives that affect CDI professionals. Prior to joining HCPro, she managed clinical documentation integrity, core measures abstraction, and utilization review departments at a large academic medical center. She has an extensive background in adult education, data analysis, healthcare revenue cycle, and CMS guidelines.

ABOUT US



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See all of our offerings at www.healthleadersmedia.com.

About BLR

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For more information, please visit www.blr.com.

ABOUT US



About HCPro

For more than 20 years, HCPro has been a leading provider of integrated information, education, training, and consulting products and services in the vital areas of healthcare regulation and compliance. The company's mission is to meet the specialized informational, advisory, and educational needs of the healthcare industry. To accomplish this mission, HCPro provides this specialized information in its newsletters, books, videos, webcasts, training handbooks, email newsletters, online courses, boot camps, seminars, and virtual events.

As an acknowledged industry authority in healthcare regulation and compliance, HCPro focuses on providing its clients with assistance and expertise in the areas of accreditation, medical staff affairs, credentialing, privileging, medical record management, regulatory compliance, finance and revenue cycle, nursing, quality/patient safety, infection control, and workplace safety. HCPro is also the owner of the Association of Clinical Documentation Improvement Specialists (ACDIS).

In addition, HCPro is a pioneer in the delivery of Web-based information, resources, and content about the business of healthcare to managers in the healthcare industry. HCPro has developed a series of unique Internet-based solutions, including websites, online information centers, electronic product distribution, electronic site licenses, and strategic distribution alliances.

HCPro's mission is to:

- Meet the specialized informational, advisory, and educational needs of the healthcare industry
- Learn from and respond to our customers with services that meet or exceed the quality they expect
- Help our customers achieve success for their organizations
- Create a work environment that embodies teamwork, embraces challenges, and celebrates accomplishments

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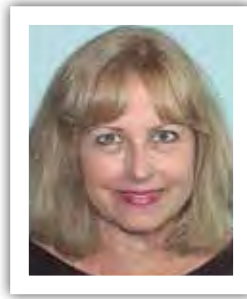
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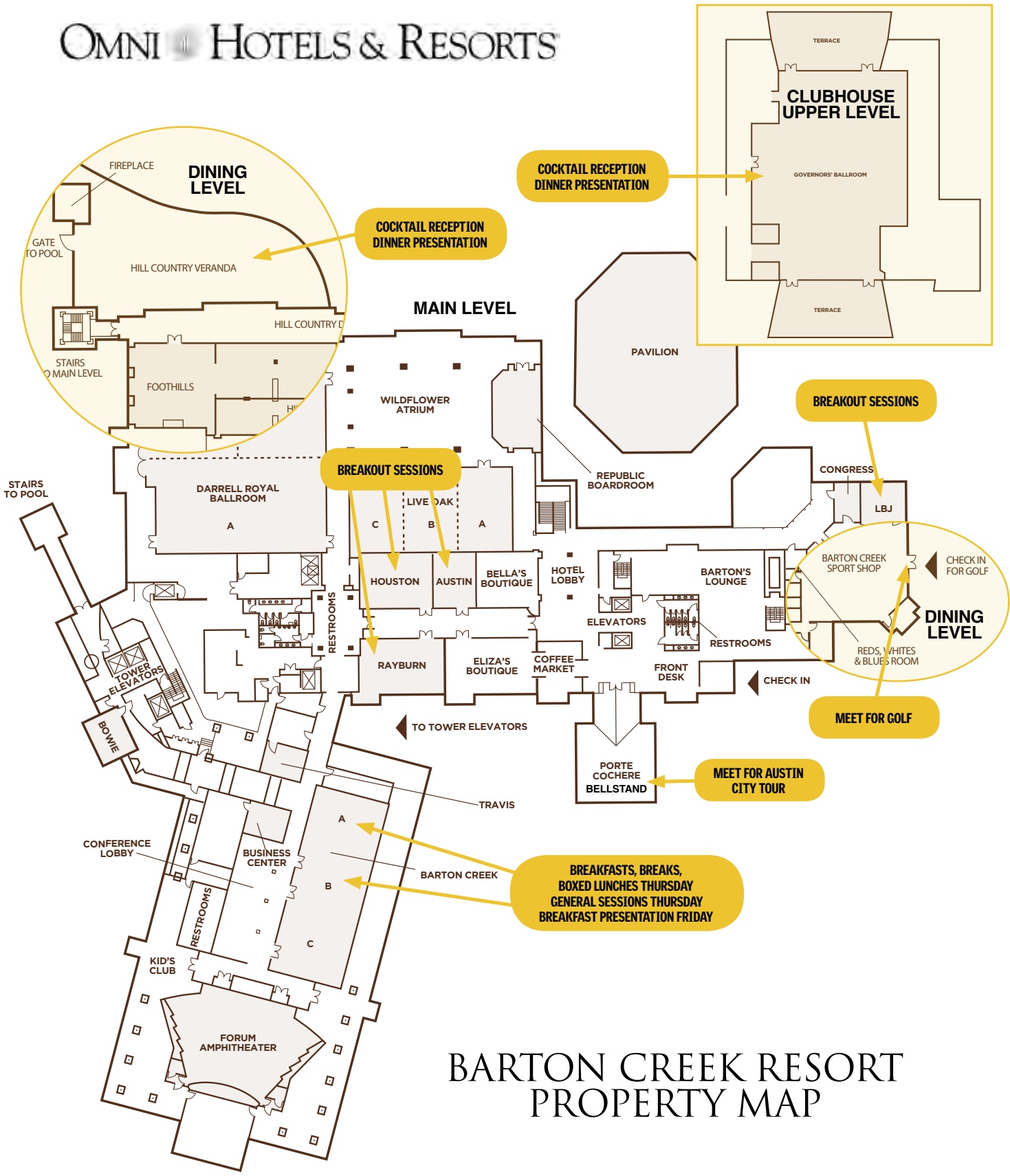
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For more information, please contact Tammy Caballero, vice president of sales and marketing, at 615-406-3847 or by email at tcaballero@xtendhealthcare.net.





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