

***The Eighth National RAC (and MAC) Summit  
December 4-6, 2013  
Washington, DC***

**FACULTY BIOS**

**BRIAN ANNULIS**

Brian D. Annulis focuses his practice on health care regulatory and compliance concerns. He started his legal career with the Office of General Counsel, United States Department of Health and Human Services (HHS), where he concentrated on matters involving the Medicare program. He joined Meade & Roach, LLP in April, 2009. He has assisted clients with compliance investigations. He also routinely counsels health care provider and health plan clients on matters involving health care privacy and security standards under HIPAA and other applicable state and federal privacy and security statutes, rules and regulations. He has extensive experience assisting health care providers in procurement and purchasing matters, including the negotiation of pharmaceutical product and supply agreements. He also provides advice and counsel to clients involving clinical research studies and trials. Mr. Annulis obtained a B.A. from Loyola College in Maryland in 1988. He earned his J.D. from the Saint Louis University School of Law in 1992 and a M.H.A. from the Saint Louis University School of Public Health in the same year.

**CHARLES CATALINE**

Charles Cataline is the vice president of health economics and policy for the Ohio Hospital Association in Columbus, where he manages many of the association's finance and patient financial services activities. Charles also acts as a liaison for Ohio hospitals to the Centers for Medicare and Medicaid Services' (CMS), the Ohio Department of Medicaid and the Ohio Bureau of Workers' Compensation on Medicare, Medicaid and BWC advocacy, policy and payment initiatives. Charles staffs the OHA Finance and Admitting, Billing and Collection Committees. He has also served on a number of state and national boards and committees, including the *CMS Outpatient Medicare Technical Advisory Group*, the 2005 chair of the *Allied Association of Hospital Accountants and Financial Specialists*, 15 years with the *National Uniform Billing Committee*, and six years with the American Hospital Association's *Model Practices Group* and the *Editorial Advisory Board of AHA's Coding Clinic for HCPCS*.

**LAURENCE J. CLARK, MD, FACP**

Dr. Laurence Clark is a Contractor Medical Director for National Government Services (NGS) and has been with NGS since 2012. A practicing Internist in Alexandria, VA since 1980, he has been involved in the Medicare Carrier Advisory process since its inception. Dr. Clark has served as President of the Medical Staff of the Mount Vernon Hospital in Alexandria and has been a member of the extended faculty of Georgetown University, his medical alma mater, for fourteen years. He continues to educate first and second year medical students in patient evaluation and Ambulatory Care in his practice setting. Initially representing the American College of Physician's local chapter on the first DC Metropolitan Area Carrier Advisory Committee, he remained continuously active until 1998, when he was asked by TrailBlazer Medicare to serve as a consultant eventually becoming Medical Director for TrailBlazer's Mid-Atlantic region. When Trailblazer vacated the contract, he remained in the same region as Medical Director with Highmark Medicare Services until late 2011. He began his tenure with NGS in January 2012.

## **ERNIE DE LOS SANTOS**

Ernie de los Santos is Creator and Founder of The RAC Shadow Agency and Appeal Academy, President/CEO of The Webinar Advocate, LLC, and the Chief Information Officer at eduTrax, LLC. He writes regularly for The RAC Shadow Agency and eduTrax, and is the architect of a system that enables the use of automated webinar broadcasts in any industry, at The Webinar Advocate. Before joining eduTrax in 2007, he spent over 20 years in research and development centered on using PCs to enable new business models and improve production efficiencies, working on projects for Fortune 100 corporations, including Coca-Cola, Kodak, and the International Olympic Committee. He holds a Bachelors of Arts degree in Anthropology and Computer Science from the University of Arizona.

## **SUZIE DRAPER**

Suzie Draper is the Vice President, Business Ethics and Compliance for Intermountain Healthcare (IHC), a large, regional integrated health care delivery system headquartered in Salt Lake City. She has a wide range of experience in the health care environment with 10 years in a variety of clinical areas, including primary care, intensive care, and several surgical specialties. In addition Ms. Draper has over 13 years in the capacity of a consultant for Medical Records, Physician Services, and Corporate Compliance. As the Intermountain Healthcare Chief Compliance and Privacy Officer; Ms. Draper has carried out a pivotal role in the development and implementation of Intermountain Healthcare's compliance and privacy program. Ms. Draper has earned her undergraduate and Master degrees from Brigham Young University.

## **SHARON EASTERLING**

Sharon Easterling began her career as a coder over 20 years ago and since that time has evolved into a HIM'er who has directly touched and understands all aspects of the revenue cycle. Choosing to grow and learn wherever she worked, some of her experiences include Inpatient and Outpatient coding, payment validation, medical staff coordinator, utilization review, and previous Director of HIM and Coding Departments. While working in these areas, Sharon assisted with HIS system development as well as documentation improvement initiatives. Sharon has also developed and led the accreditation process for a Health Information Technology Program with 100% pass rate on certification exams. She has aggressively worked with denials, audits, and payer methodologies throughout her career. Her most recent experience with audits has been as Assistant Vice President of the RAC Department at Carolinas Healthcare System. Sharon shares her experiences with other professionals through writing and educational sessions at the Local, State and National Level for NCHIMA, AHIMA, HFMA, AAPC as well as other healthcare care entities. Her most recent publication has been the AHIMA Journal Feature Story, "A Busy Year for the RACs".

## **DAY EGUSQUIZA**

Day Egusquiza is President of AR Systems, Inc. and brings over 30 years' experience in health care reimbursement, hospital business office operations, contracting and compliance implementation. During her 20 years as Director of Revenue and Reimbursement at a community hospital in Idaho, she also was Director of a Physician Medical Management billing service, where she completed an integrated business office between a hospital and a large physician clinic. Her work includes providing guidance as a compliance & APC educator while providing operational insight on the revenue cycle impacts of RAC/Medicare Recovery Audit Contractors. Day is a nationally recognized speaker on continuous quality improvement (CQI), benchmarking, redesigning, reimbursement systems and implementing an operational focus of compliance - both in hospitals and practices. She has been on the AAHAM National Advisory Council, HFMA National Advisory Council, and is a past President of the Idaho HFMA Chapter & recently received the Lifetime Achievement Award. Attendees at HFMA's ANI rated her in the top 25% for each year she has presented, earning her the 'Distinguished Speaker' award.

## **JANICE EIDEM, JD, PMP**

Janice Eidem is CMS-QIC Lead for MAXIMUS Federal Services, based in Victor, NY. She is a graduate of Brandeis University and the Dickinson School of Law.

## **JEANNINE ENGEL, MD FACP**

Dr. Jeannine Engel is an Assistant Professor in the Division of Oncology at the University of Utah School of Medicine. She cares for patients in Huntsman Cancer Institute's Acute Care Clinic (ACC) and she is the Physician Advisor to the Health Care Compliance Office. Her Medical Degree is from the University of California, San Diego in 1992. She completed her Internal Medicine Residency and a Chief Resident year at Vanderbilt University in Nashville, TN in 1996. She was a member of the Vanderbilt faculty for 15 years prior to moving to Salt Lake City in late 2010. She is Board Certified in Internal Medicine and sits on several national committees through the Society of General Internal Medicine and The American College of Physicians. She has been teaching physicians about documentation and coding for over a decade and is a national expert on the subject. In her role as Physician Advisor to the Compliance Office, she serves as a liaison between the clinical and regulatory worlds, represents the medical center in federal audits, delivers education to providers and engages in process improvement related to documentation and billing.

## **JEFFREY FARBER, MD, MBA**

Dr. Jeff Farber obtained his medical degree from the Albert Einstein College of Medicine of Yeshiva University, and trained in Internal Medicine at New York Presbyterian Hospital, Columbia Campus, and then did a fellowship in Geriatric Medicine at Mount Sinai School of Medicine. He stayed at Mount Sinai, where he is currently an Associate Professor in the Department of Geriatrics and Palliative Medicine. He chairs the hospital's Appeals Management and Clinical Documentation Improvement Departments as well as the Utilization Review Committee and last year was appointed Chief Medical Officer of Mount Sinai Care, LLC, the ACO of the Mount Sinai Medical Center. He currently serves on the RAC steering committee and ICD-10 preparation committee and is a frequent speaker at national professional meetings. He is a two-time recipient of a federal Geriatric Academic Career

Award and his research has been published in *The Annals of Internal Medicine* and *The Journal of Hospital Medicine*.

### **JESSICA L. GUSTAFSON**

Jessica L. Gustafson is a founding shareholder with the health care law firm of The Health Law Partners, P.C. Ms. Gustafson co-leads the firm's Recovery Audit and Medicare appeals practice group and specializes in a number of areas, including: RAC, Medicare, Medicaid and other payor audit appeals, healthcare regulatory matters, compliance matters, reimbursement and contracting matters. She is a frequent contributor to numerous health care professional and legal publications and routinely speaks nationwide on health care legal topics. Ms. Gustafson is a member of the American Bar Association Health Law Section, the American Health Lawyers Association and the Michigan Bar Association. Ms. Gustafson is the Vice-Chair of the ABA Physician Issues Interest Group.

### **LARRY T. HEGLAND, MD**

Dr. Larry Hegland is Chief Medical Officer for Ministry Health Care's Saint Clare's Hospital and the Diagnostic and Treatment Center in Weston, Wisconsin. He also serves as the system medical director for Recovery Audit and Appeal Services for Ministry Health Care and the Affinity Health System. Previously, he was Vice President of Medical Affairs at Beebe Medical Center in Lewes, DE. Dr. Hegland is an anesthesiologist who completed his residency in anesthesiology at Northwestern University/McGaw Medical Center in Chicago. Recently he received a Master's Degree in Medical Management from Carnegie Mellon University in Pittsburgh, PA.

### **RONALD HIRSCH, MD**

Dr. Ron Hirsch is Vice President of the Regulations and Education Group at Accretive Physician Advisory Services at Accretive Health, Inc. He graduated from Chicago Medical School in North Chicago, IL, and completed his internal medicine residency at Kaiser Permanente Medical Center in Hollywood, CA. He was Medical Director of Case Management at Sherman Hospital and also a general internist and HIV specialist at Signature Medical Associates, a multispecialty practice located in Elgin, Ill., where he previously served as president. Dr. Hirsch's career in medicine includes many clinical leadership roles at healthcare organizations ranging from acute care hospitals and home health agencies to long-term care facilities and group medical practices. In addition to serving as a medical director of case management and medical necessity reviewer throughout his career, Dr. Hirsch has delivered numerous peer lectures on case management best practices and is a published author on the topic. He is a member of the American Case Management Association and a Fellow of the American College of Physicians.

### **MELISSA JACKSON, JD MPA**

Melissa James Jackson is senior associate director for policy at the American Hospital Association (AHA), managing the AHA's policy initiatives on program integrity and physician issues. She came to the AHA from private health care legal practice. She previously worked at the national Children's Hospital Association, where she focused on policy issues related to implementation of the Affordable Care Act, Medicaid financing and provider reimbursement, hospital tax-exempt status, and children's health care coverage. In addition, she worked on Medicaid eligibility and provider reimbursement policy at Ohio's

Medicaid agency. Melissa holds a J.D. from the Georgetown University Law Center and a Master of Public Administration and BA in political science from The Ohio State University.

### **MATT KAZAN, MPP**

Matt Kazan is a Health Care Policy Advisor with the Senate Finance Committee under Chairman Max Baucus. He has been with the committee since 2008. Matt serves as an advisor to the Chairman on health care issues related to Medicare and Medicaid program integrity, Medicare Part C, medical malpractice, and health care workforce. Matt holds a master's degree in public policy from the George Washington University and an undergraduate degree from the University of Denver.

### **ALYSSA KEEFE**

Alyssa Keefe is Vice President, Federal Regulatory Affairs for the California Hospital Association, responsible for policy development and analysis of federal regulation impacting California hospitals and health systems, and serves as a liaison between CHA and federal agencies, including the Centers for Medicare & Medicaid Services. Prior to joining CHA, Alyssa was managing director of the Hospital Quality Alliance, a national public/private collaboration committed to making meaningful, relevant and easily understood information about hospital performance accessible to the public, and to informing and encouraging efforts to improve quality. She also has served as senior associate director for policy at the American Hospital Association, and held senior policy positions at the Catholic Health Association of the United States and the National Coalition on Health Care. Alyssa holds a bachelor's degree in speech communications and public policy from Syracuse University and a master's of public policy from Georgetown University.

### **CHARLES F. S. LOCKE, MD**

Dr. Charles Locke is currently the Senior Physician Advisor, Utilization/Clinical Resource Management for Johns Hopkins Hospital. He is also an Assistant Professor in the Department of Medicine, Johns Hopkins School of Medicine. Throughout his career he has been active in medical education and continues to serve a preceptor for Johns Hopkins internal medicine residents in an ambulatory clinic and as an attending physician on one of the inpatient medicine services at Johns Hopkins Hospital. Dr. Locke received his medical degree from the University of Pennsylvania, completed his internship and residency in internal medicine at the University of Virginia Health Sciences Center, and is a graduate of the Johns Hopkins Faculty Development Program for Clinical Educators. Dr. Locke has also been elected to membership in the American Society of Hematology.

### **STEVE J. MEYERSON, MD**

Dr. Steve Meyerson is Senior Vice President of the Regulations and Education Group at Accretive Physician Advisory Services (Accretive PAS®). He practiced internal medicine and geriatrics in Miami until 2003, after which he became Section Chief for the Extended Care and Sub-Acute Units at the West Palm Beach VA Medical Center and then as Medical Director of the hospitalist program, and later full time Medical Director and Physician Advisor for Care Management at that hospital at Baptist Hospital of Miami. He graduated from Cornell University with a BA degree in Biological Sciences and obtained his MD degree at the Albert Einstein College of Medicine in New York. He did his residency in internal medicine at Montefiore Hospital and Medical Center in New York City. Board certified in

internal medicine and geriatric medicine, he is a member of the American Case Managers Association, the American College of Physicians, and the American Geriatrics Association.

### **THE HONORABLE C.F. (SPIKE) MOORE**

Judge C.F. (Spike) Moore was appointed Deputy Chief Administrative Law Judge for the Department of Health and Human Services, Office of Medicare Hearings and Appeals, effective November 6, 2011. In this capacity, he serves as the alter-ego to the Chief Judge for the federal agency whose ALJs preside over disputes involving coverage and payment issues under the Medicare Act and regulations, the second largest federal administrative adjudicative system in the nation. Judge Moore has extensive management experience having served not only as a Hearing Office Chief ALJ, but also in acting capacities as the Associate Chief ALJ and Deputy Chief ALJ in the Office of the Chief ALJ, for the Social Security Administration (SSA). As the acting Deputy Chief ALJ from December 2003 through July 2004, Judge Moore was the alter-ego to SSA's Chief ALJ and presided over SSA's administrative adjudicative system.

### **CHRISTINE H. NEWGREN**

Christine Newgren is Chief Compliance Officer and Chief Audit Executive at University of Colorado Health. She has 23 years of experience in accounting, internal audit and compliance functions with over 15 years of experience in filling Chief Audit Executive and/or Chief Compliance Officer roles for healthcare systems. Christine received her Minnesota CPA license in 1989 with subsequent certifications for Certified Healthcare Financial Professional (CHFP) in 2001, Fellow Healthcare Financial Management Association (FHFMA) in 2006 and Certified in Healthcare Compliance (CHC) in 2008. She was President for the Colorado Chapter of HFMA in 2011 and Chair of the Compliance Committee for several years and currently serves as Assistant Treasurer. She is also a member of Institute of Internal Auditors and the American Institute of Certified Public Accountants.

### **DEEPAK PAHUJA, MD**

Dr. Deepak Pahuja is CEO and CMO of Aerolib Healthcare Solutions, emphasizing the importance of documentation in the patient record by all participants in the process: triage, emergency room, attending physician, consultants and nursing staff. He is a board certified Internist and Pediatrician with extensive hospitalist experience and helps physicians and case managers understand the importance of predictability of adverse clinical events and how to document them to get appropriate bedding status. He identifies institutional current practices and how to develop a compliance program to prevent future audits. He received the 2010- 2011 American Association of Physicians of Indian Origin "Most Distinguished Young Physician Award" for outstanding performance in patient care, research and community service and Physician Recognition Award with Commendation in 2010 by the AMA for the last two years for excellence in educational activities. He is currently pursuing MBA in Medical Management from University of Massachusetts Amherst.

### **MARIA PERRIN**

Maria Perrin is Chief Marketing Officer for HMS Holdings (HMS) with executive oversight of HMS's public and private sector contracts with more than 40 Medicaid agencies, 150 Medicaid Managed Care plans, the Centers for Medicare and Medicaid Services, and the Veteran's Administration. She also provides policy, regulatory, and operational consultation

for recovery audit; coordination of benefits; and fraud, waste, and abuse programs in an effort to make public health systems more efficient and sustainable.

### **STEWART M. PRESSER**

Stewart Presser is Vice President for Patient Financial Resources with the Greater New York Hospital Association (GNYHA), a trade association representing more than 250 not-for-profit hospitals and continuing care facilities, both voluntary and public, in the metropolitan area and throughout the State, as well as in New Jersey, Connecticut, and Rhode Island. He is responsible for advocacy in the areas of health finance, accounts receivable management, Medicaid eligibility issues, HIPAA, and RAC. He is a member of both the National and New York State Uniform Billing Committee and has served on various CMS workgroups. Prior to joining GNYHA, Mr. Presser was Director of Patient Accounts at both Presbyterian Hospital and Beth Israel Medical Center in New York City. He is an Adjunct Professor at New York University Wagner School of Public Service where he teaches Health Finance. He is also an NYU graduate with a BS in accounting.

### **KATHY REEP**

Kathy is Vice President/Financial Services with the Florida Hospital Association. Her responsibilities include monitoring regulatory issues related to Medicare, Medicaid, managed care, Workers' Compensation, and TRICARE, determining their impact on Florida hospitals, and educating the providers in the state about their implications. She is also responsible for compliance issues related to billing and reimbursement, as well as HIPAA implementation. Kathy has over 25 years experience in health care. Prior to joining FHA, Kathy worked with Florida Hospital in Orlando for 18 years. She has held positions in Patients Business, Internal Audit, Systems Management, DRG Management, and as Associate Director of Budget. Prior to leaving Florida Hospital, Kathy held the position of Reimbursement Director. Currently, Kathy co-chairs the Outpatient Workgroup of the Medicare Technical Advisory Group with CMS. She is a member of American Health Lawyers Association, HFMA, and AAHAM, as well as chairman of the State Uniform Billing Committee and a voting member of the National Uniform Billing Committee. Kathy holds an MBA degree from Rollins College.

### **WILLIAM RIFKIN, MD, FACP, FHM**

Dr. Bill Rifkin is Managing Editor of the Inpatient and Surgical Care (ISC) and the General Recovery Guidelines (GRG) sections of MCG (formerly Milliman Care Guidelines®). It is his responsibility to review the evidence base supporting these hospital-based sections and to keep them up to date. Bill has been with MCG since 2009. Previously, he was an internal medicine residency program director and an associate professor of clinical medicine. In this role, he supervised and participated in the medical education of newly graduated physicians who chose to specialize in internal medicine. He also published research on the care of patients admitted to the hospital and on the practice of the specialty of hospital medicine. Bill is board-certified in internal medicine and a Fellow in the American College of Physicians and the Society of Hospital Medicine. He received his MD from Stony Brook School of Medicine/State University of New York and did postgraduate Medical Training in Internal Medicine at Lenox Hill Hospital in New York City.

### **ROBERT M. ROTH, MD, MPH**

Dr. Robert Roth is the Medical Director for the Level of Care products for McKesson Health Solutions. He is board certified in Internal Medicine and Infectious Disease and board eligible in Occupational Medicine. Dr. Roth earned a Masters of Public Health degree from the Medical College of Wisconsin. He previously served as a Chief of Infectious Disease and Program Director for an Internal Medicine Residency program at a major Massachusetts teaching hospital.

### **MICHAEL SALVATORE, MD**

Michael Salvatore obtained his MD from the University of Arizona in 1977 and then trained at Duke University from 1977 to 1982. He practiced Pulmonary Medicine & Critical Care for 35 years before becoming the Physician Adviser at Beebe Medical Center in January, 2012. Beebe is a 150 bed acute care hospital located at the mouth of Delaware Bay in Lewes, DE. Michael and his wife, Judy, have been married for 41 years and have two daughters. When not dealing with quality and utilization issues he can be found RVing and bird watching with his wife.

### **K. CHEYENNE SANTIAGO, RN**

K. Cheyenne Santiago, RN is a Senior Nurse Analyst in the Provider Outreach and Education (POE) department of Wisconsin Physicians Service; a Medicare MAC contractor. As a Senior Nurse Analyst, she is responsible for clinical education in the Part A provider community. She conducts seminars, teleconferences and computer based training on Medicare rules, regulations and clinical coverage criteria, as well as current health care practice trends. In her six years in Medicare Part A, Mrs. Santiago has worked in the Medical Review department as well as Provider Outreach and Education. Mrs. Santiago holds an Associate of Science in Nursing (RN/A.S.N.) degree from Excelsior College School of Nursing, in Albany, New York. After spending many years practicing clinically in various inpatient and outpatient settings, she joined Mutual of Omaha-Medicare, now Wisconsin Physicians Service (WPS) Medicare.

### **JANE SNECINSKI, MBA, FACHE**

Jane Snecinski is the President of Post Acute Advisors, a niche consulting firm that specializes in the needs of post acute providers in the areas of compliance, operational assessment, accreditation assistance and education and training for clinical and medical staff. She has a Bachelor and Masters of Music and an MBA in Healthcare Administration from the University of Miami, Coral Gables, FL with a wealth of hands on hospital administration and management experience in all of the post acute levels of care. Ms. Snecinski frequently is a speaker at national and location conferences for post acute providers and has authored multiple articles for professional journals including the chapter for post acute providers in the [RAC Readiness Manual](#) for the Georgia Hospital Association.



## **HOWARD STEIN, DO**

Dr. Howard Stein is the Associate Director of Medical Affairs and Physician Advisor at Centrastate Healthcare System, Freehold NJ. He is a graduate of Nova Southeastern College of Osteopathic Medicine and is Board Certified in Family Medicine. He has served as Assistant Clinical Professor at UMDNJ and Robert Wood University School of Medicine. He is a fellow of the American Board of Quality Assurance and Utilization Physicians. He anticipates completing his M.H.A. from the University of Maryland in 2014. He functions as an on the ground physician advisor performing case review, insurance appeals, RAC appeals and five sets of multidisciplinary rounds daily.

## **JOSH TRENT**

Josh Trent serves as a health care policy advisor for Dr. Tom Coburn, U.S. senator from Oklahoma. In this role, he advises Dr. Coburn on Medicare, Medicaid, health insurance, health IT and a variety of other health policy issues. Josh came to Capitol Hill shortly before the epic health reform debate of 2009, and has emerged as a key Republican health staffer in the U.S. Senate. He has been active in designing comprehensive alternative policy solutions for Medicare, Medicaid, and the FDA. Previously, Josh has served as the deputy director of the refugee resettlement office at the Department of Health and Human Services and in the George W. Bush White House Office of Presidential Personnel for three years. Josh has a masters in international politics from the University of Bath, England, and has undergraduate degrees in communications and ethics.

## **E. G. "NICK" ULMER, JR., MD CPC**

Dr. Ulmer has been a practicing family medicine physician since 1991. His medical school training was at MUSC in Charleston, SC and Residency was at Self Regional Healthcare's Family Medicine Residency in Greenwood, SC. He started his own practice in 1992 and it was through that practice experience that he realized his love for the business of medicine. After several management classes, he became a certified professional coder (CPC) in 2002, making him 1 of only 16 physicians in America at that time with such credentials. Since then, he has been active nationally as a speaker and consultant to healthcare systems and physician practices of all sizes in helping optimize the business of healthcare as it pertains to outpatient and inpatient medicine. He joined Spartanburg Regional in 2010 and became the Vice President for Clinical Services and Medical Director of Case Management in 2012. In his brief time with Regional, he developed and implemented an internal Physician Advisor Team, spearheaded the clinical redesign of the primary care network through a 23 site PCMH project, helped initiate a non-oncology research arm of the Regional Physician Group, and is currently navigating an enhanced focus with Regional's Corporate Health Division. He holds academic appointments as an Assistant Professor of Family Medicine at both Self Regional and at Wake Forest University's Family Medicine program in Winston-Salem, NC. His clinical practice is at Village Family Medicine in Simpsonville, SC.

## **STEPHEN J. WEISER**

Stephen Weiser has been providing legal services to the health care industry for more than 25 years. Prior to joining Meade, Roach & Annulis LLP and Aegis Compliance & Ethics Center, he served as Assistant General Counsel at BlueCross BlueShield of Illinois. Previously, he spent fifteen years leading health care practice groups at major law firms in Chicago. Prior to that time, he held in-house counsel positions at two of Chicago's leading medical centers. Steve's practice has focused primarily on corporate and regulatory issues facing health care providers, health insurance companies, third party administrators, and managed care providers. He has been significantly engaged in the last three years representing health care providers with respect to administrative appeals at all levels relating to the Recovery Audit Contractors (RAC) and Zone Program Integrity Contractors (Medicare ZPIC Auditors). Steve is a graduate of Boston University (B.A., magna cum laude, 1973) and a 1978 graduate with distinction from Washington University School of Law. In addition, he received an L.L.M. in taxation from DePaul University College of Law in 1983.

## **MARCIA WIDMER, MPP, CPC**

Marcia Widmer is the Director of Compliance at North Shore Medical Center (NSMC) in Salem, Massachusetts. Marcia started her career in health care policy at the Centers for Medicare and Medicaid Services (CMS) in 1999 – 2003. She has 10 years of experience in the health care compliance field including billing compliance and auditing. She has been the Director of Compliance at McLean Hospital and Atrius Health in Massachusetts. Over the last year she has taken a special interest in Medicare pre-payment audits, the Recovery Audit Contractor (RAC) audits, and the Office of Inspector General (OIG) Compliance Reviews for short inpatient admissions. Marcia holds a Master in Public Policy from the Harvard Kennedy School of Government.

## **DENISE WILSON MS, RN, RRT**

Denise Wilson is the Director of Training and Education at Denial Research Group's AppealMasters. She is a Registered Respiratory Therapist, Registered Nurse, and holds a Master's degree in Management Information Systems. Denise has over thirty years' experience in healthcare, including clinical management, education, compliance, audit, denials and Medicare appeals focus positions. She has extensive experience as a Medicare Appeals Expert and has personally managed hundreds of Medicare appeal cases and presented over a hundred cases at the Administrative Law Judge level with a 95% success rate. Denise is tenacious in obtaining wins with a well organized and assertive appeal methodology. Denise is a nationally known speaker and dynamic educator on the RAC program and the Medicare Appeals system. She has educated thousands of healthcare professionals around the country in successfully overturning Medicare denials. Denise's special area of expertise is in writing and conducting successful appeals.

**RALPH WUEBKER, MD, MBA**

Dr. Ralph Wuebker serves as Chief Medical Officer of Executive Health Resources (EHR). In this role, Dr. Wuebker provides clinical leadership within EHR and works closely with hospital leaders to ensure strong utilization review and compliance programs. Additionally, Dr. Wuebker oversees EHR's Audit, Compliance and Education (ACE) physician team, which is focused on providing on-site education for physicians, case managers, and hospital administrative personnel and on helping hospitals identify potential compliance vulnerabilities through ongoing internal audit. Prior to joining EHR, he served as Medical Director for the Midwest Region of Great-West Healthcare. Throughout his career, Dr. Wuebker also served as a hospitalist and instructor of medicine at Washington University School of Medicine and St. Louis Children's Hospital. Dr. Wuebker earned his medical degree and a bachelor's degree in biology from the University of Missouri-Kansas City School of Medicine and Master of Business Administration degree from the Washington University in St. Louis, Mo.

**KAREN L. ZUREK**

Karen Zurek is Assistant Vice President of Patient Accounting for Carolinas HealthCare System in Charlotte, NC. She oversees the RAC Audit and Appeals process for 12 hospitals and provides supportive consultation services to an additional 15 facilities. In addition to managing RAC services, Karen has responsibility for Billing services, Medicare follow-up, Medical Audit and Medical Necessity coding for 7 Charlotte hospitals. She has been in the world of Patient Accounting for 30 years and is the former chairperson of the NYS Nassau-Suffolk Hospital Council. She holds a BS degree in Education. Karen also taught a medical assistant program at Long Island University for 8 years in the evening to fuel her passion for teaching and continuing education. She is a current member of HFMA and a certified member of AAHAM.