Tammy Banks
Vice President, Interoperability Program Development, UnitedHealth Group Optum Cloud Team
Tammy Banks has served in the healthcare field for over 20 years in three medical associations, most recently she served 11 years with the American Medical Association Private Sector Advocacy unit focused on setting and implementing strategies to promote administrative simplification, efficient practice management and fair payment. The end of 2013, Tammy joined the UnitedHealth Group Optum Cloud team as the Vice President, Interoperability Program Development. Tammy is responsible for providing overall business leadership for advancing administrative data interoperability both internally and externally between health care providers and health insurers. Tammy received her MBA with quantitative emphasis from Roosevelt University, Chicago, Illinois. She is a Certified Coder with the American Health Information Management Association and a Fellow in the American College of Medical Practice Executives (FACMPE).

Rhonda Buckholtz, CPC, CPMA, CPC-I, CENTC, CGSC, COBGC, CPEDC
AAPC Vice President of ICD-10 Education and Training
Rhonda Buckholtz has more than 20 years of experience in healthcare, working in the reimbursement, billing, and coding sectors, in addition to being an instructor. She is responsible for all ICD-10 training and curriculum at AAPC. She has authored many articles for health care publications and has spoken at conferences across the country. She is co-chair for the WEDI ICD-10 Implementation Workgroup and has provided testimony ongoing for ICD-10 and standardization of data for NCVHS. She also sits on the Provider Outreach and Education committee for Novitas Solutions (formerly Highmark Medicare Services).

Yan Chow, MD, MBA
Director, Innovation & Advanced Technology Group, Kaiser Permanente Information Technology
Chow has had a successful clinical practice at KP for several decades. He was also involved in regional IT management, overseeing a number of operational systems for 60,000 providers at 60 sites. He also led experimental projects such as KP’s first PC interface for mainframes and created KP’s first networking forum for physicians. Dr. Chow has founded and advised a number of startups in the Internet, health care technology, storage, and database spaces. He has 3 U.S. patents and has been an author and invited speaker at industry conferences.

Peter Edelstein, M.D.
Chief Medical Officer, LexisNexis Risk Solutions
Peter Edelstein, M.D. has 17 years of extensive clinical and executive business experience including general, gastrointestinal, oncologic, and trauma surgery. Over the course of his career, Dr. Edelstein has utilized his clinical and executive skills to successfully guide hospitals, staff, physicians, students, and patients towards successful, patient-focused high quality outcomes. As a remarkable visionary and exemplary leader in the medical community, he is focused on helping organizations to improve their financial, operational and strategic performance for clinical integration and push for accountable care across the continuum. Prior to joining LexisNexis, he served as Vice President, Chief Medical Officer at
Florida Hospital Waterman and subsequently as Chief Strategic Officer for Adventist Health Systems’ physician group.

**Paul Gajda**  
*Senior Manager, Provider Connectivity Solutions, Florida Blue*  
Paul Gajda is a Senior Manager for Provider Connectivity Solutions at Florida Blue. Paul has over 19 years of involvement in Health Information Technology, participating in industry changing, leading-edge projects. His current focus is designing and deploying a Clinical Information Exchange capability that allows Florida Blue to share clinical data with providers bi-directionally in real-time. His team successfully gained Connectathon certification in implementing HL7 standards granting participation at the HIMSS12 and HIMSS13 Showcase.

**Pam Grosze**  
*Vice President and Manager, Payer Services, Healthcare Division, PNC Bank*  
Pam Grosze is Vice President and Manager of Payer Services for PNC Bank’s Healthcare Division, which provides financial and revenue cycle management solutions for hospitals, healthcare providers, and other healthcare organizations. Pam has spent more than 25 years in healthcare environments, implementing and supporting healthcare EDI transactions for leading companies, including PNC Bank and RelayHealth. She also takes a leading role in industry organizations as co-chair of ASC X12’s Payments Workgroup (835), co-chair of WEDI’s Transactions and Code Sets workgroup, and co-founder and co-chair of WEDI’s Electronic Funds Transfer Sub-workgroup. Pam has received the WEDI Award of Merit (2011), Distinguished Service Award (2012) and Volunteer Excellence Award (2013).

**C. Martin Harris, MD, MBA**  
*CIO, Chairman, Information Technology Division Cleveland Clinic*  
C. Martin Harris, M.D., is a staff member in the Department of General Internal Medicine at The Cleveland Clinic in Cleveland, Ohio, where he also is the Chief Information Officer and Chairman of the Information Technology Division. Board-certified in internal medicine, Dr. Harris’ clinical interests include evaluating and managing the critically ill patient during the pre-operative period.

A frequent presenter at national meetings on health care and technology, Dr. Harris is on the advisory board of the Association of American Medical Colleges’ Better Health 2010 committee and is a judge for the case studies in medicine for The Computerworld Smithsonian Honors Program. He also is a member of the American Medical Informatics Association and the Healthcare Information and Management Systems Society. Dr. Harris received his undergraduate and medical degrees from the University of Pennsylvania in Philadelphia. His residency training in general internal medicine was completed at the Hospital of the University of Pennsylvania. He also completed a Robert Wood Johnson Clinical Scholar fellowship in General Internal Medicine at the University of Pennsylvania School of Medicine. Dr. Harris also holds a Master’s in Business Administration in Healthcare Management from The Wharton School of the University of Pennsylvania.
David K. Haugen
Director, Center for Health Care Purchasing Improvement, Minnesota Department of Health

David K. Haugen has over 25 year’s professional experience in health care and health insurance policy, planning, and purchasing. He is currently the Director of the Center for Health Care Purchasing Improvement at the Minnesota Department of Health, where he oversees the administration of state requirements for the standard, electronic exchange of health care administrative transactions. Mr. Haugen previously served in a number of positions in Minnesota state government, including: staff to Governor Pawlenty’s Health Cabinet; as an assistant commissioner and in other positions at the Minnesota Department of Employee Relations; and as acting director and in staff positions for the Minnesota Health Care Commission. Mr. Haugen has an MA degree in public policy from the University of Minnesota’s Hubert H. Humphrey Institute of Public Affairs.

Randy Hawk
Senior Engagement Leader, Regulatory Practice Consultant, Cerner

Randy’s position is focused on helping clients to develop their strategy and manage their organization’s planning for the ICD 10 transition. This includes helping clients to develop their overall program management program including Cerner Millennium. This includes analysis of vendor solutions, integration issues, managed care revenue cycle reviews, cutover planning, physician and coder education. Randy’s experience prior to joining Cerner is a broad mix that includes executive positions in managed care health plans, hospital administration, medical group management. Randy’s managed care background includes senior leadership positions with regional health plans in California, New Mexico, Kansas and Missouri. As the COO and VP of Operations he was responsible for IT, customer service, claims, regulatory compliance, provider relationships and PHA/IPA relationships. These regional health care plans offered Medicare Advantage, MediCaid, commercial, and self-funded plans.

Priscilla C. Holland, AAP, CCM
Senior Director, Healthcare Payments, NACHA, The Electronic Payments Association

Ms. Holland currently is the Senior Director of Healthcare & Industry Verticals for NACHA. As Senior Director, she leads NACHA’s healthcare payments program and works on other payments and remittance information and standards projects. Previously at NACHA Ms. Holland led NACHA’s international programs. She has more than 25 years of experience in cash management, project management and product development. Prior to joining NACHA in 1996, Ms. Holland was a Vice President and Senior Product Manager for First Interstate Bank. She is an Accredited ACH Professional (AAP) and a permanent Certified Cash Manager (CCM).
Rick Ingraham
Health Intelligence Officer, SAS Federal, LLC
Rick Ingraham has served as Healthcare Intelligence Officer for SAS Federal, LLC since April 2011, providing insight & strategy for leveraging high performance analytics at the federal agency level to impact health quality, cost, safety, outcomes, efficacy and efficiency. In addition to his role at SAS, he is on the Advisory Board for the newly re-organized Health Data Consortium, a collaboration among government, non-profit, and private sector organizations working to foster the ability and innovative use of data to improve health and health care. He serves on the Health Care Advisory Council for the Duke University Fuqua Business School’s Health Sector Management Program. As a “healthcare evangelist”, his insight into the opportunities for improved collaboration and coordination across the healthcare spectrum has served as a foundation for thought leadership within the health arena with focus on health reform and exchanges, clinical performance, emerging value-based reimbursement and care delivery models, patient safety & engagement and fraud detection. A 35-year path has also taken him through leadership roles within the Florida public health system, HCA/Equilor, CIGNA, SAS Health & Life Sciences and Teradata Healthcare.

Kim Jayhan
Senior Director, Transformation Advisory Group, LexisNexis Risk Solutions
Kim helps businesses understand the impacts and turn “lemons” into “lemonade”. With more than 32 years in healthcare business and technology, and nearly 10 years in analytics, Kim has worked with every aspect of the healthcare sector, including healthcare businesses, vendors and her own consulting business for 10 years. Currently leading MEDai/LexisNexis’ Transformation Advisory Group, Kim collaborates with clients to use healthcare analytics to transform their businesses in ways they never imagined, realizing ongoing value from their analytics investments.

John Klimek, R.Ph.
Senior Vice President, Standards and Industry Information Technology, NCPDP
John Klimek, R.Ph., is Senior Vice President, Standards and Industry Information Technology of NCPDP, the not-for-profit, ANSI-accredited, Standards Development Organization. Mr. Klimek leads the charge to use standards to advance interoperability in healthcare and protect patient safety. He was a practicing pharmacist in the retail setting for 30 years, is former Chair of the SCO Summit, and also sat on the HIT Standards Committee, which was created by the Office of the National Coordinator, for three years.

Bennett Lauber
Chief Experience Officer, The Usability People, LLC
Mr. Lauber is a project manager, communicator, mentor, planner and strategist with more than 20 years of experience leading user interface design and testing efforts for healthcare and enterprise-class data management software companies. His overall UX knowledge, his expertise in user interface design and testing, plus his ability to provide strategic input have been invaluable in leading UX initiative for several Federal Government agencies, including The US Citizenship and Immigration Service, The Immigration and Customs Enforcement agency and the Veterans Health Administration. Mr. Lauber often manages cross-functional teams that include information architects, interaction designers, content strategists and interface developers.
Elizabeth Callahan-Morris  
*Attorney, Hall, Render, Killian, Heath & Lyman, PLLC*

Ms. Callahan-Morris focuses her practice in the areas of HIPAA privacy and security, patient care issues and corporate compliance. She advises hospitals and other healthcare organizations on all aspects of compliance programs, including conducting compliance programs assessments, developing policies and audit work plans, training and education, conducting internal investigations, responding to government investigations and arranging voluntary self-reporting. Ms. Callahan-Morris is proficient in state and federal patient confidentiality laws, data breach reporting and Office for Civil Rights HIPAA investigations. She is also practiced in informed consent and end-of-life issues. She is a member of the American Health Lawyers Association (AHLA) and the Health Care Compliance Association (HCCA) and has served as HIPAA Task Force Co-Chairperson for the State Bar of Michigan Health Care Law Section. Ms. Callahan-Morris is a frequent speaker on HIPAA and corporate compliance topics at the local and national levels.

Shantanu Nigam  
*CEO, Jvion*

Shantanu serves as CEO for Jvion—the leading predictive technology company specializing in provider-focused waste solutions. He is an experienced executive and successful entrepreneur with a diverse background serving payers, hospitals, and pharmaceutical organizations. A recognized thought leader who has authored multiple publications focused on foresight in a changing market, he brings a unique mix of deep healthcare domain knowledge, strategy consulting, and a record of significant achievement. Shantanu has held executive leadership positions within the healthcare vertical in other organizations including ACS-Xerox and Accenture, and has served in board and leadership positions with not-for-profit as well as for-profit healthcare organizations.

Charles J. Myers, CPAM  
*Director of Operations, Special Programs and Support, Johns Hopkins Health System*

Charlie Myers is Director of Operations, Special Programs and Support for the Johns Hopkins Health System. In that role, he has Accounts Receivable responsibility for the psychiatry, substance abuse, and long term care services of JHHS. Charlie is also responsible for the revenue control, cash applications, and customer service functions for 5 of the Hopkins hospitals. Charlie’s previous experiences include positions in hospital, independent laboratory and physician business offices. On the other side of the ledger, he served as Utilization Review Manager at Blue Shield of Maryland, earlier in his career. In addition to his duties at JHHS, Charlie is the Nominations and Elections Chair for the American Association of Healthcare Administrative Management, and he is Co-chair of the WEDI Sub-workgroup for the 835 transaction.

Alisoun Moore  
*LexisNexis*

Alisoun Moore has held executive positions in both government and business. Most recently she ran profit and loss portfolios for Computer Sciences Corporation and Northrop Grumman Corporation. In this capacity she worked on delivering systems that support the Hitech and Affordable Care Acts for the Centers of Medicare and Medicaid Services. She has also worked with HHS, VA, and the DOD to deliver health care systems and numerous States to deliver human services systems. Before joining the private sector Ms. Moore held CIO positions for the State of Maryland, Montgomery County and the Maryland Department of Transportation. As a public sector CIO Ms. Moore won several awards including Best of the Web, the Monticello Award, and Top Digital State and County awards.
Brian Parkany  
*Senior Director, ICD-10 Program, Aetna*  
Brian Parkany is a Senior Director for Aetna’s ICD-10 Program. In this role, he oversees Aetna’s ICD-10 Collaborative Testing. He is also responsible for ensuring ICD-10 compliance for Aetna’s Network and Provider Contracting and Informatics business areas. Prior to taking this role, Brian was a consultant with Towers Watson. Before that, Brian worked in various Operations and Business Intelligence leadership roles at Aetna. Brian has a Bachelor’s degree from the University of Connecticut along with an Associate in Risk Management. He has been with Aetna since 1993. Brian has had the opportunity to present in various national & regional forums on topics related to ICD-10. These forums have included AHIMA, HFMA and WEDI.

Robert Poiesz  
*Principal Policy Analyst, American Medical Association*  
Mr. Robert Poiesz is a Principal Policy Analyst with the AMA. With over 30 years of experience in health care electronic commerce and medical practice management systems, he has worked with physicians, hospitals, health plans, system vendors and clearinghouses and the federal government. His background includes extensive experience with health care information processing and the HIPAA mandated transactions. Bob serviced for five terms as co-chair of the Claim Payment work group at ASC X12, and is in his third term as Vice-Chair of ASC X12 Insurance Subcommittee (ASC X12N). He also served as Vice-Chair of the BCBSA Joint Claim Adjustment/Claim Status Reason Code maintenance Committee for five terms.

Stephani E. Scott, CPC, RHIT  
*Managing Director of Audit Services, AAPC Client Services*  
Stephani has over 20 years’ experience in the healthcare industry working closely with physicians and staff in health information management. She has worked in a variety of settings, including hospitals, long-term care, large multi-specialty physician practices, and electronic health record software design and development. Prior to joining AAPC Client Services, Stephani worked for NextGen, a leading EHR software vendor, as the regulatory manager leading a team of clinical designers in developing and maintaining clinical content, as well as regulatory components in the EHR system. She first obtained her love for EHR systems while working for a large multi-specialty practice, in which she developed a comprehensive coding/billing training and compliance program. Stephani is a nationally recognized speaker and consultant on physician practice management topics, including revenue cycle management, coding, auditing, and HIPAA compliance.

John Stanton  
*Program Director, ICD-10 Compliance Program, Valley Presbyterian Hospital*  
John Stanton is an executive level management consultant in the Dell Healthcare Services Group. He specializes in the appropriate integration of processes and technology for revenue cycle management, business analytics / intelligence, and other back-office operations. Over 11 years healthcare consulting experience plus a prior broad, decade-long foundation in financial, regulatory and education services, give Mr. Stanton a unique ability to engage and be successful in a wide range of projects. Combining his broad foundation with a deep understanding of data and analytics allow him to help organizations to bridge the gaps between process, technology and data. His ability to communicate and develop relationships of trust and respect with client staff help facilitate successful engagements.
David Talby, Ph.D., MBA  
*Senior Vice President of Engineering*

David brings extensive experience in building & operating web-scale search and business platforms, as well as building world-class, agile, distributed teams. He joins Atigeo from the Microsoft’s Bing group where he was a Principal Group Manager leading all business operations for Bing Shopping in the US and Europe, managing teams in Seattle, India and several European countries. Prior to Microsoft, David worked at Amazon both in Seattle, as well as the UK where he built and ran distributed teams which helped scale Amazon’s financial systems.

Stacie J. Watson  
*Program Director, ICD-10 Program*

Stacie J. Watson is the Program Director for Aetna, Inc.’s ICD-10 Program. In this role, she is responsible for coordinating across all core medical areas and all affiliate business as the organization prepares for ICD-10 implementation. She is also responsible for coordinating with IT to ensure all projects associated with the program are successfully designed, tested and delivered within the required timeframes. Prior to her current role, Stacie was the Head of Product and Learning & Performance for the Consumer Segment (CS), responsible for the development and management of products within the segment, including Medicare beneficiaries as well as individuals purchasing their own insurance. Stacie has also worked in Aetna’s Medical Policy area and had responsibility for coordinating the development and implementation of Medical and Reimbursement Policies.

Erin Richter Weber  
*Senior Manager, CORE*

Erin Richter Weber is the Senior Manager of the CAQH Committee on Operating Rules for Information Exchange (CORE) where she manages the CAQH CORE rule development process, oversees the CAQH CORE request process, and supports industry education and outreach. Prior to CAQH, Erin served as a consultant with PricewaterhouseCoopers and as the lead revenue cycle researcher at The Advisory Board Company. Erin holds a B.S. from Cornell University and a M.S. in Health Policy and Management from the Harvard School of Public Health.

Dennis Winkler  
*Director of Technical Program Management & ICD-10, Blue Cross Blue Shield of Michigan*

Dennis Winkler is responsible for ICD-10 program direction and is the IT business partner for Medicare Advantage. Dennis graduated with distinction from the University of Michigan’s Ross School of Business. He spent his first 11 years of his career with Anderson Consulting (now Accenture); specializing in large, complex system development projects. Dennis joined BCBSM in 1998 and since has been responsible for leading major enterprise programs including HIPAA 4010 implementation, Social Security Number elimination and the National Provider Identifier initiative, among others. He has spoken at several national summits and seminars about ICD-10 since BCBSM began its ICD-10 implementation.

Jill Wolf  
*Vice President of Compliance*

Ms. Wolf, RHIT, CCS, began her healthcare career in 1972. Over the past 40+ years, she has held a variety of positions ranging from production staff to executive leadership in a variety of healthcare settings including profit/non-profit, teaching/non-teaching
acute care hospitals, and consulting and software vendor environments. Ms. Wolf is recognized for her coding, compliance, and revenue cycle expertise and has presented on these topics in a variety of professional venues. She is a published author having her articles appear in both professional and proprietary journals and newsletters. She is a long time member of AHIMA and CHIA and became an AHIMA-Approved ICD-10-CM/PCS Trainer in 2011.