
Patrick A. Sorrentino, MS

304 Juliana Lane ~ Bloomingdale, IL. 60108
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SUMMARY OF QUALIFICATIONS

Over 20 years of progressive and diversified healthcare experience holding senior management positions at Rush University Medical Center, Arthur Andersen, Midwest Medical Network and MacNeal Health Network. Extensive experience in the areas of: multi-specialty medical practice management, revenue cycle management, billing/collections/receivables management, and operations, research and clinical trials administration, physician recruitment and relations, managed care operations and contracting, information systems and business development strategy for: Academic and Community-based Medical Centers, healthcare systems, medical group practices, IPAs (Independent Physician Association) and managed care organizations.

EDUCATION

1993-1997 De Paul University
Masters of Science, Hospital and Healthcare Management

1985-1989 Benedictine University
Bachelor of Science, Biology (Pre-Medicine Program)

PROFESSIONAL EXPERIENCE

2010-present **Crowe Horwath, LLP**
Oak Brook, Illinois

Executive

- Leads the National Operations Management Practice at Crowe, assisting hospitals and healthcare systems with Revenue Cycle Management, Practice Management, Physician Integration, Operationally-Focused Systems Integration and Clinical Research Administration needs.

2001-2010 **Rush University Medical Center**
Chicago, Illinois

President/CEO Vyridian Revenue Management
Associate Vice President Rush University Medical Center

- President and Chief Executive Officer of Vyridian Revenue Management (Rush wholly-owned academic practice management and revenue cycle organization); responsible for managing \$400 Million in annual gross revenue for over 500 physicians. Responsible for clinical and financial operations and strategic planning and recruitment for 70 clinical departments and practices, overall revenue cycle management, research and clinical trials administration, contract review, negotiation, execution, and business development activities for Rush University Medical Center. Highlights include:

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- Achieved \$20 Million overall, bottom line improvement by reduction of overall Rush Physician Practice operating expenses and improvement of Rush Physician Practice revenue realization.
- Consolidated 70 Rush Medical Service Plan clinical operations to a single standard Epic patient management platform, while developed standardized operating procedures and policies throughout both Vyridian and Rush University Medical Center Clinical Departments.
- Improved Days in AR from 160 to 37 through implementation of: reconciled claim and statement processing, comprehensive and integrated pre-registration program, accountability-driven denial management, maximizing electronic claim submissions and remittances and building comprehensive denial-based pre-claim editing system.
- Improved AR over 120 days from 50% to 2% through development of specialty-specific focused follow-up teams, comprehensive denial management program and automated tracer claim system technology.
- Improved Vyridian bottom line from \$4.5M loss to break-even through growth and expansion, streamlining operating procedures, reducing overhead expenses and maximizing use of the EPIC patient management system.
- Implemented “in-house” Information Systems Department that saved \$1.2 Million in Vyridian operating expenses and maximized system utilization and efficiency.
- Developed, implemented and led a comprehensive Rush Hospital and Physician Centralized Registration model to enhance the patient experience while creating an optimal and efficient patient flow.
- Led successful implementation, expansion and support of the EpicCare Ambulatory Electronic Medical Record system within Rush Medical Service Departments.
- Led successful implementation, expansion and support of the Epic Cadence scheduling system within all Rush Hospital Service Departments and ancillary areas.
- Led successful implementation, expansion and support of Epic OpTime within all Rush Surgical Practices
- Developed the Rush Team Management concept to implement and maintain standardization of operating policies and procedures within all clinical departments, optimize patient access and physician productivity, monitor and improve physician referral patterns, enhance point of care service quality and safety, improve physician coding/compliance patterns and ensure 100% charge capture realization.
- Implemented comprehensive, multi-staged Rush Service Culture program to improve service standards awareness and create a patient-focused culture within all Rush Medical Service Departments and practices.

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2000-2001

Arthur Andersen, LLP
Chicago, Illinois

Manager

Arthur Andersen is a “Big Five” accounting firm with Audit, Business Consulting and Tax divisions. The Health Care Consulting practice is part of the Business Consulting function and specializes in revenue performance improvement and regulatory compliance projects.

- **Mercy Hospital:** 300-bed acute care hospital with Federally Qualified Health Centers (FQHC): Project responsibilities included assisting in the overall management of the Hospital Turnaround Initiative and developing and executing an aggressive cash acceleration program to streamline business office operations while maximizing receivables reimbursement. Other objectives included re-designing front-end registration procedures as well as implementing a centralized scheduling system using HBOC products.
 - Executed revenue cycle performance improvement initiative, including cash acceleration, payer claim reviews (to capture underpayment opportunities), denial analyses and process re-engineering efforts designed to optimize revenue potential. Managed reduction of \$17 million in receivables.
 - Developed a standardized registration and scheduling process including registration tools, process flows and centralized check-in points of entry. The project saved \$1 million in upfront resources and \$3 million annually in recovered patient billings.
- **Duke University Health System:** 1,000-bed Academic Medical Center ranked among the top ten health care organizations in the country. The Health System also includes two community hospitals, Durham Regional Hospital and Duke Health Raleigh Hospital; primary and specialty care clinics; home care; hospice; skilled nursing care; wellness centers; and community-based clinical partnerships. Project responsibilities included developing and managing a cash acceleration program to improve hospital cash position, reduce payer denials and improve overall AR management process.
 - Executed and managed revenue cycle improvement program, improved charge capture and coding process, reduced payer denials, audited managed care contracts to ensure contract compliance and improved annual cash collections for DUHS by 10%.
 - Managed process improvement initiative for hospital accounts receivable yielding a 13% reduction in AR and 20% improvement in AR days.

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1999-2000

Midwest Medical Network
Oak Brook, Illinois

Chief Operating Officer

Midwest Medical Network is a leading, privately held Independent Physician Organization and Primary Care Network.

- Served as the Chief Operating Officer responsible for strategic leadership and management of overall network operations; spanning the administrative, strategic planning, financial and marketing functions for a managed care company servicing over 40,000 managed care members, generating annual revenues of \$24 million. Directed a staff of 150 full-time employees in the areas of: Billing, Claims, Contracting/Network Development, Provider Credentialing, Finance, Grievances, IS&T, Medical Management; Member Services, Provider Relations, Public Relations, Personnel Recruitment and New Product Development Implementation. Highlights of accomplishments include:
 - Led successful growth and expansion initiative of IPA, increasing annual net revenue from \$10,000,000 to \$24,000,000 through acquisition, strategic reorganization of internal systems & focused marketing.
 - Directed an overall network process improvement/reorganization initiative by re-designing workflow, systems, resources and procedures that support operational efficiency, ensure Federal and State compliance while maximizing corporate-wide revenue potential.
 - Designed and implemented improved managed care software tools and processes that increased company overall efficiency in referral, eligibility and claims.
 - Developed and implemented an in-house billing company servicing 55 physicians spanning 6 off-site ambulatory care centers.
 - Developed and implemented comprehensive point of service collection programs for ambulatory care clients that increased point of service collections by 65%.
 - Initiated annual operating plans, budget and forecast; modified budget as required; and monitored compliance with budgetary objectives.
 - Controlled performance of and compliance with network contractual requirements. Continuously reviewed performance for quality and appropriateness. Planned/implemented problem resolution and performance improvement strategies where necessary.

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1996-1999

**MacNeal Health Network
Watermark Physician Services
Berwyn, Illinois**

Senior Manager

Watermark Physician Services is a leading commercial, physician receivables management firm and an affiliate of the MacNeal Health Network.

- Responsible for the administrative, financial, marketing and sales, consulting and data processing operations for a firm servicing over 600 physicians spanning 44 satellite health centers. Directed a staff of 60 full-time employees responsible for managing \$280 million in annual gross revenue. Highlights of accomplishments include:
 - Designed and implemented billing software tools and processes that improved company day's sales outstanding from 90 to 52.
 - Directed strategic sales initiatives increasing company sales by 40%.
 - Instituted and managed client-specific Central Business Unit (CBU) concept and account management program that yielded 98% overall client retention.
 - Launched an "Early-Out", self-pay pre-collection program that increased self-pay collections by 30% annually.
 - Directed vendor selection process capturing annual savings of \$350,000.
 - Directed numerous client (hospital and physician office) reorganizations by designing workflow, systems, resources and procedures that support operational efficiency while maximizing revenue potential.
 - Developed and implemented comprehensive point of service collection programs for hospital based and off-site ambulatory care clients that increased point of service collections by 40%.

1993-1996

**MacNeal Health Network
Watermark Physician Services
Berwyn, Illinois**

Internal Consultant

- Responsible for developing, conducting and managing all new client implementations, comprehensive client and staff training programs, client-specific billing programs and providing overall consultative services for the entire client base. Highlights of accomplishments include:
 - Successfully implemented 26 new client sites with WPS billing and scheduling software modules.
 - Streamlined all new client sites with "check in and check out" business flow that resulted in enhanced registration and collection activity.
 - Conducted quarterly training seminars for all clients to improve proficiency in new industry changes, use of software tools and point of service collections.
 - Conducted monthly training sessions for the WPS staff to increase proficiency in system and industry changes, A/R management techniques and customer service telephone skills.
 - Designed and implemented patient confirmation process that resulted in 50% reduction in appointment "no shows".
 - Tested, trained and implemented two new system upgrades.

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1992-1993

Prudential Healthcare Group
Rosemont, Illinois

UR Analyst

Prudential Healthcare Group is one of the largest health insurance carriers in the United States with over 5 million members.

- Responsible for conducting ongoing measurement of clinical care and service quality, health care management and customer satisfaction. Highlights of accomplishments include:
 - Excelled in the QI program to help identify opportunities for improvement and act on these opportunities to improve the clinical care and services provided to Prudential HealthCare Plan Members by network providers.
 - Analyzed high-profile (AT&T and Quaker Oats) member pre-authorizations in the Utilization Review department.
 - Reviewed office workflow and made recommendations that resulted in implemented office efficiencies.
 - Proposed and created a new employee policy and procedures.
 - Responsible for new employee training and orientation.