Joseph J. Monroe

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OPERATIONS EXECUTIVE

VISION, STRATEGY, & EXECUTION | PEOPLE & PERFORMANCE LEADERSHIP | BUSINESS TRANSFORMATION & CHANGE

Forward-thinking operations executive unafraid of challenging the status quo in order to conquer complex business challenges, build and grow organizations into successful revenue producers, and turn around performance. Excel at leveraging people, process, and technology to deliver key business outcomes. Distinct leadership profile rooted in integrity and trust; effective influencer in helping others to understand, contribute, and act as drivers of change in propelling organizations forward.

CORE COMPETENCIES

Strategic Advisory & Execution	Business Operations & Transformation
Operations & Process Improvement	Revenue Cycle & Growth Organizations
Process Innovcation & Design Thinking	Project Management & Initatives

"When I think of Joe, I immediately think of flawless execution, innovation, and grit. Joe strategically approaches obstacles with a vision of sustainable, long-term success in mind. It is a rare quality in a leader—the ability to see the company's outlook while staying connected to the pulse of daily operations. This leadership style has contributed to a positive, forward-thinking culture by motivating and exciting team members to become drivers of change and accountability."

— William Smith, DO MRO, President, Shoreline Corp.

CAREER SUCCESS

HEALTHCARE PREMIER, New York, NY   **2012 – Present**
National leader in delivering high-quality, convenient, and affordable walk-in care, providing a broad scope of urgent care, occupational health and wellness, and prevention services across 300+ full-service neighborhood medical centers in 17 states.

SENIOR VICE PRESIDENT OF BUSINESS OPERATIONS | 2017 – Present
VICE PRESIDENT, SHARED SERVICES | 2014 – 2017
DIRECTOR, REVENUE CYCLE | 2012 – 2014

Played an integral part of the leadership team that built company from a private equity-backed, 4-state, 60-site distributed model organization to a 23-state, 400+-site distributed model enterprise, culminating in sale to Healthcare Premier Group.

Provided the leadership of business operations, shared services, and revenue cycle management that helped drive the company's explosive growth and profitability, positioned it as a highly valuable acquisition prospect for Healthcare and continues to positively impact overall net profit margin year over year. Currently, direct all aspects of business operations, including the 40-seat patient call center, managing center operations P&L and a $650MM net revenue cycle operation with 300+ locations nationally. Leading an organization of 650 FTEs, drive consistent delivery of best-in-class performance across multiple measures.

- **Led end-to-end implementation of a new practice management software solution.**
  - Increased patient registration accuracy by 35%, while lowering patient registration time by 17%.
  - Introduced core front-end quality metrics to measure staff, co-pay collection rates, registration accuracy, past due balance collection percentages, and email collection.
- **Launched a payment estimation program (QuikPay) that provided vital patient financial transparency enterprise-wide**.
  - Slashed statement cost 18% and bad debt 1.7%; increased cash collections at time of service by 22%.
- **Built a project management organization (PMO)** to drive strategic initiatives and provide executive oversight of all strategic enterprise projects. Decreased project cost overruns by ~$750K/year.
  - Led a project that increased patient satisfaction 16% and created more awareness organization-wide around distinct patient drivers for better visit outcomes.
- **Initiated a comprehensive business process redesign of the Revenue Cycle team.** Designed a new business model leveraging team strengths, filled gaps in needed disciplines through co-sourcing, and streamlined payer contracts.
  - Cut internal headcount 40% (from 88 to 27), while growing net revenue 160% (from $250MM to $650MM).
  - Lowered DAR from 80+ days to 26 days and bad debt from 14% ($35MM) to <2.5% (~$16MM).
  - Overhauled the front-end registration process and implemented use of the 270/271 result to drive workflow. Decreased the insurance registration error rate by 23%. Captured overall Opex savings of ~$2.7MM.
- **Revamped a disjointed, ineffective provider onboarding process;** creating a formal onboarding team to shepherd providers through credentialing, payer enrollment, and training, and ensure that they are set up for success from day 1.
- **Insourced a provider credentialing team from a third-party vendor,** which cut enrollment timelines by 25% and lowered provider attrition from the recruitment process.

- **Re-engineered the provider scheduling model for 1,000+ providers across 17 states,** enabling delivery of the schedule a full 90 days in advance. Added self-service features, including the capability for providers to swap shifts electronically.

UNIVERSITY OF CHICAGO (U OF C) MEDICAL CENTER, Chicago, IL   2009 – 2012
$26B integrated global nonprofit health enterprise comprising 38+ hospitals, 600 clinical sites, a 3.4MM-member health insurance division, and additional business ventures.

CORPORATE MANAGER, REVENUE CYCLE (CORPORATE SERVICES) | 2011 – 2012

Spearheaded multiple initiatives that leveraged people, process, and technology to drive automation, increase patient outcomes, and deliver strong and sustained revenue growth.

Managed all front-end systems, processes, patient registration, and workflow design for ambulatory physician practices, including new acquisitions. Held P&L responsibility for high-dollar, outpatient hospital radiology services. Provided oversight of financial sign-off for out-of-state/out-of-country patients (transplants, cardiac surgeries, etc.) seeking critical surgical services.

- **Devised a strategy to capture millions of dollars in lost revenue annually on high-risk, high-dollar radiology services delivered to underinsured/uninsured patient populations.**
  - o Led a joint collaboration between IT Applications and Financial Services to scope, develop, test, and launch a new application to meet the defined business need. Delivered the application, operational workflow, and tool reporting metrics.
  - o Developed a new department, Financial Counseling, to work with underserved populations one-on-one and determine what, if any, resources were available for resolution of outstanding debt. Created the back-end capability to document and designate unresolved debt as a free-care credit.
  - o Slashed bad debt 11%. Increased the nonprofit UoC's free-care credit from $0 to $1.25MM.
- **Directed a cross-functional workgroup in an enterprise-wide continuous quality improvement initiative.**
  - o Improved data exchange accuracy between 30 distinct UoC interfaces, an issue that had generated a significant number of claims denials and extended DAR by 40% above the norm.
  - o Reduced UoC for You denials 11% in first 3 months of project. Lowered EHR errors between the ambulatory and hospital settings by 23% over 12 months.
- **Deployed CRM solution at hospital-based clinics** to optimize Medicaid application-tracking for specific populations.
  - o Raised application approval rates by 17%. Solution enabled clinical staff, financial services staff, and vendor to access information previously unavailable to them and facilitate a cohesive application process.
- **Named the Corporate Services Division's "Top Performer" in 2011,** one of 50 selected from 500 nominated candidates.

SHORELINE CLIENT ANALYST (PHYSICIAN SERVICES DIVISION) | 2010 – 2011
LOCATION SUPERVISOR, PATIENT ACCESS TEAM (PHYSICIAN SERVICES DIVISION) | 2009 – 2010

Joined UoC at a time of significant M&A growth, taking over management of 3 newly consolidated departments (Registration, Call Center, and Scheduling Call Center). Guided the organization through a mandated reduction-in-force (~40%, from 212 to 125 FTEs), then developed and drove execution of strategies to reorganize and realign staff around operational priorities, automate time-intensive manual processes, and capture cost savings by streamlining workflow.

Enlisted by the Patient Quality Outreach (PQO) team to resolve the year-over-year revenue decline UoC had identified in its acquired specialty practices. Reviewed financial and patient trend data, identified drivers, and crafted a roadmap successful in igniting performance and reversing the decline within ~5 months

Leveraged existing call center technology and personnel to launch a patient re-engagement/outreach program.
  - o Partnered with electronic health record (EHR) vendor to build recall technology effective in automating the program, embedding system prompts within the EHR to trigger scheduling robocalls/letters to targeted patients.
  - o Piloted the program in the digestive disorders specialty; increased practice revenue 18% ($829K) in year one and boosted patient quality outcomes (PQO) by 23%.
  - o Earned a $15K innovation award for the effort and was invited to present the solution at Epic's annual conference.
- **Developed a detailed process for M&A/due diligence teams to follow in evaluating acquisition prospects.** Introduced measures for assessing integration challenges beyond the P&L, including practice systems and patient data migration.
- **Reengineered and automated department workflow and processes.** Culled post-service billing edits 22%; decreased average dollars waiting to bill by $162K/month; and cut registration-related billing denials by 17%.

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Additional Experience: Built a strong foundation of diverse experience across health care, technology, environmental engineering and consulting, and mass media/entertainment.

EDUCATION

Bachelor of Arts – Political Science *(summa cum laude)*
University of Chicago, Chicago, IL