

RWHC *in* REVIEW



2015-2016

About Us

RWHC Vision (What We Want)

Rural Wisconsin communities will be the healthiest in America.

Mission (How We Do It)

Be a strong and innovative cooperative of rural hospitals

Be the “rural advocate of choice” for Members

Develop and manage a variety of programs and services

Assist Members to offer high quality, cost-effective healthcare

Assist Members to partner with others to make their communities healthier

Generate additional revenue by services to non-members

Actively use strategic alliances in pursuit of our Vision

Strategic Priorities (Where We Focus)

Advocate for rural health and healthy communities

Represent Member interests with insurers/payers

Continue and expand shared services

Be a national rural Health Information Technology leader

Drive improvement with a Balanced Scorecard

Assure excellent Member and external communication

Core Values

Trust

Collaboration

Creativity

Excellence

Pride

Openness

Individual Development

Productivity

Responsibility



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Lancaster

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Stoughton

Jerry Worrick

Sturgeon Bay

Philip Stuart

Tomah

Brian Theiler

Whitehall



The RWHC provides an excellent venue for networking with other healthcare organizations. The most valuable attribute personally is the experience of dozens of other CEOs who live and breathe the same challenges I do. The most valuable attribute from an organizational standpoint is the ability to have influence within an industry that is dominated by very large health systems.



—Dan Rohrbach, Southwest Health Center (Platteville, WI)

RWHC: A History of Harnessing



by Nicole Clapp

RWHC President

As the current President of the Board of Directors, it is with great pride, I encourage you to read what the Rural Wisconsin Health Cooperative (RWHC) has contributed to the well-being of rural healthcare. This publication, "RWHC in Review" will demonstrate the true meaning of Harnessing Rural's Collective Strength.

Since its inception in 1979, RWHC has grown to become a leader in advocacy for the rural consumer of healthcare. RWHC has helped shape the landscape for 40 community hospitals throughout the state of Wisconsin. The hospitals have a collective voice and have orchestrated efforts to provide high quality cost-effective healthcare close to home.

This Annual Report will provide a snapshot of the extensive array of services and programs RWHC offers to its Member hospitals and other facilities across the United States. In the pages that follow, I am confident you will realize how RWHC focuses daily on their vision for the future where: "Rural Wisconsin communities will be the healthiest in America."

Nicole Clapp, President



Rural's Collective Strength



by Tim Size

RWHC Executive Director

The Rural Wisconsin Health Cooperative has a rich history since being founded in 1979 by nine forward thinking rural hospital administrators as a platform to share services. Ever cost-conscious, we used bylaws written for dairy cooperatives from the University of Wisconsin Center for Cooperatives, replacing the word “dairy” with “hospital.” RWHC’s first office was one overheated room (above the boiler) in a vacated nursing dorm at Memorial Hospital of Iowa County—a long way from the 14,000 sq ft prairie style building we now enjoy in the Sauk City Business Park.

That same winter in 1979, a proposal from an urban-centric and federally funded Southern Wisconsin Health Planning Council recommended (based on a series of closed meetings with only one “rural” participant) that most rural hospitals in southern Wisconsin either close or merge. That didn’t happen but advocacy entered RWHC’s DNA. Here are just a few highlights from our proud history:

In response to a changing marketplace, RWHC started HMO of Wisconsin in 1983 with key support from St. Mary’s Hospital in Madison; it is now operated by the University of Wisconsin as Unity Health Plans. Subsequently, we received what we believe was a first in the country, a business advisory letter from the U.S. Department of Justice allowing RWHC to represent Members in negotiations with commercial health plans—a core activity to this day.

RWHC was one of the first voices to demand rural Medicare payment equity when in 1984 we were nearly alone speaking up in Washington, DC, about the disastrous impact of the then newly implemented Medicare Prospective Payment System. In 1988, RWHC, with the National Rural Health Association, filed a class-action lawsuit against the Federal Department of Health and Human Services for an “unjust taking of property” due to a failure to provide just compensation to rural hospitals for services to Medicare patients. The suit failed but many believe it added crucial momentum to the creation of the Critical Access Hospital.

In the late 1990s, RWHC became a Joint Commission certified OryX Vendor for Quality Data Transmission and achieved NCQA Certification as a Credentials Verification Organization.

In 2002, RWHC implemented a shared data network that allowed for secure T1 connections between the Member hospitals and a central data center. In 2003, with Marquette University, RWHC started possibly the country’s first rural Nurse Residency Program. In 2004, RWHC received a Wisconsin Partnership grant on behalf of a statewide collaborative that led to the “Wisconsin Academy of Rural Medicine,” a rural-focused medical school within a medical school.

One of RWHC’s signature programs, Hospital to Hospital (H2H), was launched in 2006 for Members to share and learn best practices with each other to enhance their own organization’s performance.

In 2011, RWHC significantly expanded its scope by launching the Wisconsin Collaborative for Rural Graduate Medical Education to support rural rotations, residencies and fellowships, as well as the Southern Wisconsin Immunization Coalition to improve rural rates of childhood immunizations. In 2012, RWHC became the Wisconsin co-leader for the Future of Nursing™ Campaign for Action with the Wisconsin Center for Nursing.

In 2013, RWHC Information Technology Network (ITN) became one of the first networks in the country to be designated as a Healthcare Connect Fund Consortium, helping nearly 100 sites gain additional broadband funding. In 2014, RWHC began the development of a Behavioral Telehealth Network to provide much needed behavioral telehealth services to underserved populations in rural Wisconsin.

These are just a few examples of what rural communities can do when we work together. I believe this report demonstrates why I believe to the core of my soul that we have continued as we began and that the best is yet to come, guided by RWHC’s now 40 strong Member hospitals and 70 staff leaders.

A handwritten signature in blue ink that reads "Tim Size". The signature is written in a cursive, slightly slanted style.

RWHC Members



Affiliate Members

Gundersen Health System
Home Health United
Hospital Sisters Health System
Ministry Healthcare
St. Mary's Hospital Medical Center
UnityPoint Health-Meriter
University of Wisconsin Hospital & Clinics
University of Wisconsin Medical Foundation

Strategic Partners

National Rural Health Association
Wisconsin Center for Nursing
Wisconsin Hospital Association
Wisconsin Medical Society
Wisconsin Nurses Association
Wisconsin Office of Rural Health
Wisconsin Partners
Wisconsin Primary Healthcare Association

“ Moving to an independent hospital in a new state, I was wondering about developing a professional network. RWHC is that solution! Both staff and members are willing to share their wisdom in helping me to adapt. ”

— Bruce Roesler, CEO, Richland Hospital (Richland Center, WI)

Service Highlights

ADVOCACY

2015 started like most odd-numbered years in advocacy by welcoming new legislators and legislative committee makeup's that require ongoing and new education of Members on rural health issues. The beginning of 2015 was the start of Governor Walker's second-term and the introduction of his third state budget, while protection of Medicaid funding has been a hallmark of all his budgets, this budget focused on including nearly \$650 million in additional state resources to fund the cost-to-continue in the state Medicaid program and an authorization of a permanent Medicaid Disproportionate Share Hospital (DSH) program. Additionally, rural health workforce programs were protected from being collateral damage because of a proposed shift in the UW system administration that would have eliminated the requirement that the UW System implement the Wisconsin Rural Physician Residency Assistance Program (WRPRAP), the Physician and Dentist Loan Assistance Program and the Healthcare Provider Loan Assistance Program.

In August of 2015, RWHC Members Monroe Clinic and Grant Regional Health Center (Lancaster) welcomed Sean Cavanaugh, deputy administrator and director for the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS) to continue efforts to engage CMS on important rural hospital and healthcare-related issues, or what some of us lovingly refer to as Operation MASH. In Monroe, Mr. Cavanaugh learned about

efforts in Wisconsin related to graduate medical education (GME) from several partner organizations dedicated to strengthening Wisconsin's healthcare workforce. In Lancaster, Beth Dibbert, RWHC's then Quality Services Senior Manager, and Kelly Court, WHA's Chief Quality Officer, gave an overview of how Wisconsin's rural hospitals have focused on quality improvement, patient satisfaction and cost-efficiency efforts that have made Wisconsin a leader in the healthcare value movement. Mr. Cavanaugh's visit also allowed Kelly and Tim Size to preview recommendations to CMS from the National Quality Forum's Rural Measures Committee, which they both served on and was released shortly thereafter.

2015 also saw the National Association of Insurance Commissioners Network Adequacy Model Review (B) Subgroup complete their work on Managed Care Plan Network Adequacy Model Act (#74). Wisconsin's Office of the Commissioner of Insurance Legislative Liaison J.P. Wieske chaired this work group and will continue to have an important role as state action on the model act will likely happen in 2016. RWHC and our Members have been actively engaged in WHA's Network Advocacy Council which we believe to be an excellent venue to protect equity and access for rural healthcare providers in this effort. Network adequacy has been and will continue to be a major issue for rural healthcare providers in 2016 and beyond.

PICTURED: CMS Deputy Director Sean Cavanaugh, *center-right*, with *L to R*: Jenny Boese, Byron Crouse, Joan Coffman, Kara Traxler, Mary Beth White-Jacobs, Mike Sanders, Nanette Foster Reilly, Mark Thompson, Sean Cavanaugh, Jeremy Levin, Lori Rodefelf, Tim Size, Eric Borgerding, Jim Nemeth and John Russell



Service Highlights

EDUCATION

CLINICAL EDUCATION

RWHC offers a **Clinical Education Series** for both new and experienced nurses, as well as nursing ancillary support staff. The workshops are designed to enhance the clinician's knowledge and improve critical thinking at the bedside for overall improved patient care within your organization. The use of simulation education is utilized in some of the workshops, allowing hands-on opportunities. These highly engaged and interactive educational opportunities are based upon the principle that there is no learning without action, so facilitation of learning is a key component of this series. The series is open to both RWHC Members and non-members. All clinical workshops are offered throughout the year at RWHC and can also be customized and brought onsite.

This year, our most popular clinical workshops delivered onsite across the state were:

- OB Assessment and Emergencies
- Pediatric Assessment and Emergencies
- Lateral Violence (Dealing with Bad Behaviors)
- Preceptor Training Program (skill development of the person responsible for onboarding new employees to be successful in their roles)



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PROFESSIONAL SERVICES

CLINICAL SERVICES

Audiology

Like many of the RWHC Services, **Audiology** is a successful, longstanding service for several RWHC Members. RWHC employs three highly experienced and trained audiologists that provide care to patients of all ages. This includes diagnostic testing and evaluations, hearing aid consultations and dispensing, and follow-up to Newborn Hearing Screenings. In addition to working with primary care providers within the communities, the audiology team works alongside Ear, Nose & Throat (ENT) physicians by providing care to their patients that are being evaluated for many diverse problems such as *hearing loss, ear infections, and vertigo*. The audiologists meet regularly to enhance their professional skills, complete

continuing education, and review their quality improvement plan and results. All Members are serviced with state of the art diagnostic equipment and have access to multiple hearing aid companies through our centralized accounts. Along with being licensed by the state of Wisconsin and enrolled Medicaid providers, the audiologists are all members of the *American Speech-Language & Hearing Association (ASHA)* and *American Academy of Audiology (AAA)*.

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“ The RWHC is a great resource to our organization. As a Member we have access to the most current information regarding the countless changes in our industry and are better positioned to anticipate and respond to them. ”

—Dan DeGroot, CEO, HSHS St. Clare Memorial Hospital (Oconto Falls, WI)

Physical Therapy, Occupational Therapy, and Respiratory Therapy

These were the earliest clinical services offered by RWHC to support the needs of Members. At that time, minimal therapy services were offered in the rural hospitals due to a lack of therapists willing to work in a small practice setting. The RWHC model offered services to a hospital at an appropriate level for their caseload, yet created a network of therapists, thus eliminating the isolation concerns many therapists feared. This model laid the groundwork for these professionals to collaborate on program development, bringing expertise and services to the rural communities that they had previously not enjoyed. Currently,

therapists provide a wide range of expertise to accommodate the specific needs of a hospital and its community. Therapists work with a variety of patients and in a variety of settings including *hospital inpatients, outpatients, home health, schools, and in home pediatric therapy (Birth to 3 Program)*. Currently, these services are not available for expansion.

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Speech Pathology

The **Speech Pathology Service** continued to grow in 2015 providing services in some capacity to 24 of the 40 Members. This included the provision of direct patient care in sixteen hospitals, seven nursing homes, four Birth to 3 Programs, six home health agencies and one hospice organization.

Our group of ten RWHC-hired speech pathologists provide care to patients of all ages and all diagnostic categories. This is possible through the support of RWHC resources and unique networking opportunities. Through the RWHC Speech Pathology Roundtable and Dysphagia Grand Rounds meetings, speech pathologists from all of our Member hospitals are able to network and share expertise allowing them to successfully practice as generalists in a diverse field.

This year we had the opportunity to share our unique service delivery model at our state and national conventions. Rural Speech Pathology Services are alive and well in Wisconsin.

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CODING CONSULTATION SERVICES

Today, more than ever, achieving accurate coding for claims submission and subsequent reimbursement is essential for your facility's bottom line. This is why RWHC offers an innovative **Coding Consultation Service** that will help your staff meet the heightened demand for correct coding and claims submission. The RWHC Coding Consultation Service is designed to offer practical solutions to your everyday coding needs. Our goal is to educate and prepare your staff to handle any coding challenge that may arise in an inpatient, outpatient or ambulatory surgery setting. Services include: *Coding Audits (onsite or offsite, inpatient, ambulatory surgery, emergency department, and ICD-10)*, Coding

Education & Training (current topics and staff training presented onsite, regional, mentoring, or group), Reimbursement Hotline (web-based tool for specific coding questions) and Per Diem Coding (available for staffing emergencies or scheduled time off). RWHC Coding staff also facilitate relevant roundtables, provide expertise to other RWHC Services and participate in external coding groups.

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Service Highlights

CREDENTIALS VERIFICATION

Why use a Credentialing Verification Organization (CVO)?

Whether you have a very small or large medical staff/network, outsourcing the credentialing process is the most cost-effective way to establish a credentials file. RWHC is able to accelerate the verification process with database automation and online verifications that get the job done accurately, completely, and efficiently. You send a name and contact information; we take it from there until the file is complete and sent to you.

Continuous Monitoring: RWHC Credentials Verification Service fee includes continuous monitoring (monthly) of Medicare/Medicaid sanctions as well as state licenses and DEA. We notify our clients immediately of all disciplinary actions when they are discovered. RWHC also tracks the expiration of licenses, DEA, boards, and malpractice. Clients can generate a report and view the images for expirables from our secure website.

RWHC is Expansive and Experienced: We are a NCQA-certified CVO with over 20 years of experience in many states and with all types of healthcare practitioners. RWHC is equipped to handle the credentialing needs of a larger healthcare organization, yet small enough to know our clients as individuals. We can assist you with meeting your required credentialing standards including those set forth by *The Joint Commission, CMS and NCQA*.

RWHC is Different from National CVOs: We provide a comprehensive service; from mailing the application to sending the complete file to the client. Our fees are inclusive, no unexpected charges for verifications or when multiple requests are needed to obtain a document. There are no monthly volume requirements.

Satisfaction Guaranteed: RWHC monitors file accuracy and turnaround time because we understand the importance of both for patient care and facility finances. File status is always accessible to you via our secure website. If you have a question, you can contact us by phone or email. All staff are knowledgeable about the credentialing process, so our responses are timely and helpful.

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Hospital to Hospital (H2H)

Following futurist Leland Kaiser's keynote at Wisconsin's 2005 Annual Rural Health Conference, the RWHC Board grappled with one of Dr. Kaiser's primary recommendations—that rural hospital leadership should routinely seek out and visit other hospitals in order to gain additional insight to enhance their organization's performance. The Board's discussion over several months led to the RWHC Hospital to Hospital (H2H) program, an annual Member favorite ever since. All sessions are recorded and archived online for Members not able to attend in person.

2015 Hosts:

Black River Memorial Hospital:

"Using the Baldrige Healthcare Criteria for Performance Excellence to Drive Improvement"

Southwest Health Center:

"Strategies for Success in a Rural Facility"

Stoughton Hospital:

"Customer Service Program (Excellence Together)—The Sequel"



We are pleased to have been a charter Member of RWHC for over 35 years. We have appreciated and benefitted from Coop staff expertise and leadership with rural health and critical access hospital legislative issues; policy development and advocacy; centralized medical staff credentialing and quality assurance initiatives; staff leadership development; opportunity for Hospital to Hospital (H2H) peer sharing of best practices. I have really enjoyed the personal interactions and open-sharing culture that has been fostered throughout our Membership tenure.



—Terry Brenny, President/CEO, Stoughton Hospital (Stoughton, WI)

FINANCIAL CONSULTING SERVICES

Financial management in healthcare is a complicated business. New rules and regulations are regularly enacted, yet old ones tend to stay in place. The industry is in transition from one where payment is based primarily on volume to one focused on value.

RWHC provides assistance to Members and non-members alike. Monthly benchmarks, annual ratio analysis and general financial assistance are regularly provided. We often provide consultation regarding Medicare regulations and cost reporting. It is imperative that all hospitals file an accurate cost report, stay abreast of regulatory requirements and monitor operations to ensure appropriate reimbursement. It is also critical that hospitals educate their staff on the importance of the cost report, as well as the associated compliance requirements. In addition, consultation is provided to RWHC advocacy staff regarding issues with financial implications.

The wide range of financial consulting services offered by RWHC staff can be customized to meet your needs. **These include:**

- Medicare and Medicaid cost report preparation and consulting
- Consultation regarding claiming costs for Medicare bad debt
- Analysis of Medicare wage index information

- Assistance with recording estimated Medicare contractual allowances
- Evaluation of Disproportionate Share Hospital status
- Evaluation of provider-based alternatives
- Assistance with budget preparation and financial reporting issues
- Evaluation of debt financial alternatives
- Strategic planning
- Education updates for management, hospital boards, physicians, etc.
- Medicare compliance guidance
- Preparation and assistance with various governmental reporting requirements
- Interim staffing for chief financial officer and accounting positions
- Strategic pricing of patient services

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INFORMATION TECHNOLOGY NETWORK (ITN)

Founded in 2007, the **RWHC Information Technology Network (ITN)** is a not-for-profit consortium that supports rural hospital technology projects. ITN services include a fully hosted ONC-certified Medhost electronic health record environment, a Merge Picture Archive and Communications System (PACS), and related implementation and 24/7 helpdesk services provided by a staff of HIT professionals. These applications are served from a dual data center environment that is highly redundant, with real-time data replication and layers of storage and backup protecting participant health information.

RWHC ITN is also a Healthcare Connect Fund (HCF) consortium through which over 20 rural hospitals receive subsidized

broadband services. Whether consortium participants are connecting to the RWHC ITN's network or other locations, such as remote clinics, the ITN HCF program serves its Members by competitively bidding for cost-effective telecommunication services, contracting with selected vendors, and then managing the USAC/HCF subsidy process that results in over 50% savings on participant eligible telecommunications costs.

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Service Highlights

EDUCATION

LEADERSHIP PROGRAMS

Leading and managing people is an exciting challenge and RWHC's Leadership Workshop Series is helping to bring leaders from "has leadership potential" to "skilled and taking effective action." Our experiential workshops which consistently receive the highest ratings from participants are taught by experienced facilitators passionate about the success of their learners. Topics are offered throughout the year at RWHC and can be customized and brought onsite for the whole leadership team. Additional offerings include leadership coaching, webinars and customer service education for all employees.

This year, popular topics particularly for newer leaders included: *Monkey Management*, based on the concepts of the "One Minute Manager"; *Peer Today Boss Tomorrow*, focusing on the challenges of that transition; *Walk the Talk*, with its emphasis on accountability; and both *Coaching and Conflict workshops*, for their skill building techniques in communication. Workshops

consistently score above a 4.5 on a 5 point participant satisfaction scale, whether offered in mixed groups at the RWHC Training Center or at multiple locations throughout Wisconsin as well as in Colorado, Minnesota and Illinois.

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Our leaders enjoy and appreciate the RWHC workshops because they help them to grow professionally as well as personally.

– Crystal Potter, Public Relations Director,
Spoooner Health System (Spoooner, WI)

RWHC leadership trainers have presented to very diverse groups of staff and I hear such positive comments and see changes in how staff deal with one another after participating!

– Mary A. Moore, RN, BSN,
Educational Services Coordinator,
Aspirus Langlade Hospital (Antigo, WI)

2015 RWHC AWARD WINNERS

Kristi Hund Award for Nurse Excellence

Kristi Dobson, RN, BSN,
Black River Falls

Kristi Hund Award for Excellence in Nursing Leadership

Susan Courtney, RN, BSN,
Medford

Monato Rural Health Essay Prize

Amanda Lam, "Māēhnowesēkiyah:
We Will All Be Well"

Quarles & Brady-RWHC Community Engagement Award

FIRST PLACE:

Fort HealthCare, Fort Atkinson

SECOND PLACE:

Southwest Health Center, Platteville

Wipfli-RWHC Cost Champions Award

FIRST PLACE:

Dale Massey, Manager of Patient
Registration, Sturgeon Bay

HONORABLE MENTION:

Nicole Adrian, Pharmacy Purchasing
Control Technician, Platteville

HONORABLE MENTION:

Melinda Schoen,
CQI Director, Baraboo

Rural Health Ambassador Awards

- Amy Yaeger- Black River
- Cathy Butterbrodt- Columbus
- Karen Meade- Cumberland
- John Mason- Dodgeville
- Angie Hupf- Medford
- Dr. Timothy Hinton- Mauston
- Lori Rodefelf- Monroe
- Sarah Trunkel- Neillsville
- Terri Slapak-Fugate- Platteville
- Jodie Molitor- Reedsburg
- Dr. Jerel T. Berres- Richland Center
- Nancy Moskal- Stoughton
- Sandy Sievert- Sturgeon Bay
- Kelly Thayer- Tomah



The atmosphere of collaboration and shared learning created by the RWHC is driving rural health innovation in the state of Wisconsin.

–John Russell, President/CEO,
Columbus Community Hospital (Columbus, WI)

MYSTERY SHOPPERS

RWHC offers a **Mystery Shopper Program** for Members that are willing to “mystery shop” one another’s facilities to assess and improve their customer service experience. RWHC monitors and assigns shoppers to ensure that anonymity is maintained, and that any non-negotiables are identified for the hospital. There are two components to the program: a *Live Shopper* experience at the hospital, where a staff person from another Member hospital arrives and meets with a staff member of the facility to learn more about their services, and a *Phone Shopper* experience used to determine consistency of branding and staff

interactions during phone calls at their hospital. Each hospital participating in the live and/or phone shopper experience receives a summary of the findings.

Twenty-one Members have participated from one to five times over the last five years. The 2016 round will be announced in March and kicks off with an orientation session for the shoppers in May.

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NAVIGATING PAYMENT REFORM

The **Navigating Payment Reform (NPR)** program was started in 2015 to better coordinate RWHC Member payment reform and population health work in the following ways:

- Provide education relating to the current and near-future status of health reform
- Identify RWHC Member payment reform priorities
- Assess the financial implications, risks, and hospital readiness for identified priorities
- Support participating organizations with a roadmap and strategies for implementing selected payment reform projects

After an initial data gathering and priority identification period, NPR participants have identified population health analytics, health insurance captive development, and outpatient case management as key areas for collaboration. RWHC staff has applied for a grant to further develop a group analytics approach and the RWHC Executive Committee has approved a proposal to self-fund the Captive project, starting with workers' compensation insurance. RWHC has and will continue to provide education and identify strategies to address RWHC Member health reform-related needs.

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NURSE RESIDENCY PROGRAM

RWHC Nurse Residency Program is a one-year program structured around monthly learning sessions where the new graduate is highly engaged in an interactive, reflective and enriched learning environment. The sessions are designed around an effective standard curriculum for the nurse who is often isolated on the unit or in the organization with minimal resources. Learning needs are identified by the participants on a monthly basis and are weaved into the content. Networking with peers who are going through the same challenges is a powerful experience for the new nurse. Small group breakout sessions are incorporated into each learning day and are facilitated with the action reflection practice model incorporating the accepted standards of care and practice. Each session of the curriculum

is designed to work toward the program goals which include: choosing the kind of nurse they want to be, enhanced critical thinking and decision making, and transitioning to a competent, highly professional practitioner.

In 2015, we kicked off Year 11 of this program at RWHC. Our program has been so successful that we are required to run two cohorts per year—two sessions per month. This year marked the most participants in the program to date with 71 nurses entering the program. To date, through Year 11 we have touched the lives and practice of 513 nurses.

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“ We believe in the Nurse Residency Program and send all of our new RNs for the additional development and support provided. ”

– *Mary Beth White-Jacobs, President & CEO,
Black River Falls Memorial Hospital (Black River Falls, WI)*

“ We used RWHC simulator, ‘Adult Hal’ for a CNA workshop on sepsis. It was a great opportunity to share best practices for staff education with tangible outcomes. ”

– *Teresa Field, RN, Clinical Practice Specialist,
Reedsburg Area Medical Center (Reedsburg, WI)*

Service Highlights

QUALITY

PATIENT SATISFACTION SURVEYS

RWHC offers a series of surveys including the **CAHPS Hospital Survey**. Designed to target specific patient populations, outpatient survey types include *Ambulatory Surgery/Surgical Day Care, Hospital Clinic, and various department level surveys such as Emergency, Laboratory, Radiology, Rehabilitation, etc.*

Our program is designed to keep workload to a minimum and provide the data needed for meaningful quality improvement.

“ We are very glad we chose RWHC as a partner to improve patient satisfaction across all areas of the hospital.
– Maureen Bruce, Quality Director, Moundview Memorial Hospital (Friendship, WI) ”

All functions occur on a secure website. Reports are updated daily so the most current information is kept available. The RWHC reports are designed to provide solid data on which to base quality improvement initiatives.

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“ RWHC manages our HCAHPS surveys. They are great to work with, always willing to help in any way they can.
– Kristie DeClark, RN, BSN, Case Management and Quality Improvement Director, Bear Lake Memorial Hospital (Montpelier, ID) ”

QUALITY

PEER REVIEW SERVICE

RWHC Members and other rural hospitals are required to have a peer review process. This process may include criteria for external reviews. **RWHC's Peer Review Service** can provide external reviews for physician specialties most often associated with a rural practice. Recently added to the specialty areas is anesthesiology provided by CRNAs.

This service focuses on the quality of the healthcare delivery process, from a system-specific or clinical aspect. It provides an effective and economical option for rural medical staffs and hospitals as they evaluate the quality and appropriateness of patient care.

Experienced physicians actively practicing in a rural setting complete the reviews. Each reviewer has an active credentials file within the RWHC CVO Service which allows proper monitoring

of their credentials. The specialty of the record to be reviewed is always matched to the specialty of the reviewer. All reviewers use a standard template for their reports and include a narrative if they deem it necessary to report their findings.

All submitted records are redacted by the requesting hospital to assure all facility, patient, and physician identities are protected. The reviewer is also assured of anonymity to maintain this service as a quality improvement opportunity.

Completed reports are available to the hospital contact person within four to six weeks of the receipt of records. Participating hospitals and their medical staffs express appreciation for this cost-effective process to confirm good care or identify opportunities for improvement.

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PRECEPTOR TRAINING PROGRAM

The **Preceptor Training Program** started for nursing preceptors as a component of support to the Nurse Residency Program, but has grown to be across the healthcare continuum. It is open to anyone interested in supporting new hires including *nursing, lab, pharmacy, therapies, radiology, nutrition, admissions, etc.* The successful preceptor model of pairing experienced healthcare professionals with new employees works to quickly bring classroom learning to real life competence no matter what area of expertise. Being skilled in one's technical role and being an able teacher are two different roles. This two-day program facilitates the teaching and mentoring skills necessary to engage new employees in a way that builds competence and confidence for both learner and preceptor. It provides opportunities for practice and feedback related to the essential skill set for preceptors through simulation learning and role-playing scenarios.

In 2015, besides hosting this Program at the RWHC Training Center two times this year for mixed healthcare groups, we also traveled to several locations with this program. Bringing this program onsite for your organization is an excellent way to build a preceptor culture. When preceptors across the healthcare continuum can learn together, it jump starts a culture change in a way that increases retention. The onsite delivery of this Program continues to grow in popularity.

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PROFESSIONAL ROUNDTABLES

The opportunity to network with one's peers is one of the key advantages to membership in RWHC. RWHC currently offers 42 professional **Roundtables** representing a wide range of clinical and non-clinical disciplines; additional groups are considered on a regular basis.

Most of the Roundtables meet 4-6 times per year, typically for 2-4 hours per meeting, with state-of-the-art virtual participation

always available. The Roundtables are an opportunity for Members to discuss topical issues, exchange ideas and implement special projects. In fact, many of the programs and services that RWHC provides first started via Roundtables.

CONTACT:

All Roundtable facilitators can be reached via:
office@RWHC.com | (608) 643-2343

RWHC ROUNDTABLES

Accounting Manager

Anesthesia

Chargemaster

Chief Financial Officer

Clinic Manager

Clinical Documentation

Coding

Corporate Compliance Plan

Education

EOC

ER RN

Ethics

Executive Assistant

Foundation Director

Health Information

Home Health

Human Resources

ICU RN

Infection Prevention

Information Technology

Lab

Med/Surg RN

Medical Staff Coordinator

Nurse Executive

Nutrition Services

OB RN

Patient Business Manager

Perioperative RN

Pharmacy

Population Health

PT/OT

Public Relations/Marketing

Purchasing

QI Coordinator

Radiology

Rehab Manager

Respiratory Therapy

SANE

Simulation Users

Social Work

Speech Pathology

UR Coordinator



Coming to the RWHC is always a great experience! The conversations with the other participants and the interactive classroom atmosphere make it a great learning environment.

—Lisa Rudolph, RN, MSN, CCRN, Educational Services Coordinator, Fort HealthCare (Fort Atkinson, WI)



Service Highlights

QUALITY

QUALITY INDICATORS PROGRAM

Whether the hospital is a PPS or Critical Access Hospitals, the **RWHC Quality Indicators Program** helps clients from around the nation participate in clinical quality measures that meet regulatory and accreditation requirements, while making sense for their stakeholder's quality strategy. RWHC offers a secured, web-based environment for data collection and reporting. Our hosted software has built-in alerts and helps, and our timely transmission schedules allow clients to make any last minute changes and edits without a panic. We have developed clear, concise, at-a-glance and on demand reports to clearly identify areas of strong performance as well as opportunities for involvement. Our friendly and knowledgeable help desk staff provide exceptional customer service.



CONTACT:

Janet Wagner

jwagner@RWHC.com | 608-643-2343

QUALITY

QUALITY RESIDENCY PROGRAM

(In collaboration with the WISCONSIN HOSPITAL ASSOCIATION)

The **Quality Residency Program** offers a combination of didactic and interactive learning with the adult learning principles in mind: Basic quality theory with content delivered by expert presenters, hands-on experience with tools for data-driven decision making, and building a network of sharing and support for professional development. Between the in-person learning modules, residents will be supported by an email distribution list and facilitated coaching calls. Since the launch of the Program in March of 2014, we have received overwhelmingly positive feedback from our residents. Residents have already gained confidence, familiarity with data-driven decision making strategies, and they are developing trusted collegial networks of information through an email list service and a virtual document sharing portal. We have also been challenged to expand our capacity to include newly hired quality leaders, accommodate new residents that are part of their organization's succession planning, and honor continued requests to provide this education as a "refresher" to experienced quality leaders via participation in a single module. The program has received interest from other states, and we are engaging those planning partners in launching Quality Residency programs of their own.

The goals of the program are to help the quality resident:

- Make the transition from novice to effective quality leader
- Enhance engagement of hospital staff and leadership in clinical quality and patient safety
- Advance critical thinking and data-driven decision making
- Increase confidence in managing stressful and sensitive situations

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**QUALITY
RESIDENCY
PROGRAM**



Returning to rural medicine after a long hiatus and as a relative newcomer to Wisconsin, the RWHC has been an invaluable resource that has made a huge difference for our community hospital. The resources suited to rural needs as well as incredible network of talented staff and board members who are willing to share has helped us grow and change immeasurably. The sharing of knowledge strengthens the performance of all and aids us in improving quality and financial outcomes for the communities we serve. Thank you for the privilege of participation.



—Charisse Oland, CEO, Rusk County Memorial Hospital (Ladysmith, WI)

REIMBURSEMENT CREDENTIALING

Many RWHC Members and other rural organizations submit professional fees for the services provided by their practitioners. This is a complex process as the average rural organization has more than 10 health plan contracts. Each health plan has its own requirements and process for enrolling new practitioners as health plan providers. In addition, practitioners must be enrolled as a Medicare and Medicaid provider with yet a different set of requirements and process.

The **RWHC Reimbursement Service** can assist organizations with provider enrollment (and maintenance of enrollment) for each of their health plan contracts. To accomplish this, RWHC works with a contact at the organization and/or with the practitioner directly, along with identifying specific contacts and web links for each health plan, RWHC clarifies what each payer requires, completes the required screening and subsequent applications, and provides all necessary follow-up including confirmation of enrollment and the effective date.

A similar process is established for the recredentialing process, typically every three years that each health plan requires. This

Service also includes establishing and maintaining the national CAQH application now required by most of the larger health plans. In addition, RWHC manages any demographic changes that may occur for each of the individual practitioners.

The RWHC Reimbursement Credentialing Service is limited to those organizations contracting for the RWHC CVO Service. This is to assure that RWHC has the current and accurate data to complete and maintain the provider enrollment process for each health plan.

The RWHC Reimbursement Credentialing Service has an initial enrollment fee for new practitioners that includes all tasks for provider enrollment and an annual subscription fee for established practitioners that provides the ongoing maintenance required by many plans (e.g. CAQH Updates) and recredentialing requirements.

CONTACT:

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RWHC NETWORK & PHO

After considerable effort by RWHC in 1996, the U.S. Department of Justice issued a business advisory letter that allows collaboration in negotiating with health plans and other third-party payers. As a result of this business advisory letter, **RWHC Network, Inc.**, was created in 1997. Membership in RWHC Network, Inc., is limited to RWHC Members.

RWHC Network allows Members to discuss contracts with each other and jointly negotiate with HMOs and other insurers without violating antitrust laws. The existence of RWHC Network allows managed care plans and others to contract with RWHC Network Members in an efficient and cost-effective manner. The Network also reviews contractual language for Members, offering comments and suggestions for Members to consider. In addition, the RWHC Network provides education to Members on contract terms and other matters related to contracting with health plans.

In 2005, another organization, **RWHC, LLC**, was formed as a physician hospital organization (PHO). One of the purposes for which the RWHC, LLC, was organized was to serve as a managed care contracting vehicle for Participating Providers, and to arrange for the provision of Covered Services to Members of Purchasers. Membership in the RWHC, LLC, is open to RWHC Members and non-members.

Currently, RWHC, LLC, has limited contracting on behalf of Members to Medicare Advantage plans, including those that serve both Medicare and Medicaid beneficiaries. The RWHC, LLC, has contracted on behalf of Members with several plans. In some cases contracting is limited to those Members within a specific geographic area, and other times contracts have been entered into that include all of the RWHC, LLC, Members.

CONTACT:

Dan Stich

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Service Highlights

SOUTHERN WISCONSIN IMMUNIZATION CONSORTIUM

The **Southern Wisconsin Immunization Consortium (SWIC)** was started in 2010 to address disparities between rural counties and neighboring urban Dane County. SWIC works across seven counties: *Grant, Green, Iowa, Lafayette, Sauk, Columbia, and Richland* counties with local partnerships to address disparities in immunization rates.

While initially focused on childhood immunization rates, 2015 brought a significant change for SWIC as we received one of several grant awards from the Wisconsin Immunization Program to enhance provider and consumer knowledge of the human papilloma virus (HPV) vaccine through outreach and education. With the grant, the focus of the consortium shifted from exclusively focusing on a 24-month benchmark to the adolescent platform and the three

vaccines associated with adolescent health: meningococcal, HPV and Tdap. SWIC also hosted a student who completed his master's in public health, whose focus was on improving communication between young adults seeking HPV vaccine and clinicians.

On tap for 2016, SWIC has received another grant to continue HPV education and outreach. We will also be looking more closely at each community to determine access to services as some of our initial data indicates that for routine childhood immunizations the more rural the community within individual counties, the less likely children are to be up-to-date on time.

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TECHNOLOGY SERVICES

RWHC provides solutions for healthcare providers to comply with HIPAA and HITECH requirements, including data protection systems and email encryption.

Data Protection Systems

While many options are available for tape-based systems, the reliability and offsite storage requirements make this cumbersome and leave many wondering if they can actually recover the data they think they have backed-up. RWHC partners with Unitrends to offer a disk to disk system with automated offsite vaulting to our secure data center. This is offered on a monthly subscription agreement and is sized appropriately to your needs. Alternatively, we are also a reseller for facilities that would prefer to purchase their own hardware.

Email Encryption Service

RWHC partners with ZixCorp to offer a facility-wide email encryption solution to protect facilities from the exposures of releasing Protected Health Information. This solution operates as a gateway service so that all outbound emails are scanned prior to being released. We are able to provide this on our hosted equipment or we can provide an individual gateway appliance to install locally.

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TECHNOLOGY SERVICES

“ Much of our finest work is done at the grassroots level, building energy around key initiatives by utilizing a collaborative approach. RWHC provides the opportunity to network with others throughout the state and through this partnership allows our voice to be heard as we work in unison to be an advocate for rural hospitals in advancing healthcare and building stronger communities. ”

—Joan Coffman, President and CEO, HSHS St. Joseph's Hospital (Chippewa Falls, WI)

TELEHEALTH/TELEMEDICINE

The **RWHC Behavioral Telehealth Network** is being funded through a HRSA Network Development Grant. Twelve RWHC Member hospitals participated in planning the network and eight of the twelve are participating in the pilot implementation phase. The goal of the project is to provide much needed behavioral health services to underserved populations of Wisconsin by connecting behavioral health practitioners with participating hospitals that seek to provide behavioral health services to their patient populations. Telemedicine is the service

delivery mechanism, and RWHC staff is facilitating activities that will lead to telehealth services to go live in mid-2016. Once the pilot program is fully implemented, the RWHC Behavioral Telehealth Network will engage in an expansion process. Look for opportunities to participate in 2017!

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WISCONSIN COLLABORATIVE FOR RURAL GME

The **Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME)** exists to address the rural shortage of primary care physicians through the expansion and support of rural graduate medical education (GME). WCRGME began in February 2012 as a joint partnership of RWHC, the Wisconsin Rural Physician Residency Assistance Program (WRPRAP), the University of Wisconsin Baraboo Rural Training Track (RTT) Residency Program and several rural hospitals, clinics, and family medicine residency programs.

By providing technical support to rural hospitals and clinics and communicating rural training opportunities to medical students and residents, this year WCRGME has continued to see significant growth in its membership of 25 in 2014 to 39 in 2015. Among its members there are now *38 rural rotation options statewide in the specialties of family medicine, general surgery, emergency medicine, pediatrics, orthopedics and others.* This year also saw an increase in family medicine RTT residency positions. Monroe Clinic began training its inaugural class of residents in its new osteopathic RTT program. In addition, the Aurora Lakeland Medical Center in Elkhorn is developing an allopathic rural training track, which plans to recruit its first

class in Fall of 2016. Both of these programs, when added to the already established University of Wisconsin Baraboo RTT Residency Program, will bring the number of RTT slots in the state from two to six.

WCRGME has also seen rural GME opportunities expand into other specialties. University of Wisconsin General Surgery and Psychiatry have both expanded their class size by one with those positions being identified as rural/community/public health tracks.

Finally, there has been an increase in Members attending both faculty development and education coordinator training conferences available through WCRGME. The Annual Meeting had record attendance with participants learning ways to develop programs and providing mentoring that will increase the pipeline of future rural physicians.

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More info at www.WCRGME.org



RWHC Spotlight on Rich Donkle



Rich Donkle officially joined RWHC as Director of Financial Consulting Services in 1996 following many years' work as an active consultant to RWHC. He began a transition at the end of 2015 into "retirement." RWHC Members and staff are deeply indebted for his knowledge and commitment shared with us over many years. We have a tradition at RWHC of including an interview with a Member CEO in each month's board packet; as Rich has made the move of no longer being full time at RWHC, it seemed a good opportunity to ask him the same questions:

What made you want to pursue a career in healthcare? How did you get your start?

After graduating from the University of Wisconsin, I worked on the Madison campus and a former classmate (Don Heinz, now CEO at Moundview) told me about a new position opening at UW Hospital. I worked at UW Hospital for a few years, and then went into public accounting where I worked primarily with hospital clients.

What was your first job? What lessons did you learn in that role that has continued to impact the way you do your job today?

My first job was at the UW School of Agriculture library when I was in high school. I learned how to remove staples from periodicals so they could be bound with hard covers.

My second job was at a service station. This was before self-service, so I pumped gas, washed windshields, and checked the oil on a lot of cars. I'm still pretty good at washing windows. I learned some lessons in dealing with retail customers. I also learned how to do repair and maintenance on a wide range of vehicles.

My last job was at RWHC, which underwent significant change and growth during the time I worked there. I was not necessarily involved in all of that change and growth, but I will take credit for one success. Prior to being employed at RWHC I was engaged as a consultant to help with a Robert Wood Johnson grant project. As part of the project, RWHC was to establish initiatives to help with the financial performance of rural hospitals. One of the initiatives was the creation of regularly scheduled educational/networking roundtables for rural hospital CFOs. This initiative evolved into the 40+ management roundtables currently facilitated by RWHC. These meetings have proven to be of enormous value to RWHC Members.

What is the best part of your job? What is the worst?

The best part of the job is helping RWHC Members succeed. The worst is reviewing health plan contracts for RWHC Network Members.

What do you think healthcare needs to do to improve? How do we get there?

Providers need to continue to be responsive to the needs of their community. They all think they do that, but changes can be difficult to achieve. Part of the reason for the apparent lack of responsiveness is the regulatory environment that providers operate in. Sometimes when a problem appears to have a simple solution, the regulatory burden steps in to make things complicated. In addition, health plans can be resistant or slow to adapt to changes, and providers tend to shy away from services that are not covered by insurance.

Providers need to be even more engaged with community needs whether or not these services are covered by a health plan. When the regulatory environment makes things more complicated that should be simple, or even prohibitive, then they need to use the advocacy efforts of RWHC and others to change those regulations.

What do you like to do outside of the hospital?

We have a summer home on Lake Wisconsin and spend a lot of the summer there. Anyone with lake property knows that there is never a lack of things to fix or maintain. We also like to travel but usually not in the summer. We don't have a particular destination that we return to. We would rather visit new places. We are UW sports fans (football, basketball and hockey) and have traveled to watch the Badgers.

Where did you grow up?

I was born and raised in Madison. So many residents of Madison are transplants that they are often surprised to meet a native.

Freebie: Is there some fun fact we need to know about you?

On our 25th wedding anniversary I was part of a skit on "The Tonight Show."

Meet Our Leadership Team



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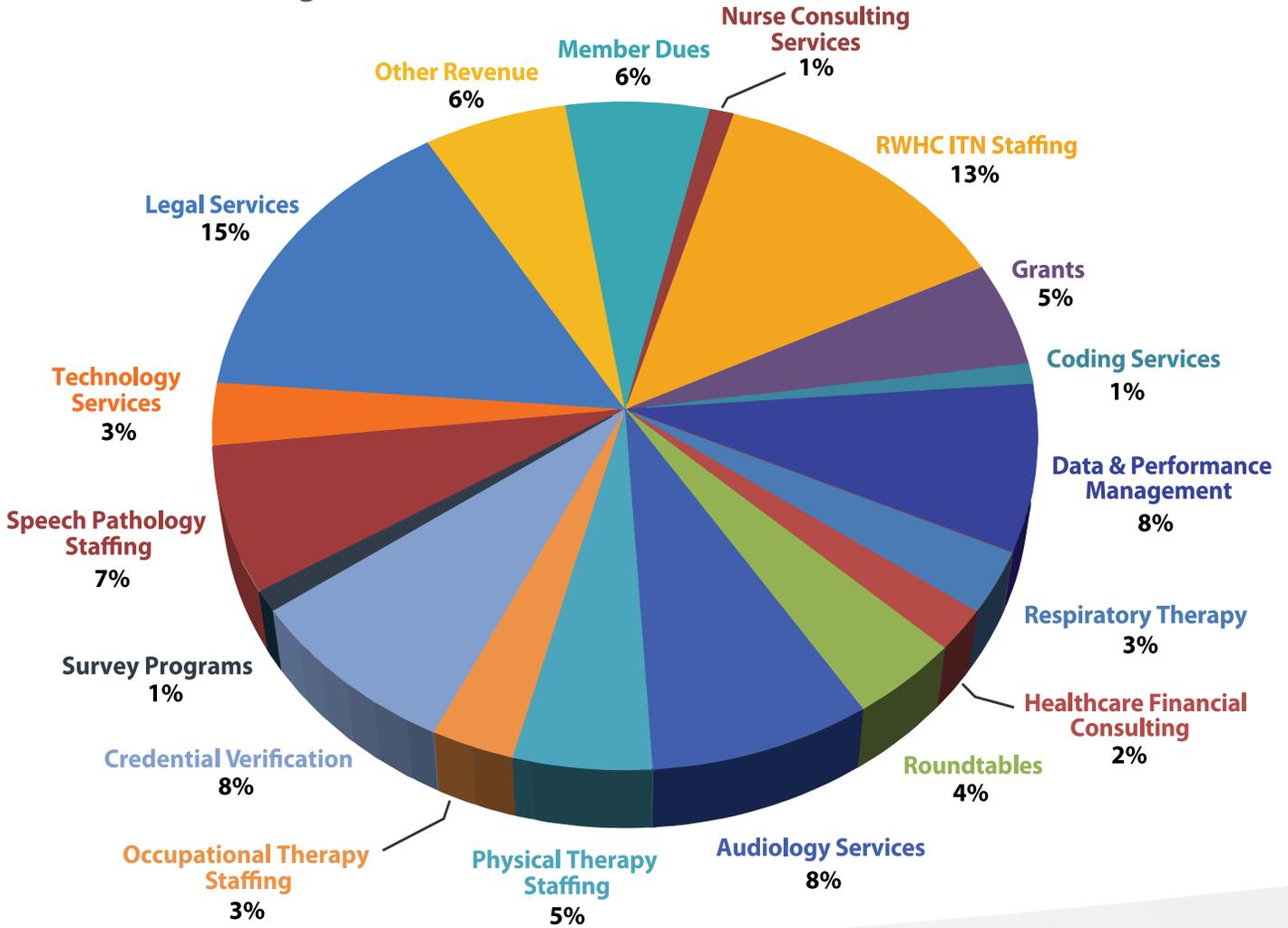
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RWHC by the Numbers

Budgeted Revenue by Major Services Fiscal Year Ending June 30, 2016



Budgeted Revenue by Customer Fiscal Year Ending June 30, 2016

Member Services	61.3%
Related Companies	14.2%
Non-Member Service	13.5%
Member Dues	5.5%
Grants	5.0%
Affiliate Dues/Member	0.5%

Corporate Partners



ISG ADVISORS
Evaluate. Innovate. Educate.

ISG Advisors, LLC
Employee Benefits and
Retirement Services



Quarles & Brady, LLP
Legal Services



Unity Health Insurance
Group and Individual
Health Insurance

Corporate Sponsors

BKD LLP, CPAs & Advisors

A national CPA and advisory firm,
helps people and businesses realize
their goals

Bonded Collectors of Wisconsin, Inc.

Rural medical account
collectors for 60+ year

Coverys

Medical professional liability
insurance to healthcare communities
for over three decades

Delta Medical Systems, Inc.

Equipment sales and service
for medical imaging

Eide Bailly LLP

Provides audit, tax, cost report services,
and wide range consulting services

Experienced Resources

Immediate leadership support to
accomplish mission critical work

MedPro Group

Industry leading provider of
Medical Professional Liability
insurance and patient safety solutions

Mobile Neurodiagnostics, LLC

Electrodiagnostic testing services
specializing in nerve conduction studies
and electromyography

OS, Inc.

Full service accounts receivable
management firm, claims and denial
processing software

PARA Healthcare Financial Services

Revenue needs; reimbursement,
pricing, coding and contract
management services

ProAssurance

Insurance product placement,
risk management, compliance,
and audit services

QUADAX

IEDI Clearinghouse
and revenue cycle services

R & R Insurance Services, Inc.

Independently owned agencies
specializing in implementing
customized risk reduction plans

RevCycle, Inc.

A full service collection agency
specializing in healthcare

Tri-State Adjustments, Inc.

A collection agency that partners
with businesses

Wisconsin Association of Nurse Anesthetists

As advanced practice nurses,
we provide the full spectrum of
anesthesia care in every setting



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