

Tennessee HFMA Spring Institute

Leadership



Provides Direction

May 18-21, 2014

Franklin, TN

thespringinstitute.org

WELCOME FROM THE PRESIDENT

Old Friendships will be celebrated and new relationships forged at the 2014 TNHFMA Spring Institute. I'm reminded that HFMA is about the people, be it members, nonmembers or guests. The Institute offers a great line up of speakers to both challenge and expand your knowledge and offer practical solutions to the problems healthcare financial professionals are facing each day.

Each year the chapter's Spring Institute Planning Committee spends countless hours developing the model for the event as well as planning for contingencies and attention to every detail. Please take a moment to share your thoughts and thanks with the Committee members as your paths cross throughout the event.

The Tuesday luncheon is a special time at the Spring Institute as Eileen Crow, Director Chapter Relations at HFMA National will install the 2014-15 officers. It's always a pleasure to hear from Eileen and I hope each of you will connect with her.

Another highlight of the Spring Institute is always the annual Gloria Adams Scholarship Fund Golf Tournament. The tournament allows your chapter to provide financial aid thru the scholarship fund for high school and college students. If you are aware of an individual who may qualify for the scholarship, please direct them to our website, www.tnhfma.org, for information on qualifications and application deadlines.

I would like to share a special thanks to all the Committee members involved with the organization of this event, all the chapter's corporate sponsors (please don't forget the Sponsor Appreciation luncheon following the closure of the Institute on Wednesday), and especially the chapter leaders for their yearlong commitment to the success of our chapter.

Warm Regards,

Paul Bolin

2013/2014 TNHFMA President

COMMITTEE MEMBERS

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Rodney Adams, Co-Chair, Maury Regional Medical Center

Brad Adams, Vanderbilt University Medical Center

Brad Arnold, Frost-Arnett

Kellie Buchanan, Emdeon

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Chad Preston, Avectus Healthcare

Ryan Scott, Williamson Medical Center

Guice Smith, Stanton Chase International

Jess Stewart, ARx

Amy Totty, Healthcare Receivables Group

Matt Tyson, Prime Health Services

Carmen Voelz, Accordias

SCHEDULE AT A GLANCE

MONDAY – MAY 19

7:30–5:00 PM	Registration desk open
8:00–12 Noon	Golf Tournament at Legends Golf Course
8:00–9:40 AM	CPA Ethics Course
9:40–10 AM	Break
10:00–11:40 AM	FASB and GASB Accounting and Auditing Update (Meredith Douglas, Buck Freeman)
12:00–1:00 PM	Lunch – on your own
1:15–2:30 PM	MAP: Using Key Performance Indicators for Revenue Cycle Improvement (Sandra J. Wolfskill, FHFMA)
1:15–2:30 PM	Making Teamwork Work While Improving your Revenue Cycle (Renee Brown, Eileen Littel, Carmen Voelz, Lisa Walter)
2:30–2:45 PM	Break in Exhibit Hall
2:45–3:15 PM	HFMA 101 (Guice Smith, Marc Carter)
3:15–4:30 PM	Health Reform Goes Live – Issues & Ramifications (Dick Cowart)
4:30–6:00 PM	Networking Reception in Exhibit Hall
6:00–8:00 PM	Crawfish Boil

Tuesday – May 20

7:00–5:00 PM	Registration desk open
7:00–8:30 AM	Breakfast
7:00–8:30 AM	Inspirational Prayer Breakfast – Every 1/2 Second Counts (Ridley Barron)
8:30–10:15 AM	Keynote – Turning Chaos into Opportunity (Dr. Michael Burcham)
10:15–10:30 AM	Break
10:30–11:45 AM	Two Midnight Rule (Polston)
10:30–11:45 AM	OIG Update (McMurrey)
11:45–12 Noon	Transition to lunch
12:00–1:30 PM	Lunch, Awards, Officer Installations and National Update (Eileen Crow)
1:30–1:45 PM	Transition to afternoon sessions
1:45–3:00 PM	Big Data Analytics & Effective Dashboards (Mary Mirabelli, Victoria Weaver & Steve Tarkington)
1:45–3:00 PM	Building the Infrastructure to Deliver Accountable Care & Clinical Integration (Jason Dinger, Ph.D.)
3:20–5:00 PM	Interactive Panel with Healthcare Leaders (Mike Allen, Britt Tabor, Ted Woodrell, Jim Parcel, Kimberly Lewis)
5:00–6:00 PM	Networking Reception in Exhibit Hall
5:15–6:00 PM	STAR Committee Meeting
6:00–8:00 PM	President’s Dinner Event

Wednesday – May 21

7:30–11:00 AM	Registration desk open
7:30–8:30 AM	TNHFMA Board Meeting
7:30–8:30 AM	Breakfast
8:30–9:45 AM	Turning Data into Dollars: Innovative Benchmarking for Comprehensive Performance Improvement (Paul Osborne, Kevin Hamilton)
8:30–9:45 AM	Embracing Math, Statistics, Lean & Six Sigma Methods to Improve Financial Performance & Decision Making in the Revenue Cycle (Marj Green, Mischa Dick)

9:45-10:00 AM	Break in Exhibit Hall
10:00-11:00 AM	The Impact of the ACA on the Economics of the US Healthcare Industry (Larry Van Horn)
11:40-12 Noon	Closing comments and door prizes
12:00-1:30 PM	Sponsor Appreciation Lunch

PRESENTATION DESCRIPTIONS AND BIOGRAPHIES

Monday, May 19

8:00 – 9:40 AM CPA Ethics Course

This course provides the basic information surrounding your responsibilities as a licensed CPA. Content will be delivered using actual case studies that will illustrate important concepts. There will be a discussion component in addition, with the opportunity for situational questions and group discussion. The answers provided will illustrate your ethical obligations in the practice of Accounting in the state of Tennessee.

Learning Objectives:

- Explain the importance of complying with ethical standards.
- Identify various sources of ethical guidance such as the AICPA Code of Professional Conduct
- Demonstrate the ability to recognize unethical behavior and identify ethical responses to various situations
- Outline the ethical responsibilities of a Tennessee CPA

CPE Credits: Ethics 2.0 hours – this certificate will be issued by the Tennessee Board of Accountancy

10:00-11:40 AM FASB and GASB Accounting and Auditing Update

Meredith Douglas, CPA and Bryant (Buck) Freeman, CPA

During this overview and update, attendees will hear about the recent actions of the FASB, GASB and AICPA that affect or may affect healthcare entities. Implications of these actions will be shared by the presenters. This session will include a discussion of recent actions and updates that impact healthcare entities and will also include a discussion on the most current AICPA actions affecting assurance and auditing practices in the healthcare space. Attendees will be made aware of immediate and longer term implications of accounting and auditing issues affecting their day-to-day financial reporting.

Learning Objectives:

- Identify and summarize Financial Accounting Standard Board (FASB) updates that are applicable to healthcare entities
- Identify and summarize Governmental Accounting Standards Board (GASB) updates that are applicable to healthcare entities
- Identify and summarize American Institute of CPA's (AICPA) updates that are applicable to healthcare entities

CPE Credits: Accounting/Auditing 2.0 hours

1:15-2:30 PM Concurrent Sessions

MAP: Using Key Performance Indicators for Revenue Cycle Improvement

Sandra J. Wolfskill, FHFMA

Over the last decade, the business justification for detailed analytical measures has been clear; organizations that leverage benchmarks consistently outperform their peers. The definition of best practices is expanding, and high performing organizations are utilizing performance metrics to identify areas in need of improvement activities. Within the revenue cycle, the validity of comparisons among providers has been met with issues of consistency in definitions and relevance of peer comparisons. Clearly, the industry needed a set of verified, defined metrics in order to respond to the need for reliable, proven benchmarks. In response to this need, HFMA created the Map Keys and the Map App, a logical extension of the MAP approach to revenue cycle management. Measure, apply, perform-the mantra of improvement activities, combined with relevant peer comparisons, gives Map App subscribers a proven tool for setting performance goals. These KPIs allow organizations to forecast performance, identify opportunities for improvements and demonstrate accomplishments across 25 individual Map Keys. Using case study data, this seminar will

explain the Map Keys, and demonstrate how a provider uses those keys to improve and maintain high performance.

Learning Objectives:

- Identify and calculate KPI's to measure revenue cycle performance
- Recognize the value and relevance of peer performance comparisons to improve cash flow and reduce costs throughout the revenue cycle
- Learn proven strategies to identify and achieve operational efficiencies in specific segments of the revenue cycle

CPE Credits: Management/Advisory 1.5 hours

Making Teamwork Work While Improving Your Revenue Cycle

Renee Brown, Eileen Littell, Carmen Voelz, and Lisa Walter

Streamlining and improving the workflow within the revenue cycle in a health system requires teamwork. Achieving quality and efficiency while accelerating cash and net revenue improvements requires leveraging everyone's talents, expertise and passion for the end result: patient-centered, integrated solutions. As social media, mobile applications and analytics come together to guide providers and patients into the next stage of patient care it takes teamwork to improve the revenue cycle/financial position in a health system.

To combat eroding margins, providers and payers are creating new healthcare integration models, adding more scale and breadth to deliver better care at lower cost. From patient portals and point of access, through clinical mobility and financial reconciliation everyone is seeking a more cost-efficient, high-quality, personalized healthcare delivery system. In this race to the finish line, innovation is moving faster than the ability to integrate and leverage technology. However, these same technology tools are the new workforce multipliers that will aid in reducing costs and maintaining quality of patient care. Daily operational tasks are under pressure to further streamline, integrate and become more productive in less time. Process optimization must occur outside the silos of what was familiar boundaries and create sustainable, repeatable outcomes that seamlessly integrate clinical patient care and administrative tasks necessary to sustain the infrastructure supporting healthcare.

Now more than ever, it is important to leverage team talents and expertise...and most important, to be able to laugh at yourself and enjoy the journey.

Learning Objectives:

- Identify who within your organization will fill the role of "Evangelist"
- Explain why an Autonomous Team approach is necessary and how to garner support from Senior Management
- Explain why innovation is key in combating eroding margins and how the use of new healthcare integration models are key to success

CPE Credits: Specialized Knowledge 1.5 hours

2:45-3:15 PM HFMA 101

Guice Smith and Marc Carter

This session is designed to provide more information about HFMA and to explain how you can get more involved with the Chapter. You will learn about the benefits, products, and services HFMA can offer you personally, as well as the leadership opportunities that exist within the Tennessee Chapter. A portion of the topics include: How the Tennessee Chapter is organized, National HFMA structure, Founders Award Points, and Certification process.

Learning Objectives:

- Explain different ways to increase chapter involvement.
- Explain how the Tennessee Chapter of HFMA is related to National HFMA

- Outline multiple opportunities for involvement at the chapter level

CPE Credits: Specialized Knowledge 0.5 hours

3:15-4:30 PM Health Reform Goes Live – Issues & Ramifications

Dick Cowart

Mr. Cowart will review ongoing activities regarding implementation of the Affordable Care Act. The discussion will include health insurance exchanges, ACA enrollment, Navigators, essential health benefits, income verification and tax credits. He will discuss the issues regarding the implementation of healthcare.gov, including agency coordination and Medicaid enrollment. In addition to the individual mandate (which takes effect in 2014), Mr. Cowart will also review developments regarding the employer mandate (which has been delayed until 2015) including shared responsibility payments, employer health benefit design and the development of private exchanges and preferred networks. Finally, the session will review the early market dynamics as a result of ACA implementation, including health system consolidation, super regional and clinically integrated networks, physician alignment and payor/provider contracting strategies.

Learning Objectives:

- Explain current status of basic ACA components such as Navigator criteria and income tax verification
- Outline issues related to key mandates such as the individual mandate and the employer mandate
- Identify key initial dynamics that are the result of the ACA implementation

CPE Credits: Specialized Knowledge 1.5 hours

Tuesday, May 20

8:30-10:15 AM Keynote: Turning Chaos into Opportunity

Dr. Michael Burcham

The dust has begun to settle. We are beginning to see the new healthcare landscape take form. For most of the players in the industry the term “chaos” comes to mind as we think about health exchanges, physician access, provider reimbursement and consumer engagement.

New money is now at work – identifying the opportunity spaces of our new healthcare reality. We can already see changes in the works – a more significant role for nurse practitioners; new mobile tools to help consumers understand and access the system; communication and social networks to facilitate healthcare system interactions with physicians and network partners; and an exploding interest in data tools. These are just the tip of the iceberg.

This fast-paced session will help you get a great view of the healthcare landscape ahead, consider new options and learn where investors are putting today’s investment dollars that will be players in the next 24-36 months

Learning Objectives:

- To identify new market trends and business opportunities in the healthcare landscape
- To explain where “new investments” are occurring today that will result in new businesses and opportunities over the next 2-5 years
- To identify new opportunities for my existing business to benefit from these trends and new investment opportunities

CPE Credits: Specialized Knowledge 2.0 hours

10:30-11:45 AM Concurrent Sessions:***Inpatient Redefined: an Update on Medicare's Two Midnight Rule and Other Regulatory Requirements******Mark Polston***

In fiscal year 2014, CMS adopted the so-called two midnight rule which changes Medicare's standards for when it will pay for services on an inpatient basis. At the same time, CMS also adopted more strict rules requiring physician orders and certifications as a condition of Medicare payment. These rules have been controversial, so much so that Congress has even required CMS to delay medical contractor review of inpatient claims using the two midnight standard. This presentation will cover at some level of detail the requirements of the two midnight rule and physician order and certification requirements. The presentation will also cover CMS's most recent guidance interpreting these new rules. And it will also cover the most recent developments surrounding the rule, such as CMS's Probe & Educate review program, Congressional action and what, if anything, CMS says about the two midnight rule in the FY 2015 proposed IPPS rule.

Learning Objectives:

- Learn the details of how the two midnight rule has been interpreted by CMS.
- Learn the detailed CMS guidance regarding the two midnight rule and the physician order and certification requirements.
- Learn the basics of CMS's Probe & Educate program
- Identify when claims for payment can be bill because they are in compliance with the two midnight rule and the physician order and certification requirements.

CPE Credits: Specialized Knowledge 1.5 hours

DOJ, HHS and OIG Investigation - Compliance and Exclusion***Bill McMurrey***

Mr. McMurrey will provide candid discussion of the internal workings of the Department of Justice, Health and Human Services and Offices of Inspector General and their investigations of healthcare providers participating in Federal healthcare beneficial programs. The presentation will address compliance issues and the government's view of compliance programs. The presentation will also cover the internal workings of exclusion from Federal and state program participation. Participants in this session will get a better understanding of what the OIG Readmissions policy is, how to be compliant with the policy, and how to avoid being penalized, which results in reduced Medicare reimbursement.

Learning Objectives:

- Explain the internal workings of the Department of Justice, HHS and OIG.
- Explain the government's view of compliance programs.
- Outline the internal workings of exclusion from Federal and state program participation.

CPE Credits: Specialized Knowledge 1.5 hours

1:45-3:00 PM Concurrent Sessions:***Big Data Analytics & Effective Dashboards******Mary Mirabelli, Victoria Weaver and Steve Tarkington***

It's a big deal to talk about "big data" in healthcare. In this session, learn what "big data" means in the healthcare industry and the types of financial, operational and clinical problems that can be solved. Presenters will share their real world insights in creating a data warehouse, extracting data, and building analytical reporting capabilities to support day-to-day hospital and healthcare operations. If you are going to build or buy dashboards and reporting analytics, then you'll hear how to evaluate your options based on lessons learned.

Learning Objectives:

- Provide a definition of big data and how it translates in healthcare
- Share the types of operational, financial and clinical problems that can be solved using "big data" and dashboards
- Share how to create dashboards that make a difference in healthcare
- Share lessons learned and case studies

CPE Credits: Specialized Knowledge 1.5 hours

Building the Infrastructure to Deliver Accountable Care & Clinical Integration**Jason Dinger, Ph.D.**

As one of the first Accountable Care Organizations (ACO) in the country, MissionPoint Health Partners has been at the forefront of designing and developing solutions to manage the health care needs of large populations of people. In this discussion, Jason will review some of the learnings they've established and explain the types of infrastructure often needed for success.

Learning Objectives:

- Identify what an Accountable Care Organization is
- Identify what to expect from an ACO as an employer
- Identify what infrastructure is required to build and operate an ACO

CPE Credits: Specialized Knowledge 1.5 hours

3:20-5:00 PM

An Interactive Panel Discussion with Healthcare C-Suite Executives**Mike Allen, Britt Tabor, Ted Woodrell, Jim Parcel, Kimberly Lewis**

Hospital and health care leaders are in the midst of a transformation of the health care delivery framework. They will need to determine out how to deliver high-quality care at a lower cost. How should these leaders approach health care delivery as reimbursement methodologies move from a volume-based payment system to a value-based delivery model? In what kind of technology should they invest that will add value? How will they balance care against cost?

Join us for an interactive session that will include a panel of hospital leaders in operations, finance and technology where they will share their definitions of high-value healthcare as well as the strategies they've employed to provide patients with positive outcomes in a cost-effect manner. The conversation will touch on areas that all hospital leaders could use to meet the ever-changing world of health care.

Learning Objectives:

- Identify proven strategies for delivering quality outcomes in a cost effective manner.
- Identify technology that adds value.
- Explain how Health Information Exchanges are used to leverage excellence in patient satisfaction.

CPE Credits: Specialized Knowledge 2.0 hours

Wednesday – May 21

8:30-9:45 AM Concurrent Sessions:

Turning Data into Dollars: Innovative Benchmarking for Comprehensive Performance Improvement

Paul Osborne and Kevin Hamilton

While traditional performance improvement benchmarking has been historically effective to drive performance improvement, an expansion of benchmarking beyond traditional labor productivity and supply cost is imperative to continue improvements in hospital providers. The next phase of performance improvement will require a more comprehensive approach to benchmarking; one that encompasses the entire clinical enterprise.

The presentation will focus on how to utilize robust, leading edge clinical benchmarking alongside traditional labor productivity, supply cost benchmarking and revenue enhancement to identify and implement expanded cost reduction or enhancement opportunities. A process focused on comprehensive external benchmarking at the APR-DRG Severity of Illness level helps to focus where systemic opportunities may exist, leading to traditional performance improvement as well as an internal benchmarking focus to identify variation among practice and providers. Both external and internal benchmarking exercises will lead to identification of both excess cost as well as potential for revenue increase.

The discussion will also focus on the limitations of external benchmarking and how internal comparisons between physicians can provide more meaningful and actionable information. Focus will include examples of how clinical benchmarking alongside traditional benchmarking methodologies has resulted in more extensive improvements as well as driving physician buy in and leadership in the implementation of the identified improvements.

Learning Objectives:

- Outline pros and cons of traditional cost benchmarking
- Explain how to benchmark clinical data against external and internal resources
- Explain how to tie clinical benchmarking to traditional methods
- Identify how to use the results to drive implementation

CPE Credits: Management/Advisory 1.5 hours

Embracing Math, Statistics, Lean and Six Sigma Methods to Improve Financial Performance and Decision Making in the Revenue Cycle

Marj Green and Mischa Dick

Now, more than ever, improving cash flow from existing earned net revenue can be one of the single biggest financial levers to healthcare provider organizations. Financial gains from 4-12% of net revenue can be achieved through the application of statistics, Six Sigma, Lean and Toyota Production Systems (TPS) methods within hospital revenue cycle operations.

Learning Objectives:

- Explain why traditional metrics mask cash opportunities
- Identify basic strategies to recognize waste in revenue cycle operations
- Outline strategies to drive cash with Lean and Six Sigma methods

CPE Credits: Management/Advisory 1.5 hours

10:00-11:40 AM The Impact of the ACA on the Economics of the US Healthcare Industry***Professor Larry Van Horn***

During this session we will explore the current state of healthcare. We will cover the known impacts of the first few months of the affordable care act, the anticipated impacts that might not have yet been realized, and the projected impacts for the industry. We will explore what the next few years may look like for providers and what the projected long run equilibrium may be for the country's healthcare industry.

Research and other data will be presented to support the impacts and predictions and at the end of the session you will have a more thorough understanding of the United States' healthcare delivery system and the probable path that it will take in the coming years. Whether you like the path or not (chances are you won't) it will be helpful to you and your organization to understand the magnitude of the change and be able to plan strategically.

We will conclude the session with time for questions surrounding the healthcare economy which will allow you to probe deeper in regards to the subjects covered as well as ask questions about other topics that might not have been covered. We hope you will join us for a fun and interactive look at the current and future states of healthcare!

Learning Objectives:

- Identify the current high level trends in healthcare
- Identify potential challenges that may manifest themselves in the coming months and/or years
- Identify the projected long run equilibrium or "end game", of the United States healthcare delivery system

CPE Credits: Specialized Knowledge 2.0 hours

SPEAKER BIOGRAPHIES

Michael Allen

Michael Allen is the chief financial officer at Gundersen Health System. He joined the organization in September 2013. As CFO, Michael heads Gundersen's financial operations including Revenue Cycle (Patient Business Services), Accounting, Treasury and division finance directors, and leads the Gundersen Health Plan and Managed Care teams.

Prior to joining Gundersen, Michael served as CFO and treasurer of Winona Health based in Winona, Minn., for 12 years. In addition to financial performance and planning responsibilities, Michael was involved in special initiatives for Lean/performance improvement, population health and electronic health records.

Michael also spent time at Gibson Area Hospital & Health Services in Gibson City, Ill., where he was CFO and chief compliance officer, and BroMenn Healthcare Inc., where he was the controller.

He is a member of the Healthcare Finance Management Association's (HFMA) national board of directors and its executive committee. He holds a fellow designation from the organization, and has served as chair of HFMA's national board of examiners. In addition, he has received three prestigious HFMA awards for his volunteer efforts. Michael had the distinction of testifying before the U.S. House of Representatives' finance committee on behalf of HFMA and served as chair of the Minnesota Hospital Association's finance committee for three years.

Michael holds a Bachelor of Science in accounting from Illinois State University. He became a certified public accountant in 1987.

Renee Brown

Renee Brown is Director, IT Project Management for Optum360. Renee offers more than 25 years of experience in the health care industry and has provided strategic direction and leadership for several health care companies. She has a proven track record in project management, client relations, product implementations, technical support, and data analysis. Renee is responsible for overseeing the full scope of implementations of technology solutions for large customers whose annual revenues exceed \$10 billion. Renee has an active role throughout the implementation process, communicating with customers, ensuring proper product functionality, and providing post-implementation support. Her revenue cycle management experience, coupled with her leadership ability and sound strategic planning skills, have been instrumental in managing the successful implementation of over 50 solutions.

Previously, Renee served as senior implementation manager, acting as client advocate and primary contact for implementations. She managed client expectations and service needs, in addition to effectively anticipating client needs. Renee also provided training, mentored implementation team members, transmitted client feedback for product enhancement and new product development.

As project manager, Renee designed, developed, and implemented internet-based ASP solutions for health care provider business offices. Renee spent seven years as account director responsible for implementation of system interfaces for hospital systems where she managed nine extended business office contracts and multiple facility management agreements.

Dr. Michael Burcham

Michael is the founding President & CEO of the Nashville Entrepreneur Center. He is a healthcare entrepreneur and a CEO Coach who began his healthcare career in 1983 after graduating from the University of Mississippi. Michael holds an MBA from Belmont University and a Doctorate in Health Administration from the Medical University of South Carolina. Michael has a passion for helping individuals turn their ideas into real businesses.

Michael served as President of Paradigm Health from 2000–2007. Prior to Paradigm Health, Michael was President of Theraphysics, a venture-backed, specialty rehabilitation firm he founded in 1992. He began his healthcare career at Hospital Corporation of America and National Health Corp.

In addition to his work in building entrepreneurial communities, Bucham teaches Entrepreneurship and Healthcare Innovation at the Owen Graduate School of Management at Vanderbilt University. He has worked with rural and urban communities throughout the US and the Middle East helping to build a sustainable entrepreneurial ecosystem.

Michael is a Board Member of Nashville's Technology Council, serves on Nashville's International Business Council, and is a Special Venture Partner with Galen Partners Investments.

Marc Carter

Currently:

- Chairperson of Board of Directors, TNHFMA
- President of CBC, LLC (A/R management firm located in Blountville TN)
- Director of Public Relations (A/R management firm located in Morristown TN) 37 years experience in A/R management industry
- Owner/Licensed Private Investigator – Carter Investigations (pre-employment background screening company)

Previously:

- President of TNHFMA
- Chairman of the Board of Directors for Knoxville TVA Employees Credit Union
- President West High Soccer Booster Club
- VP Lakeway Soccer Club
- Vestry Member of All Saints Episcopal Church
- President of Credit Bureau of East Tennessee, Inc. (a TRW/Experian credit reporting agency) 17 years

Richard G. Cowart, Esq.

Richard G. Cowart is chair of the firm's Health and Public Policy Department. He is a Past-President of the American Health Lawyers Association and a recipient of the Lifetime Achievement Award for contribution to health law. He has been recognized as one of the Best Lawyers in the U.S. – Health Law for over 20 years. Chambers Best Business Lawyers in America described Mr. Cowart as one of the nation's "uber" health lawyers, "equally effective in law, business and public policy" of health law.

Mr. Cowart is a nationally known speaker and writer on health law and business issues. He was the health law columnist for Medical News, Inc. for 19 years. He is the health business and health policy columnist for The Tennessean.

Baker Donelson is one of the largest and most prestigious law firms in the United States. It is recognized as a top 100 law firm by US News and World Report and The American Lawyer. Baker Donelson is also highly regarded in the business community. The firm has been identified by Fortune magazine as one of the top 100 Best Places to Work in the United States and by Inc. magazine as one of the 100 fastest growing businesses in the country. Baker Donelson has a full spectrum of professional resources, with over 1,000 professionals and associates in 18 offices.

Mischa Dick

Mischa is the co-founder of the Healthcare Excellence Institute. He is a Master Black Belt Trainer in Six Sigma techniques and a Master in Lean Manufacturing. He earned an MS in Aeronautical Engineering from the Technical University of Munich and an MBA from the William E. Simon Graduate School of Business Administration at the University of Rochester.

Jason Dinger, Ph.D.

Jason Dinger is the Chief Executive Officer of MissionPoint Health Partners – one of the first dedicated accountable care organizations created in response to the overwhelming need to improve quality outcomes and lower health care costs. MissionPoint currently supports tens of thousands of people throughout the country by developing custom population health strategies for small and large companies, health systems, and payors. Jason is responsible for the strategic, operational and cultural stewardship of the organization.

Prior to his work with MissionPoint, Jason directed Saint Thomas Health Ventures – a social venture arm of Saint Thomas Health focused on developing non-acute services such as rehabilitation clinics, sleep centers, clinical research organizations, pharmacies, and other health care services.

Prior to joining Saint Thomas Health, Jason was CEO of a consulting firm whose clients included FedEx, Caterpillar Financial, Corporation for Public Broadcasting, and the World Bank. Jason received his doctorate from Vanderbilt University and lives in Nashville with his wife and son.

Meredith Douglas, CPA

Meredith, a Senior Manager in the LBMC Accounting and Assurance practice focusing in the healthcare industry, serves as the Senior Manager on a number of healthcare engagements, including audit, consulting and due diligence engagements, for hospitals, both for-profit and not-for-profit, behavioral health providers, ASC's, long-term care facilities and hospice care. Meredith also serves as Senior Manager on these organizations' annual employee benefit plan audits. With 10 years of public accounting experience, Meredith is familiar with the complex financial accounting requirements that healthcare companies typically face. She is actively involved in the Leadership Health Care and Nashville Health Care Council organizations, TSCPA, AICPA and serves on the TSCPA Health Care Conference Taskforce.

Bryant (Buck) Freeman, CPA

Buck, a Senior in the LBMC Accounting and Assurance practice focusing in the healthcare industry, serves as the In-charge on a number of concurring healthcare engagements, including audits of hospitals, both for-profit and not-for-profit, behavioral health providers, ASC's, and long-term care facilities. Buck also serves as the In-charge on multiple annual employee benefit plan audits. With four years of public accounting experience coupled with 4 years of IT healthcare consulting, Buck is familiar with the accounting and reporting requirements of healthcare organizations. He is actively involved in the Leadership Health Care, TSCPA, and AICPA. Buck also serves on two boards that seek to improve the welfare of children in the greater Nashville area.

Marjorie Green

Marjorie Green is the co-founder of the Healthcare Excellence Institute (HEI). She is a Master Black Belt Trainer in Six Sigma techniques and a Master in Lean Manufacturing. She holds a bachelors of Science in Metallurgical Engineering from the University of Missouri-Rolla and a Masters in Mechanical Engineering from Texas A&M University. Over the past 16 years, Marjorie and her co-presenter Mischa Dick and the HEI team have led large scale projects in revenue cycle process redesign and enterprise wide improvement initiatives in hospitals across the US, including two HFMA MAP Award winning facilities.

Kevin Hamilton

Kevin Hamilton is a Director in BRG's Healthcare Performance Improvement Practice (HPI) where he leads the Integrated Data Management (IDM) team.

Kevin was instrumental in conceptualizing and developing, in conjunction with Yale New Haven Health System, the precursor to the current DataConnect analytic platform as well as bringing that initial vision to the current state of sophistication currently deployed in our performance improvement work. This analytic engine is integral to the HPI practice's Clinical Redesign and Traditional Performance Improvement projects. Used to interrogate and create actionable information from disparate raw transaction data; the DataConnect

tool has been transformational in our ability to quickly and precisely answer the toughest challenges to creating true healthcare value.

Trained in the field of Mechanical Engineering; Kevin applies this analytic and process foundation to solving complex business problems for hospitals and other healthcare providers. His background is diverse and involves many aspects of the healthcare industry including operational, strategic, and regulatory and compliance consulting. He has served clients ranging in size from small rural hospitals to large health systems with projects that have included distressed hospital turnarounds, clinical transformation as well as strategic and operational refinement for high performing clients. Previously Mr. Hamilton was a Senior Director at Huron Healthcare focused on revenue cycle operations.

Prior to joining BRG, Kevin was a Senior Director with a global professional services firm where he was the operational leader of the Clinical Revenue Cycle practice as well as the founder of their strategic pricing service.

Kimberly Lewis

Kim's career in healthcare information technology spans nearly 30 years. She has been with HCA for over 25 years, and she currently serves as CIO for HCA's TriStar Division. Her areas of responsibility include 19 acute care facilities, 8 imaging centers, 10 surgery centers, 8 cancer centers, 3000 physicians, 14,000 employees, the Nashville CSC, which includes consolidated Supply Chain and Pharmacy operations.

Prior to HCA, Kim held IT leadership positions with other healthcare corporations to include Tenet Healthcare and Quorum Health Resources. Her past roles have included strategic planning, vendor analysis & selection, implementation management and system design. Her career has included work in over 300 healthcare facilities, in both for-profit and not-for profit settings as well as work in physician practice management.

Kim is an active member of the College of Healthcare Information Management Executives (CHIME), Tennessee Chapter of HIMSS and the Middle Tennessee eHealth Connect consortium.

Kim holds a Masters Degree in Healthcare Administration and a Bachelor of Science Degree in Business Administration from Auburn University.

Eileen Littel

Eileen Littel is a Senior Account Executive for Healthcare Revenue Cycle Management at Infor. She has more than 30 years of comprehensive leadership experience in delivering data driven business solution to clients that improve quality, reduce costs and simplify administration. Prior to Infor, Eileen worked for OptumInsight where she was the Director of Process Optimization for the End-to-end Revenue Cycle projects within the Health Care Solutions Delivery practice. She was responsible for facilitating sustainable revenue cycle improvement for complex provider organizations through assessment, planning and implementation of process and technology solutions in order to increase revenue and cost savings. She successfully engaged with some of the nation's top hospitals and healthcare systems to reduce defects and streamline processes in order to optimize, measure and monitor performance.

Eileen is a certified Six Sigma Black Belt, holds a master's of science degree in systems management from the University of Southern California and a bachelor's of science in international economics and politics from Georgetown University.

Bill McMurrey

Bill has over 30 years of extensive experience in the healthcare industry. This includes two years with the fiscal agent for the Tennessee Medicaid Program, two years as a nursing home controller in a large SNF, and many years in public accounting, serving the healthcare industry. Bill has served as in-charge auditor for audits ranging from small rural hospitals to the largest tertiary facility in Southeast Tennessee. He also has served as reimbursement consultant to many hospitals, nursing homes and home health agencies with

primary responsibility for cost report preparation and reimbursement advisory services. He is a frequent speaker on long-term care topics.

Bill is a member of AICPA, TSCPA and the Tennessee chapter of HFMA. He is a Follmer, Reeves, Munice and Medal of Honor award winner. Bill has represented the Tennessee Chapter at the national level as a member of the National Advisory Council and Board of Examiners. Bill earned a Bachelor of Science and Masters in Business Administration from Tennessee Technological University and is an active CPA in Tennessee. Bill also has served on the board of Siskin Hospital for Physical Rehabilitation from 1997-2006 and 2010-present. He served as chair of Siskin's Board from 2000-2006.

Mary Mirabelli, FHFMA

Mary is the Chief Project Officer and Vice President in HCA's Clinical Services Group. She has responsibility for implementing the electronic health record across the HCA enterprise; this includes responsibility for Meaningful Use Compliance. Mary's previous role at HCA was to implement the revenue cycle consolidation for HCA's shared services initiative- now known as Parallon Business Solutions. Mary proudly served on HFMA's national board of directors and is an HFMA Fellow.

Paul Osborne

Paul Osborne leads Berkeley Research Group's Healthcare Performance Improvement practice. He applies his 20 years of operations improvement experience to healthcare provider clients including hospitals, health systems, and academic medical centers. He has held senior leadership positions with some of the largest healthcare consulting firms.

Mr. Osborne is a recognized national expert in healthcare performance improvement, having assisted both financially distressed and financially stable hospitals in improving their operating margins. He has extensive experience implementing performance improvement solutions for clients as they overcome complex financial challenges. He has successfully led some of the country's largest and most complex hospital performance improvement engagements.

Recent examples:

- Led a comprehensive performance improvement engagement for a major academic medical center with over \$2B in annual net revenues. The engagement focused on reducing cost by approximately \$125M through traditional performance improvement methodologies around labor cost and supply cost, as well as leading edge clinical redesign and revenue cycle improvements.
- Served as the chief implementation officer leading a financial turnaround for a three-hospital health system. With a focus on cost reduction and improvements in revenue cycle processes, he led the organization to a \$25-million operating margin improvement and returned the system to profitability.

Jim Parcel

Jim Parcel has been the Chief Information Officer at Maury Regional Medical Center since February 2011. At MRMC he leads the information technology efforts for the three-hospital system as well as overseeing the technology needs of Family Health Group, a 60+ provider group that is affiliated with the MRMC system.

Jim has nearly 30 years experience in information technology, the past 22 years have been in health care. Prior to joining MRMC, he served as the Senior Director of Information Technology at VHA Southeast for 13 years and worked closely with 31 hospital systems that represented over 80 hospitals in Florida, Alabama and the US Virgin Islands.

Jim attained a master's degree in healthcare administration from the University of North Carolina at Chapel Hill and a bachelor's degree in Information Systems Management from the University of Maryland. He is a member of the College of Healthcare Information Management Executives, Senior Member of the Health Information Management Systems Society, and a member of the National Eagle Scout Association.

Mark D. Polston

Mark D. Polston is a partner in the healthcare practice at King & Spalding. Mr. Polston has over 20 years of experience in federal litigation, most of which has focused on Medicare, Medicaid and Affordable Care Act regulatory policies, as well as health care fraud litigation, enforcement and investigations.

Prior to King & Spalding, Mr. Polston served as the Deputy Associate General Counsel for Litigation in the Office of the General Counsel, CMS Division at the U.S. Department of Health and Human Services where he advised senior HHS officials on CMS litigation. He has broad familiarity with Medicare payment, coverage and compliance issues, having managed virtually all federal court challenges to CMS regulatory policies and final Medicare reimbursement decisions during his tenure with the U.S. Department of Health and Human Services. Mr. Polston's significant experience in Medicare provider reimbursement litigation includes serving as lead government negotiator in the \$4 billion dollar settlement to resolve claims challenging CMS's application of the budget neutrality adjustment to the Medicare hospital wage index rural floor (*Cape Cod Hospital v. Sebelius*) and the \$667 million multi-party settlement in *In re Medicare Reimbursement (Disproportionate Share Hospital)* litigation.

Prior to his role as Deputy Associate General Counsel for Litigation, Mr. Polston was a Supervisory Attorney within the CMS Division's Program Integrity Group, where he served as the senior CMS liaison to the Department of Justice and the Department of Health and Human Services Office of Inspector General on significant health care fraud and False Claims Act matters. Mr. Polston also represented *qui tam* relators in private practice for several years before joining HHS. He began his legal career at the Department of Justice as a member of the Attorney General's Honors Program where he served in the Civil Division's Fraud Section enforcing the False Claims Act.

Memberships

- American Health Lawyers Association, Medicare and Medicaid Payment Institute, Planning Committee, 2008-2012
- Government Liaison and Vice-Chair American Health Lawyers Association, Regulation, Accreditation and Payment (RAP) Practice Group, 2009-2010
- Government Member, Administrative Conference of the United States (ACUS), 2010-2012

Awards & Recognition

- Office of General Counsel, Superior Achievement Award 2012
- CMS Administrator's Special Citation 2008

Guice Smith

A seasoned business executive, Guice brings more than 23 years of search experience to the Nashville office of Stanton Chase in such disciplines as executive administration, accounting and finance and operations. With a special emphasis in the healthcare industry, he has built C-level executive teams for hospitals, health systems, payors, consulting firms, and other service groups. In this capacity, Guice has been instrumental in helping clients identify and secure top performers in organizations throughout the United States and internationally. His assignments have included recruiting CEOs, COOs, CNOs, CFOs, and CIOs. Clients have included for-profit and not-for-profit healthcare organizations, independent hospitals, and physician practices, and ambulatory and ancillary organizations.

Prior to joining Stanton Chase, Guice was a partner for 17 years with an international search firm, where he was responsible for building the firm's healthcare and management consulting practice. Before entering the executive search field, Guice was in the audit practice for the New Orleans office of Deloitte. He went on to work with Burkhalter and Company, a national boutique accounting and consulting firm focusing in the healthcare, public utilities, not-for-profit and manufacturing industries.

Guice is a 1981 Accounting graduate of the University of Mississippi "Ole Miss". He is a Certified Public Accountant (CPA) and Certified Personnel Consultant (CPC). Guice is also an active member in Healthcare Financial Management Association (HFMA) and Health Information Management Systems Society (HIMSS).

Industry Practice Expertise:

- Life Sciences and Healthcare
- Logistics and Transportation

Functional Specialization:

- CFO and Financial Executives

J. Britt Tabor

J. Britton Tabor is the Senior Vice President and Chief Financial Officer for Erlanger Health System in Chattanooga, Tennessee. He has been with Erlanger twenty-eight years.

Mr. Tabor is a Certified Public Accountant and a member of the Tennessee Society of Certified Public Accountants, American Institute of Certified Public Accountants, Alpha Kappa Psi Business Fraternity, American College of Healthcare Executives and the Healthcare Financial Management Association. Prior to Erlanger, Britt was an auditor for Hazlett, Lewis, and Bieter.

He has served on the TSCPA's Healthcare and Scholarship Committees, AICPA Healthcare Conference Committee as well as other community volunteer boards. Mr. Tabor has taught at the University of Tennessee, Chattanooga State Community College, and the College of Saint Francis as an adjunct instructor at the undergraduate and master levels.

He holds a Master Degree in Business Administration from the University of Tennessee and a Bachelor of Science Degree in Accounting from Tennessee Technological University where he graduated Magna Cum Laude.

Larry Van Horn, Ph.D.

Larry Van Horn is Associate Professor of Economics and Management and Executive Director of Health Affairs at Vanderbilt University's Owen Graduate School of Management, where he oversees the Health Care MBA and Master of Management in Health Care programs. His research has appeared in leading academic journals including *The Journal of Health Economics*, *Journal of Law & Economics*, *Management Science & Operations Management*, *New England Journal of Medicine* and *Harvard Business Review*.

In addition to his academic duties, Van Horn is a regular speaker on health care economics and policy for corporate clients across the country. Professor Van Horn holds a Ph.D. from the University of Pennsylvania's Wharton School.

Carmen Voelz, FHFMA, FHAM

Carmen Voelz, FHFMA, FHAM, is Principal of Accordias Healthcare Services, LLC where she and her partners work with Rural, Community and Critical Access organizations across the country, providing Revenue Cycle Executive Leadership, Consulting and Interim Management in addition to complete revenue cycle solutions offering through a service center in Nashville, Tennessee. The collaborative, consulting approach Accordias Healthcare offers allows Ms. Voelz to leverage experience, skills and a network of healthcare professionals built over a 35 year tenure in healthcare.

Prior to Accordias Healthcare, Carmen was a member of the Optum's Corporate Development Revenue Cycle Leadership team where she was engaged in developing the newly formed Optum360 organization. She has also held a revenue cycle leadership position with Dell and a sales management role with Cerner Corporation. She has more than 35 years' experience managing various aspects of the healthcare revenue cycle in both acute and ambulatory settings. Preceding her appointment at Cerner, Ms. Voelz was principal of her own healthcare consulting practice, focused on patient access, cash acceleration, revenue cycle analysis and process redesign.

Ms. Voelz spent the first 25 years of her career responsible for areas within Finance Divisions of several health systems in Wisconsin and Minnesota, including a large, multi-state IDN with more than 500 providers in addition to two regional healthcare networks. She also held a position as Director of Operations for Blue Cross & Blue Shield United of Wisconsin. As an accomplished trainer and consultant, Ms. Voelz served as adjunct faculty for the State of Minnesota during her tenure and focused on strategic planning and customized training programs for various businesses. Preceding the formation of her own consulting firm, Ms. Voelz was Senior Consultant for Ascension Corporation and was responsible for revenue cycle management consulting engagements and cash accelerations initiatives.

Ms. Voelz holds a Bachelor of Science degree from the University of Wisconsin-Eau Claire, is a Fellow for both HFMA and the National Association of Healthcare Access Managers, is a Certified Healthcare Financial Professional (CHFP), is a Certified Healthcare Access Manager (CHAM), and is Vice President of TN HFMA.

Lisa Walter, RHIA

Lisa Walter, RHIA, is the Vice President of HIM Consulting Services at Optum360°. She has more than 30 years of leadership experience in the health care revenue cycle industry. At Optum360°, Lisa is responsible for managing a team of HIM subject matter experts in HIM best practice, HIM technology utilization, coding/documentation auditing and Charge Description Master (CDM) auditing. Prior to this role, she was the Managing Director of Mid Revenue Cycle Transformation Services leading mid revenue cycle process improvement solutions to achieve increased revenue and cost savings.

Prior to joining Optum, Lisa held positions as Vice President of HIM Services at Conifer Health Solutions, Associate Vice President of Revenue Cycle Consulting Services at Dell/Perot Services, Consulting Manager at SoftMed Systems, and served twenty years in various HIM management positions in Cleveland, OH and Charlotte, NC.

Ms Walter holds two Bachelor of Science Degrees: one in Health Information Administration from The Ohio State University, and one in Business Administration Management from John Carroll University

Lisa is Past President of the North Carolina Health Information Management Association, and was awarded their Distinguished Member in 2010.

Sandra J. Wolfskill, FHFMA

Sandra has extensive experience in revenue cycle management including leading engagements with clients engaged in process mapping, staffing analyses, using contemporary metrics to identify improvement opportunities, staff education, system implementation testing and training. Sandra not only has extensive revenue cycle experience, but also possesses management experience in a variety of positions, including serving as the Chief Financial Officer for a small community hospital. She speaks frequently to HFMA chapters and healthcare providers, as well as other professional associations.

Ms. Wolfskill received a BA cum laude from Wittenberg University and a Master of Arts degree from The University of Delaware.

Ted Woodrell, FACHE

Healthcare veteran Ted Woodrell has more than 30 years of hospital operations and financial management experience; he has served in leadership positions with hospitals and healthcare systems of varying complexities in both rural and urban markets. Prior to joining Quorum Intensive Resources in 2010, Ted served as CEO of Sparks Health System, a multi-organization system including 492-bed Sparks Regional Medical Center. He also previously served as CEO of the University of Mississippi Medical Center (UMMC) Hospitals and Clinics, where he managed overall operations of seven healthcare entities and was credited with The University Hospitals and Clinics' ranking on Thomson Reuters' "Top 100 Hospitals" list.

Other career highlights include the co-founding of Jackson Medical Mall, a one million-square-foot joint community and university medical center; the development and management of a comprehensive managed care strategy for both the hospitals and faculty at UMMC; and the development and implementation of strategic and operational changes that led to University Hospitals and Clinics being recognized by Modern Healthcare as one of the top 10 growth hospitals in the United States (1998).

Education

Master of Public Administration, Healthcare Administration, University of Missouri at Kansas City
Bachelor of Science, Accounting, Emporia Kansas State College

REGISTRATION, FEES, AND CONTINUING EDUCATION CREDITS

Early Bird Discount

Expires on May 1, 2014

Registration is available exclusively through our website at www.thespringinstitute.org/register/.

	By May 1, 2014	May 1, 2014 or Later
Full Institute		
HFMA Member	\$175.00	\$225.00
HMFA Student Member	\$125.00	\$175.00
Non-Member	\$225.00	\$275.00
Single Day		
HFMA Member	\$100.00	\$150.00
HFMA Student Member	\$50.00	\$100.00
Non-Member	\$150.00	\$200.00
Guest Tickets		
Monday Reception	\$35.00	\$35.00
Monday Crawfish Boil	\$35.00	\$35.00
Tuesday Lunch	\$35.00	\$35.00
Tuesday President's Reception and Dinner	\$50.00	\$50.00
CPA Ethics Course & FASB Update Only (4 CPE Hours)	\$75.00	\$75.00

Cancellation Policy

Request for cancellation and refund of registration fees must be received by May 9, 2014 or a \$50 chapter administrative fee will be assessed. To cancel, please e-mail registration@thespringinstitute.org.

CPE Credits

TNHFMA recommends a maximum of 18.0 hours CPE for the 2014 Spring Institute. The Tennessee Chapter of the Healthcare Financial Management Association (HFMA) is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.



For complaints regarding educational programs provided by TNHFMA please contact our Programs and Education Chair, Kelly Miller, at programs-education@tnhfma.org. Please direct questions about CPE, including certificates, to our CPE Coordinator, Gayle Culpepper, at cpe@tnhfma.org.

Program Level: Basic

Prerequisites: None

Advanced Preparation: None

Delivery Method: Group live

Handouts

In an effort to be *green*, printed handouts will not be provided. However, handouts will be posted to the institute website. Attendees will be e-mailed when handouts are available.

CONFERENCE INFORMATION

Hotel

Reservation Deadline: April 25, 2014

The 2014 Spring Institute will be held at the Cool Springs Embassy Suites in Franklin, TN. Please make your reservations no later than April 25, 2014 to take advantage of our group rate of \$159/night (plus taxes and fees). To reserve a room, please call (615) 515-5151 and ask for reservations. Please indicate you are part of the TN Healthcare Financial Management block of rooms. Information to make online reservations is available on our website.

Smoking and Dress Policy

A "No Smoking Policy" has been adopted for all meetings. "Business Casual" attire is appropriate for all educational meetings and activities.

Special Dietary Needs

Please indicate any special dietary needs on your registration, so we can try to accommodate your request. If you are not planning to attend any of the meal functions, please indicate this as well. This information will be useful in planning the number of meals to be served. Thank you for your cooperation.

Door prizes

There will be prize drawings held on Wednesday, May 21, at the close of the meeting. You must be present to win!!

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