STROUDWATER

FY 2018 Flex Program Offerings

An inventory of consulting engagements, network facilitation services and technology solutions for Critical Access Hospitals organized according to the Medicare Rural Hospital Flexibility grant guidance.

The following Stroudwater programs have been developed to conform to the Funding Extension Progress Report Program Specific Instructions (4-H54-18-001)

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PROGRAM AREA 1:

QUALITY IMPROVEMENT

NEW ACTIVITY A: CAH SWING BED WEB APPLICATION

Relates to **Activity 1.05**

METHODOLOGY:

In partnership with the University of Minnesota Rural Health Research Center (UMRHRC), Stroudwater has developed the national standard for CAH swing bed clinical outcome measures. Based on a set of patient-level data elements collected by the clinical team during a swing bed episode of care, participating hospitals will have the ability to analyze, report and benchmark their performance relative to other CAHs, and perhaps more importantly, against PPS post-acute providers such as long-term care facilities and skilled nursing facilities. The secure, HIPAA-compliant web-based application has been designed to test and drive the future development of public reporting systems for small and rural hospitals. The program—including the design of the performance measures, the creation of a paper-based data collection tool and the implementation of a web-based application—is a turnkey opportunity for CAHs and Flex grantees to participate in a performance improvement project for a vital service offered to rural communities.

NOTE: Consulting services to support analysis, interpretation and action planning related to the CAH Swing Bed Web Application as well as the development of a comprehensive swing bed program are available as a separate engagement with Stroudwater's rural clinical team.

OUTPUTS:

To ensure core competencies, CAHs will participate in a comprehensive education and training program prior to utilizing the Swing Bed Application. This research-grade curriculum will include the successful completion of a standardized Inter-Rater Reliability (IRR) testing process to ensure hospitals have demonstrated the required level of competency to be included in the national benchmark data warehouse. Upon completion of the IRR training and education process, CAHs will have unlimited, 24x7 access to the CAH Swing Bed Web Application that provides for the collection, reporting and peer-group benchmarking of data elements (for all swing bed patients, not just Medicare beneficiaries) required for the calculation of key risk-adjusted swing bed outcomes measures. Quarterly technical assistance webinars will be available and will review key performance areas including, but not limited to:

a. Swing bed program development and optimization
b. Marketing and promotion (internal and external)
c. Clinical processes and outcome best practices
d. Performance monitoring and integration into broader Quality Improvement program
e. Leadership development and accountability to stimulate swing bed program growth

OUTCOME MEASURES:

Number of CAHs utilizing the CAH Swing Bed Application; Number of CAHs that have modified their swing bed clinical processes based on findings from the benchmarking project; Number of CAHs improving swing bed patient clinical outcomes and functional levels based on hospital-specific, internal performance targets.

BUDGET:

The CAH Swing Bed Application has been developed with the expectation that cohorts of hospitals within states will band together to implement the program collaboratively. Therefore, we have created a tiered pricing model that scales according to the level of participation within a state. With the exception of existing states that volunteered for the current CAH Swing Bed field testing program starting April 1, 2018 in

partnership with Stroudwater and UMRHRC, the annual subscription fees (starting October 1, 2018) are as follows:

- 1-10 CAHs collaborating as a state cohort/Flex program -- $5,000 per State
- 11-25 CAHs collaborating as a state cohort/Flex program -- $7,500 per State
- 26+ CAHs collaborating as a state cohort/Flex program -- $10,000 per State

TIMELINE:
The CAH Swing Bed Web Application and supporting services will be available starting October 1, 2018 to synchronize with the six-month anniversary of the national field testing kickoff date. For CAHs interested in utilizing the web application, Stroudwater will provide training sessions during September 2018 (or earlier, if indicated) with ongoing webinar support during the 12-month subscription period.

NOTE: For CAHs that are interested in participating in the formal research-based field testing program as a mid-project entrant, they will begin education and participation for the required Inter-Rater Reliability (IRR) testing with UMRHRC and Stroudwater Associates in late summer 2018. Participation in data collection as mid-project entrants for the formal state and national project will begin October 1, 2018 and end March 30, 2019, but clinical process improvement monitoring and tracking through the Stroudwater web application will continue quarterly through August 31, 2019 to synchronize with the Flex grant fiscal year.

NEW ACTIVITY B: CAH QUALITY IMPROVEMENT PROGRAM ASSESSMENT

Relates to **Activity 1.05**

METHODOLOGY:
Quality Improvement (QI) Program Assessments concentrate on improvement opportunities in the CAH quality infrastructure by assessing care management processes to determine strategies for performance improvement. QI Assessment projects provide best practice recommendations that improve quality scores and reporting, care management, and transition-of-care performance. The recommendations provide guidance to hospitals for initiating community-based care coordination activities to support future population health management. Hospital teams work collaboratively with the consultant to implement recommended best practices that will improve care management and transition-of-care processes, as well as develop strategies to transition to a value-based system. The implementation of best practices is designed to improve patient outcomes and position hospitals for this transition to value.

OUTPUTS:
The methodologies are designed to assist hospitals with identifying opportunities for implementing best-practice recommendations. The quality-of-care project objectives may include the following:

- Perform a care management analysis that targets utilization review, discharge planning, care coordination and resource utilization to yield cost-effective quality outcomes that are patient-centric and safe.
- Evaluate inter-departmental coordination that impacts care management and transition of care.

- Evaluate the hospital's knowledge level regarding best-practice processes that impact patient-centered care and care coordination; these may include, but are not limited to, observation utilization, discharge planning, transition of care, and quality reporting.
- Assist the hospital team in developing an action plan with specific, measurable outcomes to improve performance while creating strategies that prepare the hospital to transition to a value-based system.

OUTCOME MEASURES:
The Quality Assessment site visit consists of a full day of interviews with clinical leadership, executive and management team members, medical staff and board members. The consultation visit focuses on identifying opportunities for operational and clinical quality performance, as well as discovering strategies that support the hospital's transition process. Additional data may be requested as follow-up to consultation. The day begins with a meeting with the executive team, and individual interviews with clinical staff and managers follow throughout the day. The day closes with an exit interview with the CEO. The Report of Findings Conference Call requires approximately two (2) hours for the executive and management teams. The session consists of presenting the report to the executive and management teams, the board members, medical staff, and any other key community champions the CEO chooses to invite.

BUDGET:
$25,000 per hospital (excludes direct travel expenses)

NOTE: Stroudwater encourages the implementation of a second, optional phase for the Quality Improvement Program Assessment project where a clinical executive consultant will facilitate an on-site full day report presentation and action planning. During the onsite planning session, the CAH management team will review Stroudwater's recommendations, create executable action plans with time frames, accountable parties and measurable outcomes. This optional phase also incorporates ongoing consultant assistance remotely during a 6-month period. The additional fee for the Action Planning Phase 2 is $7,500 (excludes direct travel expenses).

TIMELINE:
Upon identification of participating CAH(s), engagement will begin within 30 days with project completion and final report submission within 60 days of the start of the project.

ACTIVITY C: QUALITY IMPROVEMENT BENCHMARKING NETWORK (REQUIRED)

Relates to **Activity 1.01 through 1.05**:

Activity 1.01(Required): Improve patient safety in CAHs and the community by ensuring all health care providers and eligible patient populations receive their influenza vaccinations.

Activity 1.02 (Required): Improve the patient experience of care through use of the Hospital Consumer Assessment of Healthcare Providers and Systems survey

Activity 1.03 (Required): Improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.

Activity 1.04 (Required): Improve the care provided in CAH outpatient settings in order to improve patient outcomes.

Activity 1.05 (Optional): Improve patient safety and health outcomes in CAHs through other measures.

METHODOLOGY:

As an initial step, Stroudwater will collaborate with the Flex grantee to develop an inventory of participating CAHs within the state. To ensure that every CAH has an understanding of MBQIP required quality core measures, consultant will conduct an on-site network meeting for all the state CAHs to encourage onboarding and create systemness across CAH Quality Improvement staff if this has not been the process at this point. Stroudwater will work with individual hospitals via webinar in networks where hospitals have been working together as an official or unofficial network on reporting quality measures. MBQIP measures 1.01, 1.02, and 1.04 will be reported by hospitals through CMS using CART or for-profit data collection and reporting vendors. MBQIP measure 1.03 will be reported using an Emergency Department Transfer Communication (EDTC) Excel spreadsheet provided by Stroudwater. The Excel spreadsheet will be completed on no less than a monthly basis by hospitals and reported to Stroudwater analysts quarterly. Stroudwater will compile submitted data and prepare a report for the Flex grantee, which is then reported to HRSA on a quarterly basis.

Stroudwater data analysts will compile and transform hospital data using the quarterly HRSA reports provided by the Flex grantee and prepare peer-group comparison charts for all measures across the state and national CAH cohorts using the Stroudwater Tableau visualization platform. Resulting benchmark analyses will be provided to participating CAHs and the Flex grantee on a quarterly basis, ideally at onsite Quality Improvement meetings. Consultant will develop agendas and facilitate the distribution of content, best practices and recommendations during the course of the project year. Education components of the meetings will be related to measures where there are opportunities for improvement, including a full series on improving patient engagement as measured by HCAHPS.

OUTPUTS:

Process measures for the project will include the identification of participating CAHs, distribution and support for quarterly data collection of quality MBQIP metric including assistance with using the EDTC Excel spreadsheet, ongoing technical assistance and support, and facilitation of quarterly (preferable), full-day onsite quality benchmarking network meetings.

OUTCOME MEASURES:

Number of CAHs improving performance on network/MBQIP defined set of performance metrics required by the FORHP as part of Flex-funded technical assistance; Number of CAHs demonstrating improvement on network-identified performance measures.

BUDGET:

Available upon request. Pricing is dependent on the number of participating CAHs, the number of meetings per year and the requested level of support between network meetings as well as the amount of involvement the Flex grantee can invest in collecting data regarding EDTC (Activity 1.03) and prepare the SORH HRSA report.

TIMELINE:

Upon identification of participating CAHs, Consultant will work with the Flex grantee to develop a 12-month calendar of events including quarterly (preferable) onsite network meetings. The Quality benchmarking network has been designed to continue on a multiple-year basis including programmatic changes to the measures as guided by HRSA.

ACTIVITY D: QUALITY IMPROVEMENT BENCHMARKING NETWORK (OPTIONAL)

Relates to **Activity 1.06** through **1.08**

Activity 1.06 (Optional): Improve care transitions from CAHs to other healthcare settings through improved Discharge Planning.

Activity 1.07 (Optional): Improve care transitions through improved Medication Reconciliation activities

Activity 1.08 (Optional): Improve the care provided in CAH Outpatient and Emergency Department settings through additional measures.

METHODOLOGY:

Stroudwater will assist the Flex grantee to develop a survey to determine the level of interest in working on any of the optional quality measures as described in Activities 1.06, 1.07 and/or 1.08. If there is sufficient interest from the CAHs and support from the Flex grantee, a process and timeline will be agreed upon to determine measures associated with each activity chosen. A baseline from the participating hospitals and target goal for improvement on measures associated with these activities will be set. Stroudwater will work with the Flex grantee and interested hospitals to develop a process to report measures on a monthly or quarterly basis for chosen quality improvement processes in Activities 1.06 to 1.08.

Stroudwater data analysts will compile and transform hospital data using the quarterly HRSA reports (as indicated) provided by the Flex grantee and prepare peer-group comparison charts for all measures across the state and national CAH cohorts using the Stroudwater Tableau visualization platform. Frequency of meetings or webinars to discuss best practice will be determined based on the complexity of the improvement project. Technical assistance will be provided via conference calls to individual hospitals that are experiencing more challenges. Stroudwater will develop agendas for meetings and facilitate the distribution of content, best practices and recommendations during the course of the project year(s). On-site meetings for improvement projects related to activities 1.06 to 1.08 could take place the day preceding or following the quarterly MBQIP meetings or at other times to be determined by the network CAHs participating in special activities and/or the Flex grantee.

OUTPUTS:

Process measures for the project will include the identification of participating CAHs, the distribution and support for monthly or quarterly data collection of metrics, ongoing technical assistance, support and facilitation of agreed upon onsite quality benchmarking and educational network meetings.

OUTCOME MEASURES:

Number of CAHs participating in optional quality improvement activities as well as improving performance on network-defined performance metrics.

BUDGET:
Available upon request. Pricing is dependent on the number of participating CAHs in the special activities, the number of meetings per year and the requested level of support between network meetings.

TIMELINE:
Upon identification of participating CAHs, Consultant will work with the Flex grantee to develop a calendar of events including frequency of onsite network meetings. The Quality Improvement benchmarking network has been designed to continue on a multiple-year basis including changing the measures as required by HRSA.

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NOTE:
Needs may be identified for continuing education and technical assistance that would be useful for network CAHs. Stroudwater can provide day-long programs to the group that would lead to better quality measures, improved patient outcomes, increased patient engagement, potential for improved revenue, etc. For CAHs needing more comprehensive analytics and consulting support, Stroudwater provides a more in-depth clinical assessment of individual hospitals including projects such as Hospital Wide PI/QI Process Improvement, Clinical Operational Process Improvement, Care Management Process Improvement to include Utilization Review, Discharge Planning and Transition of Care, Emergency Department Throughput Analysis, Patient Engagement Process Improvement, Staff Engagement & Team Building Engagement, that involves more client interaction and results in a report of findings and recommendations as well as the facilitation of an action planning and support.

*See **Stroudwater Quality Improvement Activity B** above for a more detailed treatment of a comprehensive, hospital-specific Quality Assessment.*

PROGRAM AREA 2:

FINANCIAL and OPERATIONAL IMPROVEMENT

NEW ACTIVITY A: RAPID STRATEGIC PLANNING

Relates to: Financial and Operational In-depth Assessment(s) and Action Planning

METHODOLOGY:

As healthcare provider organizations transition from a fee-for-service to a population-based payment environment, it is essential that strategic plans ensure alignment of the delivery system with the payment system to foster a true *healthcare* (rather than sick care) system. Using its Rapid Strategic planning (RSP) model, Stroudwater will facilitate a process – including data analysis, education and interviews -- that culminates with an interactive session where the hospital leadership team (in partnership with Stroudwater) develops an actionable strategic plan that positions the organization to maximize success during the transition to population- and value-based payment systems.

OUTPUTS:

Upon completion of the Rapid Strategic Planning engagement, the organization (Board, providers, and management) will:

- Become educated on current developments in federal and state healthcare, as well as the continued impact of shifting toward a value-based healthcare environment
- Calculate current and projected market utilization of healthcare services, as well as current market share provided by the organization;
- Quantify recommended versus available provider complement by specialty
- Understand the continuing evolution of payment toward value-based healthcare
- Develop an actionable strategic plan, taking into account components such as Quality and Operational Efficiency, Provider Alignment, Service Area Rationalization, Development of a Population Health Infrastructure, and the Transition of the Payment System
- Craft a written strategic plan to be shared and adopted by the Board

OUTCOME MEASURES:

Key success metrics for the engagement include:

- Development and Board adoption of a written strategic plan
- Organizational acceptance of the selected strategic direction
- Increased understanding of current and projected market volumes for clinical services
- Identification of short-term opportunities for increased efficiency and fee-for-service revenue capture

BUDGET:

The Rapid Strategic Plan engagement can be accomplished for $44,000 plus direct travel expenses (airfare, hotel, meals, etc.).

TIMELINE:

Step 1 Data Request and Preparation: Stroudwater will begin by submitting a data request to the organization. We would like to have the data back in our office one month before our on-site session. After

receiving data, we will complete the market analysis and internal assessment (high level review of volumes, finances, provider complement, etc.).

Step 2 – On Site Session (2.5 days): Two Stroudwater consultants will arrive on site during the afternoon of **Day 1** to tour the facility and meet with the CEO. During a dinner meeting, we will deliver an educational presentation for the Board, Physicians, and Management describing the future of rural healthcare and how it will respond to the ongoing changes and challenges in the industry. On **Day 2**, the Stroudwater consultants will conduct one-on-one or group interviews (approximately 14-16 total slots available) using questions provided in advance to gather a broad perspective on the organization. On **Day 3**, the Stroudwater team will summarize the interviews in the morning and deliver an internal assessment presentation to the management team from approximately 10am-12pm. From 12pm through 5pm, the Stroudwater team will facilitate a session with the Senior Team and key physicians to co-create the organization's strategic plan in response to the changing industry. On the evening of Day 3, Stroudwater will present an abbreviated internal assessment to the board/medical staff and the senior team will then present their strategic plan, with assistance as needed from Stroudwater.

NEW ACTIVITY B: PROVIDER ALIGNMENT IMPACT ANALYSIS

Relates to: Operational Assessments

DISCUSSION:
Based on an analysis of CAH financial and operational performance, Flex grantees now have an option to allocate funds for more in-depth identification of improvement opportunities for CAH-owned provider-based Rural Health Clinics (PB-RHC) and or other off-campus healthcare sites to improve the overall financial picture of the CAH. The Provider Alignment Impact Analysis engagement has been tailored to the Flex guidance to provide a cost-effective means for grantees to improve the financial and operational performance of CAH-owned PB-RHCs and other off-campus healthcare sites.

METHODOLOGY:
Consultant will conduct analysis, work with CAH staff, and generate a report containing financial analysis and recommendations. Work steps for the Provider Alignment Impact Analysis include: a review of historic utilization by procedure code and payor, the impact of each practice location on CAH cost-based reimbursement, evaluation of average charge and payment per face-to-face encounter, the impact of alternative designations on reimbursement, delineation of provider-based assumptions, evaluation of the provider complement at each practice location, and an evaluation of provider productivity.

OUTPUTS:
Process measures for the project will include the identification of participating CAHs, the completion of the initial analyses, virtual interviews as necessary, and the generation and distribution of hospital-specific reports.

OUTCOME MEASURES:
As a whole, the number of CAHs targeted for Provider Alignment Impact Analysis based on analytics. Specific CAHs will see improvement in financial and operational performance, when compared to current performance, for CAH-owned PB-RHCs and other off-campus healthcare sites.

BUDGET:

Available upon request. Note that pricing is dependent on the number of practice locations evaluated at each CAH. Historically, the price ranges from $15,000 for a single primary care practice in a low-complexity market up to $45,000 for an engagement with multiple practice types within a competitive market encompassing a complex range of primary and specialty practice designation options.

TIMELINE:
Upon identification of participating CAH(s), engagement will begin within 30 days with project completion and final report submission within 60 days of the start of the project.

NEW ACTIVITY C: PRACTICE REDESIGN & OPTIMIZATION

Relates to: Operational Assessments

DISCUSSION:
Practice redesign focuses on team-based clinical workflows to enhance practice efficiency while improving provider, patient and staff engagement. Implementing team-based care leads to long-term financial sustainability for the practice through increased practice revenue, optimized provider:patient time, and reduced opportunity costs due to provider turnover. Standardized protocols reduce clinical variation and diminish operating costs. More important, team-based care establishes a strong foundation for success under value-based payment models.

METHODOLOGY:
Stroudwater will develop a scalable, high-functioning practice where providers, staff, patients and families work together to improve the health and well-being of a panel or population of patients while reducing reliance on sick or episodic care. The project scope includes three sequential phases where each phase provides complementary value on the progression toward a high-functioning, durable primary care practice. The **first** phase centers on a comprehensive assessment including pre-onsite planning with identification of a pilot practice team and the gathering of data about the practice. The project kick-off includes a two-day on-site visit with an educational workshop around practice redesign and a diagnostic assessment of current practice operations and workflow. A report of findings, analysis and recommendations (the "Assessment") will be presented virtually (or in person for an additional fee, if requested) with full discussion identifying realizable opportunities and also barriers to change. The **second** phase includes an on-site visit approximately 15 days after the virtual presentation will help the team work collaboratively to document the design specifications, workflows, accountabilities and policies and procedures that are scalable and adaptable to the organization. The **third** phase includes active, hands-on implementation support from the Stroudwater team. This ongoing support will be available through onsite facilitation and virtual/telephone interaction to support the transformation process, and also for ongoing feedback and consultation over a 6-month implementation period.

OUTPUTS:
Each of the three (3) phases of the Practice Redesign program provides a unique deliverable and advisory process. Phase 1 culminates in a comprehensive Assessment report that summarizes the current state of the practice in terms of strengths and vulnerabilities as well as readiness to embrace key success factors. Phase 2 includes a documented roadmap of action steps and policies necessary to establish the Redesign best practices. Phase 3 deliverables manifest as the demonstration of improved efficiency, patient engagement, financial performance and quality provider satisfaction.

OUTCOME MEASURES:
Typically, practices will see improvements in productivity of up to 50% with corresponding increases in gross patient revenue and profit margin. Enhanced efficiency allows for increased capacity to improve patient access and convenience. Patient experience surveys will reflect the support of the entire team, and patients who are working closely with the practice as part of the team will have better health outcomes. Providers will be more engaged and willing to go the extra mile, providing more personalized care. Provider turnover will be reduced due to lower rates of burnout.

BUDGET:
The Practice Redesign and Optimization engagement can be divided into three (3) interdependent, sequential phases. The phases have been designed to scaffold off one another with the Assessment informing the Planning phase. The implementation phase encompasses a set of onsite, facilitated processes and leadership support to ensure effective adoption and spread of best practices. The price range for each phase is predicated on the count of providers (physicians and advanced practitioners) and support staff (medical assistants):

Phase 1: Assessment: $15,000-$20,000
Phase 2: Planning: $12,000-$17,000
Phase 3: Implementation: $15,000-$20,000

Hospitals/provider-based practices have the option to pursue one or more of the sequential phases based on need and internal resources. The total project cost will include professional fees plus direct travel expenses (airfare, hotel, meals, etc.).

TIMELINE:
The Assessment report of findings will be issued approximately 30 days following the first on-site visit. Virtual presentation of findings, analysis and recommendations will be completed within the next 30 days. Timing for subsequent Redesign phases will be negotiated at the conclusion of Phase 1 activities.

ACTIVITY D: FINANCIAL BENCHMARKING NETWORK

Relates to: Financial and Operational In-depth Assessment

METHODOLOGY:
Stroudwater will develop an inventory of participating CAHs within the state and provide an Excel-based workbook for monthly data entry of income statement and balance sheet data. Consultant will compile submitted data and resulting benchmark analyses will be provided to participating CAHs and Flex grantee at quarterly onsite benchmarking meetings. Stroudwater will develop agendas and facilitate the distribution of content, best practices and recommendations during the course of the project year.

OUTPUTS:
Process measures for the project will include the identification of participating CAHs, distribution and support for monthly data collection of financial metric source data (income statement and balance sheet), ongoing technical assistance and support and facilitation of quarterly, full-day onsite financial benchmarking network meetings.

OUTCOME MEASURES:
Number of CAHs improving performance on network-defined set of performance metrics that conform to the 10 performance improvement metrics (PIMS) required by the FORHP as part of Flex-funded technical assistance.

BUDGET:
Available upon request. Pricing is dependent on the number of participating CAHs, the number of meetings per year and the requested level of support between network meetings.

TIMELINE:
Upon identification of participating CAHs, Consultant will develop a 12-month calendar of events including quarterly onsite network meetings. The financial benchmarking network has been designed to continue on a multiple-year basis.

ACTIVITY E_1: *LIMITED* FINANCIAL AND OPERATIONAL ASSESSMENT

Relates to: Financial and Operational In-depth Assessment

DISCUSSION:
Based on a statewide analysis of CAH financial and operational performance, often based on Flex Monitoring Team (FMT) metrics derived from Medicare Cost Reports, Flex grantees have an option to allocate funds for more in-depth identification of improvement opportunities for a subset of CAHs. For CAHs that would benefit from more focused interventions to improve financial and operational performance, a rapid-cycle engagement method providing the next level of analysis that yields hospital-specific recommendations is available from Stroudwater. Limited Financial and Operational Assessments have been tailored to the Flex guidance to provide a cost-effective means for grantees to offer high-level yet actionable performance improvement recommendations.

METHODOLOGY:
Stroudwater will perform analysis, conduct a half-day hospital site visit, and generate a report containing high-level (for example, Top 10) recommendations. Work steps for the Limited Financial and Operational Assessment include:

- Analysis of financial, operational, and utilization data, including analysis and recommendations related to the ten performance improvement metrics (PIMS) required by the FORHP as part of Flex-funded technical assistance
- Identification of current financially supportable services and potential new needed services
- Detailed description of market share, position, and market trends in the hospital service area including information on local and regional competition
- Volume-based departmental FTE benchmarking
- Physician practice/medical staff analysis
- Review of most current Medicare cost report for accuracy and operational improvement

OUTPUTS:

Process measures for the project will include the identification of participating CAHs, the completion of the initial analyses, completion of the site visit and the generation and distribution of hospital-specific reports.

OUTCOME MEASURES:
Number of CAHs targeted for Financial and Operational Assessments based on analytics; Number of CAHs achieving targeted improvement levels based on high-level recommendations.

BUDGET:
The Limited Financial and Operational Assessment engagement can be accomplished for $15,000 plus direct travel expenses (airfare, hotel, meals, etc.).

TIMELINE:
Upon identification of participating CAH(s), engagement will begin within 30 days with project completion and final report submission within 60 days of the start of the project.

ACTIVITY E_2: *COMPREHENSIVE* FINANCIAL AND OPERATIONAL ASSESSMENT

Relates to: Financial and Operational In-depth Assessment(s) and Action Planning

METHODOLOGY:
Stroudwater will perform a comprehensive market and facility competitive analysis, conduct a full-day hospital site visit for key stakeholder interviews, generate a comprehensive report containing recommendations, and provide an onsite action planning session based on identified recommendations and priorities. Work steps for the Comprehensive Financial and Operational Assessment may include, but will not be limited to, analysis of the following key areas:

- Environmental and Market Share Analysis
    - Service area population characteristics and trend analysis
    - Detailed description of market share, position, and market trends in the hospital service area including information on local and regional competition
- Physician Practice/Medical Staff Plan
    - Provider surplus/shortage analysis
    - Limited physician practice management assessment
- Financial and Operational Performance
    - Inpatient, outpatient and ancillary service utilization and resource use
    - Department staffing plan relative to benchmark standards
    - Quality of care and patient satisfaction relative to benchmark standards
    - Medicare Cost Report review to ensure optimal reimbursement
    - Finance functions review including third-party contract strategies, availability of decision support information, etc.
    - Business office functionality review, including billing and revenue cycle
    - Financial analysis, which includes analysis and recommendations related to the ten performance improvement metrics (PIMS) required by the FORHP as part of Flex-funded technical assistance

In addition, the Comprehensive Financial and Operational Assessment will assist the hospital to establish planning priorities and develop action steps to implement best practices that improve efficiency. The services assist hospitals leaders in determining opportunities that could position their facilities for the future.

OUTPUTS:
Process measures for the project will include the identification of participating CAHs, the completion of the initial analyses, completion of the site visit, the generation, distribution of hospital-specific reports, and action plan with steps to implement priority recommendations.

OUTCOME MEASURES:
Number of CAHs targeted for Financial and Operational Assessments based on analytics

BUDGET:
The Comprehensive Financial and Operational Assessment engagement can be accomplished for $45,000 plus direct travel expenses (airfare, hotel, meals, etc.).

TIMELINE:
Upon identification of participating CAH(s), engagement will begin within 30 days with a data request, while final report, action planning and project will be completed within 180 days of the start of the project.

REVENUE CYCLE MANAGEMENT

NEW ACTIVITY RC A: STRATEGIC PRICING WEB APPLICATION

Relates to: Revenue Cycle Management

METHODOLOGY:

Chargemasters are the foundation of the entire revenue cycle process and drive financial performance. But few hospitals effectively curate their chargemasters, set prices using comparative analytics or utilize industry best practices. In response, Stroudwater has developed a web application that serves as a hospital strategic pricing tool that enables hospitals to develop and implement defensible, market-based pricing strategies.

OUTPUTS:

Hospitals that participate in the Strategic Pricing program will upload their electronic Charge Description Master (CDM) file to the web portal and use the uploaded information to review and modify their chargemaster files and then use the information to perform external benchmark analysis against a national database of CDM data from rural and community hospitals. Hospitals will also be able to use the web application to update charge levels based on quarterly updates from the American Medical Association (AMA) and establish defensible, market-driven price rates for new services/procedures.

OUTCOME MEASURES:

Number of CAHs improving the integrity of CDM files as measures by a reduction in the most common errors; Number of CAHs that have modified their charge structure based on external benchmarks and internal process improvement.

BUDGET:

The Strategic Pricing application has been developed with the expectation that cohorts of hospitals within states will band together to implement the program collaboratively. Therefore, we have created a tiered pricing model that scales according to the level of participation within a state:

- 1-10 CAHs collaborating as a state cohort/Flex program -- $7,000 per CAH
- 11-25 CAHs collaborating as a state cohort/Flex program -- $6,000 per CAH
- 26+ CAHs collaborating as a state cohort/Flex program -- $5,000 per CAH

TIMELINE:

Participating hospitals will have unlimited, 24x7 access to the Stroudwater Strategic Pricing tool for a 12-month period. The program is available starting September 1, 2018.

ACTIVITY RC B_1: CHARGEMASTER REVIEW

Relates to: Revenue Cycle Management

METHODOLOGY:

Stroudwater will manage and facilitate a focused project related to a limited chargemaster review with work steps including a high-level review of CDM contents, identification of department-specific issues, provision of results to revenue-producing departments, and the development of a report including line item CDM detail for the implementation of best-practice description, revenue code assignment, and CPT / HCPCS assignment. Deliverables will also include a high-level utilization review, identification of best practices to address and

prevent issues, and best-practice chargemaster implementation and maintenance process training. As part of the final review process, consultant will offer the following presentations:

- How to Ensure Departmental Accountability and Ownership
- Best Practice Chargemaster / Revenue Capture Processes

OUTPUTS:
Process measures for the project will be specific to the hospital and may include, but will not necessarily be limited to:

a) the number of deleted codes, pre and post, within the chargemaster
b) the number of procedural charge codes without CPT assignment, and
c) the accuracy of chargemaster maintenance policies and procedures pre and post.

OUTCOME MEASURES:
Outcome measures will be specific to each participating hospital and will target growth in departmental gross revenue, improve initial claim submission rates, and improve cash flow.

BUDGET:
$15,000 per hospital with site visit (excludes direct travel expenses, billed without markup)
$10,000 per hospital with remote service provision

TIMELINE:
Project work will start with hospital team identification, an initial kickoff meeting with hospital leadership and a full-day site visit. Upon completion of the site visit, Stroudwater will generate a draft report for review with the hospital project team and hospital leadership and then issue a final report with actionable recommendations and identification of ongoing performance metrics. Remote criteria will mimic on-site service provision but will utilize webinars to minimize impact on facility staff. Anticipated timeframe is 2-3 months from delivery of data for on-site selection and 1 month from data submission for remote selection.

ACTIVITY RC B_2: REVENUE CYCLE ASSESSMENTS

Relates to: Revenue Cycle Management

METHODOLOGY:
Stroudwater will manage and facilitate a focused project related to the Revenue Cycle Assessment of three hospital-based departments. The assessment will include identification of issues/opportunities with hospital revenue cycle leadership, and interviews with business office staff, coding staff and identified department managers for the three (3) departments identified. For each targeted department, Stroudwater will identify best practices to address and prevent issues. Specific focus will be placed on provision and review of department revenue cycle reports. Strategies to incorporate ancillary revenue cycle components (coding and business office) into the department team will be discussed and action list provided. The business office review will focus on policies and procedures for improved quality, customer service and lower production costs. Additional detail governing contractual adjustments, bad debt, and self-pay collections will be provided.

As part of the project, consultant will offer two presentations:

- How to Develop a Denial Management Program
- How to Integrate Quality and Customer Service into your Revenue Cycle

OUTPUTS:
Process measures for the project will include, but will not necessarily be limited to:
a) Identification of the accuracy of the revenue cycle capture methodologies, pre and post, and
b) Measurement of the accuracy of the departmental chargemaster composition, pre and post.

OUTCOME MEASURES:
Outcome measures will be specific to each participating hospital and will target growth in departmental gross revenue, improved net reimbursement, and compliance.

BUDGET:
$15,000 per hospital with site-visit (excludes direct travel expenses, billed without markup)
$10,000 per hospital with remote service provision

TIMELINE:
Project work will start with hospital team identification, an initial kickoff meeting with hospital leadership and a full-day site visit. Upon completion of the site visit, Stroudwater will generate a draft report for review with the hospital project team and hospital leadership and then issue a final report with actionable recommendations and identification of ongoing performance metrics. Remote criteria will mimic on-site service provision but will utilize webinars to minimize impact on facility staff. Anticipated timeframe is 2-3 months from delivery of data for on-site selection and 1 month from data submission for remote selection.

ACTIVITY RC B_3: REVENUE CYCLE TEAM DEVELOPMENT

Relates to: Revenue Cycle Management

METHODOLOGY:
Consultant will manage and facilitate a focused project related to Revenue Cycle Team Development with work steps including identification of revenue cycle mission, creation of agenda and meeting components, and identification of team members. In addition, the project will include a review of available data components, creation of initial revenue cycle team reports, development of audit process, and review of payment cycle as it relates to revenue cycle in areas such as denials, self-pay, bad debt and customer service. Team leaders will be provided specific detail and mentoring on team leadership, report dynamics, establishment of expectations and incorporation of quality into their revenue cycle. As part of the project, consultant will offer the following presentations:

- How to Instill Departmental Ownership and Accountability, and
- How to Incorporate Best Practice Revenue Cycle Teams.

OUTPUTS:
Process measures for the project will include, but will not necessarily be limited to:
a) Measurement of the departmental revenue cycle meeting frequency, pre and post,
b) Measurement of departmental denial management report frequency, pre and post, and
c) Identification of facility-wide revenue cycle team mission statements pre and post.

OUTCOME MEASURES:
Outcome measures will be specific to each participating hospital and will target increased charge capture, mitigation of denials, and compliance requirements.

BUDGET:
$15,000 per hospital with site-visit (excludes direct travel expenses, billed without markup)
$10,000 per hospital with remote service provision

TIMELINE:
Project work will start with hospital team identification, an initial kickoff meeting with hospital leadership and a full-day site visit. Upon completion of the site visit, Stroudwater will generate a draft report for review with the hospital project team and hospital leadership and then issue a final report with actionable recommendations and identification of ongoing performance metrics. Remote criteria will mimic on-site service provision but will utilize webinars to minimize impact on facility staff. Anticipated timeframe is 2-3 months from delivery of data for on-site selection and 1 - 2 months from data submission for remote selection.

ACTIVITY RC B_4: PRICING STRATEGY DEVELOPMENT

Relates to: Revenue Cycle Management

METHODOLOGY:
Consultant will manage and facilitate a focused project related to the development of a patient-centric, defensible pricing strategy with work steps that review department-specific prices and utilization; provide an analysis of current pricing strategy; and develop and implement pricing policies for procedures, supplies and pharmaceuticals. The project will focus on pricing transparency, customer expectation and contract management. The project team will also identify potential revenue capture issues and discuss with individual departments, review process for provision of patient quotes, and meet with Revenue Steering Committee to discuss pricing impacts on patients and payors. As part of the project, consultant will offer the following presentations:

- How to Develop a Patient Centered Customer Service Platform
- How to Develop a Defensible Pricing Strategy

OUTPUTS:
Process measures for the project will include, but will not necessarily be limited to:

a) Identify the accuracy and representative nature of pricing policies governing technical and professional procedures pre and post
b) Identify the accuracy and representative nature of pricing policies governing pharmaceuticals, radiopharmaceuticals and contrast agent pre and post, and
c) Identify the accuracy and representative nature of the facility wide supply policy governing chargeable and non-chargeable supplies.

OUTCOME MEASURES:
Outcome measures will be the development of a hospital-specific, patient-centric, defensible pricing strategy that incorporates customer expectations and maximizes contractual opportunities.

BUDGET:
$15,000 per hospital w site visit (excludes direct travel expenses, billed without markup)
$10,000 per hospital with remote service provision

TIMELINE:
Project work will start with hospital team identification, an initial kickoff meeting with hospital leadership and a full-day site visit. Upon completion of the site visit, Stroudwater will generate a draft report for review with the hospital project team and hospital leadership and then issue a final report with actionable recommendations and identification of ongoing performance metrics. Remote criteria will mimic on-site service provision but will utilize webinars to minimize impact of facility staff. Anticipated timeframe is 2-3 months from delivery of data for on-site selection and one (1) month from data submission for remote selection.

ACTIVITY RC B_5: REMOTE PROCESS ANALYSIS

Relates to: Revenue Cycle Management

METHODOLOGY:
Consultant will manage and facilitate a focused remote process analysis of one (1) of the three available process analyses, selected by Client:

a) Coding processes,
b) Business Office processes, or
c) Revenue Cycle Documentation processes. Each process review is individual and distinct.

The **Remote Business Office Review** will be conducted via webinars and will focus on policies and procedures for account adjudication, denial management, provider education, report provision, report trending analysis, and customer service.

The **Remote Coding Office Review** will be conducted via webinars and will include a review of revenue recognition processes, timeliness, process bottlenecks, quality controls, documentation review, physician education process, auditing protocols, reporting methodologies, issue identification, trending, and resolution.

The **Revenue Cycle Documentation Improvement Analysis** will be conducted via webinars and will identify all areas within the facility that may be affected by poor Revenue Control/Documentation functionality. The review will quantify the impact of underachieving functionality; assist with a facility-specific technology assessment; and provide a suggested implementation plan to ensure total, compliant revenue recognition.

OUTPUTS:
Process measures for the project will include, but will not necessarily be limited to, development of framework to:

a) create budget to correct issues,
b) provide a schedule to ensure proper training,
c) evaluate ordering and preauthorization requirements from/to community partners,
d) examine effect of implementation schedule on departmental and physician productivity,
e) identify training and education needs and resources,
f) assess overall budget impact (costs and loss of revenue if schedules are impacted), and

g) suggest trial implementation and testing strategies.

OUTPUTS:
Upon completion of the chosen review, facilities will receive a written report detailing best practices, issues, remedies, and next steps. A conference call will be scheduled to review findings and discuss process improvement opportunities.

OUTCOME MEASURES:
Outcome measures will be specific to each participating hospital and will target process improvements to reduce rework, increase charge capture and mitigate denials, and meet compliance requirements.

BUDGET:
$5,000 per review per hospital (excludes direct travel expenses, billed without markup). Hospital can select one, two or all three review options.

TIMELINE:
Project work will start with hospital team identification and an initial kickoff meeting with hospital leadership. All reviews will be conducted remotely via webinar. Upon completion of the interviews, Stroudwater will generate a draft report for review with the hospital project team and hospital leadership, and then issue a final report with actionable recommendations and identification of ongoing performance metrics. Anticipated timeframe is 4 – 6 weeks.

ACTIVITY RC B_6: HIGH LEVEL CHARGEMASTER REVIEW

Relates to: Revenue Cycle Management

METHODOLOGY:
Consultant will manage and facilitate a focused project related to a limited chargemaster review, with work steps including a high-level review of CDM contents and a review of the most recent CPT/HCPCS updates and impact from the most recent CMS Final Rule. Deliverables will also include a review of pricing parameters. The review will be presented in a formal report that details findings and illustrates next steps. Stroudwater will schedule a conference call to review the report and create an action plan to address issues and leverage best practices.

OUTPUTS:
Process measures for the project will include, but will not necessarily be limited to:

a) Number of deleted codes, pre and post, within the chargemaster
b) Identification of missing codes or companion codes
c) Number of procedural charge codes without CPT assignment, and
d) Accuracy of chargemaster maintenance policies and procedures pre and post.

OUTCOME MEASURES:
Outcome measures will be specific to each participating hospital and will target growth in departmental gross revenue, improved clean claim submission rate, and compliant reimbursement.

BUDGET:
$5,000 per hospital which includes written report and conference call to review findings.

TIMELINE:
Project work will start with hospital team identification and an initial kickoff meeting with hospital via conference call. Consultant will review data elements, finalize the report and discuss the analysis via conference call with the designated hospital team. The report will detail actionable recommendations and identification of ongoing performance metrics. Anticipated timeframe is one month.

PROGRAM AREA 3:

POPULATION HEALTH MANAGEMENT

NEW ACTIVITY A: POPULATION HEALTH BASED STRATEGIC PLANNING

Relates to Activity 3.04: Population Health Improvement Activity

DISCUSSION:

Federal healthcare reform was passed in March 2010 with sweeping modifications to healthcare systems, payment models and insurance benefits. Many substantive changes are currently being implemented, including a transition from fee-for-service (FFS) toward value-based payment models. Participation in an ACO, while part of a population health strategy, is only one component, and must be implemented in concert with other key initiatives. Identification of shared objectives, coherent steps toward meeting those objectives, and the acquisition of actionable data to guide decision-making for all stakeholders will be critical for organizations in positioning themselves for success under transformed payment and delivery systems. Stroudwater will assist in gaining experience at relatively low risk in the current payment environment with the essentials of quality metrics, performance improvement and payment incentives. We strongly advocate the use of current quality and fee-for-service incentives to fund population health infrastructure while preparing for full-risk capitated and provider-based health plans.

METHODOLOGY:

Stroudwater will provide an overall strategic assessment of the participating CAH's current population health/value-based payment strategy, including an assessment of local markets, service area population characteristics and trend analysis, population health data review, competitive analysis, and payer analysis including self-funded employer plans. A limited assessment of financial and operational performance relative to benchmarks, current medical spending relative to at-risk subpopulations, and assessment of current quality and patient experience performance relative to peers will be provided. Medical staff alignment and engagement will be assessed along with an analysis of provider surplus/shortages. Standardized clinical protocols based on evidence-based medicine will be identified and adapted to current operations in order to reduce clinical variation, improve care management, and promote quality and utilization scores that provide benefit under FFS and population-based payment structures. Provider compensation will be evaluated for opportunities to transition from work-RVU-dominated models to incorporate consideration of panel size and care management with relevant quality measures.

OUTPUTS:

- Provide analysis and recommendations to better leverage current assets in a fee-for-service environment that is rapidly evolving toward value-based payment models and a population-health-based mindset.
- Emphasize improved alignment with primary care providers to help build a strong foundation for value-based care model delivery.
- Assist with promoting interdependent relationships with developing regional systems. Identify optimal design and alignment with population health payment best practices and evaluate payer willingness to transition to value-based payment models.
- Develop prospective infrastructure for population health and care management with models for strong attribution and retention of patients.
- Identify and deploy robust data platforms for predictive analytics delivered in real-time that are patient-specific and actionable.

OUTCOME MEASURES:
Key success factors include:

- Achieve robust data analytics, patient engagement, provider alignment and team-based models of care.
- Create interdependent relationships with primary care providers at contractual, functional and governance levels.
- Enhance efficiency in clinical practice operations based on physician-led team-based practice models that promote increased productivity and increased profit margins while reducing fixed costs.
- Prioritize access and convenience for patients, including creating access for patients through multiple channels, as a way to enhance patient engagement and accountability for health outcomes.
- Optimize existing quality and utilization incentives in commercial health plans.
- Emphasize provision of and billing for annual wellness visits, chronic care management, transitional care management and advance care planning.
- Assist organization in aggressively pursuing improved quality scores to increase MIPS/Advanced Alternative Payment Model (Advanced APM) incentives under MACRA.
- Provide critical transitional framework to allow organizations to adopt more advanced alternative payment models involving greater potential financial risk and benefit, such as shared savings models for ACOs, and Advanced APMs under MACRA.
- Promote predictive analytics and risk stratification to aggregate data from disparate platforms such as EHRs, claims, reference labs, HIEs and registries to help prioritize interventions based on chronic conditions, health status and social determinants of health, and gaps in care.
- Deploy actionable information and decision support directly into clinical workflows to guide care management and transitions of care in a dashboard format to effectively stratify and manage chronic conditions and predict rising risk populations through examination of cost and utilization data.
- Examine current self-funded health plan design to identify opportunities to incorporate best practices for early intervention to improve health outcomes.

BUDGET:
$44,000 per hospital (excludes direct travel expenses)

TIMELINE:

- Pre-visit planning will include a thorough review of hospital financial, operational and clinical volume data.
- Stroudwater will schedule an initial onsite visit to meet with senior management, key staff, physicians and population health coordinators to clarify strategic issues and priorities. Meetings with area business leaders and board members will help define industry health priorities of key stakeholders.
- Preliminary site visit findings will be presented during an exit interview.
- A second onsite visit will incorporate a presentation of full findings, analysis and recommendations to the leadership team, board and medical staff.
- Facilitation of defining objectives will include action planning for a 24-month period.

- In addition, our comprehensive report will serve as a Management action plan with timelines to guide the organization as it positions itself for success in population health management and value-based payment models.

ACTIVITY OPTION B: POPULATION HEALTH PROFILE

Relates to Activity 3.01: Statewide CAH Population Health Management Needs Assessment

METHODOLOGY:

Stroudwater will develop an inventory of participating CAHs within the state and generate a set of population health analyses and reports that identify and integrate market-based Medicare beneficiary costs and county-specific health status risk factors. Resulting analytics will provide a quantitative roadmap for allocation of Flex grant funds for more in-depth population health management activities.

OUTPUTS:

Process measures for the project will include the identification of participating CAHs, the generation and distribution of hospital-specific population health profiles to CAHs, the generation and distribution of the statewide profile and presentation of findings/analytics by Consultant to grantee and CAHs.

OUTCOME MEASURES:

Number of CAHs participating in the program.

BUDGET:

$2,000 per hospital up to a maximum statewide cost of $40,000.

STROUDWATER RURAL CONSULTING TEAM

ERIC SHELL, DIRECTOR • eshell@stroudwater.com • 207-221-8252

Stroudwater's Rural practice leader, Eric Shell has over 27 years of experience in healthcare financial management and consulting. Since joining Stroudwater in October 1997, his areas of responsibility have been to assist rural hospitals, rural health clinics, and physician group practices in improving financial and operational performance and developing strategic and operational plans. Eric is often a featured speaker at state, multi-state, and national rural conferences presenting on the future of rural healthcare, CAH financial, and reimbursement issues, as well as rural-hospital performance improvement.

GREGORY WOLF, PRINCIPAL • gwolf@stroudwater.com • 207-221-8251

Gregory Wolf recently rejoined Stroudwater Associates, where he formerly led development of information technology-based solutions for healthcare providers and implemented performance management and benchmarking systems for community and rural hospitals. Before returning to Stroudwater, Greg spent four years at iVantage Health Analytics, where he established programs to assist community and rural hospitals/hospital networks to identify performance improvement and operational efficiency opportunities.

LINDSAY CORCORAN, SENIOR CONSULTANT • lcorcoran@stroudwater.com • 207-221-8262

Lindsay Corcoran is an accomplished consultant and practice management professional with over ten years of healthcare and medical office experience. Lindsay focuses on supporting and sustaining healthcare access for rural communities through hospital operational improvement and affiliation strategies and has assisted rural and community hospitals and clinics across the country to improve operational and financial performance.

MATT MENDEZ, SENIOR CONSULTANT • mmendez@stroudwater.com • 207-221-8278

Matt Mendez is a healthcare professional with over 19 years of executive and consulting experience. He has worked in a variety of settings, ranging from an academic medical center to a small community hospital within an integrated delivery system. Before joining Stroudwater, Matt consulted within the North Carolina Hospital Association, PricewaterhouseCoopers' healthcare practice, and on an independent basis. Matt also served as CEO and COO of two not-for-profit community hospitals, where he was responsible for strategy and overall operations prior to his consulting roles.

JONATHAN PANTENBURG, SENIOR CONSULTANT • jpanetenburg@stroudwater.com • 207-221-8253

Jonathan Pantenburg joined Stroudwater in 2016 and brings to the firm a strong record of leadership in rural healthcare. A highly accomplished, results-driven senior executive, Jonathan has over 12 years of progressively responsible experience advising profit, non-profit, and governmental entities through complex issues including cost reduction, acquisitions, contracts, financial analysis, and operations. At Stroudwater, he brings his expertise to the Rural team.

CARLA BROCK WILBER, SENIOR CONSULTANT • cwilber@stroudwater.com • 207-221-8276

Carla Brock Wilber, an accomplished nurse administrator with an extensive background in critical care, education, and emergency services, joined Stroudwater in 2014. Carla came to Stroudwater from Wake Forest Baptist Health-Lexington Medical Center, where she was Director of Enterprise Excellence; in this capacity, she led, facilitated, and supported the Lean transformation initiative across the continuum of care and health systems. Previously, Carla held the positions of Director, Emergency Services and Nursing Administration; Director, Ambulatory Nursing and Operational Excellence; and Director of the Critical Care Department, all at WFBH-Lexington Medical Center.

HEIDI LARSON, CONSULTANT • hlarson@stroudwater.com • 207-221-8260

A family physician with over 20 years' clinical experience, Heidi is passionate about leveraging the power of relationships to build strong primary care networks. Bringing entire practice teams together and helping to define shared values and goals, Heidi helps organizations establish a framework for constructing scalable and adaptable models for change. Whether independent or hospital-based, practices can use redesign techniques to create more capacity, improve profit margins, and prepare for success under value-based payment models. Before joining Stroudwater Associates, Heidi spent 15 years in solo practice in Portland, Maine, where she served as a liaison between independent physicians and the Maine Health Physicians Hospital Organization.

PAULA KNOWLTON, SENIOR ANALYST • pknowlton@stroudwater.com • 207-221-8259

Paula Knowlton is an experienced consultant, practice manager and data analyst who supports clients in understanding and interpreting the story their data is telling. Paula recently rejoined Stroudwater Associates, where formerly she collaborated in the development and teaching of performance management tools that guided hospitals in tracking and trending performance measures. Her expertise in technology, and more importantly the lessons learned through work with hundreds of hospitals, give her an edge in helping healthcare leaders to monitor and improve performance. Before rejoining Stroudwater, Paula served for over 10 years as Client Relations Manager with iVantage Health Analytics.

GREGG LATHROP, SENIOR ANALYST • glathrop@stroudwater.com • 207-221-8266

Gregg Lathrop, Stroudwater analyst since 2007, creates detailed client performance assessments by combining public, subscription, and client data to inform consultant recommendations in areas such as demographics, market share, estimated inpatient and outpatient volume, and outmigration patterns. He is skilled in data management, mapping with ESRI ArcGIS, strategic planning, market analysis, and data visualization and dashboard creation using Tableau.

STROUDWATER REVENUE CYCLE SERVICES (SRCS)

JOHN E. BEHN, PRINCIPAL • jbehn@stroudwater.com • 207-221-8277

SRCS President John Behn has over 20 years of experience in healthcare financial management and consulting. His focus has been on chargemaster auditing, revenue cycle initiatives, and hospital and physician practice management. John has led initiatives to increase physician and departmental productivity, to implement physician-specific and hospital- wide revenue-cycle

protocols, and to develop chargemaster maintenance policies and procedures. He has successfully grown gross revenue and net reimbursement through combining operational improvements, chargemaster effectiveness, and efficient business-office protocols.

LAURIE DAIGLE, INFORMATIC SPECIALIST • ldaigle@stroudwater.com • 207-221-8274

Laurie Daigle is a certified professional coder with over 18 years of experience in medical insurance claim processing, medical billing software training, and healthcare financial management. She focuses on coding and business office auditing and training initiatives, revenue cycle improvement, and hospital and physician practice management, and research and development of periodic updates to support coding, billing, and other departments in compliance with regulations and requirements.