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R1 Speakers Bureau

Updated April 2024

At R1, we believe that true innovation and progress in the healthcare industry stems from thought leadership. Our expert team of subject matter experts (SMEs) is at the forefront of shaping the revenue cycle landscape. Our thought leaders are well-versed in industry trends derived from their years of experience and collaboration with our client partners that make up 93 of the top 100 health systems.

Our commitment to purpose, growth, and integrity drives everything we do. We prioritize collaboration, transparency, and inclusion as we partner with purpose. Our roster of R1 associates has grown to more than 35 industry experts who actively engage with colleagues, clients, and patients, inviting participation and listening intently to understand their unique needs.





Featured speakers



Melissa Opraseuth, PharmD
Senior Vice President, 340B Operations

Melissa has a diverse healthcare background, starting her career clinically as a pharmacist and then pursuing a postdoc fellowship in biotech drug development and commercialization, where she helped lead new therapeutic launches at Cubist and Merck. As Chief Operating Officer at par8o (now R1), Melissa led the development and go-to-market strategy for 340B Referral Capture, a technology and service that has brought \$350M+ to safety net providers with zero HRSA audit findings. As SVP 340B Operations at R1, Melissa currently oversees 340B pharmacy operations and aims to help her team and clients succeed at scale. Melissa studied undergrad at the University of Michigan Honors College, where she also received her Doctor of Pharmacy. Her Postdoctoral Fellowship was in collaboration with Northeastern University and Cubist (now Merck).



Sandy Routhier
Senior Vice President, DRG Validation

Sandra Routhier (Sandy) is an HIM, Coding, and CDI professional with more than 35 years of experience with a strong emphasis on inpatient coding and reimbursement, medical record documentation requirements, HIM operations, electronic records, regulatory and accreditation requirements. Sandy worked in acute care hospitals for the first 25 years of her career in various roles including inpatient coding and CDI specialist, HIM director, revenue cycle director and information systems director. Sandy is the Senior Vice President of DRG Validation (DRGV) Auditing Services at R1. Sandy plays a key role in the development and maintenance of the rules engine and auditing process for DRGV.



Featured speakers



Sarah Mendiola, J.D., LPN
Vice President, Denials

Sarah Mendiola is the Vice President of Denials at R1 and currently oversees clinical, coding, and complex claim denials teams. Sarah is an attorney barred in the state of MD, a licensed nurse, Certified Professional Coder (CPC) and Certified Professional Compliance Officer (CPCO). Sarah came to helping hospitals with overturning denials after many years of performing direct patient care as a Licensed Practical Nurse (LPN). She graduated from the practical nursing program at Walter Reed Army Medical Center and served on active duty in the United States Army for six years as a nurse.



Ronald Hirsch, M.D.
Vice President, Regulations

Dr. Ronald Hirsch, Vice President of the Regulations and Education Group at R1 Physician Advisory Services, graduated from Chicago Medical School in North Chicago, IL. He completed his internal medicine residency at Kaiser Permanente Medical Center in Hollywood, CA. Dr. Hirsch has held various clinical leadership roles in healthcare organizations, including acute care hospitals, home health agencies, and long-term care facilities. He is a published author on case management best practices and serves on advisory boards for the American College of Physician Advisors and the National Association of Healthcare Revenue Integrity. Dr. Hirsch is also a Fellow of the American College of Physicians and co-author of the *Hospital Guide to Contemporary Utilization Review*, with the third edition published in 2021.



Presentation titles and topics

Our seasoned professionals challenge the norm by thinking boldly and exploring possibilities beyond the status quo. They dissect complex revenue cycle topics, offering innovative solutions that drive efficiency and improve patient outcomes. Whether it's reimagining billing processes or optimizing reimbursement strategies, our experts lead the way.

Presentation titles include:

Best Practices to Combat Denials, Keep Calm and Appeal Like a Lawyer

Effective appeals are crucial for denial management. This workshop equips participants with tools to handle denials and achieve successful recovery outcomes.

Take Control of Prior Auth & Clinical Denials: Prevention and Appeals Management

In today's healthcare landscape, addressing denials effectively is crucial. Participants will gain expert strategies, including prevention, documentation, and appeals, to empower high-performing teams to regain control and maximize reimbursement.

Medical and Surgical Observation: Ordering It Right, Billing It Right

Observation care is often misunderstood, with varying interpretations by different payers. While doctors prioritize patient care, billing complexities arise because observation care is billed by the hour rather than by the day. Dr. Ronald Hirsch will provide a comprehensive review of observation, including its use for Medicare, Medicare Advantage, and commercial payers, along with guidance on preparing rebilled claims and accurately reporting observation services.

How to Become a Medicare Reimbursement Star

Margins are shrinking, labor costs are rising, and outpatient activity is declining. Medicare reimbursement cuts further strain hospitals. However, understanding policies and procedures can help hospitals maximize revenue and become Reimbursement Stars. In this session, experts discuss best practices for Medicare Bad Debt, Disproportionate Share, and Uncompensated Care components.

Industry Insights and Strategies for Maximizing 340B Savings

This session will present a brief overview and history of the 340B program, including recent industry activity and implications for healthcare entities. The presenter will share perspective and experience on opportunities to maximize 340B savings and maintain compliant programs.

Mastering Documentation Excellence: A Holistic Approach to Airtight Documentation Across Your Revenue Cycle

In revenue cycle management, documentation significantly affects clinical care, risk management, reimbursement, and quality metrics. However, process silos often result in incomplete or inaccurate claims, leading to an aging AR ledger, denials, and DNFC/DNFB cases. Learn how leading health systems address these gaps holistically, covering coding, CDI, and downstream DRG validation.

Charting the Course: Expedition into COB Denials – Discovering Proactive & Reactive Strategies for Seamless Navigation

Industry experts will share insights on leveraging partnerships and patient cooperation to improve financial outcomes. Participants will learn actionable steps for increased reimbursement and streamlined operations, along with practical takeaways for sustainable financial success.

Medicare Update for 2024 and Beyond

CMS publishes thousands of pages of regulations each year and expects every hospital to comply with every new regulation. In this session, Dr Hirsch will review the changes for 2024 including the Inpatient Only List changes, the Discharge Planning Conditions of Participation, Length of Stay, Readmissions, optimal use of your physician advisor, and much more.

Humanizing Requires a Human Touch: Why Tech Alone Won't Solve Cost-to-Collect Issues

A recent survey found that most patients still want to talk to someone over the phone when they have billing questions, even if they prefer digital channels for other interactions. Discover how adding a human touch to patient payments can help lower cost-to-collect and address labor gaps.



Comprehensive topic inventory

A/R management and integration with technology	Healthcare policy	No Surprises Act
Big data	HIPAA	Observation coding, billing and reimbursement
Case mix index	Insurance discovery	Payer escalation strategies
Change management	IPPS/OPPS	Physician revenue cycle compliance
Charge capture	Key performance indicators	Practice initiatives
Clinical documentation integrity	Leadership development	Process improvement
Clinical feedback	Managed care contracting and reimbursement	Program for Evaluating Payment Patterns Electronic Report (PEPPER)
Compliance	Medicaid compliance	RCM back end technology
Denials prevention	Medical coding and quality	Regulatory updates
Denials management	Medicare bad debt	Remote team management
Disproportionate share	Medicare cost reporting	Robotic process automation
DRG validation	Medicare Part B compliance	Revenue performance solutions
EHRs and integration	Medicare physician fee schedule	SSI re-determination
End-to-end physician RCM	Medicare pricing logic	Talent acquisition and management
Federal and state healthcare regulations	Medicare reimbursement	Uncompensated care
Health informatics	Middle revenue cycle (HIM)	Utilization review
Health information management	Modernization of healthcare	Value based reimbursement

At R1, excellence isn't just a goal—it's our standard. Our thought leaders anticipate the needs of healthcare providers, ensuring thought provoking and relevant content, but it doesn't stop there. We go beyond, and actively seek feedback, continuously refining our approach.

Our commitment to integrity means we see every project through, delivering results that align with our core values.

Let our experts guide you, sharing wisdom, sparking innovation, and making healthcare work better for all. Together, we will shape the future—one bold idea at a time.

For more information or to book an R1 expert for your event, please contact:

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