

FIRST ILLINOIS SPEAKS



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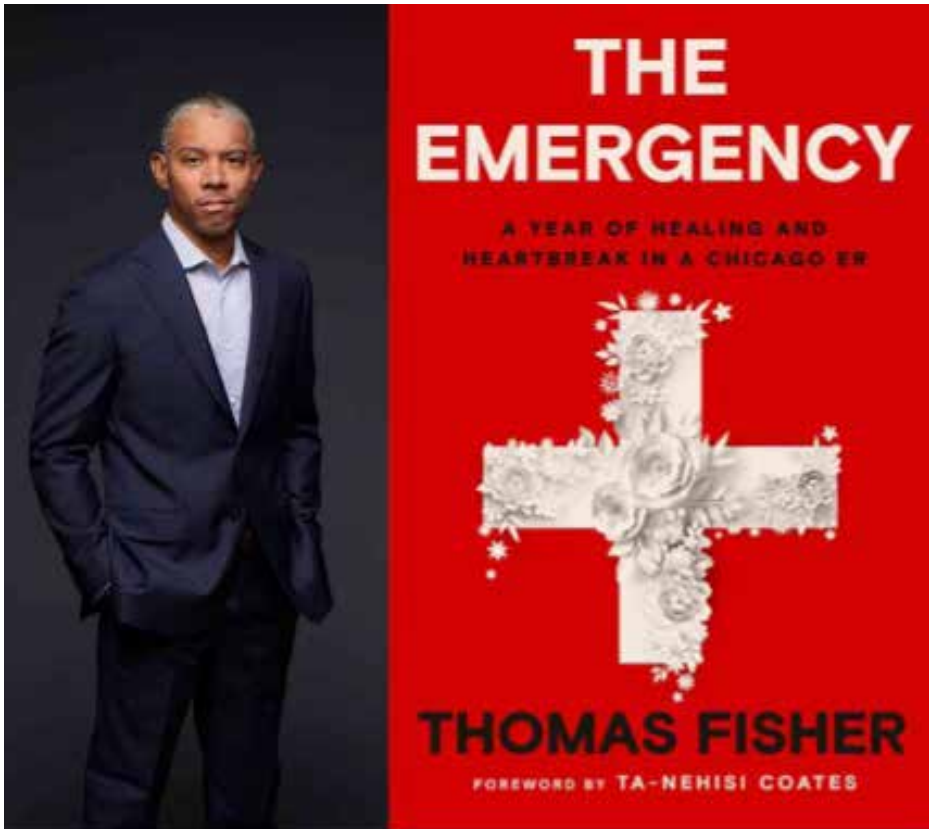


Virtual FI HFMA Winter Book Club

Join Your Peers in a Heart-Racing Discussion

March 6, 12:00-1:00 p.m. Central Time

Imagine an emergency room during a pandemic while facing the trauma and devastation often seen in the South Side of Chicago.



The virtual FI HFMA Winter Book Club is reading Dr. Thomas Fisher's book, *The Emergency: A Year of Healing and Heartbreak in a Chicago ER*. During the introductory call on January 16, book club participants explored what Dr. Fisher's experience must have been like in those early days of the pandemic. They discussed Chapter 1 and learned about the COVID-19 pandemic and how it manifested in Dr. Fisher's emergency room.

The Emergency has been written with a unique approach. The remaining 14 chapters are written as pairs: there is a chapter that guides readers through a unique experience and then a follow-up chapter as a personal letter written to the patient about the experience. Woven into these chapters are glimpses into Dr. Fisher's incredible 20 years of clinical practice, time at the White House as a fellow, and work in the healthcare public sector.

As a special bonus, Dr. Fisher will be joining the book club on March 6 so they can hear from him firsthand. His book is a journey through his limited three-minute visit with each patient in the emergency room and the inequities that are affecting the healthcare system. The book club is looking forward to learning more about Dr. Fisher's lived experiences. More good news: Dr. Fisher will be a keynote presenter at HFMA's June 25-28 Annual Conference in Nashville, Tenn.

Additionally, book club participants were assigned chapters to explore further and share at the follow-up call on March 6. The teams reporting at our March 6 session include the following:

- **Chapter 2** March 2020 and **Chapter 3**
Dear Janet – Brian Kirkendall (RSM) and Tim Grubb (Ratio Health Solutions, LLC)
- **Chapter 4** November 2019 and **Chapter 5**
Dear Nicole – Leslie Hodz (Omega Healthcare) and Rich Schefke (Northwestern Community Healthcare)
- **Chapter 6** May 2020 and **Chapter 7**
Dear Robert – Matt Aurnick (Ann & Robert H Lurie Children's Hospital of Chicago) and Brian Pavona (FORVIS)
- **Chapter 8** July 4, 2020 and **Chapter 9**
Dear Dania – Dimas Ortega (Sinai Health System) and Treshannan Sellers (University of Chicago Medicine)
- **Chapter 10** August 2020 and **Chapter 11**
Dear Richard – Sadie Ziesmer (University of Chicago Medicine)
- **Chapter 12** September 2020 and **Chapter 13**
Dear Ms. Favors – Rob Gerecke (Northwestern Medicine)
- **Chapter 14** November 2020 and **Chapter 15**
Dear Mom – Jared Swiecicki (University of Chicago Medicine)

The Winter Book Club invites your participation in this continued conversation on **March 6 at 12:00 p.m. Central Time.**
[Click here to register.](#)

Ashley A. Teeters, MBA, CRCR

Executive Director, Revenue Cycle,
UChicago Medicine
Book Club Moderator,
First Illinois Chapter HFMA

If you are interested in supporting a local bookstore, please consider purchasing from **57th Street Books in Hyde Park.**

Message From Our Chapter President



Dear Friends and Colleagues,

Staggering inflation. The Great Resignation. Healthcare inequities. Lower reimbursement. Burnout. The Pandemic. Political unrest. Changing legislation.

There is no shortage of challenges in the healthcare industry. And never has there been a greater need for finance professionals who can talk past the numbers and collaborate with clinical, operational, human resources, information systems, and others in the healthcare organization to address these challenges and seize opportunities.

Every day, the talented HFMA members come to work poised to minimize risk, maintain compliance, and collaborate throughout the organization to enhance quality and efficiency. And above all, they are tackling one of the most important issues of our industry and our society: Healthcare inequities.

I'm proud that our chapter is leading the way in providing both hard and soft skills to better equip the healthcare financial management professionals of our community. This winter/spring schedule is a perfect illustration of the value First Illinois HFMA is bringing to the healthcare community. Here are a few upcoming opportunities:

- **February 9** – Managed Care Symposium, The University Club, Chicago, IL
- **March 6** – Virtual Winter Book Club meeting featuring Thomas Fisher, MD, author of *The Emergency: A Year of Healing and Heartbreak in a Chicago ER*
- **March (TBD)** – Tour and discussion with Richard Ducatzenzeiler, CEO, The Boulevard of Chicago, a not-for-profit organization that provides high quality, cost-effective medical respite care, holistic support, and housing services to help ill and injured homeless adults break the cycle of homelessness, restore their health, and rebuild their lives.
- **March 11** – Women in Leadership (WIL) sponsored "giving back to the community" volunteer/networking morning at Northern Illinois Food Bank, Geneva, IL
- **May 18** – Spring Symposium, Drury Lane Conference Center, Oakbrook Terrace, IL
- **June 8** – Women in Leadership 9th Annual Retreat, Morton Arboretum, Thornhill Education Center, Lisle, IL

In addition to the above events, there are opportunities to mentor, network, and volunteer. So now is the time to jump in by attending events, inviting co-workers, and/or raising your hand to volunteer or lead a panel discussion.

"Our health is the most important component of our ability to love and create and learn. And so, we owe to one another a healthcare system that reflects those values and our connections to one another."

- Thomas Fisher, MD, ER Physician, University of Chicago Medical Center and Author, *The Emergency: A Year of Healing and Heartbreak in a Chicago ER*

I'm more confident than ever that our connections will allow us to tackle the challenges ahead.



Brian Pavona, FHFMA, CPA
2022-23 FHFMA President
Partner - Healthcare FORVIS
bpavona@FORVIS.com

Volunteer

You get more than you give!

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first illinois chapter

Volunteering for a First Illinois Chapter committee or event is a great way to get the most out of your chapter membership. Answer the call to be a chapter leader in four easy steps:

- 1 Visit firstillinoishfma.org
- 2 Click on the **Volunteer Opportunities** tab
- 3 Check out the **Volunteer Opportunity Description**
- 4 Fill out the **volunteer form** and become more active today!

Or simply drop us an email at admin@firstillinoishfma.org.

How the IRA can help you meet your ESG goals

The Inflation Reduction Act (IRA), considered one of the most significant pieces of legislation focusing on clean energy, gives healthcare organizations a number of opportunities to receive tax credits by either directly investing in renewable energy sources (such as solar, geothermal, and wind) or by purchasing energy with lower generated emissions. This will help an organization's bottom line and can have a positive impact on an organization's environmental, social, and governance (ESG) performance.

The IRA is expected to drive investment and economic growth, create work-force opportunities, expand existing tax credits, and add several new energy credits. The IRA promotes opportunities for healthcare organizations focused on meeting or developing ESG goals with a potential tax savings benefit.

IRA Tax Credits

The Inflation Reduction Act has made the Investment Tax Credit (ITC), under IRC Section 48, and the Production Tax Credit (PTC), under IRC Section 45, more easily available to tax-exempt hospitals by allowing such entities to make an irrevocable election for direct payment in lieu of a tax credit. Direct pay allows project owners to apply for tax refunds in an amount equal to the value of their credits. Tax-exempt hospitals will no longer need to partner with third-party entities to reap the full rewards of these credits.

An investment tax credit provides a direct tax rebate of a certain percentage of the investment by the project owner while a production tax credit provides a tax rebate based on the amount of production by an entity.

Summary of Credits

	Investment Tax Credit for Energy Property	Increase in Energy Credit for Solar and Wind Facilities Placed in Service in Connection with Low-Income Communities	Zero-Emission Nuclear Power Production Credit	Clean Electricity Production Tax Credit	Clean Electricity Investment Tax Credit
Tax Code	48	48(e) & 48E(h)	45U	45Y	48E
Description	Provides a tax credit for investment in renewable energy projects.	Provides an additional investment tax credit for small-scale solar and wind facilities in low-income communities.	Tax credit for electricity produced at a qualified nuclear power facility.	Provides a technology-neutral tax credit for production of clean electricity. Replaces the production tax credit for electricity generated from renewable sources (extended in Section 13201 through 2024).	Provides a technology-neutral tax credit for investment in facilities that generate clean electricity. Replaces the investment tax credit for facilities generating electricity from renewable sources (extended in Section 13202 through 2024).
Period of Availability	Projects beginning construction before 1/1/25. For geothermal heat property, the base investment tax credit is 6% for the first 10 years, scaling down to 5.2% in 2033 and 4.4% in 2034.	48(e) begins in 2023 and ends when the 48E(h) Clean Electricity Investment Tax Credit becomes available in 2025 through 2032.	Available for electricity produced and sold after 12/31/23, in tax years beginning after that date. Not available for tax years beginning after 12/31/32.	Facilities placed in service after 12/31/24. Phase-out starts the later of (a) 2032 or (b) when U.S. greenhouse gas emissions from electricity are 25% of 2022 emissions or lower.	Facilities placed in service after 12/31/24. Phase-out starts the later of (a) 2032 or (b) when U.S. greenhouse gas emissions from electricity are 25% of 2022 emissions or lower.
Tax Mechanism	Investment tax credit	Allocated investment credit, capped at 1.8 GW per year. Unused capacity carries over to following year.	Production tax credit	Production tax credit	Investment tax credit
New or Modified Provision	Modified and extended to include stand-alone energy storage with capacity of at least 5 kWh, biogas, microgrid controllers (20MW or less), and interconnection property for small projects (5MW or less). Value of the credit tied to prevailing wage and registered apprenticeship requirements.	New	New	New	New
Eligible Recipients	Fuel cell, solar, geothermal, small wind, energy storage, biogas, microgrid controllers, and combined heat and power properties.	Solar and wind facilities with a maximum net output of less than 5 MW, including associated energy storage technology.	Existing nuclear power plants at time of enactment that are not eligible for the 45J credit.	Facilities generating electricity for which the greenhouse gas emissions rate is not greater than zero.	Facilities that generate electricity with a greenhouse gas emissions rate that is not greater than zero and qualified energy storage technologies.
Base Credit Amount:	6% of qualified investment (basis of energy property)	6% of qualified investment (basis of energy property)	0.3 cents/kWh, inflation adjusted after 2024. Credit amount phases down depending on the amount of energy produced and the gross receipts of the nuclear power facility.	\$0.03/kW, inflation adjusted	6% of qualified investment (basis)

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Summary of Credits Continued

	Investment Tax Credit for Energy Property	Increase in Energy Credit for Solar and Wind Facilities Placed in Service in Connection with Low-Income Communities	Zero-Emission Nuclear Power Production Credit	Clean Electricity Production Tax Credit	Clean Electricity Investment Tax Credit
Bonus Credit Amount:	Credit is increased by 5 times for projects meeting prevailing wage and registered apprenticeship requirements. Initial guidance on the labor provisions is available here. Credit is increased by up to 10 percentage points for projects meeting certain domestic content requirements for steel, iron, and manufactured products. Credit is increased by up to 10 percentage points if located in an energy community.	Credit is increased by 10 percentage points for facilities located in low income communities or on Tribal land. Credit is increased by 20 percentage points for facilities that are part of certain federally subsidized housing programs or that offer at least 50 percent of the financial benefits of the electricity produced to low-income households. This bonus amount will require an application by the taxpayer, with a cumulative total of 1.8 GW of direct current capacity per year available for allocation.	5 times the base credit if prevailing wage requirement is met for workers doing alteration or repair at the facility.	Credit is increased by 5 times for projects meeting prevailing wage and registered apprenticeship requirements. Credit is increased by 10% for projects meeting certain domestic content requirements for steel, iron, and manufactured products. Credit is increased by 10% if located in an energy community.	Credit is increased by 5 times for facilities meeting prevailing wage and registered apprenticeship requirements.
Direct Pay Eligibility:	Yes	Yes	Yes	Yes	Yes
Transferability	Yes	Yes	Yes	Yes	Yes
Stackability	Credit reduced for tax-exempt bonds with similar rules as section 45(b)(3).	No rules	Facilities eligible for the 45J advanced nuclear production tax credit are not eligible for the 45U credit. Payments from federal, state, or local zero-emission nuclear subsidies reduce the credit amount.	Credit reduced for tax-exempt bonds with similar rules as section 45(b)(3).	Credit reduced for tax-exempt bonds with similar rules as section 45(b)(3).

ESG Impact

Environmental, social, and governance (ESG) investing refers to a set of standards for a company's behavior used by socially conscious investors to evaluate potential investments. These investments can include expansion of infrastructure, and installation of solar or geothermal expansion.

Emissions Reduction

Energy used by an organization results in the generation of greenhouse gases (GHGs), either directly or indirectly. Facilities directly emit GHGs due to the combustion of natural gas or propane for facility heating (often referred to as Scope 1 emissions). Purchasing electricity also indirectly results in GHG emissions, as the upstream generating facility generates GHGs from its operations (often referred to as Scope 2 emissions). Utilizing geothermal facility heating can reduce or eliminate the need for combusting fossil fuels for heating, reducing Scope 1 emissions. Reducing overall electricity usage can help avoid the emission of GHGs from the generation of that electricity, reducing the organization's Scope 2 emissions.

Social Impact

Many of the potential credits outlined above contain incentives designed to encourage projects with positive social impact, such as meeting prevailing wage and apprenticeship requirements or locating projects in low-income communities or tribal land. Designing and implementing projects utilizing these incentives will have a positive impact on the project's ROI and will also benefit the local community by helping keep wage levels up and by putting investment dollars into typically overlooked areas.

Operational Efficiency

Investing in renewable energy sources such as solar, wind, and geothermal can reduce an organization's operating budget by reducing spend on electricity and natural gas usage. In addition, on-site renewable energy sources help to hedge against fluctuations in energy costs by making facilities less dependent on outside energy purchases and by making a facility's power system more reliable and resilient.

Conclusion

One of the main goals of the federal Inflation Reduction Act was to make renewable energy sources more affordable and accessible to reduce our nation's overall dependence on fossil fuel combustion. Healthcare organizations can realize a significant benefit by taking advantage of the IRA's tax credits related to renewable energy sources, not only by reducing energy costs but by reducing their greenhouse gas emissions, having a positive economic impact on the trades and the local community and by making their overall operation more efficient and resilient going into the future.

About the Authors



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Mastering Your 2023 MVA Legal Strategy: Evaluate These 4 Areas to Secure Payment and Maximize Revenue



As the new year begins, it's time to review the guideposts that unite your legal strategy to ensure you are pursuing, securing, and resolving maximum revenue for your Motor Vehicle Accidents and Third-Party Liability claims. For the past two years, MVA accidents declined as the number of drivers on the road decreased due to the pandemic and the adoption of remote work. Data over the last six months, however, shows that the pandemic is slowing down, which means workers are returning to the office. With more cars on the road, hospital billing teams are seeing an increase for small (ER visit) and medium (surgery/observation) level accidents.

We suggest that hospitals look at the following four areas at a minimum:

1 Survey the Legal Landscape

The first step is to look at whether a state is an "At Fault" or "No Fault" state. At Fault states have longer times to resolve as a trial may be warranted or insurance carriers take longer to ascertain who was liable. No Fault states take significantly less time to adjudicate as Fault is not an issue. This question then leads to Med Pay versus Personal Injury Protection considerations. Regardless of the type of liability law that exists, most policies have limits that can be satisfied with a handful

of claims, which possibly leaves the remainder of the balance as patient responsibility.

2 Dollar Thresholds

The next step concerns how aggressive a hospital wants to be when pursuing remaining balances. Some hospitals are happy with one payment and then move the account as a write-off. Other hospitals want every single penny owed and go to extreme lengths to ensure they are paid in full. Most hospitals, though, sit in the middle, wanting to pursue much of the balance but not wanting to waste their valuable resources. Looking at setting a threshold where your office pursues the balance via legal means is a method where you can save significant time and legal fees. Your organization needs to adopt and hold firm to that threshold. Once an individual finds a team member that may relent or cave to pressure, that threshold is no longer effective.

3 Liens, Letters of Protection, or Nothing

The third step involves those states where liens and letters of protection are allowed. Once you've set the threshold, look at the filing fees, the filing deadlines, the mandatory information, and the required service

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Mastering Your 2023 MVA Legal Strategy:

Evaluate These 4 Areas to Secure Payment and Maximize Revenue (continued from page 7)



method to see if that threshold is appropriate. For states where a "notice" lien is appropriate, lower thresholds can work as there are fees for certified mailing and nothing else. For those states that require significant documentation to file a lien with the state, with a filing fee coupled with mailing fees, it becomes imperative to balance whether your organization can make their money back. Once you've looked at the type of lien, it becomes imperative that you review the timely filing consideration. Some states allow a hospital to file a lien up to a settlement. However, other states have a statute of limitations that begins to run the day the patient is discharged from the hospital. These questions allow an organization to balance the needs of their organization versus the legal requirements.

4 State/Case Law Regarding Settlements

Finally, you need to analyze if there are significant statutes or case law that must be followed or that limit a hospital's settlement. When you review the legal landscape, your team should also review relevant legal research to determine if there are odd procedures, requirements, or caps on your ability to settle a claim. In some cases, some states limit the amount the hospital can acquire from a settlement to one-third of the settlement amount. Other states allow attorneys to retrieve their fees first and then the remainder can be split. Some states allow a cap on the amount a hospital can acquire from a settlement while others require a pro rata split between the available parties. Knowing these restrictions allows hospitals to better understand how much they can recover in addition to all the upfront costs that the organization had to pay to get to this point.

Looking at these four areas, you can begin to shape your organization's strategy as it relates to being passive or aggressive in pursuit of monies you're owed.

Once your organization has an opportunity to review your four guideposts, you should be able to craft an effective resolution policy. Your team needs to review this policy at least once a quarter as turnover is an unfortunate reality, misunderstanding occurs, and adherence to this policy is paramount to having an effective program. While keeping a case-by-case review basis sounds more engaging, it's important to remember that your time and resources can quickly disappear, and you may unintentionally make your organization an easy target. Keeping a blanket policy with certain limited exceptions or exclusions allows your organization to accept targeted reductions or write offs when those patients meet certain financial requirements. A clearly written, updated, and understood legal strategy allows your staff to spring ahead of possible pitfalls, which can boost your bottom line.



About the Author

Jason Smartt, Esq., CRCR is Vice President, Complex Claims, EnableComp. For more information about how EnableComp can help, contact Rick Roos, Vice President, Client Services, at EnableComp. You can reach Rick at rroos@enablecomp.com.



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Inflation Trends in Health Care: Winter 2023

Inflation has been dominating headlines in both financial and mainstream news and will continue to challenge hospital operators for the next several quarters, and likely beyond.

Historically, most health care organizations had little reason to worry about inflation, given the economics of domestic health care delivery. However, as inflation grows at rates not seen in decades, service providers will struggle to maintain positive margin.

Battling inflation's impact

Reimbursement simply cannot keep up with increasing costs, nor can patients bear much more of the direct financial responsibility for their care. This puts much of the inflation onus directly on providers.

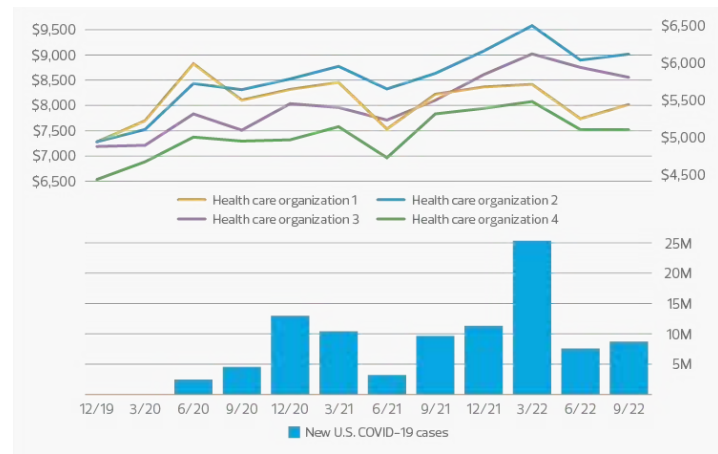
This view was affirmed as several large health care providers released their third-quarter earnings. One community health system admitted that costs unrelated to salaries, wages, and benefits are adversely affecting margins, while others made clear they do not expect reimbursement increases to keep pace with inflation.

Some organizations also directly mentioned or implied that monetary policy may help offset wage inflation pressure. As written previously, the Federal Reserve is increasing interest rates to promote price stability and temper inflation. This action will, by design, increase unemployment. Some think that if unemployment increases, wage pressures will lessen. While we may see a decline in the rate at which wages increase, we are unlikely to see nominal decreases in the actual dollar per hour employers pay for most job titles and roles.

COVID-19 continues to drive expenses

Regardless of the monetary policy environment, COVID-19 cases continue to drive expenses for providers. Three of the four largest public acute care operators managed to reduce their use of contract labor, which provided margin support. However, as COVID case volumes remain sticky, so do the related cost structures as measured by wage expense per adjusted admission, which incorporates both inpatient and outpatient volumes. This ratio remains high because of COVID. While acuity of care may account for some of the difference, the data suggests that even when COVID cases fall to zero, the wage costs per adjusted admission will not return to 2019 levels.

COVID-19 continues to drive wage expense



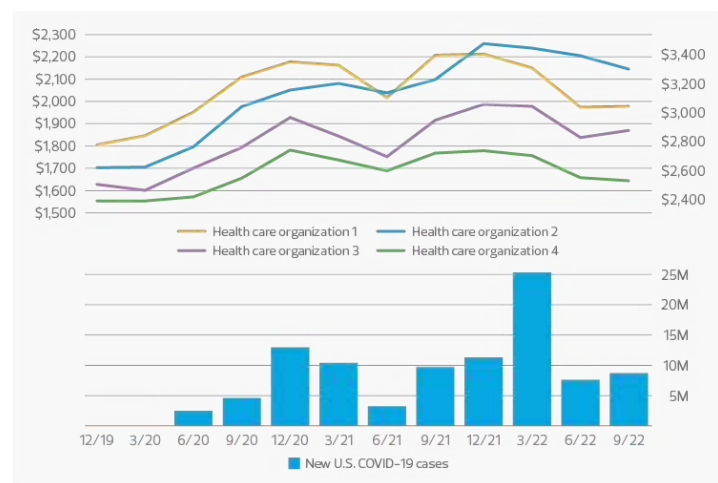
Source: HCA Health Care Inc.; Bloomberg; RSM US LLP

*Per adjusted U.S. admission

Supply expenses tell a similar story. As global supply chains improve, we are more likely to see a nominal decrease in the cost of supplies than in wages. However, we are also watching for signs of "nearshoring" or "friendshoring"—the practice of establishing supply chains in locations that are cost-competitive and offer stability. With this approach, medical supply prices still may not come down much, given that organizations prioritize stability of supply over price.

In the meantime, COVID case volumes continue to inform cost. However, even if COVID cases fall to zero, we're unlikely to revert to a 2019 cost structure.

COVID-19 continues to drive supply costs



Source: HCA Health Care Inc.; Bloomberg; RSM US LLP

*Per adjusted U.S. admission

Recently, two major health care systems were more optimistic about inflation, suggesting in their earnings calls that they haven't seen significant impacts of inflation on margins yet. Time will tell, and we hope they're right. However, sentiment elsewhere in the ecosystem and the underlying data suggest we are in an era of even higher cost and there is likely no going back.



About the Author

Matt Wolf is a financial consulting director in RSM's health care practice. You can reach Matt at matt.wolf@rsmus.com.



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so you can go
full speed.

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First Illinois Chapter HFMA News & Events

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CPA, President**



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- 1 Visit firstillinoishfma.org
- 2 Click on the **Volunteer Opportunities** tab
- 3 Check out the **Volunteer Opportunity Description**
- 4 Fill out the **volunteer form** and become more active today!



Or simply drop us an email at education@firstillinoishfma.org.

First Illinois Chapter HFMA News & Events

Spring Symposium

May 18, 2023

**Drury Lane Conference Center
Oakbrook Terrace, IL**

Please join us May 18 at Drury Lane Conference Center in Oakbrook Terrace, Illinois, for the First Illinois Chapter's 2023 Spring Symposium.

The in-person event will include upwards of 6.5 hours of CPE, networking opportunities, and a late afternoon social event. The Spring Symposium will include tracks for the Finance, Accounting, Reimbursement & Treasury professionals as well as Revenue Cycle professionals.

The one-day event also offers additional company branding and exposure opportunities including exhibit booths and unique event sponsorships.

A "Save the Date" with more information will be shared soon. We look forward to seeing you on May 18 at the Drury Lane Conference Center in Oakbrook Terrace.



Look Who Is Turning 75!

The next chapter year for First Illinois HFMA, which starts on June 1, is a special one. It's the 75th anniversary as a chapter of the Healthcare Financial Management Association (HFMA.) We would love to hear from you if you have any photos and stories you would like to share, as these will be highlighted throughout the year. Please submit them to Rich Schefke, chair of the Chapter 75th Anniversary Committee, at rschefke@nch.org.



Women in Leadership Retreat

June 8, 2023

**Morton Arboretum
4100 Illinois Route 53
Lisle, IL 60532**

The Women in Leadership (WIL) team has put together another outstanding one-day program at the Morton Arboretum's Thornhill Education Center in Lisle, Illinois. This year's program is on rebirth and growth and features sessions that process your power as a leader, help you employ mindfulness to energize you and your use of creativity to cope, and identify ways to achieve personal financial independence.

More good news, you will also have the opportunity to explore the bucolic grounds of the Morton Arboretum.

Coming soon - "Save the Date" email with information about the retreat and event sponsorships.

Remember to register early to join your peers on June 8 at the Morton Arboretum in Lisle, Illinois.



Welcome New Members

September 20, 2022 –February 1, 2023

Zaneta Ahuja

Director, Clinical Services
Integration & Operation
University of Illinois Hospital & Health
Sciences System (UI Health)

Abosede Akindele

HIM Tech
Cook County Health & Hospital

Sam Albergo

Director Patient Accounting
Northwestern Memorial Hospital

Takiyah Aldridge

HIM Analyst
Cook County Health & Hospital

Drew Alexander

Supervisor
Loyola University Medical Center

Eliana Almazan

Supervisor
Loyola University Medical Center

Raphael Alvarado

Dynamic Partner
Loyola University Medical Center

Mohammad Amoudi

Partner
J&A CPA Services LLC

Quinn Andersen

Access Program Analyst
Northwestern Memorial Hospital

Tia Anderson

Manager
Loyola University Medical Center

Louise Arzu

Manager, Financial Planning
Advocate Aurora Health

Laura Ashby

Regional Director, Data
Syntellis

Silvia Avila

Director of Revenue Cycle
University of Illinois Hospital & Health
Sciences System (UI Health)

Oralia Avila-Ortiz

HIM Analyst
Cook County Health & Hospital

Germika Bailey

Supervisor
Loyola University Medical Center

Donella Baker

Supervisor
Loyola University Medical Center

Sandra Balazs

Lead
Loyola University Medical Center

Michel Balbontin

Practice Manager
Loyola University Medical Center

Brittany Balzer

Program Director
Northwestern Medical Group

Yvonne Barmore

Patient Access
Advocate Lutheran General Hospital

Lisa Barr

Dynamic Scheduler
Loyola University Medical Center

Elmer Barron

Dynamic Partner
Loyola University Medical Center

JoAnne Begley

Manager Financial Clearance Center
Loyola University Medical Center

Angeline Bello

Supervisor Occupational/
Employee Health Special
Program Billing Operations
Advocate Aurora Health

Elizabeth Beranek

ACNO/Regional Director
Loyola University Medical Center

Susan Bittner

Coding Quality Manager of
Training and Education
Advocate Aurora Health

Susan Bleasdale

CQO
University of Illinois at Chicago

Jonathan Bode

Director of Administrative Operations, Orthopedics
University of Illinois Hospital & Health
Sciences System (UI Health)

Jack Bodine

Analyst
Huron Consulting Group

Kimberly Booker

Insurance Clearance Specialist
Advocate Christ Hospital &
Medical Center

Erik Boyer

Managing Consultant, Guidehouse

Ashanti Brewer

Dynamic Partner
Loyola University Medical Center

Latrishia Brooks

Supervisor
Loyola University Medical Center

Winsome Bryan

Research Billing Specialist
Loyola University Medical Center

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GET THE NUMBERS WORTH KNOWING
2023 Salary Guide

Get the insights that are helping employers and job seekers make smarter salary decisions.

See the guide at
roberthalf.com/Salary-Guide

Robert Half
Talent Solutions

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Welcome New Members (continued from page 14)

Ramishia Bryant

Dynamic Partner
Loyola University Medical Center

Maria Bustamante

Team Lead Patient Accounting
Northwestern Medicine

Brenden Butler

Financial Analyst
Advocate Trinity Hospital

Betty Butler

Manager
Loyola University Medical Center

Deanna Cabada

Research Billing Specialist
Loyola University Medical Center

Karen Cannella

Education Specialist
Loyola University Medical Center

Patricia Carey

Director Billing Operations
Lyra Health

Carmen Casillas

Supervisor
Loyola University Medical Center

Kimberly Caulfield

Practice Manager
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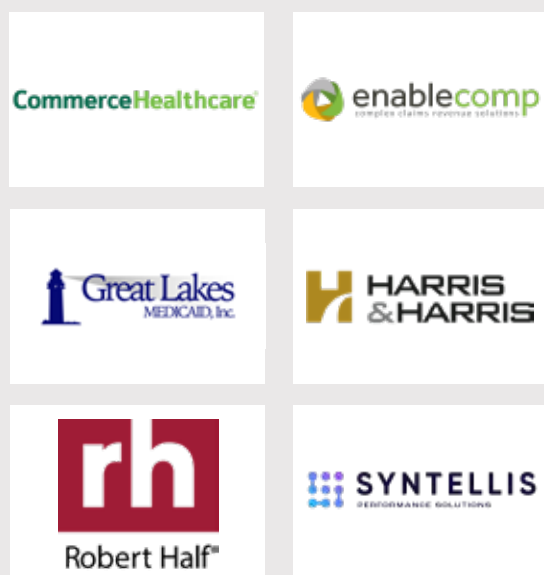
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